



1911 Fay Street, Durham, NC 27704
(919) 560-1551
godurhamaccess.org

DURHAM COUNTY ACCESS APPLICATION

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 fixedroute bus service)

Please note that eligibility for work-related trips is limited to a 90-day period, effective from the date your application is approved.

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, mail, or personally delivered to GoDurham ACCESS at the location noted below.

GoDurham ACCESS

Attn: Durham County ACCESS

1911 Fay Street

Durham, NC 27704

Email: tammy.pettiford@wedriveu.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.



DURHAM COUNTY ACCESS APPLICATION

Date

Date of Birth

Personal Information

Full Name

Home Address

Apt/Suite/etc.

City

State

Zip Code

Home Phone

Work Phone

Cell Phone (Optional)

Emergency Contact

Name

Relationship

Daytime Phone Number

Evening Phone Number

Race/Ethnicity (Optional)

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

Hispanic

Hawaiin or Other Pacific Islander

White

Asian

I do not wish to provide this information

Black/African American

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

9-12 months

3-6 months

More than 1 year

6-9 months

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:

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

Is the nearest bus stop more than 1/4th 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, Department 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

Number of Individuals in Household

Service Aids

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

- | | |
|---------------------|-----------------|
| Walker | Power Scooter |
| Manual Wheelchair | Cane |
| Electric Wheelchair | None |
| Service Animal | Other (Specify) |

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:

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

Applicant's Signature

Date