

The District Application for Service

Application for D-Pass, S-Pass, Paratransit & D&R & Personal Care Attendant

**Complete this form and return to:
The District, 1759 N. Earl Rudder
Freeway, Bryan, Texas 77803.**

Fixed Routes - Half Fare

Fixed Routes travel the same designated route every hour on the hour and are in the cities of Bryan/College Station, Lufkin, Nacogdoches and Cleveland. All buses are wheelchair accessible. You may board the bus anywhere safe along the route if you are on the same side of the street as the entrance to the bus. To find the closest fixed route to you visit us on the web at www.btd.org/FixedRoutes.htm

- Applying for Fixed Route S-Pass - Seniors 60 and over.
Attach a photocopy of a driver's license or id card to verify age.
- Applying for Fixed Route D-Pass - Disabled individuals.
Bottom section must be completed by your physician.

Demand & Response

- Applying for Demand & Response. A shared ride curb to curb service for disabled/non disabled clients who do not live in a location near the fixed routes or for individuals who can use the fixed routes but prefer to use the curb-to-curb transportation.

ADA Paratransit - Bottom section must be completed by your physician

- Applying for ADA Paratransit. A shared ride curb to curb service offered for those who cannot access the fixed routes due to a disability, and have an origin and destination within 3/4 of a mile of the Fixed Routes.

Explain why you can't use the fixed routes:

Name (Last, First, Middle Initial)		Phone Number (include area code)		Date of Birth		Can you get to a fixed route bus stop? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address, City, Zip Code				Mailing Address (If Different)			
Do you require a Personal Care Attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, your Physician must complete bottom section		Do you use a wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No Make _____ Model _____ If yes, your Physician must complete bottom section. <i>We cannot provide transportation if the combined weight of the customer and the mobility aid exceeds 600 lbs.</i>					
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			

Applicant Signature: _____

Date: _____

If application is being completed by someone other than the applicant, please complete the line below.

Name: _____

Relationship: _____

Phone Number: _____

MUST BE COMPLETED BY PHYSICIAN for D-Pass, ADA Paratransit, or if you will be traveling with a Personal Care Attendant

Disability/Medical Diagnosis:		Combined Weight of Client & Wheelchair: _____ pounds		Does client require a Personal Care Attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's Phone Number:	Hospital/Facility Name:	Verifying Physician Name (Print)		Verifying Physician Signature	

FOR BRAZOS TRANSIT DISTRICT OFFICE USE ONLY

Authorized by & Date: _____

APPROVED DENIED

ADA Paratransit D&R

S-Pass # _____

D-Pass # _____

PCA Approved Yes No

BTD-13