

Dare County Transportation
New Rider Application (Please Print)

Date of Registration: _____

Last Name _____ First _____

Address _____

Mailing Address _____

Phone _____ Cell _____

If no phone(s), a contact number/name _____

Directions to Home _____

Date of Birth _____

Elderly (60 & over) _____ Disabled (any age) _____ Adult (19-59) _____ Youth (birth-18) _____

Medicaid Eligible: (yes) _____ (no) _____ Effective dates: _____

EDTAP _____ (requires completed EDTAP Assistance Form) RGP _____

Family Members _____

Type of Disability _____

Mobile aids: Wheelchair ___ Cane ___ Walker ___ Other _____

Notes _____

First Transport Request

Date of Appointment _____ Time _____

Doctor's Name _____

and/or Facility _____

Address _____

Phone _____

Directions _____

Please fax completed application to 252.473.3471 or drop off at the Dare County Transportation Office.