

# TEXARKANA URBAN TRANSIT DISTRICT PARATRANSIT APPLICATION

Complete this form and return it to: **Texarkana Urban Transit District**  
**ATTN: Paratransit Services**  
**P.O. Box 5307**  
**Texarkana, TX 75505-5307**

Or FAX to: **903-792-3014**

**THE BOTTOM PORTION OF THIS FORM MUST BE COMPLETED BY A MEDICAL PROFESSIONAL**

NAME (Last, First, Middle Initial)		Phone No. (Include Area Code) Home: Cell:		Date of Birth
Street Address, City, State, Zip Code				
Do you require a Personal Care Attendant? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YOUR PHYSICIAN MUST COMPLETE THE BOTTOM SECTION		Do you use a wheelchair? <input type="checkbox"/> YES <input type="checkbox"/> NO Scooter <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Manual <input type="checkbox"/> Electric IF YES, YOUR PROFESSIONAL MUST COMPLETE THE BOTTOM SECTION		
If visually impaired, do you use a guide dog? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you use a cane? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you use a walker? <input type="checkbox"/> YES <input type="checkbox"/> 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 complete the line below.				
Name:		Relationship:		
<b>***** THIS SECTION MUST BE COMPLETED BY MEDICAL PROFESSIONAL *****</b>				
Disability/Medical Diagnosis				
Does the client require a Personal Care Attendant? <input type="checkbox"/> YES <input type="checkbox"/> NO		Combined Weight of Client & Wheelchair: _____ pounds		This is a(n): <input type="checkbox"/> Standard Wheelchair <input type="checkbox"/> Oversized Wheelchair
Professional's Phone No.	Hospital/Facility Name	Verifying Professional's Name (Print)	Verifying Professional's Signature	
<b>FOR TEXARKANA URBAN TRANSIT DISTRICT OFFICE USE ONLY</b>				
Authorized by & Date		<input type="checkbox"/> APPROVED <input type="checkbox"/> New <input type="checkbox"/> Recertification <input type="checkbox"/> DENIED (If checked, complete next line)		
Please state reason for denial				