



Texarkana Urban Transit District PARATRANSIT APPLICATION



Complete this form and return it to: TUTD 1402 Texas Blvd, Texarkana TX 75501
or Email to: pdurham@atcog.org

To contact Dispatcher: 903-794-8883 & choose Paratransit or Direct 903-794-0435

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 <input type="checkbox"/> NO <input type="checkbox"/>			Do you use a wheelchair? <input type="checkbox"/> YES <input type="checkbox"/> NO Manual <input type="checkbox"/> Electric <input type="checkbox"/> Scooter <input type="checkbox"/> YES <input type="checkbox"/> NO		
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 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			Weight of Client <input type="checkbox"/> Standard <input type="checkbox"/> Oversized & Wheelchair: _____ pounds		
Medical Prof #	Facility Name	Verifying Professional Name		Verifying Prof Signature	
FOR TUTD OFFICE USE ONLY					
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					

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