BARTA METRO AREA DEMAND RESPONSIVE SERVICES (ACCESS TO JOBS) REQUEST FOR TRANSPORTATION SERVICES

Please consider this request for transportation services under the Berks Area Regional Transportation Authority's Metro Area Demand Responsive Services program. It is understood that this door-to-door transportation service may only be used for service to and from employment at times not served by regular bus service. *Transportation for Access to Jobs must be within an estimated ten-mile radius of the city. You must complete a separate application for each employer* (4-5 business days to process).

Mr./Mrs./Ms	
Name of Applicant (Please type or print)	APPLICATION WILL BE RETURNED
	<u>IF NOT COMPLETE</u>
Address (If P.O., Give both addresses)	
City, State and Zip	
Telephone #	Special Vehicle Needs
Date of Birth	
Social Security #	
Area Demand Responsive Services program must be recurring basis. It is further understood that the fare to	s to do so. I also acknowledge that requests for service under BARTA's Metro made least one day in advance of the trip date. Trips may also be scheduled on a for each trip taken will be \$3.00 payable to the vehicle driver at the time of pick our in advance of the scheduled trip. I also understand that accepting this service ice with the risk of termination if I fail to do so.
Signature of Applicant	Date
Assisting Agency (if any)	Date
Agency Contact (please print)	Telephone
PLEASE HAVE EMPLOYER COMPLE	TE BACK OF FORM.

BARTA 1700 North 11th Street Reading, PA 19604 610-921-2361 (fax 610-921-0209)

Please return to:

BARTA ACCESS TO JOBS CERTIFICATION

EMPLOYER PLEASE COMPLETE								
Applicant's name:								
Shift Rotation?:	YES	NO I	If "NO" please note shift(s) working below					
Monday	From	A	AM / PM	,	То		AM / PM	
Tuesday	From	<i>A</i>			То		AM / PM	
Wednesday					То		AM / PM	
Thursday			AM / PM		То		AM / PM	
Friday	From		AM / PM		То _		AM / PM	
Saturday	From		AM / PM		То 		AM / PM	
Sunday	From		AM / PM		То 		AM / PM	
Employer's name:					-			
Employer's street address (wh	ere employ	ee will be picked	d up and/or dropp	ped off):				
Name of Immediate Supervise	or (Please P	rint):						
Supervisor's Signature:					Telephone 1	number _		
Hourly pay rate?			Но	ırs per week?	-			
Note: BARTA staff will ca	ll to confiri		is complete.		e will not b	e provided until c	onfirmation	
Qualification:]	BARTA USE ON	NLY				
1. Is the individual traveling t						YES / NO		
2. Is the origin and destination less than 1/4 mile from any bus route?						YES / NO		
3. Is the trip for a time/day when the bus is not operating?					YES / NO			
-OR 4. If the bus is operating near the destination, is the wait time longer than 1 3/4 hours?						YES / NO		
If the answers to questions 1,2	2 and 3 or 4	are yes, then the	e applicant is elig	gible for the progr	am.			
Bus routes used:			To Work		&			
		F	From Work		& <u> </u>			
Round Trip Authorized?	YES / NO	I	f yes, when (circl	e all that apply)?:		M / T / W / H / F	/ S / S	
Time transportation needed:								
Monday AT		AM / PM						
Tuesday AT		AM / PM						
Wednesday AT		AM / PM						
Thursday AT		AM / PM						
Friday AT		AM / PM						
Saturday AT		AM / PM						
Sunday AT		AM / PM						
Information verified by:					Date:			