RECERTIFICATION APPLICATION FOR ALEXANDRIA DOT PARATRANSIT SERVICE

This form is for people who have previously been approved for Alexandria DOT paratransit service under the Americans with Disabilities Act (ADA) and wish to renew their eligibility. If you have not been previously certified for Alexandria DOT service, please use the Application for Alexandria DOT Paratransit Service instead of this form. Eligible riders may be required to recertify every two years. Recertification ensures the information on file is up to date and the person still resides in the City of Alexandria.

The information obtained in this recertification process will only be used by the City of Alexandria to review your eligibility to continue to use DOT Paratransit services.

Application Process

1. Fill out this application if you have already been certified to use Alexandria DOT, but your certification has or will expire.
2. Submit the completed application form to the City:

   Mail: **City of Alexandria**
   DOT Paratransit
   123 N Pitt St, Suite 235
   Alexandria, VA 22314
   Fax: **703.746.6433**
   Email: **paratransit@alexandriava.gov**
3. DOT will notify you of your eligibility status.
4. **If you have not been notified within 21 days of submitting your application**, call 703.836.5222 Voice, or Virginia Relay 711. If determination of your eligibility has not been made, you will be temporarily eligible for paratransit service.
5. If you are denied eligibility, you have a right to appeal. Information on the appeals process will be sent to you. Call 703.836.5222 Voice; or Virginia Relay 711 for more information.

_____
Date

RECERTIFICATION FORM

Applicant Information

Customer Name:

_____

Last *First* *Middle Initial*

Customer Address:

_____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone:_____ Email:_____

Emergency Contact

Name:_____

Relationship (Family, Neighbor, etc.) _____

Phone (work): _____ Phone (cell): _____

Mobility Aids

Please indicate if the rider uses any of the following mobility aids:

☐ Door to Door Required ☐ Lift ☐ Oversized Wheelchair ☐ Service Animal ☐ Walker

☐ Wheelchair ☐ Other:_____

Transportation Network Companies

Would the rider like to ride with: ☐ UZURV

Personal Care Attendant (PCA)

Do you travel with a PCA?

☐ YES ☐ NO

Disability Information

Any notes that should be added to the customer's profile:

_____

_____

Travel Training

Are you interested in being contacted about Travel Training? ☐ YES ☐ NO