

Rio Metro Regional Transit District—Sandoval County
Application for Dial-a-Ride Bus Transportation Services for
Individuals with Disabilities, Ages 18 to 59

This portion of the application (pages 1 and 2) is to be completed by the
Applicant or their Personal Care Attendant

The Rio Metro Regional Transit District Dial-a-Ride bus services are available to residents of Corrales and Rio Rancho, New Mexico are Individuals with Disabilities. 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. 02/18/1983)

Emergency Contact

Name of Emergency Contact: _____
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 document (all four pages) to:

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

Is the Applicant able to give their address and phone number upon request?

Yes or No

Is the Applicant able to recognize a destination or landmark? Yes or No

Is the Applicant able to deal with unexpected situations or unexpected changes in routine?

Yes or No

If yes, please describe: _____

Is the Applicant able to ask for, understand and follow directions? Yes or No

Can the applicant travel alone through crowded and/or complex facilities? Yes or No

Please describe any additional information needed to assist the Applicant: _____

Information about the Health Care Professional

Name: _____
First Middle Last

Title: _____ Professional License Number: _____

Agency/Company name: _____

Agency address: _____

_____ *City State Zip*

Agency phone number: (____) _____

My professional area of expertise is:

Audiologist Physical Therapist

Nurse Physician

Occupational Therapist Podiatrist

Optometrist Psychologist

Other (please specify): _____

By signing below, and based upon my professional knowledge of the Applicant, I certify that the preceding information is true and correct.

Signature: _____ Date: _____