



300 W. Lohman Ave.
P. O. Box 20000 (575) 541-2500
Las Cruces, NM 88004 Fax: (575) 541-2733



Dial-a-Ride Eligibility Application

The information obtained in this certification process will be used by the City of Las Cruces RoadRUNNER Transit for the provision of Dial-a-Ride transportation services. The information will only be shared with other transit providers to facilitate travel in those areas but will not be provided to any other person or agency.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____

What is the disability which prevents you from using our fixed-route service?

Is this condition temporary? ☐ Yes ☐ No

If yes, expected duration, until _____

How does this disability prevent you from using fixed-route services? Please explain in detail.
(Use an additional sheet if needed.)

Are there any other effects of your disability of which we need to be aware?

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by Dial-a-Ride.

Do you use any of the following aids to mobility? (Check all that apply)

- ☐ Wheelchair ☐ Manual ☐ Electric ☐ Powered Scooter ☐ Cane
☐ Personal Care Attendant ☐ Crutches ☐ Guide Dog ☐ Other _____

Do you require a Personal Care Attendant when you travel using transit?

- ☐ Yes ☐ No

Can you travel 200 feet without the assistance of another person?

- ☐ Yes ☐ No ☐ Sometimes _____

Can you travel 1/4 mile without the assistance of another person?

- ☐ Yes ☐ No ☐ Sometimes _____

Can you climb three 12-inch steps without assistance?

- ☐ Yes ☐ No ☐ Sometimes _____

Can you wait outside without support for 10 minutes?

- ☐ Yes ☐ No ☐ Sometimes _____

I hereby certify that the information given above is correct.

Signature _____ Date _____

If this application has been completed by someone other than the person requesting certification, that individual must complete the following:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

Authorization Form

In order to allow the Dial-A-Ride Coordinator to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information.

The following (check one ☐ Physician ☐ Health Care Professional Rehabilitation ☐ Social Service Agency Professional is familiar with my disability and is authorized to provide information to Dial-A-Ride to complete this certification.

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

This application form can be made available in alternative formats upon request to (575) 541-2777.

Mail completed application to:

RoadRUNNER Transit
Dial-a-Ride Coordinator
P.O. Box 20000
Las Cruces, NM 88004

Direct questions to:

(575) 541-2777

Request for Professional Verification

The attached Authorization Form has been submitted by _____, who has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to use Dial-A-Ride transit services. Federal law requires that the City of Las Cruces RoadRUNNER Transit provide paratransit services to persons with disabilities unable to use regular fixed-route transit services. The information you provide will allow us to make an appropriate evaluation of this request and its application to specific trip requests. Thank you for your cooperation.

Capacity in which you know the applicant

Medical diagnosis of condition causing disability

Is this condition temporary? ☐ Yes ☐ No

If yes, expected duration, until _____

If the person has a disability effecting mobility, is the person:

Able to walk 200 feet without assistance?

☐ Yes ☐ No ☐ Sometimes _____

Able to travel 1/4 mile without assistance?

☐ Yes ☐ No ☐ Sometimes _____

Able to climb three 12-inch steps without assistance?

☐ Yes ☐ No ☐ Sometimes _____

Able to wait outside without support for 10 minutes?

☐ Yes ☐ No ☐ Sometimes _____

Does this person use any mobility aids? If so, what?

If the person has a visual impairment:

Visual acuity with best correction ☐ Right Eye ☐ Left Eye ☐ Both Eyes

Visual fields ☐ Right Eye ☐ Left Eye ☐ Both Eyes

If the person has a cognitive disability:

Is the person able to:

Give addresses and telephone numbers upon request? ☐ Yes ☐ No

Recognize a destination or landmark? ☐ Yes ☐ No

Deal with unexpected situations or unexpected change in routine? ☐ Yes ☐ No

Ask for, understand, and follow directions? ☐ Yes ☐ No

Safely and effectively travel through crowded and/or complex facilities? ☐ Yes ☐ No

Is there any other effect of the disability of which the City of Las Cruces Road*RUNNER* Transit should be aware? Please describe:

Your Name _____ Title _____

Office Address _____

City _____ State _____ Zip Code _____

Office Phone _____

Signature _____ Date _____