Town of West Hartford Dial-A-Ride Disability Certification Form

July 1, 2023 to June 30, 2024 MUST BE RENEWED ANNUALLY

Eligibility

Dial-A-Ride is open to all qualifying residents in West Hartford. If an applicant is under age 60, they will need to have a doctor certify that they have a disability that will prevent them from being able to access traditional public transportation vehicles such as city buses.

		Applicant Informat	tion		
Full Name:					
Full Address:					
	(Street Address)	(City)	(State)	(Zip)	
Home Phone:	Cell P	hone:	E-Mail Address:		
Date of Birth:		Preferred Language:			
		Doctor Information	on		
Medical Provider'	s Full Name and Title: _				
Address:					
	eet Address)	(City/Town)	(State)	(Zip)	
Phone Number:			Fax Number:		
		Certification			
l,	hereby o	certify that the Dial-A-	Ride applicant		
•	•	_	traditional public transpo	, ,	
buses) and is in ne	eed of transportation se		est Hartford Dial-A-Ride P	rogram.	
		Signature	.1.6.1		
i can attest that th	ne information stated al	oove is accurate and t	rutnful.		
(Representativ	e'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 or E-mail Andrea.Ruggiero@WestHartfordCT.gov

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