



Hudson Demand Response

Nashua Transit System
11 Riverside Street
Nashua, NH 03062
603-880-0100

Nashua Transit System's Hudson Demand Response is an origin to destination transportation service for residents of Hudson, New Hampshire. Please fill out this application and return it to NTS using one of the methods below.

Applicant Information

Name (Print): _____ DOB: _____

Address: _____

City/Town: _____ Zip: _____

Phone (Primary): _____ (Secondary): _____

Email Address: _____

Emergency Contact Information

Name (Print): _____ Relationship: _____

Phone (Primary): _____ (Secondary): _____

Email Address: _____

Please select a mobility aide, if applicable;

☐ Wheelchair ☐ Cane ☐ Walker ☐ Other: _____

Do you need to travel with a Personal Care Attendant? If Yes or Sometimes, complete the Personal Care Attendant Request Form attached.

☐ Yes ☐ No ☐ Sometimes

Will you need assistance getting to the vehicle upon pick-up?

☐ Yes ☐ No ☐ Sometimes

Signature of Applicant: _____ Date: _____

Please send completed application to one of the following:

Mail To:
Nashua Transit System
11 Riverside Street
Nashua, NH 03062

Email To:
wessona@nashuanh.gov

Fax To:
603-821-2042



Personal Care Attendant Request Form

Please complete this form and return to the NTS administrative office or fax it to 603-821-2042.

TO BE COMPLETED BY THE APPLICANT

Name (Print): _____

What types of duties does this person provide you? _____

Is your PCA needed on all trips or only certain trips? _____

TO BE COMPLETED BY A PHYSICIAN OR CERTIFIED/LICENSED MEDICAL PROFESSIONAL

Based on your knowledge of the applicant's condition, is the information above accurate?

☐ Yes ☐ No

If No, please explain: _____

Based on your diagnosis, is a PCA required?

☐ Yes ☐ No

Name and Title: _____

Phone: _____

Signature: _____ Date: _____