



# REDUCED FARE PROGRAM

## Fixed Route Bus Service Only

### **INSTRUCTIONS – FULL FORM**

**[Use this form if you have a disability and do not have a Medicare Card]**

Reduced Fare is for those individuals that are age 65 and older or that have a disability. Low Income is not a qualifier.

You must show a Medicare Card or a DART Reduced Fare Photo ID when paying your fare. If you do not have the appropriate ID card ready to show the bus operator upon boarding the bus, you will be required to pay full fare.

**Disability** - If you are applying based on having a disability and do not have a Medicare card, you will need to complete Part A of the application and have Part B completed by a medical professional. Part A and B must be submitted together. Upon approval, a DART Reduced Fare Photo ID will be issued to you.

The criteria for eligibility on the application are in accordance with the following definition:

“A Disabled person means any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, is unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.”

Exclusions:

Persons who sole incapacity is listed below are not eligible for Reduced Fares:

- Pregnancy
- Obesity
- Acute or chronic alcoholism or drug addiction
- Contagious diseases

Page 2 – Instructions continued:

DART First State reserves the right to verify Certification Forms by contacting persons completing the forms.

Any fees charged for the completion of Certification Forms are not the responsibility of DART First State.

Certification Forms will be confidential records and kept on file at DART First State during the period of eligibility.

Once your application has been received and all information verified, you will be notified to come in to one of our offices and have a photo taken. All ID cards are issued from the Delaware Transit Corporation Administrative Office in Dover. Photos can be taken at the following locations:

Monday through Friday  
8:00 am – 4:30 pm

Delaware Transit Corporation  
900 Public Safety Blvd  
Dover, DE

Delaware Transit Corporation  
119 Lower Beech St  
Wilmington, DE

Arrangements are also available at other sites upon request by appointment.

**If you have any questions, please call:**

**DART First State  
Eligibility – Reduced Fare Section  
1-800-652-3278, Option 3**

**MAIL OR FAX APPLICATION TO:**

DART First State Eligibility Section  
900 Public Safety Blvd  
Dover, DE 19901

FAX: 302-760-2932

If application is faxed, do not send original.



# DART FIRST STATE REDUCED FARE APPLICATION FULL FORM

## PART A:

### TO BE COMPLETED BY APPLICANT

1. Name \_\_\_\_\_  
(Last) (First) (M.I.)

2. Address \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(Name of Development, Apartment Complex, etc.)

\_\_\_\_\_  
(City) (County) (State) (Zip)

3. Sex: ( ) Male ( ) Female 4. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Minimum – Last 4 digits required)

6. Phone Number \_\_\_\_\_ (where you can be reached Mon-Fri 8:00 am – 4:30 pm)

7. Signature \_\_\_\_\_

.....  
**PART B: PROFESSIONAL CERTIFICATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
[Please print name – must be legible]

Office Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Licensing Identification \_\_\_\_\_

Signature \_\_\_\_\_

<b>For office use only:</b> [ ] Approved [ ] Denied By _____ Date _____ Notification Mailed Date: By _____ Date _____
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**PART B (continued)****To be completed by a medical professional**

1. The impairment or disability is considered:

Permanent (  ) Temporary (  ) Estimated Period of Disability From \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

2. (  ) Non-Ambulatory Disabled (uses a wheelchair as a mobility aid)

Any person whose incapacity or disability will not allow that person to walk, even with the assistance of devices, but with or without the assistance of an attendant, has the personal mobility and independence in a wheelchair that use of appropriate public transportation services is a reasonable expectation. **Note: DART may not be able to accommodate you if your wheelchair or scooter is longer than 48" or wider than 30" or if your total weight with your wheelchair is more than 600 pounds.**

3. (  ) Semi-Ambulatory Disabled (uses mobility aid other than a wheelchair on a regular basis)

Any person whose incapacity or disability will not allow that person to walk without the assistance of walkers, crutches, canes, braces, artificial legs, or other such adaptive devices, and for whom use of appropriate public transportation services is a reasonable expectation.

**Type of mobility aid used** \_\_\_\_\_

**MUST CHECK DISABILITY IN QUESTION 5 OR APPLICATION WILL BE CONSIDERED INCOMPLETE**

4. (  ) Ambulatory Disabled

Any person whose disability relates to a degree of visual, audio, physiological, mental or psychological disability or impairment as specified below, and for whom private personal transportation poses an unreasonable difficulty or danger.

**MUST CHECK DISABILITY IN QUESTION 5 OR APPLICATION WILL BE CONSIDERED INCOMPLETE**

**5. THIS SECTION MUST BE COMPLETED IF 3 OR 4 ABOVE WAS CHECKED.**

(  ) Cerebrovascular accident (stroke)

(  ) Pulmonary disability/Cardiac disability

(  ) Sight disability – those persons whose vision in the better eye after correction is 20/200 or less: and those persons whose visual field is contracted (commonly known as tunnel vision) to 10 degrees or less from a point of fixation, or so the widest diameter subtends an angle no greater than 20 degrees.

(  ) Hearing – loss is 90 dba or greater in the 500, 1000, 2000 Hz ranges.

(  ) Faulty coordination from brain, spinal, peripheral nerve injury or arthritic condition.

(  ) Epilepsy – petit and grand mal

(  ) Autism

(  ) Cerebral palsy

(  ) Mental Retardation (a state of significant subnormal intellectual development with reduction of social competence in a minor or adult person).

(  ) Mental Illness (a mental disease to such extent that a person so afflicted requires care and treatment for their own welfare or the welfare of others or the community).

(  ) Other – Please specify the disability that impairs mobility.

**Details of semi-ambulatory or ambulatory disability:** \_\_\_\_\_

**Completed application (Pages 3 and 4) should be returned to:**

DART First State Reduced Fare Program

900 Public Safety Blvd

Dover, DE 19901

FAX: 302-760-2932

REVISED

APR 2010