

Applicants with Disabilities

C-Tran Door-to-Door Registration Form



Please Print Neatly

All Door-to-Door applicants must go to the Cary Senior Center for photo.

Client Information:

Last Name: _____

First Name: _____

Middle Initial: _____

Demographics:

Gender _____ Date of Birth: _____
(F/M) (Month/Day/Year)

Disability Eligibility (only if under age 60):

Disability Description: _____

Eligibility (circle one) Permanent Temporary

Eligibility Expiration Date: _____
(Temporary Only)

Medicaid Number: _____

Do you require any of the following (circle yes or no)

Personal Assistant: YES NO

Wheelchair: YES NO

Service Animal: YES NO

Other: _____

Until medical information on attached pages is filled out by medical professional, returned to C-Tran and verified by staff, you may not ride C-Tran's Door-to-Door service.

NOTE: If you need to reserve your initial ride and schedule a pick up, please call (919) 481-2020, Dial Option #1.

TO BE COMPLETED BY STAFF ONLY:

Verified:

Residence Staff _____ ID Made

Form Faxed Staff _____ Mailed ID

Fax: 380-6426 Date: _____

Received Medical Forms: Staff _____

Staff: _____ Date: _____

Client's Primary Address:

Address: _____

Apartment: _____

City: _____

State: NC Zip Code: _____

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Fax (_____) _____

E-Mail Address: _____

Emergency Contact Information:

Emergency Contact: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone (DAY) (_____) _____

Phone (NIGHT) (_____) _____

Cell Phone (_____) _____



TOWN of CARY

www.townofcary.org

This form should be completed in person at the Cary Senior Center OR faxed directly to: (919) 380-6426. For more, call (919) 469-4081.