



# 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 (optional)
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 service animal? <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: _____
<b>***THE SECTION BELOW MUST BE COMPLETED BY MEDICAL PROFESSIONAL***</b>		
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
<b>FOR TUTD 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		

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