



# Taxi Voucher Application Form

**Instructions:**

- Please print clearly
- Return this completed order form, and a check or money order made payable to **Estuary Transit District**

**Please mail your payment to:**

Estuary Transit District  
 Taxi Voucher Program  
 91 N Main St  
 Middletown, CT 06457

**Note:**

- The initial purchase amount to get a voucher is a minimum of \$25.00 up to a maximum of \$100.00 from the rider, the amount will be 100% matched. (For example: \$50.00 from the rider plus a \$50.00 match from Estuary Transit District (ETD) and your account will have a value of \$100.00). Please allow 5-7 days for your account to be credited.
- You must be ADA certified, have a CT statewide reduced fare ID or a Medicare card to be eligible for this program if you are under 60. Please provide a copy with your first application. No documentation required for seniors 60 or over.
- Reload payments may be made in any dollar amount up to the maximum of \$100.00. Please allow 24 to 72 hours for funds to be posted.
- The amount of the Voucher is non-refundable.
- Tips to taxi driver are discretionary and NOT covered by voucher program. Tips must be paid separately by the user.
- ETD is not responsible for late delivery or for cash sent through the mail.

Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Please circle one:      New Application      Reload

Age \_\_\_\_\_ Are you disabled?      Yes      No

Accessible vehicle required?    Yes    No      Personal Care Attendant Required?    Yes    No

Rider Payment \$ \_\_\_\_\_ (Not to exceed \$100.00)

If this is your first time purchasing a voucher, an account will be created for you with Curtin Transportation and loaded with the total voucher amount. If this is a reload, your existing account will be credited. All vouchers are electronic.

*(This portion will be completed by ETD staff)*

Date Received by ETD \_\_\_\_\_ Other Payment Source \_\_\_\_\_

Date Sent to Provider \_\_\_\_\_ Provider voucher/card # \_\_\_\_\_