



REDUCED FARE PROGRAM

Fixed Route Bus Service Only

For those who are age 65 and older or who have a disability

Low income is not a qualifier

[You do not need to complete an application if you have a Medicare Card.]

Application for Persons with Disabilities

INSTRUCTIONS

APPLICANT: Fill out the information in the “To Be Completed By Applicant” section and submit to licensed physician or agency for certification.

PHYSICIAN OR AGENCY: Please complete all items (Items 1-8) in section marked “Professional Certification”.

Unless a category is specifically checked off and, in the case of “Ambulatory Disabled” more specifically categorized, we cannot accept this application. If there is no category that your patient fits into, he or she is not eligible for the program. These criteria have been set and are mandated by the law.

- Under “Ambulatory Disabled” (Item 8), you must check the subcategory that makes your client eligible and describe in detail the nature of the impairment or disability in the space provided.

Completed application should be returned to:

DART First State Reduced Fare Program

900 Public Safety Blvd

Dover, DE 19901

or

Faxed to: (302) 760-2932

Once applicant has been approved, they will be notified and will be required to come into one of our administrative offices and obtain a photo ID card.

Call (302) 760-2800 with any questions.

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ELIGIBILITY CRITERIA

General Provisions:

1. The Eligibility Criteria listed on page 2 of the application are the sole basis for the determination of a disability for the DART First State Reduced Fare Program.
2. A Reduced Fare Photo Identification Card is required for anyone who does not have a Medicare Card. The Photo ID Card is only valid until expiration date shown on card.
3. DART First State reserves the right to verify Certification Forms by contacting persons completing the forms.
4. Any fees charged for the completion of Certification Forms are not the responsibility of DART First State.
5. Certification Forms will be confidential records and kept on file at DART First State during the period of eligibility.
6. 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:

1. Pregnancy
2. Obesity
3. Acute or chronic alcoholism or drug addiction
4. Contagious diseases



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Application for Persons with Disabilities (Complete both sides)

TO BE COMPLETED BY APPLICANT

1. Name _____
(Last) (First) (M.I.)
2. Address _____
(Street) (Apt.)
- _____
(City) (County) (State) (Zip)
3. Sex: () Male () Female 4. Date of Birth _____ / _____ / _____
5. Social Security Number _____ - _____ - _____ (Minimum – Last 4 digits required)
6. Phone Number _____
7. Signature _____

PROFESSIONAL CERTIFICATION

1. Name _____ Phone _____
2. Office Address _____
(Street)
- _____
(City) (State) (Zip)
3. Licensing Identification _____
4. Signature _____

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

PROFESSIONAL CERTIFICATION (continued)

ELIGIBILITY CRITERIA

5. The impairment or disability is considered:

Permanent () Temporary () Estimated Period of Disability From _____ to _____
(Date) (Date)

6. () Non-Ambulatory Disabled

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.

7. () Semi-Ambulatory Disabled

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 _____

8. () 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.

() 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 ambulatory disability: _____

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