

HPTS-Access is a transportation alternative for elderly persons (70 & older) residing within the city limits of High Point.

1. This certification form must be completed entirely and correctly and returned to the HPTS-Access office. Please print and write legibly. **Any forms that are not filled out correctly and completely will be returned to the sender to be completed.**
2. Be sure to sign and date the form. Also send a **copy** of some type of documentation (Birth Certificate, ID, Driver's License, etc.) that shows your **name and birth date**. **Please do not send us original documentation, only send a copy.**
3. HPTS-Access has a cost of \$2.50 per trip. All trips must be scheduled at least one day in advance. Same day, same day trip changes or emergency trips are not allowed.

After HPTS-Access has received your application, you will be contacted by mail within 21 business days to let you know if you are approved. You will be notified by mail if you are approved or not. Please call 336-887-1183 if you have any questions.



High Point Transit System Access
Demand Response Transportation Service
716. W. MLK Dr. High Point, NC 27262
336-887-1183, Fax 336-883-0399



Please read the attached instructions before completing this form. All questions must be answered & incomplete applications will be returned. Please print and write legibly.

First Name _____

Last Name _____

Street Address _____ Apt # _____

City: _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Date of Birth (month/day/year) _____ Gender (M/F) _____

Height _____ Weight _____

In case of emergency: please provide pertinent information for two (2) people we can contact. It can be a friend, relative, or support professional. A minimum of one (1) contact is required.

Name _____ Relationship _____

Address _____ Apt _____

City: _____ State: _____ Zip: _____

Home Phone# _____ Cell Phone # _____

Work Phone: _____

CONTACT 2:

Name _____ Relationship _____

Address _____ Apt _____

City: _____ State: _____ Zip: _____

Home Phone# _____ Cell Phone # _____

Work Phone: _____

ELDERLY CERTIFICATION (AGE 70 & OVER): THE PERSON REQUESTING THE SERVICE MUST PROVIDE A COPY OF ANY DOCUMENT THAT VERIFIES HIS/HER BIRTHDATE. PLEASE DO NOT SEND ORIGINALS. ONLY SEND A COPY.

Which of the following mobility aid(s) do you use to travel? (Check all that apply)

No, I do not use any mobility aids

Manual wheelchair Powered Wheelchair Powered Scooter

Wheelchair size _____(L) _____(W) Wheelchair weight _____lbs.

Cane 2-Wheeled Walker 4-Wheeled Walker Crutches

Braces Oxygen White Cane

Service Animal (describe) _____

IMPORTANT NOTE

Access will not be able to transport you if your wheelchair/scooter is longer than 48 in., wider than 30 in., or if your total weight including wheelchair is more than 800 pounds.

1. If you use a wheelchair or scooter, is your home equipped with a wheelchair ramp?

Yes No N/A

IMPORTANT NOTE

Passengers who use wheelchairs/scooters must have a ramp if steps are present. Driver's will not "bump" passengers up/down stairs or in/out of houses.

2. Do you require a Personal Care Assistant (PCA) to travel with you?

No Yes, Sometimes Yes, Always

IMPORTANT NOTE

If a PCA is needed, the applicant must provide their own. Passengers are allowed one (1) PCA to ride free of charge. Access does not provide this service. Drivers will only go to the door when picking up or dropping off passengers.

I CERTIFY THAT THE ABOVE INFORMATION, WHICH I HAVE PROVIDED, IS TRUE AND CORRECT. I UNDERSTAND THAT IF THIS APPLICATION IS APPROVED, I MUST ABIDE BY THE RULES AND REGULATIONS SET FORTH BY THE HPTS-ACCESS SERVICE.

SIGNATURE OF PERSON REQUESTING SERVICE OR PARENT/GUARDIAN IF LESS THAN 18 YEARS OF AGE _____
DATE _____

FOR HPTS-ACCESS USE ONLY

APPROVED: _____ YES _____ NO

ISSUED BY _____ TITLE _____

DATE _____ FILE NUMBER _____