



# Brazos Transit District

## Demand and Response Service Application

Return completed form to Brazos Transit District, 2117 Nuches Ln., Bryan, Texas 77803 or fax to (979)778-3606

Demand & Response is a shared curb to curb ride for disabled/non-disabled individuals who do not live in a location near the fixed routes.

Name (Last, First, Middle Initial)		Can you get to a fixed route bus stop? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Phone # and area code	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address, City, and Zip Code
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Mailing Address (If Different)
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Do you require a Personal Care Attendant? ☐ No ☐ Yes **If yes, Physician must complete bottom section**

If visually impaired, do you use a guide dog? ☐ No ☐ Yes A cane? ☐ No ☐ Yes A walker? ☐ No ☐ Yes

Do you use a wheelchair? ☐ No ☐ Yes **If yes, your Physician must complete bottom section.**

Make \_\_\_\_\_ Model \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If application is being completed by someone other than the applicant, please complete the line below.**

Name:	Relationship:	Phone Number:
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### Must be Completed by Physician if a Personal Care Attendant is required.

Disability/Medical Diagnosis		Hospital/Facility Name
Combined Weight of Client & Wheelchair: _____ pounds. We can't provide transportation if the combined weight of the client & mobility aid exceeds 600 lbs.		Does client require a Personal Care Attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verifying Physician Name (Print)	Verifying Physician Signature	Physician's Phone Number

### FOR BRAZOS TRANSIT DISTRICT OFFICE USE ONLY

Authorized by & Date: \_\_\_\_\_  
☐ Approved ☐ Denied ☐ D&R PCA ☐ Yes ☐ No BTD-13