

## Five Town Regional Dial-A-Ride Registration Form

Five Town Regional Dial-A-Ride is a curb to curb paratransit service for senior citizens 55 years of age or older, and persons with disabilities who reside in the towns of: Butler, Lincoln Park, Kinnelon, Pequannock Township, and Riverdale.

Proof eligibility:

- Age Verification (driver's license, state issued ID, or passport)
- Disability Verification (certification form completed by a physician if the consumer has a disability as per ADA regulations or a letter acknowledging your disability status from Social Security Administration or other governmental agency)

Contact the Dial-A-Ride office at 973-835-8885 with any questions, or requests for reasonable modifications. Completed forms should be forwarded to:

Five Town Regional Dial-A-Ride  
530 Newark Pompton Turnpike  
Pompton Plains, NJ 07444

Fax: (973) 835-1152

E-mail: gmichalowski@peqtwp.org

### Part I (to be completed by applicant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: (name and telephone number) \_\_\_\_\_

Ambulatory [  ]      Semi-Ambulatory [  ]      Uses Assistive Device(wheelchair/scooter) [  ]  
(may need more time to walk or uses walker/cane)

Do you receive Medicaid? YES [  ] NO [  ]

Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Part II (to be certified by healthcare provider):

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone:  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I certify that the above individual meets the ADA regulations as follows: the person (1) has a physical or mental impairment that substantially limits a major life activity, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.

Length of Disability (please check one)

permanent  temporary \_\_\_\_\_ (please indicate timeframe)

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

DIAL-A-RIDE PERSONNEL ONLY

ID/DOB verified \_\_\_\_\_

Initials

Date