



REDUCED FARE APPLICATION

Fixed Route Bus Service Only

INSTRUCTIONS – SIMPLIFIED FORM

[Use this application if you are 65 or older or have a Medicare Card]

If you have a disability and do not have a Medicare Card, you must complete the Full Form Reduced Fare Application. You cannot use this form.

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.

Medicare Card – If you have a Medicare card you do not need to complete an application. Simply show your Medicare card when paying your fare upon boarding the bus. If you do not want to use your Medicare card, you can complete this Simplified Form and submit a copy of your Medicare card.

Age 65 or older – If you are applying based on age and do not have a Medicare card, simply complete this Simplified Form and submit ONE proof of age. Acceptable proof of age includes **copy** of birth certificate, drivers license, state ID, etc. Do not send originals.

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

Questions: Call 1-800-652-3278, Option 3

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.



DART FIRST STATE REDUCED FARE APPLICATION SIMPLIFIED FORM

Use this application if you have a **Medicare Card** or you are applying based on being **age 65 or older**. If you have a disability and do not have a Medicare Card, you must complete the Full Form Application.

Medicare Card – Complete this page. Submit with copy of your Medicare Card.
Age 65 and Older – Complete this page. Submit with ONE copy of proof of age

Name _____
(Last) (First) (M.I.)

Address _____
(Street) (Apt.)

(Name of Development/Apartment Complex, etc)

(City) (State) (Zip)

Sex: () Male () Female 4. Date of Birth _____ / _____ / _____

Social Security Number _____ - _____ - _____ (Minimum – Last 4 digits required)

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

Signature _____

If you have any questions, please call:
DART First State Eligibility 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

For office use only: [] Approved [] Denied By _____ Date _____

Notification Mailed: By _____ Date _____