

PLEASE PRINT, 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**

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

*Optional Demographic Information:*

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

Ethnicity: Black White Asian Hispanic Other (Circle One)

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?**

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

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Continue on back

**SECTION 2**

**Must be completed by a professional from a healthcare facility or agency 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.**

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: \_\_\_\_\_

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

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**SECTION 3 (Completed by ECTC)**

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

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