



REVISED

January 2026

[www.GoCary.org](http://www.GoCary.org)

## Application for Door to Door Service

### **Solicitud de servicio puerta a puerta**

GoCary Door to Door is a shared ride service for persons with a disability(s) that prevents use of the GoCary fixed route system, as well as Town of Cary residents aged 60 and over.

Interested individuals must complete an eligibility application and receive approval from the Town of Cary before reservations are accepted. There are different application instructions depending on your level of eligibility. Please read all the instructions before completing the application.

## Instructions

Please review the GoCary Door to Door Passenger Guide on our website at [www.GoCary.org/RideGuideD2D](http://www.GoCary.org/RideGuideD2D).

If you would like a hard copy mailed to you, please call 919-653-7141 or send a request to [BetterTransit@GoCary.org](mailto:BetterTransit@GoCary.org). After you have reviewed the guide, please complete this application based on your eligibility.

### ADA Eligibility

Persons with a disability (as defined by the Americans with Disabilities Act) that require special facilities, services, or planning **which prevent them from using GoCary fixed route service**, must complete Parts A and B of this application.

A qualified medical or human services professional with knowledge of your disability must then complete Part C. The completed, signed application must then be submitted to:

By Mail: Town of Cary  
Attn: GoCary Door to Door  
P.O. Box 8005  
Cary, NC 27512

By Email:  
[BetterTransit@GoCary.org](mailto:BetterTransit@GoCary.org)

In Person: Cary Senior Center  
Transit Program Coordinator  
120 Maury O'Dell Place  
Cary, NC 27513

By Fax: (919) 380-6426

Upon receipt, the completed application (including Part C) will be reviewed for eligibility. You will be notified in writing of the determination of eligibility within 21 days. 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.

### **Senior Eligibility**

If you do not have a disability that prevents you from using GoCary's fixed route system, but you are aged 60 or over AND a Cary resident, complete Part A only. The completed, signed application must then be submitted to:

By Mail:      Town of Cary  
Attn: GoCary Door to Door  
P.O. Box 8005  
Cary, NC 27512

By Email:  
[BetterTransit@GoCary.org](mailto:BetterTransit@GoCary.org)

In Person:      Cary Senior Center  
Transit Program Coordinator  
120 Maury O'Dell Place  
Cary, NC 27513

By Fax: (919) 380-6426

\*Please note, applicants that only complete Part A of the application are not eligible to travel with a Personal Care Attendant (PCA) and reservation requests are approved on a space available basis.

### **Non-Cary Residents**

Residents of municipalities other than Cary are not eligible for GoCary Door to Door service based solely on age.

You may be eligible for GoCary Tier 1 service under the Americans with Disabilities Act (ADA). Please refer to the instructions under "ADA Eligibility" on page 1 for details on how to apply.

### **Inactivity**

Registered customers who have not used the Door to Door service within a 12-month period will be deemed inactive and removed from the active customer database. Inactive customers must reapply for the Door to Door program if they wish to resume service.

## Application

Please check the box below that applies to you and provide the required information. If you need to reserve one *free* round trip ride to the Cary Senior Center for application purposes only, please call (919) 481-2020 and select Option 3.

I have a disabling condition as recognized by the Americans with Disabilities Act (ADA) that prevents me from using GoCary's **fixed route** service.

**Please complete Parts A and B, then have a medical professional with knowledge of your disability complete Part C. This application will not be reviewed for eligibility until all three parts have been completed. To be eligible for travel in Tier 2 or Tier 3, proof of Cary residency is required.**

Do you require a Personal Care Attendant (PCA)? A PCA is someone designated or employed specifically to help meet the riders personal needs including assisting with one or more daily life activities and is different than a guest or companion. Your PCA may accompany you at no additional charge.

Yes, Sometimes     Yes, Always     No

I am a Cary resident, age 60+. I do not have a disabling condition as recognized by the Americans with Disabilities Act that prevents me from using GoCary's fixed route service.

**Please complete Part A only. Proof of age and Cary residency is required. I understand that by registering as a Senior, I am not eligible to travel with a Personal Care Attendant (PCA) and my trips will be approved on a space available basis.**

Date of Application: \_\_\_\_\_

### A. General Information (please complete all fields)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Note:** By providing your email address, you agree to receive email communication from the Town of Cary. If you subscribe to the 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 about GoCary matters; (2) share emergency information with you; and/or (3) contact you regarding any email subscriber administrative issues that may arise. For questions, please contact the Transit Program Coordinator at (919) 653-7141 or by email at [BetterTransit@GoCary.org](mailto:BetterTransit@GoCary.org).

#### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you:

Deaf / Hard of Hearing  Yes  Dial 711?  Yes

No  No

Do you require any of the following? (check all that apply)

Cane  Yes  No

Walker  Yes  No

Crutches \_\_\_\_\_ Yes \_\_\_\_\_ No

Braces \_\_\_\_\_ Yes \_\_\_\_\_ No

Service Animal \_\_\_\_\_ Yes \_\_\_\_\_ No

Oxygen \_\_\_\_\_ Yes \_\_\_\_\_ No

Manual Wheelchair \* \_\_\_\_\_ Yes \_\_\_\_\_ No

Power Wheelchair \* \_\_\_\_\_ Yes \_\_\_\_\_ No

Motorized Scooter \* \_\_\_\_\_ Yes \_\_\_\_\_ No

\* If yes, what is the combined weight (\_\_\_\_\_ lbs) of the passenger and the wheelchair/scooter?

\* If yes, what is the length (\_\_\_\_\_ inches) and width (\_\_\_\_\_ inches) of the wheelchair/scooter?

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

**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/buildings.

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have included Proof of Cary Residency showing my current address with this application (ex. Copy of valid Driver's License, Utility Bill, or other Statement). If Proof of Cary Residency is not submitted for an ADA-based application the rider is only eligible to travel in Tier 1.

I have included Proof of Age with this application (required only if not completing Parts B and C, can be a copy of valid Driver's License or other identification showing Date of Birth).

**\*Special Note: Please copy proof of eligibility documents onto an 8.5 x 11 sheet of paper. Do not cut to a small size. Do not staple, tape, or attach items together.**

I understand that the purpose of the application is to determine if I am eligible for GoCary's Door to Door transportation service. I certify that the information provided in this application is true and correct to the best of my knowledge and that the application will be returned to me if it is not complete, which delays processing. I understand that falsification or misrepresentation of facts, or changes in my medical condition, may result in changes to my certification status. I further understand that additional information from my healthcare professional related to my disability or medical condition may be required for ADA complementary paratransit service (Tier I) and will be used to help determine my eligibility. I agree to notify GoCary if I no longer need to use the Door to Door service.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

If someone other than the applicant has completed this application, the following information must be provided.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant Name \_\_\_\_\_

## **B. Disabling Condition and Certification**

**(Please review the definitions of Fixed Route Transportation and Door to Door Transportation below prior to answering the questions and completing Part B.)**

### **GoCary Fixed Route Transportation**

Fixed route transportation uses ADA compliant buses that run on set routes and schedules. Riders go to a bus stop, wait for the bus, and get off at a designated stop. Buses run at regular times and follow the same path each day.

### **Go Cary Door to Door Transportation**

Door to Door transportation is a shared ride service for people who cannot use the fixed route system due to a disability. Riders schedule trips in advance. ADA compliant vehicles are used to transport riders between eligible origin and destination points within the defined service area.

1. What is the disability or health condition that prevents you from using GoCary's **fixed route** service? (Please be specific but use layman's terms).

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2. How does this disability or health condition limit or prevent you from using GoCary's **fixed route** service? Please be specific.

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3. Is the condition(s) you described:

Permanent       Vary day to day       Temporary

If Temporary, what is the anticipated end date? \_\_\_\_\_

4. Do you have a visual impairment?  Yes  No  Sometimes

If Yes or Sometimes, please explain: \_\_\_\_\_

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5. How far can you walk/travel by yourself or with the assistance of a mobility aid (choose one of the options below and fill in a number beside it)?

Feet  Blocks  Miles

6. Are any of the following skills affected by your disability?

**If the answer is Sometimes, Never, or Not Sure, please explain by describing the effect and the extent of limitation caused by the disability.**

Applicant can:

a) Cross a street with  2-3 lanes  4-6 lanes  Never

Comments: \_\_\_\_\_

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b) Step on/off curbs  Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

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c) Stand on a fixed route moving bus holding onto a handrail?

Always  Sometimes  Never  Not Sure

If sometimes, how long (in minutes)? \_\_\_\_\_

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Comments: \_\_\_\_\_

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d) Find my own way to the **fixed route** bus stop without assistance

Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

e) Travel alone  Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

f) Seek and act on directions

Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

g) Safely and independently travel  $\frac{1}{4}$  of a mile (4 blocks) without help from another person

Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

h) Wait at a **fixed route** bus stop

Always  Sometimes  Never  Not Sure

If sometimes, how long (in minutes)? \_\_\_\_\_

Comments: \_\_\_\_\_

i) Board the correct **fixed route** bus

Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

j) Transfer from one **fixed route** bus to another

Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

k) Exit at the correct **fixed route** bus stop

Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

l) Tell/monitor time  Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

m) Walk on hills/steep terrain

Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

n) Deal with unexpected situations

Always  Sometimes  Never  Not Sure

Comments: \_\_\_\_\_

7. If GoCary offered free training on how to ride the **fixed route** buses, would you be interested?

Yes  No

If No, please explain: \_\_\_\_\_

Applicant Name \_\_\_\_\_

**C. Health Care Provider Verification**

**Authorization for Release of Information**

I authorize the professional who has completed part C of this application to release to the Town of Cary/GoCary, information about my disability or health condition and its effect on my ability to travel on the GoCary transit system. I understand that I may revoke this authorization at any time.

I, the applicant, understand that the purpose of this application is to determine my eligibility to use the GoCary Door to Door services. I agree to release the information requested to the Town of Cary/GoCary and any eligibility review panel and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that the Town of Cary/GoCary reserves the right to request additional information at its discretion. I agree to notify the Town of Cary/GoCary of any changes in the status of my disability that affects my ability to use the GoCary Door to Door services. I also understand that this may affect my eligibility as a rider.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

Dear Verifying Professional:

You are being asked by the applicant named in Part A of this application to provide information regarding their ability to use the public transportation services of GoCary, as described in the Fixed Route Transportation and Door to Door Transportation definitions on page 7, and in the applicants responses in Part B. The information you provide will allow us to evaluate the request and determine the individual's specific needs. Thank you for your cooperation in this matter.

**PLEASE NOTE:** All GoCary **fixed route** bus services are accessible to persons with disabilities.

The individual applying for Door to Door transportation service under the Americans with Disabilities Act (ADA) **MUST BE UNABLE TO ACCESS FIXED ROUTE SERVICES** due to:

- Conditions which prevent them from traveling up to  $\frac{3}{4}$  mile to get to or from a GoCary **fixed route** bus stop. Not living within  $\frac{3}{4}$  mile of a fixed route bus stop is not a qualifying condition.
- Conditions which prevent them from being able to plan for, board, ride, or disembark an ADA accessible **fixed route** vehicle

The completed application must be submitted to GoCary within thirty (30) days of completion by the selected professional and can be returned to the applicant or sent to the following:

By Mail:      Town of Cary  
                    Attn: GoCary Door to Door  
                    P.O. Box 8005  
                    Cary, NC 27512

By Email:  
[BetterTransit@GoCary.org](mailto:BetterTransit@GoCary.org)

In Person:      Cary Senior Center  
                    Transit Program Coordinator  
                    120 Maury O'Dell Place  
                    Cary, NC 27513

By Fax: (919) 380-6426

**(PLEASE PRINT)**

Name of Applicant: \_\_\_\_\_

1. Capacity in which you know the applicant: \_\_\_\_\_
2. When was the applicant last treated or seen by you? \_\_\_\_\_
3. On average, how frequently is the applicant seen by you? \_\_\_\_\_

4. Has the applicant been diagnosed with a physical, cognitive, psychological, or other disability that would prevent them from using GoCary's **fixed route** bus service?

Yes  No

5. Is the applicant's disability:

Physical  Cognitive  Psychological  Other

6. What is the applicant's disability (Please be specific but use layman's terms)?

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7. What is the date of onset? \_\_\_\_\_

8. Does the applicant's disability or condition prevent the use of regular **fixed route** bus service?

Yes, Sometimes  Yes, Always  No

If Sometimes or Always, please explain: \_\_\_\_\_

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9. Could the applicant use regular **fixed route** buses with travel training? Travel training is an instructional process where individuals learn how to navigate and ride public transit safely and independently. It can be offered as one-on-one training or group training.

Yes, Sometimes  Yes, Always  No

If Sometimes or Always, please explain: \_\_\_\_\_

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10. How far can the applicant walk/travel by themselves or with the assistance of a mobility aid? (choose one of the options below and fill in a number beside it)

Feet       Blocks       Miles

11. What is the expected duration of this individual's condition?

Temporary: Approximate expected duration until (date) \_\_\_\_\_

Long-term: Potential for improvement or periods of remission

Permanent: No expectation of functional improvement

**I have read Parts A and B in their 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 professional opinion regarding the applicant's use of public transportation:

The applicant should be able to use **fixed route** transportation successfully.

The applicant can use **fixed route** transportation successfully but may need to utilize **Door to Door** service **under certain conditions** due to a disabling condition or functional limitation.

Please explain conditions: \_\_\_\_\_

\_\_\_\_\_

The applicant cannot use **fixed route** transportation due to a disabling condition or functional limitation and requires Door to Door service **without conditions**.

Printed Name \_\_\_\_\_

Title \_\_\_\_\_  
(If not a licensed physician, please indicate Title & Certification)

Organization/Practice \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR GOCARY USE ONLY:** APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

UNCONDITIONAL \_\_\_\_\_ CONDITIONAL \_\_\_\_\_ TEMPORARY \_\_\_\_\_

ISSUED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_ FILE NUMBER \_\_\_\_\_