

## Dutchess County Dial A Ride Application

### Part 1

The use of the information you provide on this application is intended for the sole purpose of establishing eligibility for Dial A Ride service, to assist in effectively providing the service and for required reporting to the New York State Office for the Aging. Dutchess County will not release this information for other purposes without your written permission.

PLEASE PRINT

Name \_\_\_\_\_

Last

First

Middle Initial

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

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Municipality of Residence: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

### Part 2

Please check any of the following that apply. It is significantly difficult for me to:

\_\_\_\_\_ walk more than 200 feet      \_\_\_\_\_ stand outside more than 10 minutes  
\_\_\_\_\_ negotiate a flight of stairs      \_\_\_\_\_ get on or off a standard bus  
\_\_\_\_\_ stand on a moving bus      \_\_\_\_\_ read information due to visual impairment  
\_\_\_\_\_ hear announcements made by the bus driver

Do you use any of the following aids? (check all that apply)

\_\_\_\_\_ Scooter      \_\_\_\_\_ Wheelchair      \_\_\_\_\_ Walker      \_\_\_\_\_ Other

Do you require a personal care attendant?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you need help with packages on and off the bus?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

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

If yes, please

explain: \_\_\_\_\_

Please provide the name of a person who could be contacted in case of an emergency:

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

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

Phone: \_\_\_\_\_

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**Part 3 To Be Completed by Those Under 60 Years of Age**

Dutchess County requires a reference from a doctor to verify your disability making you eligible for Dial A Ride

Doctor's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Part 4**

I, the undersigned applicant, state that the above information 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. If under the age of 60, I also understand that the professional reference named above will be contacted to validate my eligibility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Part 5**

**To Be Completed by Those 60 Years of Age and over**

The New York State Office for the Aging requires us to report the following information. Please check any of the following categories that apply to you. This information is used for reporting and funding purposes only. Your eligibility for service and level of service provided to you is in no way determined by the answers to these questions.

\_\_\_\_ Live Alone

\_\_\_\_ Hispanic

\_\_\_\_ Native American/Alaskan Native

\_\_\_\_ Asian

\_\_\_\_ Black/African American

\_\_\_\_ Native American/Pacific Islander

\_\_\_\_ White

\_\_\_\_ Low Income – defined as:

Annual household income at or below \$13,965 if one person living in household

Annual household income at or below \$18,735 if two persons living in household

Annual household income at or below \$23,505 if three persons living in household

*Return completed application to:*

*Dutchess County Dial A Ride*

*14 Commerce Street*

*Poughkeepsie NY 12603*

*For further information, call (845)452-7433*

*or in Red Hook, call (845)876-5255*