

Town of West Hartford Dial-A-Ride Membership Application

July 1, 2024 to June 30, 2025

Annual Fee is \$65.00

Eligibility

All WH residents 60 years of age or older **OR** those 18-60 years of age with a qualified disability who live independently. IF under age 60, a Certification of Disability Form signed by your doctor is necessary.

At this time, we do not service assisted living or retirement homes.

Contact Information

Full Name: _____
(Last Name) (First Name)

Address: _____
(Street Address) (Apt/Suite) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ E-Mail Address: _____

Demographic Information

Date of Birth: _____ Preferred Language: _____

Gender: _____ Race: _____

Marital Status: _____ Veteran Yes No Disabled Yes No

Equipment used: (check all that apply)

Wheelchair Walker Cane Scooter Rollator Trained Service Animal

Special Needs: Visually Impaired Hearing Impaired

Will any special assistance be needed? _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Signature

(Applicant or Legal Representative's Signature)

(Date)

Payment

Please enclose payment for \$65 with this application. We also welcome donations which are tax deductible and go towards supporting our program.

**Make checks payable to WH Dial-A-Ride and mail completed form and payment to:
West Hartford Dial-A-Ride, 50 South Main St., Rm. 306, West Hartford, CT 06107**

Total Amount Enclosed: _____

Please feel free to contact our office with any questions (860) 561-7560