

The District Application Demand & Response Service

Demand & Response Service

Return completed form to The District, 1759 N. Earl Rudder Freeway, Bryan, Texas 77803, or fax to (979)778-3606

Demand & Response is a shared curb to curb ride for disabled/non-disabled individuals who do not live in a location near the fixed routes.

Name (Last, First, Middle Initial)	Can you get to a fixed route bus stop? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Phone # and area code	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address, City, and Zip Code

Mailing Address (If Different)

Do you require a Personal Care Attendant? No Yes **If yes, Physician must complete bottom section**

If visually impaired, do you use a guide dog? No Yes A cane? No Yes A walker? No Yes

Do you use a wheelchair? No Yes **If yes, your Physician must complete bottom section.**

Make _____ Model _____

Applicant Signature: _____ Date: _____

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

Name:	Relationship:	Phone Number:
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Must be Completed by Physician if a Personal Care Attendant is required.

Disability/Medical Diagnosis	Hospital/Facility Name
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Combined Weight of Client & Wheelchair: _____ pounds. We can't provide transportation if the combined weight of the client & mobility aid exceeds 800 lbs.	Does client require a Personal Care Attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verifying Physician Name (Print)	Verifying Physician Signature	Physician's Phone Number
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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"/> D&R PCA <input type="checkbox"/> Yes <input type="checkbox"/> No	BTD-13
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