

# Town of West Hartford Dial-A-Ride Companion Certification Form

July 1, 2023 to June 30, 2024

**MUST BE RENEWED ANNUALLY**

## Eligibility

This form must be completed by all members who have a disability that prevents them from traveling independently and/or relies on a caregiver to maintain their independence.

## Contact Information

Full Name: \_\_\_\_\_  
(Last Name) (First Name)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

## Companion Information

Full Name: \_\_\_\_\_  
(Last Name) (First Name)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

## Medical Provider's Certification

Medical Provider's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the Dial A Ride passenger named above has a medical condition and/or a disability which prevents them from being able to safely negotiate transportation without the benefit of a companion to ensure their safety.

\_\_\_\_\_  
(Medical Provider's signature and title)

\_\_\_\_\_  
(Date)

### Mail or Fax Completed form to:

West Hartford Dial-A-Ride  
50 South Main St. Room 306  
West Hartford, CT 06107  
Fax Number: 860-561-7577

E-mail [Andrea.Ruggiero@WestHartfordCT.gov](mailto:Andrea.Ruggiero@WestHartfordCT.gov)

**For any questions, please contact Andrea: 860-561-7560**