



UMPQUA PUBLIC TRANSPORTATION DISTRICT

UPTD DIAL-A-RIDE (DAR) ELIGIBILITY / INTAKE FORM

PLEASE READ THIS SECTION BEFORE YOU BEGIN

About this form —

Dial-A-Ride (DAR) is a shared-ride, advance reservation service that primarily serves areas outside the ADA Paratransit service area. Trips may begin or end anywhere within the UPTD service area, subject to availability and operational capacity. DAR is open to the general public, with priority given to seniors (age 60+) and individuals with disabilities.

All trips are provided on a space-available basis. DAR service is a **shared-ride, advance reservation service** and may include multiple stops.

Who Should Complete This Form?

- Individuals age 60 and older
 - Individuals with disabilities
 - Members of the general public with limited or no access to fixed route service
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Instructions

- Complete all sections as thoroughly as possible
 - Submit via:
 - In-person: 516 SE Jackson St., Roseburg, OR 97470
 - Mail: 516 SE Jackson St., Roseburg, OR 97470
 - Email: cjohnson@umpquatransit.org
 - Questions: 541-440-6500 (Dial 7-1-1 for hearing assistance)
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UPTD DIAL-A-RIDE APPLICANT INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Other Phone: _____

Date of Birth: _____ Male Female Other

Emergency Contact Name: _____

Emergency Contact Phone: _____

1. SERVICE NEEDS

What best describes your need for Dial-A-Ride service? (Check all that apply)

- Age 60 or older
 - Disability or mobility limitation
 - No access to fixed route service
 - Temporary transportation need
 - Other: _____
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2. TRAVEL NEEDS

How often do you anticipate using Dial-A-Ride?

- Daily
- Weekly
- Occasionally
- As needed



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What types of trips will you use Dial-A-Ride for? (Check all that apply)

- Medical appointments
 - Grocery shopping
 - Work
 - Personal business
 - Social/recreation
 - Other: _____
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3. MOBILITY & ACCESS NEEDS (OPTIONAL)

Do you use any mobility aids?

- None Cane Walker Wheelchair
- Scooter Other: _____

Will you need assistance from the driver?

- Yes No Sometimes
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4. TRAVEL SUPPORT NEEDS

Personal Care Attendant (PCA)

Will you travel with a Personal Care Attendant (PCA)?

- Yes No Sometimes

If yes, what assistance will they provide?

- Mobility assistance
- Navigation assistance
- Assistance at destination

Service Animal

Will you travel with a service animal?

- Yes No
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5. APPLICANT OR REPRESENTATIVE CERTIFICATION

I certify that the information provided is true and accurate.

Signature: _____

Date: _____

UPTD INTERNAL USE ONLY

Service Type:

Dial-A-Ride Approved

Notes: _____

Date Received: _____

Entered By: _____