

The District Application for Service

Application for D-Pass, S-Pass, Paratransit & D&R & Personal Care Attendant

**Complete this form and return to:
The District, 1759 N. Earl Rudder
Freeway, Bryan, Texas 77803.**

The Fixed Routes travel set routes and schedules throughout the cities of Bryan/College Station, Lufkin, Nacogdoches and Cleveland. All buses are wheelchair accessible. Paratransit and Demand & Response is curb to curb transportation by appointment.

Applying for ADA Paratransit. My origin & destination are within ¼ of a mile along the fixed routes, but I am unable to ride the fixed routes due to a disability.

The bottom section must be completed by your physician.

State the reason you cannot use the fixed routes:

Applying for Demand & Response (D&R). My origin & destination are not within ¼ of a mile along the fixed routes, or I am not ADA eligible but would like to use the curb-to-curb transportation. **If you require a PCA to travel with you, the bottom section must be completed by your physician.**

Applying for Fixed Route D-Pass (Disabled). I qualify for a D-Pass due to the disability listed below. This card entitles me to pay half fare on the fixed routes.

The bottom section must be completed by your physician.

Applying for Fixed Route S-Pass (Seniors 60 and over). This card entitles me to pay half fare on the fixed routes. **Attach a photocopy of a driver's license or identification card that shows your age. If you require a PCA to travel with you, the bottom section must be completed by your physician.**

Name (Last, First, Middle Initial)	Telephone Number	Date of Birth	Can you get to a fixed route bus stop? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address, City, Zip Code	Mailing Address (If Different)
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Do you require a Personal Care Attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, your Physician must complete bottom section)	Do you use a wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No Make _____ Model _____ Please state the combined weight of yourself & your wheelchair or scooter. _____ pounds
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If visually impaired, do you use a guide dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a cane? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a walker? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Applicant Signature: _____ Date: _____

If application is being completed by someone other than the applicant, please complete the line below.

Name: _____ Relationship: _____ Phone Number: _____

Must be Completed by Physician for D-Pass, ADA Paratransit, or if you will be traveling with a Personal Care Attendant

Disability/Medical Diagnosis :	Does client require a Personal Care Attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physician's Telephone Number	Verifying Physician Name (Print)	Verifying Physician Signature
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FOR BRAZOS TRANSIT DISTRICT OFFICE USE ONLY

Authorized by & Date:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	<input type="checkbox"/> ADA Paratransit <input type="checkbox"/> D&R <input type="checkbox"/> S-Pass # _____ <input type="checkbox"/> D-Pass # _____	PCA Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	BTD-13
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