

# The District Application for Service

## Disabled Pass

Return completed form to The District, 1759 N. Earl Rudder Freeway, Bryan, Texas 77803.

This pass allows you to ride the fixed routes for half fare. Fixed Routes travel the same designated route hourly and are in the cities of Bryan/College Station, Lufkin, Nacogdoches & Cleveland. All buses are wheelchair accessible. You may board the bus anywhere safe along the route if you are on the same side of the street as the entrance to the bus. To find the closest fixed route to you visit us at [www.btd.org/fixedroutes.htm](http://www.btd.org/fixedroutes.htm) or call 1-800-272-0039. *This application is for Fixed Route ONLY, not for ADA Paratransit or Demand and Response Service.*

**Bottom section must be completed by your physician.**

Name (Last, First, Middle Initial)		Can you get to a fixed route bus stop? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Phone #: (include area code)	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street or Mailing Address, City, and Zip Code			

Do you require a Personal Care Attendant?  No  Yes **If yes, Physician must complete bottom section**

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

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

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

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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**This section must be completed by Physician for a Disabled pass.**

Disability/Medical Diagnosis: _____	Does client require a Personal Care Attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Combined Weight of Client & Wheelchair: \_\_\_\_\_ pounds

**Note: Brazos Transit District may not be able to accommodate patron, if the mobility device is longer than 48" or wider than 30", or if the total weight with mobility device is more than 800 pounds. (ADA s 37.165)**

Hospital/Facility Name: _____	Physician's Phone Number: _____
Verifying Physician Name (Print) _____	Verifying Physician Signature _____

**FOR BRAZOS TRANSIT DISTRICT OFFICE USE ONLY**

Authorized by & Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> D-Pass PCA	<input type="checkbox"/> Yes <input type="checkbox"/> No	BTD-13
	<input type="checkbox"/> Denied # _____		

# The District Application for Service

## Senior Pass

Return completed form to The District, 1759 N. Earl Rudder Freeway, Bryan, Texas 77803.

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**Must be 65 or over, please attach a copy of Driver's License or Photo ID to verify age.**

Name (Last, First, Middle Initial)		Can you get to a fixed route bus stop? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Phone #: (include area code)	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street or Mailing Address, City, and Zip Code			

Do you require a Personal Care Attendant?  No  Yes **If yes, Physician must complete bottom section**

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

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

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

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.**

Does client require a Personal Care Attendant?  
 Yes  No

Combined Weight of Client & Wheelchair: \_\_\_\_\_ pounds

**Note: Brazos Transit District may not be able to accommodate patron, if the mobility device is longer than 48" or wider than 30", or if the total weight with mobility device is more than 800 pounds. (ADA s 37.165)**

Hospital/Facility Name:	Physician's Phone Number:
Verifying Physician Name (Print)	Verifying Physician Signature

**FOR BRAZOS TRANSIT DISTRICT OFFICE USE ONLY**

Authorized by & Date:	<input type="checkbox"/> Approved <input type="checkbox"/> S-Pass PCA	<input type="checkbox"/> Yes <input type="checkbox"/> No	BTD-13
	<input type="checkbox"/> Denied # _____		