Five Town Regional Dial-A-Ride Registration Form

Five Town Regional Dial-A-Ride is a curb to curb paratransit service for senior citizens 60 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: dianep@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): ONLY REQUIRED IF UNDER AGE 60

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