



Northeastern
Connecticut
Transit District

125 Putnam Pike (PO Box 759)
Dayville, CT 06241
860-774-3902
nectd.org

Dial-a-Ride Eligibility Application

Serving the Towns of:
Brooklyn, Canterbury, Eastford, Hampton, Killingly,
Plainfield, Pomfret, Putnam, Sterling, Thompson,
Woodstock

Application for DISABLED INDIVIDUALS



Northeastern
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Northeastern Connecticut Transit District Dial-a-Ride

Dial-a-Ride service is available in the towns of Brooklyn, Canterbury, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, and Woodstock.

Dial-a-Ride service is available to anyone 60 years of age and older and to people of all ages who have a disability who have completed this application and are certified as a Dial-a-Ride passenger (a card will be issued).

Fares are \$1.00 per ride. Discount tickets are available for purchase from any driver or through our office- \$10.00 good for 15 rides.

Our offices are located at 125 Putnam Pike Dayville, CT. If you require information or schedules in an alternate format, please contact us. Each of our buses is fully ADA certified and have wheel chair lifts.

Our business is providing safe, efficient transportation. We are always looking for ways to improve. If you have comments, questions, or suggestions, please let us know: 125 Putnam Pike (PO Box 759).



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Dial-a-Ride Application
(DISABLED INDIVIDUALS are eligible)

PLEASE PROVIDE A COPY OF AN AGE PROVING DOCUMENT ALONG WITH THIS APPLICATION.

ONCE WE RECEIVE THE APPLICATION, WE WILL MAIL YOU AN ELIGIBILITY CARD WITH INSTRUCTIONS ON SCHEDULING TRANSPORTATION WITH US.

| | |
|---|--|
| Name: | |
| Home Address: | |
| Mailing address: (if different from above) | |
| Phone: | |
| Alternate Phone (cell): | |
| Birthdate: | |
| Emergency Contact Person: | |
| Emergency Contact Phone: | |

If assistance was provided in filling out this form, please indicated by whom:

| | | | |
|--------------|--|---------------|--|
| Name: | | Phone: | |
|--------------|--|---------------|--|

Should this person be contacted directly if additional information is needed?

| | |
|-----------|----------|
| YES _____ | NO _____ |
|-----------|----------|

Please answer the following questions in detail:

1. A. Do you have a disability certificate from Social Security?

| | |
|-----------|----------|
| YES _____ | NO _____ |
|-----------|----------|

If the answer is yes, please provide a copy. If the answer is no, you do not need to answer 1.B.

B. What is your disability or health-related condition?

2. How do you currently travel to your most frequent destinations?

_____ Fixed route bus

_____ Someone drives me

_____ I drive myself

_____ Other transportation company

3. Do you use any of the following mobility aids or specialized equipment? Please check the blank if yes.

_____ Cane _____ White Cane _____ Walker _____ Crutches

_____ Leg braces _____ Mobility Device _____ Service Animal

_____ Other, please specify _____

4. Does a personal care attendant accompany you when you travel outside your home?

_____ Yes _____ No _____ Sometimes

If the answer is yes, please note one personal care attendant may ride for free.

All answers will be kept confidential. They are required to determine eligibility.

I certify that the information in this application is true and correct.

SIGNATURE

DATE

MAIL YOUR APPLICATION TO:
NORTHEAST CT TRANSIT DISTRICT
P.O. BOX 759
DAYVILLE, CT 06241