



Franklin Regional Transit Authority 12 Olive St, Greenfield MA 01301
www.frta.org Tel: (413)774-2262 Fax: (413)772-2202

DEMAND RESPONSE APPLICATION

This application will be used solely to determine Demand Response eligibility for Franklin Regional Transit Authority. Transportation is curb-to-curb and service may be limited depending on where you reside. Please complete this application to the best of your ability. ***Please note that a determination of your eligibility will be made by the FRTA within one week of receipt of this completed application. Faxed copies will not be accepted.***

Please print or type.

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt. _____

Mailing Address (if different) _____

City or Town: _____ ZIP _____

Telephone Home _____ Cell: _____

Date of Birth: _____ (Please attach proof of age such as a copy of driver license or photo ID.)

Please provide us with the name and telephone number of someone we can call in the event of an emergency.

Name: _____ Relationship to you: _____

Telephone Day: _____ Night: _____

Please complete the following to see if you meet the criteria for Demand Response Transportation. Check all boxes that apply:

- I am a LifePath client (this information will be verified with LifePath)
- I am 60 years old or older, attached is proof of age. (such as a copy of driver license or photo ID)

- I currently reside in a nursing home facility: _____
Please indicate the duration of your stay: _____
- I am a Veteran with a disability rating of 70% or greater (please attach a letter from the VA, signed by a Veterans Services Officer specifying your disability rating)

>Please indicate what type of mobility device is used (if any):

Wheelchair ___ **Cane** ___ **Walker** ___ **Other** _____

I hereby understand that in order to be eligible to use Demand Response service, I must meet the above criteria. I agree that if any of the information given to the FRTA is materially false or misleading, the FRTA shall have the right to reconsider my eligibility for services. I certify that the information given above is correct:

SIGNED: _____ DATE: _____

If this application is being filled out by someone other than the person requesting certification, please complete the following:

Name: _____

Relationship to applicant: _____

Telephone: _____

Signature: _____

Once you have been determined eligible for services based on the above information, the FRTA will notify you in writing within one week of receipt of this application with instructions on how to utilize our service and book your trips.

- I am currently receiving Mass Health benefits and wish to be contacted to find out how I may be eligible to receive no cost medical transportation.
- I wish to be contacted to find out about the fixed route schedule and how to use the public bus.

Revised June 16, 2016