



## **TOWN OF AVON SENIOR/DISABLED: DIAL-A-RIDE PROGRAM GUIDELINES**

**ELIGIBILITY:** Avon residents 60 years of age and over, and the disabled.

**SERVICE AVAILABILITY:** Monday-Fridays from 9 a.m. to 4 p.m.  
*Not available on days when the Town Hall is closed.*

**\*\*AVAILABILITY MAY BE LIMITED REGARDING ONGOING/MULTIPLE WEEKLY MEDICAL APPOINTMENTS \*\***

**DESTINATIONS:** Any destination in Avon, the Farmington Valley Mall (Simsbury Commons), Unionville Center, Collinsville Center, Canton Village, the Shoppes at Farmington Valley (Canton) and John Dempsey/UConn Hospital.

**TICKETS:** Maximum of 20 tickets per month, available at the Town Clerk's Office for \$0.50 each, or by Mail. Please make checks only for \$10.00 or less. One ticket entitles holder to a one-way fare. Tickets are non-transferable. Saving unused tickets does not allow use, at a later time, of more than 20 tickets per month; however, tickets do not expire.

**Driver will not accept money for trips; please use tickets.**

### **RIDE RESERVATION PROCEDURE:**

Call **860-693-6876** between the hours of 8 a.m. and 12:00 p.m. to make arrangements for your ride.

You must provide, at that time, an estimate of when you wish to return from your destination. Please indicate if you are a wheelchair client, so proper time may be allotted for your pick-up. Please allow some flexibility when waiting to be picked up, as the driver may have been delayed due to a wait for a passenger, traffic, or weather conditions.

Medical appointments are given priority whenever possible and can be scheduled 2 weeks in advance. Other rides (Grocery shopping, Walmart, hairdresser) can be scheduled 2 days in advance.

Urgent, same day requests for service are available only if there is an opening or cancellation in the schedule.

**INFORMATION - CALL THE AVON SOCIAL SERVICES DEPT. AT 860-409-4346**

# TOWN OF AVON SENIOR/DISABLED DIAL-A-RIDE REGISTRATION FORM

Complete and bring or mail this form, with check or money order (payable: Town of Avon) to:

Town of Avon "Dial-A-Ride" Program  
Town Clerk's Office (Building #2)  
60 West Main Street  
Avon, CT 06001

\* PLEASE REMEMBER TO MAKE CHECKS FOR NO MORE THAN \$10

Name:

Miss

Mrs.

Ms.

Mr.

\_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last Name (print) First Initial Month Day Year

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Number and Street (print)

Post Office Box: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Enclosed: \$ \_\_\_\_\_ for \_\_\_\_\_ tickets Signed: \_\_\_\_\_

Date: \_\_\_\_\_