

Information & Eligibility

In order to use GoCary Door to Door service, you must first register for the service and receive a GoCary photo ID card. Ensure that you are eligible for the service. Individuals qualify for GoCary Door to Door service if they are age 60 or over AND they reside in the Town of Cary OR if they have a qualifying disability or impairment-related condition that prevents them from using the fixed route system (under the Americans with Disabilities Act). There are different application instructions depending if you are applying based on age or disability.

Registration Form Instructions

- 1) Review the GoCary Door to Door Passenger Guide and the GoCary Discount Fare and Door to Door Registration Form. Hard copies are available for pick up from the Town of Cary Senior Center at 120 Maury O'Dell Place, Cary NC 27513 or the Town of Cary Transit Division at 316 N. Academy St, Cary, NC 27513. The registration form in English and Spanish can also be downloaded from the Town of Cary website (www.townofcary.org).
- 2) Complete and submit the entire registration form based on your eligibility.
 - a) **If you believe you qualify based on age and residency**, please complete Part A only of the registration form. The completed form can be submitted in person at the Town of Cary Senior Center (120 Maury O'Dell Place, Cary NC 27513).
 - i) As part of the submission, please provide proof of age, identification, and proof of Cary residency (i.e. a utility bill with a Cary address). A photo identification card will be created.
 - ii) Approval for seniors will be granted on site, and an approval email sent if an email address is provided on the registration form. Trips may be scheduled immediately.
 - b) **If you believe you qualify based on the ADA**, and/or require a Personal Care Attendant (PCA) to travel, please complete Parts A and B of the registration form, then provide the completed form to a qualified human services or medical professional with knowledge of your disabling condition to complete Part C of the registration form. The completed application form can be submitted by the medical professional **by fax to the Town of Cary (919) 380-6426 or mailed to the Town of Cary Attn: Transit/Transit Marketing Specialist** (P.O. Box 8005 Cary, North Carolina 27512).
 - i) The approval process typically takes up to two weeks for ADA registration. Once Town staff receive your completed registration form (including Part C), the medical provider will be contacted and the information provided will be verified. Once the information has been verified, and your registration form has been conditionally approved, you will be notified by Town of Cary staff. If a determination of eligibility is not made within 21 days of receipt of a completed application, the applicant will be treated as eligible and provided service until a final eligibility determination is made.
 - ii) You must go to the Town of Cary Senior Center to provide identification. A photo identification card will be created. This can be done prior to receiving conditional approval or after you have received conditional approval from Town staff. Trips may be scheduled once you have received a phone call and/or email from Town staff granting conditional approval. Proof of identification and an ID card must be obtained within a reasonable period of time in order to maintain approval.
- 3) Once your registration form has been approved and you have provided all documentation, you may begin to schedule Door to Door trips by calling **(919) 481-2020, extension 3**.

The Senior Center is open for registrations Monday through Thursday 9 a.m. - 9 p.m.; and Friday through Saturday 9 a.m. – 6 p.m. A free ride to and from the Senior Center can be provided by calling the Operations Center at (919) 481-2020 ext. 3.



GoCary Discount Fare and Door to Door Registration

If you need to reserve your initial *free* ride to the Cary Senior Center for registration purposes only, please call the reservation center at (919) 481-2020, ext. 3.

Check the box that applies to you and provide the information required. Photo must be taken in person at 120 Maury O'Dell Place, Cary, NC 27513. Please bring proof of Cary residency, age and/or your completed application. Please call (919)469-4081 for more information on senior registration, and (919)469-4086 for ADA registration.

I am a Cary Resident, 60-64 years of age (eligible for Door to Door service) **Fill out Part A only.**

I am a Cary Resident, 65 years of age or older (eligible for discounted fixed route fare and Door to Door service) **Fill out Part A only.**

I have a disabling condition or functional limitation under the ADA (eligible for discounted fixed route fare and Door to Door service) **Fill out Parts A, B, and C. The Health Care Provider Verification (Part C) must be completed and signed by your doctor, nurse or other health care provider who is not a family member.**

A. General Information

Date of Application _____

Name _____ Date of Birth _____

Street Address _____ City _____ Zip Code _____

Phone Number _____ Deaf/Hard of Hearing __Yes __ No Dial 711 __Yes __No

Email address: _____ Male _____ Female _____

Note: By providing your Email address, you agree to receive Email communication from the Town of Cary. If you subscribe to this Email service option, your Email address will not be given to third parties in accordance with state law. We will only use the email to: (1) communicate with you on GoCary matters; (2) share emergency information with you; and, (3) contact you regarding any email subscriber administrative issues that may arise. For questions concerning policies and procedures, please call Town of Cary staff at (919) 469-4086.

Do you require any of the following: Wheelchair ___ Service Animal ___ Oxygen ___
Other _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Applicant _____

Address _____ Telephone Number _____

[OFFICE USE ONLY] To be filled out by Senior Center staff:

If Age Application: Age Verified Photo Taken ID provided or mailed Residency Verified

Form Faxed to MV (919) 851-2564 Staff _____ Date _____

If ADA Application: Photo Taken (Hold until approved by GoCary) Faxed to GoCary (919)380-6426

To be filled out by GoCary Staff: Disability Verified ID requested Date mailed _____

Staff _____ Date _____ [Temporary Disability End Date _____] Notes _____

B. Disabling Condition and Certification

Nature of Disability _____

Is this a Temporary Disability? Yes ____ No ____ If yes, what is the end date? ____/____/____

Do you require a Personal Care Attendant to assist with travel: Yes ____ No ____

Part C of this application must be filled out by a health care or human services professional who is familiar with the applicant's disabling condition. Your signature below authorizes this professional to provide information to the Town of Cary regarding your eligibility for ADA services.

In the space provided below, CLEARLY PRINT the name of the professional who will be verifying your application, and specify his/her position.

Name of professional: _____

Certification

By filling out this registration form, I certify that I have a disability substantiated by a certified medical professional that prevents me from using the fixed route system. If it has been determined that I have violated the policies of this service, I will be permanently barred from any transportation assistance from the Town of Cary.

Signature _____ Date _____

C. Health Care Provider Verification

IMPORTANT: A human services or medical professional must fill out and sign the health care provider verification. This information will be verified by Town of Cary staff. The completed form must be faxed to (919) 380-6426 to be processed. For more information, please call Town of Cary staff at (919) 469-4086.

I have read Parts A and B in its entirety: ____ YES ____ NO

I agree with the information provided in PART B: ____ YES ____ NO

If no, please explain: _____

Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

This individual should be able to access fixed route public transportation successfully.

This individual cannot use fixed route public transportation due to multiple functional limitations and requires Door to Door service.

Name of Provider _____

*If not a licensed physician, please indicate Title & Certification

Signature _____ Organization _____

Address _____ Telephone Number: _____