GCID # _____

The Grand Connection
Qualification Application
1821 W. Freeway, Grand Prairie 75051

Print, complete and mail this application to The Grand Connection at the address in the instructions.

Part I – General Information

Name: _____

Address: _____

_____

City: Grand Prairie State: Texas Zip: _____

Sex: M F Social Security Number: _____

Date of Birth: _____ Age: _____

Home Phone: (972) _____

Part II – Emergency Contact

***Primary Emergency Contact*: _____**

Relationship: _____

Phone Number: _____

***Secondary Emergency Contact*: _____**

Relationship: _____

Phone Number: _____

Part III – Health Information

A. Type(s) of Disability: Mark all that apply

_____Allergy
_____Alzheimer's
_____Amputee
_____Arthritis
_____Blind
_____Cancer
_____Cerebral Palsy
_____Developmental Disabled
_____Deaf
_____Depression
_____Dialysis
_____Diabetes
_____Epilepsy
_____Broken bones
_____Head injury / trauma
_____Heart
_____HIV / AIDS
_____Kidney / Renal
_____Liver
_____Muscular Dystrophy
_____Mental Illness
_____Multiple Sclerosis
_____Psychiatric disorder
_____Respiratory / Breathing
_____Seizure
_____Skin
_____Spinal injury
_____Stroke
_____Thyroid
_____Other (_____)

B. Mobility Aides (Check all that apply)

_____Cane
_____Walker
_____Guide Dog
_____Crutches

Wheelchair:

_____Manual
_____Electric: Large Wheels
_____Electric: Small Wheels
_____Scooter: Size (_____)
_____Other (_____)

C. Type of Transportation needed from The Grand Connection:

_____ Nutrition Program _____ Medical _____ School
_____ Dialysis _____ Grocery _____ Work
_____ Medicaid (Medicaid Number _____)

D. Where did you learn about the Grand Connection?

Part IV – Release & Indemnification

HOLD HARMLESS AGREEMENT

State of Texas, County of Dallas/Tarrant

I, _____, covenant and agree that for, and in consideration of the City of Grand Prairie allowing me to use the Grand Connection, do indemnify and hold harmless the City of Grand Prairie, its employees, agents, sponsors and volunteers assisting in these activities from any and all damages, claims, or liability of any kind, whatsoever, by reason of injury to property or third person occasioned by any error, omission, violation of the Grand Connection rules and regulations or negligent act by me.

I further do hereby expressly release, discharge, and hold harmless the City of Grand Prairie, its employees, agents, sponsors, and volunteers assisting in these activities from any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to me or damage to my property arising or resulting from any use of The Grand Connection rules, regulations, or stated policies.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I verify that the above information is true and correct to the best of my knowledge. I also authorize the personnel of The Grand Connection to obtain verification of any information given in this application and to obtain pertinent medical information necessary for clarification of ridership eligibility.

I, the undersigned, have read and understand the "Hold Harmless Agreement" and "Authorization for the Release of Information" sections above and agree to all the terms and conditions contained in these statements. I voluntarily execute and agree to these statements with full knowledge of their significance.

DATED THIS _____ DAY OF _____, 20_____ .

_____ _____

Applicant Signature Date

_____ _____

Witness Signature Date

Part V – Disability Certification: To be completed by a licensed health care professional for applicants qualifying because of physical or mental disabilities.

A. Failure to complete this portion may lead to ineligibility of applicant.

B. An individual wishing to be certified with the Grand Connection must be at least 60 years of age or be transportation dependent by virtue of a physical or mental disability.

IF TRANSPORTATION NEEDS TO BE PROVIDED TO THIS APPLICANT, PLEASE VERIFY THE INFORMATION PROVIDED IN THIS APPLICATION AND COMPLETE THE INFORMATION BELOW:

1. This application (Circle one) **does / does not** meet the criteria of being transportation dependent as described above.

2. Description of physical or mental disability and diagnosis: _____
_____

If applicable, what is the patient's mental level? _____
Will the patient present a behavioral problem during transportation?
Circle one: Yes No

3. Is the disability permanent? Circle one: Yes No
If temporary, what is approximate date of recovery? _____

4. If applicant uses a wheelchair, can he/she independently transfer from wheelchair to a passenger seat? Circle one: Yes No

Health Care Professional's Name: _____
Address: _____
_____
City: _____ State: _____ Zip: _____
Phone Number: _____

_____ _____
Physician's Signature Date