CITY WHEELS
Alternative Transportation System
APPLICATION GUIDE

City Wheels is an alternative transportation system for City of Fairfax residents. It utilizes private taxicabs for curb-to-curb (not door-to-door) service within the service area for residents who, for medical reasons, find it difficult or impossible to use conventional bus services. Users purchase coupons from the City for a set fee, and the coupons can be used as full payment for the taxi fare.

The City Wheels service area includes the City of Fairfax, George Mason University’s Fairfax campus, the Vienna/Fairfax/GMU Metrorail Station, and Fair Oaks Hospital.

To participate in the City Wheels program, you must be a resident of the City of Fairfax. If you reside outside of the area shown above, you should contact Metro Access (phone 301-562-5360) or the Fairfax County Fastran Customer Service (phone 703-222-9764, ext. 3).

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APPLICATION INSTRUCTIONS

To Apply for CITY WHEELS:

1. Take the PHYSICIAN’S STATEMENT for City of Fairfax CITY WHEELS APPLICATION to a personal physician who can certify that a physical disability prevents the use of a bus. The physician must complete the form, and it must be mailed back from the physician’s office to the address on the form.

2. Complete the CITY WHEELS APPLICATION form, sign it, and mail it to the address on the form.

3. After the application is accepted, participants will receive by mail:
   - a numbered identification card, which must be presented to the taxi driver whenever using the service;
   - full instructions for using CITY WHEELS;
   - an order form to purchase coupons;
   - a map of the area in which you may use City Wheels.

4. There are two ways for participants to obtain the coupons.
   
   (1) Participant may order the coupons by mail, using the enclosed order form and enclosing a check or money order for the correct amount. It may take up to two weeks for an order to be processed and delivered.

   Or

   (2) Purchase coupons at the Treasurer’s office in Fairfax City Hall, 10455 Armstrong Street, Room 234. The normal office hours are Monday to Friday, from 8:30 AM to 5:00 PM, except on City holidays.

   Coupons may not be transferred to another person, but they may be returned for full credit at the Treasurer’s office.

5. If you have any questions about applying for the City Wheels program, call the City of Fairfax Transportation Division at 703-385-7889.
PHYSICIAN’S STATEMENT
For
City of Fairfax
CITY WHEELS APPLICATION

For Physician’s use only. This form must be completed by a physician and sent directly by the physician’s office to the City of Fairfax at the address below.

CITY WHEELS is a specialized alternative transportation system for mobility-impaired residents of the City of Fairfax who cannot use conventional bus service due to physical disabilities. Please note that all City buses can accommodate wheelchairs and are ADA compliant.

STATEMENT OF PHYSICIAN:

In my medical opinion, ___________________________ is unable to use the City bus system for

Name of City Wheels Applicant

the following reason(s) (please print clearly):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

If the condition is temporary, for how long is this condition expected to exist? ________________

_________________________________________________________ Phone: ______________________________

Physician’s Name (Type or Print)

_________________________________________________________ Date: ________________________________

Physician’s Signature

Mail to: City of Fairfax
City Wheels Alternative Transportation System
Transportation Division
10455 Armstrong Street, Room 316
Fairfax, VA  22030

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CITY WHEELS APPLICATION

Applicant: Complete and mail to address at the bottom of the page.

Please type or print.

Name: _________________________________________________________________

Address: __________________________________________________________________

__________________________________________________________________

Home phone #: _________________________ Work phone #: ___________________________

Explain below the reason(s) that you cannot use the CUE Bus:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Are you able to use a taxi? (yes/no) _______________

If you require help entering a vehicle, please explain why: _______________________________

___________________________________________________________________________

___________________________________________________________________________

If you require an escort to travel, please explain why: _______________________________

___________________________________________________________________________

___________________________________________________________________________

I certify that the above information is true to the best of my knowledge, and I understand that the City of Fairfax will prosecute fraudulent use of CITY WHEELS.

Signature of applicant or legal representative

City of Fairfax, Transportation Division
City Wheels Alternative Transportation System
10455 Armstrong Street, Room 316, Fairfax VA  22030

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