



**Serving Monongalia County, WV**

420 DuPont Road • Morgantown, WV • 26501  
(304) 296-3680 • Fax: (304) 291-7429  
WWW.BUSRIDE.ORG • Email: Bus@busride.org

**CALL AND RIDE APPLICATION**

**(PLEASE COMPLETE THIS FORM IN ITS ENTIRETY & RETURN TO 420 Dupont Road, MORGANTOWN, WV 26501, FAX 291-7429)**

DATE \_\_\_\_\_ Medicaid Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #'S:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Income Range \_\_\_\_\_ Under \$30,000 \_\_\_\_\_ \$30,000 to \$60,000 \_\_\_\_\_ over \$60,000 \_\_\_\_\_

**Work/Destination Information**

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Days of Week Needed: \_\_\_\_\_

**General Information**

Which of the following mobility aids, if any, do you use? (Please check all that apply)

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Cane       | <input type="checkbox"/> Manual wheelchair    | <input type="checkbox"/> Service animal       |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Powered wheelchair   | <input type="checkbox"/> Picture board        |
| <input type="checkbox"/> Walker     | <input type="checkbox"/> Powered scooter/cart | <input type="checkbox"/> Alphabet board       |
| <input type="checkbox"/> Crutches   | <input type="checkbox"/> Boarding chair       | <input type="checkbox"/> Portable oxygen      |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Transfer board       | <input type="checkbox"/> <b>none of these</b> |

Other (please describe)

If you use a manual or powered wheelchair or scooter, what make and type is it?

If you use a manual or powered wheelchair or scooter, is it more than 30 inches wide, more than 48 inches long, or does it, when in use, weigh more than 600 pounds?

Yes  No

(TURN OVER PLEASE)....



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**DESCRIPTION OF DEVIATION REQUESTED**

Please provide us with detailed, written directions to the location of your requested deviation. Include street names and any landmarks that will be helpful to the driver. Also include a map (example below) that can serve as an additional guide to your requested deviation.

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**OFFICE USE**

**APPROVED:** YES \_\_\_\_\_ NO \_\_\_\_\_

**TYPE OF SERVICE APPROVED** FIXED ROUTE DEVIATING SERVICE \_\_\_\_\_

**WORKER VAN ACCESSIBLE TRANSIT SERVICE** \_\_\_\_\_

**FARE CHARGE** \_\_\_\_\_

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**(Special Services)**

**DATE:** \_\_\_\_\_