

PLEASE COMPLETE AND MAIL OR FAX TO:  
ECTC INC.  
601 Norwich/New London Tpke., Suite 1  
Uncasville, CT 06382  
Phone: 860-848-5910  
Fax: 860-848-5917

**EASTERN CT TRAVEL VOUCHER APPLICATION**

**ELIGIBILITY REQUIREMENTS**

- Applicant must have a physical or mental impairment that substantially limits one or more major life activities.

**SECTION 1 - PLEASE PRINT CLEARLY – Application must be signed below**

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Will you require wheelchair accessible transportation? YES NO (Circle one)**

*Optional Demographic Information:*

Date of Birth (optional): \_\_\_\_\_ Gender: M F (Circle one)

Ethnicity: Black White Asian Hispanic Other (Circle One)

**X** Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*In an effort to gather information to research and create new or enhance current transportation options please provide feedback on the following questions:*

**Please identify any transportation barriers that are currently affecting you?**

\_\_\_\_\_  
\_\_\_\_\_

**What services would you like to see implemented that could eliminate these barriers?  
Please describe (i.e. weekend service in Danielson, etc)**

\_\_\_\_\_  
\_\_\_\_\_

**Continue on back**

## SECTION 2

Must be completed by a professional from a healthcare facility or agency exclusively serving individuals with disabilities.

- **Applicant - must have a physical or mental disability that substantially limits one or more major life activities.**
- **The definition of a disability is a physical, visual, or mental impairment that substantially limits one or more of the major life activities of the individual. Major life activities include caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.**

**\*\* ALL LINES MUST BE COMPLETED LEDGIBLY \*\***

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

Is the disability temporary or permanent? \_\_\_\_\_

Length of disability, if temporary: \_\_\_\_\_

Briefly, state nature of disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility/Agency Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of professional completing form: \_\_\_\_\_

Professional's Title: \_\_\_\_\_

**X** Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY \**

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## **SECTION 3 (Completed by ECTC)**

Date Rec'd: \_\_\_\_\_

Client ID#: \_\_\_\_\_

# Eastern CT Travel Voucher Program

Sponsored by Section 5310

## Users' Guide

Amended June 2023

The **Eastern CT Travel Voucher Program** is a transportation service that provides subsidized taxi, livery, or wheelchair accessible rides to enrolled, eligible participants residing in eastern Connecticut. See map on page 4 for town listings. The purpose of this program is to provide an affordable, accessible transportation alternative when existing transit services are not able to meet their transportation need. This service will allow the individual greater flexibility to employment, healthcare facilities, shopping, education, etc.

This travel voucher program is operated by the Eastern Connecticut Transportation Consortium, Inc. (ECTC) and is funded through Section 5310.

### **Program Eligibility:**

Individuals must reside in eastern Connecticut (map on page 4) and meet the eligibility requirements on the **Eastern CT Travel Voucher Application**.

### **How the service works:**

A maximum of 5 books of travel vouchers per month can be purchased for enrolled participants from ECTC at a variety of denominations which can subsidize up to ½ the metered fare. **Please refer to the order form for specifics.**

These travel vouchers can only be used with the following providers:

- |                              |                     |
|------------------------------|---------------------|
| • Curtin Motor Livery        | Tel.: (860)443-1655 |
| • DUNNS NEMT Service LLC     | Tel.: (860)718-6088 |
| • Mercy Transportation Group | Tel.: (860)300-4473 |
| • Quiet Corner Transport LLC | Tel.: (959)444-3287 |
| • Yellow Cab                 | Tel.: (860)443-4321 |

*Participants are encouraged to utilize existing transportation when available, i.e. fixed route, ADA paratransit, dial-a-ride service, volunteer driver, etc.* The voucher allotment is subject to change based on availability of project funding.

### **How to purchase vouchers:**

Enrolled participants can order books of vouchers by completing the order form included in this packet and mailing with payment in the form of a Money Order or Check (Bank, Cashier,

Personal) payable to E.C.T.C. Inc. Once we receive the order, the vouchers will be mailed within two (2) weeks to the address listed on the order form along with a *new* order form. If personal checks are returned insufficient, no future checks will be accepted. Cash sales accepted at the office for immediate voucher purchases but please call prior to arrival. Contact office to discuss other payment options such as debit or credit card purchases.

### **Trip Scheduling:**

To arrange a trip participants must call the provider to make their reservation giving the call taker as much detail as possible, **e.g.**, physical assistance required, special physical accommodations, wheelchair or walker or scooter transport, guide dog transport. Please contact the provider in **advance** to determine if service exists for your requested trip. The provider may also be able to provide an estimate of the cost of the fare.

*\*Note-All trips requiring a wheelchair accessible vehicle should reserve their trip with the appropriate provider at least 2 days prior.*

Participants should not arrange for several providers to pick up the same trip. Calling more than one provider making multiple reservations and using the first provider that arrives could result in the provider refusing service to that individual.

### **Cancellations and No Shows:**

It is the responsibility of the participant to inform the provider of any cancellations or schedule changes. Please note that providers may choose not to allow service to people with histories of “no-shows”.

### **Transportation Providers:**

Participants have a right to expect reasonably prompt and reliable service from the provider and should request an estimated arrival time. If a provider fails to pick up participants, participants must work directly with the provider to resolve the issue, or they may want to use a different provider.

### **Fare and Mileage Limitations:**

The Eastern CT Travel Voucher is a fare-based program and has no mileage limitations. If the fare for a one-way trip exceeds the face value of the voucher, then the participant pays the remaining fare. Participants should not use a voucher with a face value exceeding the cost of the fare as vouchers have no “cash” value and no monies will be reimbursed. The participant will be expected to pay the full fare if they are unable to provide the driver with a valid voucher. Participants must sign and date each voucher used at time of trip.

### **Service Hours and Service Areas:**

Service hours and areas may vary by town and are contingent upon available providers. Prior to ordering your vouchers, please contact the provider to determine if the trip request(s) can be accommodated. This program is intended to provide service within eastern Connecticut, however,

travel outside the area is permitted but the participant should be aware that longer distance trips can be very expensive.

### **Tipping the Driver:**

It is common practice to tip drivers. The amount depends on the passengers' satisfaction with the quality and efficiency of the ride and courtesy of the driver. However, please note that **vouchers may not be used to cover the driver's tip.**

### **Trip Purpose:**

Vouchers can be used for various trip purposes such as medical, shopping, restaurants, entertainment, personal, etc. however, **vouchers cannot be used for transportation to/from school for grades K through 12.**

### **Voucher Returns:**

ECTC will reimburse ½ the face value for each unused voucher returned to us. A refund check will be issued payable to the participant for which the voucher was originally purchased for.

### **Participant Code of Ethics and Responsibility:**

Participants shall always behave courteously and respectfully. Abusive language, profanity (either in language or gesture), disorderly conduct, or harassment of any kind will not be tolerated. Users exhibiting inappropriate behavior may lose the right to participate in the Eastern CT Travel Voucher Program. Should a conflict arise between a participant and driver and/or provider, it is not ECTC's responsibility to mediate. *Participation in the Voucher program is voluntary.*

### **Program Misuse:**

Participants or providers who engage in program violations such as, but not limited to, altering vouchers, using expired or invalid vouchers, refusal to pay participant's share of the fare, using someone else's vouchers, or giving or selling or trading vouchers, may lose the right to participate in the Eastern CT Travel Voucher Program.

Please note that the Eastern CT Travel Voucher Program is separate from other programs offered by ECTC. Visit our website at [www.ectcinc.org](http://www.ectcinc.org) for more information. You can also follow us on Facebook on our ECTC Mobility page.

*For further information on the Eastern CT Travel Voucher Program, please call ECTC at 860-848-5910.*

**~Participants must reside in one of the following towns~**



***\*\*ECTC is not liable for the replacement of lost or stolen vouchers\*\****

***ECTC retains the right to modify the Eastern CT Travel Voucher Program at any time due to budget and / or other constraints.***