



Rio Metro Regional Transit District—Sandoval County
Application for Dial-a-Ride Bus Transportation Services for
Older Adults, Ages 60 and Over

The Rio Metro Regional Transit District Dial-a-Ride bus services are available to the residents of Corrales and Rio Rancho, New Mexico that are Ages 60 and Over. Answer all of the questions below.

The Applicant is a resident of (select one): Corrales or Rio Rancho

Applicant Information

Name: _____
First Middle Last

Home address: _____

City State Zip

Apartment, building, or unit number: _____ Gate code: _____

Primary phone number: (____) _____

Secondary phone number: (____) _____

Birth Date: ____ / ____ / ____
(Use the format of Month/Day/Year e.g. 04/25/1951)

Emergency Contact

Name: _____
First Middle Last

Relationship to Applicant: _____ Primary phone number: (____) _____

Is this person authorized to schedule trips on behalf of the applicant? Yes or No

Mobility

Does the Applicant need a wheelchair lift to board the bus? Yes or No

Does the Applicant experience seizures? Yes or No

If the answer is yes:

What type?: _____

How frequent are the seizures?: _____

(Continued on next page)



Does the Applicant use any of the following mobility aids or specialized equipment?
Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power scooter |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Personal Care Assistant |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Picture board |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Segway | <input type="checkbox"/> Other (please describe): _____ |

Applicant Signature

By completing and submitting this application, I understand that:

- The falsification of the information may result in denial of services.
- It may be necessary to contact a health care professional that is familiar with my functional abilities to use Rio Metro Bus services.
- Rio Metro reserves the right to deny service to those passengers who fail to follow ridership policies, or who place themselves or other passengers at risk.

By signing below, I certify that the preceding information is true and correct.

Applicant Signature

Date

Mail the completed application (pages 1 and 2) to:

Rio Metro RTD Sandoval County
1804 Idalia Road NE
Rio Rancho, NM 87124