Town of West Hartford Dial-A-Ride Disability Certification Form

July 1, 2024 to June 30, 2025 MUST BE RENEWED ANNUALLY

| Eligi | bil | ity |
|-------|-----|-----|
|-------|-----|-----|

Dial-A-Ride is open to all qualifying residents in West Hartford. If an applicant is under age 60, they will need to have a doctor certify that they have a disability that will prevent them from being able to access traditional public transportation vehicles such as city buses.

| | Applicant Informat | ion | | | |
|---|-------------------------------------|--------------------------|------------|--|--|
| Full Name: | | | | | |
| | | | | | |
| Full Address: | | | | | |
| (Street Address) | | (State) | (Zip) | | |
| Home Phone: | Cell Phone: | E-Mail Address: | | | |
| Date of Birth: Preferred Language: | | | | | |
| | Doctor Information | | | | |
| Medical Provider's Full Name and Ti | tle: | | | | |
| Address: | | | | | |
| (Street Address) | (City/Town) | (State) | (Zip) | | |
| Phone Number: | nber: Fax Number: | | | | |
| | Certification | | | | |
| l bo | roby cortify that the Dial A | Pido applicant | | | |
| I, hereby certify that the Dial-A-Ride applicant, has a disability which prevents them from being able to access traditional public transportation vehicles (city | | | | | |
| buses) and is in need of transportat | • | • | | | |
| | Signature | | | | |
| I can attest that the information sta | ted above is accurate and ti | ruthful. | | | |
| | | | | | |
| (Doctor's signature and title) | | (Date) | | | |
| | | | | | |
| | Mail or Fax Completed f | | | | |
| West Hartford Dial-A-Ride 50 South Main St. Room 306 | | | | | |
| West Hartford, CT 06107 | | | | | |
| Fax Number: 860 | -561-7577 or E-mail <u>Andrea.R</u> | uggiero@WestHartfordCT.g | <u>(OV</u> | | |
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For any questions, please contact Andrea: 860-561-7560