

Application for Dial-A-Ride and Out of County Transportation

Name_____ Phone#()_____ cell#()_____

Address_____

Town_____ Zip_____

Date of Birth_____ Social Security#_____ (ONLY LAST 4 DIGITS)

Do you have any of the following aids to mobility?

Wheelchair___ Cane___ Electric Wheelchair___ Scooter___ Walker___ Crutches___

Prosthesis___ Personal care attendant_____ Guide Dog_____

Person to notify in case of emergency:

Name_____ Relationship_____

Address_____ City_____

Phone # ()_____ cell()_____

Please answer the following questions:

Can you travel alone? Yes_____ No_____

Can you climb three 12" steps? Yes_____ No_____

Can you wait outside without support? Yes_____ No_____

Physician Information:

Name_____ Phone #()_____

Address_____ City_____

Signature of applicant or person filling out application_____

Phone number_____

This form must be completed and returned to:

Middletown Area Dial-A-Ride
340 Main Street
Middletown,CT 06457

FAX 860-347-8314