

Please provide the following information for someone we may contact in case of an emergency.

Name: _____

Address: _____

Telephone Number: (_____) _____

Please check the reason(s) you are requesting transportation. Is it significantly difficult for you to:

- _____ A. Walk more than 200 feet
- _____ B. Stand outside more than 10 minutes
- _____ C. Negotiate a flight of stairs
- _____ D. Get on or off a standard bus
- _____ E. Stand on a moving bus
- _____ F. Read information due to visual impairment
- _____ G. Hear announcements by bus driver
- _____ H. Other

Is your mobility limitation permanent? _____Yes _____No
If your answer is no, estimate the length of time you will need the services _____

Do you use any of the following aides (check all that apply).

_____ scooter _____ wheelchair _____ walker _____ other

Together, how much do you and your mobility device weigh? _____

Do you require a personal care attendant? _____Yes _____No

Do you have any special needs that the dispatcher should be aware of when scheduling your trips? _____Yes _____No

Special Needs: _____

I, the undersigned applicant, state that the above information is true and complete to the best of my knowledge and agree to release it to Dutchess County for the purpose of establishing my eligibility. I also understand that the professional reference named above may be contacted to validate my eligibility.

Signature of Applicant

Date

Please return application to: **Dutchess County LOOP Bus System**
14 Commerce Street
Poughkeepsie, NY 12603

FOR OFFICE USE ONLY: Date Reviewed: _____ Checked by: _____

Approved: _____ Disapproved: _____ Reason: _____

Service Type: _____ Code: _____ ID# _____