



REFERRAL/APPLICATION FOR ACT PARTICIPANTS ONLY

NEW APPLICATION REQUIRED FOR EACH NEW SEMESTER.

Date: _____

Full Name: _____

Address: _____
Last First
Street Address

City State Zip Code

Mailing Address if different from Above: _____

Home Phone: _____ Mobile Phone (of Participant): _____

Emergency Contact: _____ Emergency Contact Phone: _____

Date of Birth: _____ Last 4 of Social: _____

Gender

Female Male

Racial or Ethnic Group

American Indian/Alaskan Asian/Pacific Islander Black/African American Hispanic/Latino White/Caucasian
 Other

Mobility Aids

Manual Wheelchair Electric Wheelchair Motorized Scooter Crutches Cane Walker

Disability

Mobility Disability Vision Disability Hearing Disability Cognitive Disability Mental Disability
 Oxygen Tank Service Animal None Other _____

You will receive a phone confirmation from DTS in regard to receipt of this application. ACT transportation is Monday through Thursday only. Please call 856.686.8350 with questions or to inquire about the optional Friday program transport, which is currently under review. Completion of this application does not guarantee approval or utilization of the service. Normally there is a waiting list for ongoing ACT Transport. A DTS representative will explain this in more detail. Gloucester County Transportation Service is a "fare free" service. Donations are NOT REQUIRED, but graciously accepted by requesting a donation envelope from the vehicle driver.

Mail Application To:
Gloucester County Division of Transportation Services
115 Budd Blvd., West Deptford, NJ 08096
Or Fax # 856-686-8361

GLoucester County IS AN EQUAL OPPORTUNITY / ADA COMPLIANT GOVERNMENT AGENCY

← PLEASE COMPLETE BACK →

Gloucester County Division of Transportation Services

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Referring Agency/Person: _____

How did you hear about us? _____

Do you currently use NJ Access Link Services? Yes No

If you answered No to previous question, have you ever applied for NJ Transit Access Link? Yes No

Have you ever been denied NJ Transit Access link? Yes No

If Yes, Please list reason why you were denied. _____

Are you willing and able to utilize public transportation? Yes No

Have you ever used public transportation? Yes No

If you answered No, please indicate why. _____

A NEW AND SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH NEW SEMESTER AND SUMMER PROGRAM.

Please indicate program location:

ACT 1 MAIN CAMPUS TANYARD ROAD

ACT 2 SALINA ROAD ACT CENTER

SELECT DAY(S) OF THE WEEK TRANSPORTATION IS NEEDED:

Monday Tuesday Wednesday Thursday

PROGRAM START DATE _____ PROGRAM END DATE _____

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