

## **Brazos Transit District**

## Demand and Response Service Application

Return completed form to Brazos Transit District, 2117 Nuches Ln., Bryan, Texas 77803 or fax to (979)778-3606

Demand & Response is a shared curb to curb ride for disabled/non-disabled individuals who do not live in a location near the fixed routes.

Name (Last, First, Middle Initial)			Can you get to a fixed route bus stop? ☐ No ☐ Yes		
Phone # and area code		Date of Birth		Male	☐ Female
Address, City, and Zip Code					
Mailing Address (If Different)					
Do you require a Personal Care Attendant?   No Yes If yes, Physician must complete bottom section					
If visually impaired, do you use a gui	de dog? ☐ No ☐ Ye	es A cane?	☐ No ☐ Yes	A walker?	□ No □ Yes
Do you use a wheelchair?	☐ Yes If yes, you	ır Physician mu	st complete be	ottom section	1.
MakeModel					
Applicant Signature:			Date:		
If application is being comple	eted by someone oth	er than the appl	icant, please c	omplete the	line below.
Name:		Relationship:		Phone Number:	
Must be Complete	d by Physician if	a Personal C	are Attenda	nt is requi	ed.
Disability/Medical Diagnosis			Hospital/Facility Name		
Combined Weight of Client & Wheelchair:pounds. We can't provide transportation if the combined weight of the client & mobility aid exceeds 600 lbs.			Does client require a Personal Care Attendant? ☐ Yes ☐ No		
Verifying Physician Name (Print)	Verifying Physician	/erifying Physician Signature Physician's Phone Number			
FOR B	RAZOS TRANSIT I	ISTRICT OFFI	CE USE ONL	Y	
Authorized by & Date:	☐ Approved ☐	☐ Approved ☐ Denied ☐ D&R PCA ☐ Yes ☐ No BTD-13			