Texarkana Urban Transit District
PARATRANSIT APPLICATION

Complete this form and return it to: TUTD 1402 Texas Blvd, Texarkana TX 75501
903-794-8883 or 903-255-3503 EMAIL to: pdurham@atcog.org

The bottom part of this form MUST be completed by a Medical Professional

NAME (Last, First, Middle Initial)	Phone # Home: Cell:	Date of Birth
Street Address, City, State, Zip Code		
Personal Care Attendant Needed? YES ☐ NO ☐	Do you use a wheelchair? ☐ YES ☐ NO Manual ☐ Electric ☐ Scooter ☐ YES ☐ NO	
Do you use a guide dog? ☐ YES ☐ NO	Do you use a cane? ☐ YES ☐ NO	Do you use a walker? ☐ YES ☐ NO
Person to notify in case of emergency Name_____ Phone No. _____ Applicant Signature: Date:		
If application is being completed by someone other than the applicant, please sign here Name: Relationship:		

******THE SECTION BELOW MUST BE COMPLETED BY MEDICAL PROFESSIONAL******

Disability/Medical Diagnosis: (Define WHY applicant cannot ride the fixed route bus) _____	
Is a Personal Care Attendant required? ☐ YES ☐ NO	Weight of Client & Wheelchair: ☐ Standard ☐ Oversized _____ pounds

Medical Prof #	Facility Name	Verifying Professional Name	Verifying Prof Signature

FOR TUTD OFFICE USE ONLY

Authorized by & Date	☐ APPROVED ☐ New ☐ Recertification ☐ DENIED (If checked, complete next line)
Please state reason for denial	

ANY APPLICANT WHO IS DENIED ELIGIBILITY ARE GIVEN UP TO 60 DAYS TO APPEAL THE DECISION IN WRITING