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

July 1, 2026 to June 30, 2027

MUST BE RENEWED ANNUALLY

Eligibility

This form must be completed by all members who have a disability that prevents them from traveling independently and/or relies on a caregiver to maintain their independence.

Contact Information

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

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

Date of Birth: _____ Preferred Language: _____

Companion Information

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

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

Emergency Contact Information

Emergency Contact Name: _____Relationship: _____

Emergency Contact Phone Number: _____

Medical Provider's Certification

Medical Provider's Name: _____ Phone Number: _____

I, _____, hereby certify that the Dial A Ride passenger named above has a medical condition and/or a disability which prevents them from being able to safely negotiate transportation without the benefit of a companion to ensure their safety.

_____ _____
(Medical Provider's signature and title) (Date)

Mail or Fax Completed form to:
West Hartford Dial-A-Ride
50 South Main St. Room 306
West Hartford, CT 06107
Fax Number: 860-561-7577
E-mail Andrea.Ruggiero@WestHartfordCT.gov
For any questions, please contact Andrea: 860-561-7560