



## Durham County ACCESS Service Application

### Overview

Durham County ACCESS provides transportation to Durham County residents that meet certain criteria as defined by grant funding standards. Durham County residents who are disabled, 60 years of age or older, transportation disadvantaged, or live in rural areas of Durham County are eligible for service. Durham County ACCESS also provides trips for activities and destinations related to:

- Work and Work-Related Training
- Nutritional and Medical Appointments
- Shopping and Personal Needs Regardless of Age (based on factors including distance from the GoDurham fixed-route bus service)

The information in this application will be used by GoDurham ACCESS to meet your transportation needs. Information regarding this application request may be made available to other transit providers as necessary as we seek to coordinate and provide the appropriate service and/or trip. Personal information will not be shared with any other person or agency.

Please note that a signature is required. Applications may be returned by email, fax, mail, or personally delivered to GoDurham ACCESS at the location noted below.

### GoDurham ACCESS

**Tammy Pettiford, ADA Coordinator**

**1911 Fay Street**

**Durham, NC 27704**

**Fax: (919) 560-1550**

**Email: [tammy.pettiford@nationalexpresstransit.com](mailto:tammy.pettiford@nationalexpresstransit.com)**

Incomplete applications will not be processed and you will be notified in that case. Completed applications will be reviewed within 3 business days after receipt to determine eligibility for service. For applications that do not meet eligibility requirements, GoDurham ACCESS staff will work to provide additional options.



Date: \_\_\_\_\_

Your Age at Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone (Optional): \_\_\_\_\_

**Emergency Contact:**

*In Case of emergency, please contact:*

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone (Optional): \_\_\_\_\_

**Race/Ethnicity**

The information requested below is optional, and is used only for statistical reporting purposes. It is not used to determine eligibility for service. Please check the designation that most accurately reflects your race/ethnicity. You may check more than one or indicate that you do not wish to provide the information.

\_\_\_\_ American Indian or Alaska Native      \_\_\_\_ Asian      \_\_\_\_ Hispanic

\_\_\_\_ Hawaiian or Other Pacific Islander      \_\_\_\_ Black / African American      \_\_\_\_ White

\_\_\_\_ I do not wish to provide this information

**Primary Trip Purpose**

Please check all that apply:

\_\_\_\_ Medical / Health / Nutritional

\_\_\_\_ Personal / Essential Needs (Meals, Shopping, Entertainment, Personal Services)

\_\_\_\_ Work / Work-Related Training

\_\_\_\_ Other, Please List: \_\_\_\_\_



**Service Needs**

How long will you need transportation services?

- Less than 3 months       3 to 6 months       6 to 9 months
- 9 to 12 months       More than 1 Year

**ELIGIBILITY**

Do you have an illness, injury, age, or disability such that you cannot use the GoDurham fixed-route buses?

Yes     No    If "Yes", briefly explain:

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Do you live inside the City of Durham limits?       Yes     No

Is the nearest bus stop more than ¼ mile from your home?       Yes     No

Are you a Medicaid participant?       Yes     No

Do you receive approved medical transportation from any source such as Red Cross, Dept. of Social Services, or Duke Transportation?       Yes     No

If you are applying for "Work/Work-Related Transportation for low-income individuals, or for fare-free services on GoDurham ACCESS even though you are eligible to ride the ADA Paratransit service, please provide your monthly income and the number of individuals in your household.

Monthly Income:    \$\_\_\_\_\_    # of Individuals in Household: \_\_\_\_\_

**Service Aids**

Do you use any of the following mobility aids? (Check all that apply)

- Walker       Manual Wheelchair       Electric Wheelchair
- Service Animal       Power Scooter       Cane
- Other (specify): \_\_\_\_\_       None

If you use a wheelchair or scooter, is there a ramp at your home?

Yes     No    If no, how many steps are at your home? \_\_\_\_\_

If you use a wheelchair, please indicate your weight? \_\_\_\_\_



**Attendant/Aide**

Do you require someone to accompany you when you travel outside the home? For example, an attendant, family member, communications/translator, or nurse/general care?

\_\_\_\_ Yes    \_\_\_\_ No    \_\_\_\_ Sometimes

If your response was "Yes" or "Sometimes", please explain when the support is needed.

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Please print the name of the person completing this application (if different than the applicant).

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**I hereby certify that the information provided above is accurate.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_