



Rio Metro Senior Application for Service (62 and over)

The dial-a-ride service is available to residents of Corrales and Rio Rancho. Please select the service area you reside in: ___ Corrales ___ Rio Rancho

Name: _____
 First Middle Last

Home Address: _____

City _____ State _____ Zip _____

Apartment / Bldg. Number: _____ Home Phone Number _____

Cell Phone: _____ Birth Date: _____ / _____ / _____

Emergency Contact Person: Name _____ Phone _____

Relationship: _____

Do you need a wheelchair lift to board the bus? _____ No _____ Yes

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Segway |
| <input type="checkbox"/> Walker | <input type="checkbox"/> White Cane | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Portable Oxygen (one bottle
(per dependent passenger) |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Power Scooter | |

Do you experience seizures? _____ No _____ Yes If yes, what type? _____

If yes, how frequent are your seizures? _____

I understand that:

- The falsification of the information may result in denial of services.
- It may be necessary to contact a professional familiar with my functional abilities to use Rio Metro.
- 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.

I certify that the information in this application is true and correct and that I have received a Rio Metro Rider's Guide that explains Rio Metro's Policies:

Applicant's Signature _____ **Date** _____

Mail Application to: Rio Metro RTD
1804 Idalia Road NE
Rio Rancho, NM 87124