

**Dutchess County Division of Public Transit  
Demand Response Service Application  
ADA / Dial-A-Ride / Flex**

The information that you provide on this application is intended for the sole purpose of establishing eligibility for transportation service. Dutchess County will not release this information, except to the sponsoring Dial-A-Ride town for other purposes, without your written permission.

**Please check the service(s) for which you are applying.**

ADA \_\_\_\_\_ Dial-A-Ride \_\_\_\_\_ Flex \_\_\_\_\_

**Please Print:**

**Name** \_\_\_\_\_  
Last First Middle Initial

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** ( ) \_\_\_\_\_ **Cell Phone Number** ( ) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Municipality of Residence** \_\_\_\_\_

**Nearest Intersection** \_\_\_\_\_

**Please check the reason(s) you are requesting transportation.**

**Is it significantly difficult for you to:**

Stand outside more than 10 minutes \_\_\_\_\_ Walk more than 200 feet \_\_\_\_\_

Get on or off a standard bus \_\_\_\_\_ Negotiate a flight of stairs \_\_\_\_\_

Read information due to a visual impairment \_\_\_\_\_ Stand on a moving bus \_\_\_\_\_

Hear announcements made by the bus driver \_\_\_\_\_

Other, please explain \_\_\_\_\_

*Continued on other side*

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 \_\_\_\_\_ cane \_\_\_\_\_ service animal \_\_\_\_\_

Other, please explain \_\_\_\_\_

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

Do you travel with a personal care attendant? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have special needs the dispatcher should be aware of when scheduling your trips? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

*Continued on next page*

**Dutchess County requests a reference who may be contacted to verify your eligibility for the ADA Complementary Paratransit Service Program. This reference may be a doctor or other health care professional.**

**Are you a client of a community service agency? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, which agency?**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number (        )** \_\_\_\_\_

**Please provide the name of a physician or other health care professional as a reference.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number (        )** \_\_\_\_\_

I, the undersigned applicant, state that the information provided in this application 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 for transportation service. I also understand that the professional reference named above may be contacted to validate my eligibility.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application to:**

**Dutchess County Division of Public Transit  
14 Commerce Street  
Poughkeepsie, NY 12603**

**For further information call: (845) 473-8424**

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**FOR OFFICE USE ONLY:**

**Date Application Received:** \_\_\_\_\_

Service	Approved	Denied	Reviewed by (Initial)	Date Reviewed	Notes/ If Denied, Provide Reason	
ADA						
	Dial-A-Ride					
(insert township above)						
Flex						