



ADA Transportation Application

Thank you for your interest in DART transportation services.

There are two types of public transportation available throughout the State of Delaware:

Fixed Route Service (regular city buses) provide service at designated bus stops along specific routes on set schedules. All buses now have features to make riding easier for people with disabilities, including wheelchair lifts, kneeling features, low floor buses, and voice announcements.

ADA Paratransit Service (door-to-door) shared-ride public transportation service for people whose disability prevents them from using Fixed Route Service (regular city buses). You must call in advance to make a reservation to travel.

If your disability/medical condition environmental barriers, prevents you from using Fixed Route service (regular city buses), you may be eligible for Paratransit Service (door-to-door) some or all of the time. If your disability just makes using Fixed Route (regular city buses) more difficult or inconvenient, you may not be eligible for Paratransit Service (door-to-door) under the Americans with Disabilities Act (ADA). Your ability to ride Fixed Route buses (regular city buses) will be evaluated through the use of this application, and in some circumstances, an In-Person Interview.

What is the American with Disabilities Act (ADA)?

The Americans with Disabilities Act (ADA) is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life.

Under the ADA, Fixed Route service (regular city buses) is to be the primary means of public transportation for everyone, including people with disabilities.

Travel Training

DART offers free one-on-one or group training to teach people with disabilities how to ride Fixed Route buses. If interested, you may call one of our travel trainers for more information:

302 - 760-2827 or 760-2858 or 760-2896 or 760-2905

Paratransit Service is intended as a safety net only for those people whose disabilities prevent them from using Fixed Route service (regular city buses).

IMPORTANT: Medical condition or eligibility for other disability programs does not necessarily qualify you to use Paratransit Service (door to door).

The Application Process:

All information you supply is confidential and will only be used to help determine if you can ride Fixed Route buses (regular city buses) or if you are eligible for Paratransit Service (door-to-door).

To assist with a proper evaluation of your ability to ride Fixed Route service (regular city buses) and/or your need for Paratransit Service (door-to-door), you may be scheduled for an In-Person Interview. This interview will give applicants an opportunity to present issues in “their own words”. It will also provide an opportunity to ask follow-up questions in order to have a clear understanding of the abilities and needs of the applicant.

An In-Person Interview will be scheduled if it is determined that the Fixed Route (regular city buses) may meet some or all of your transportation needs. A thorough review of the routes needed to meet your needs will be conducted, including an analysis of the accessibility of the routes and stops, as well as the environmental barriers that may exist. An In-Person Interview may also be conducted if a determination of eligibility cannot be made based on the application alone.

The following action on your part will help speed the process. All questions in Parts A & B must be answered in order for your application to be considered complete.

You will be notified whether or not you are eligible for Paratransit Service within 21 days. If you are not eligible, information regarding how to appeal will be sent to you. In addition, information about travel training will also be included. If you are interested, you may contact a travel trainer.

If you have any questions, need an application, help filling out this application, or need an alternative format, please contact a travel trainer (760-2827, 760-2858, 760-2896, or 760-2905). You may also attain an application from the DART Website:

www.dartfirststate.com

Please return your completed application to:

**DART Application Processing
900 Public Safety Boulevard
Dover, Delaware 19901**

Fax: 302-760-2932

NOTE: Please do not mail the application if you have already faxed it.



ADA Transportation Application

All questions must be answered before your application will be considered.

PART A. To be completed by applicant or on behalf of the applicant.

PLEASE PRINT

Applicant Male Female

Last Name _____ First _____ Middle _____

Residence Address: Street _____ Apt # _____

Development _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Please provide additional details regarding your address that will assist us in locating you. (road name and/or directions, color of house, landmarks, name of nursing home, group home, etc.)

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Ext. _____ TTY () _____

Email Address (optional) _____

Date of Birth _____ Social Security # _____

(Last four digits of Social Security number is the minimum required.)

Applicant Name _____ Birth Date _____

EMERGENCY CONTACTS (Required)

Primary:

Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Ext. _____

Cell Phone () _____ TTY _____

Email (optional) _____

Address _____

Secondary Contact:

Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Ext. _____

Cell Phone () _____ TTY _____

Email (optional) _____

Address _____

Applicant Information:

1. Are you a: Current Paratransit Rider New Applicant

2. Do you need information given to you in any of the following formats?

Yes No

Large Print Audio Tape Braille

Another Language _____

Other _____

3. Which of the following condition(s), if any, prevent you from using the Fixed Route system (city buses)? **Check all that apply:**

None Physical Visual

Mental Illness Brain Injury Mental Retardation

Deaf/Hard of Hearing Other _____

Briefly explain why this prevents you from using Fixed Route buses (regular city buses).

Applicant Name _____ Birth Date _____

4. Is your disability or health condition Permanent Varies Daily
 Temporary; expected to last until _____

5. Please indicate the primary mobility aids you use when traveling in the community:

<input type="checkbox"/> Support Cane	<input type="checkbox"/> Leg Braces	<input type="checkbox"/> Picture Board
<input type="checkbox"/> Long White Cane	<input type="checkbox"/> Crutches	<input type="checkbox"/> Alphabet Board
<input type="checkbox"/> Service Animal	<input type="checkbox"/> Walker	<input type="checkbox"/> Powered Wheelchair
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Manual Wheelchair
<input type="checkbox"/> Oxygen Tank	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Scooter
<input type="checkbox"/> Other _____		<input type="checkbox"/> None

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. (ADA §37.165)

6. Can you climb three (11 to 15 inch) steps with a handrail, without assistance from another person?
 Yes No Sometimes
If no, why not?

7. Do you require a Personal Care Attendant (PCA) to help you travel? A PCA is a person specifically employed or designated to help with your daily living needs.
 Yes No Sometimes

8. Have you ever applied and been denied the use of Paratransit (door to door) Service with DART before?
 Yes No
If yes, how has your situation changed since you last applied?

9. Have you ever used the Fixed Route service (regular city buses)?
 Yes No
If yes, why are you no longer able to use the Fixed Route buses (regular city buses)?

Applicant Name _____	Birth Date _____
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10. Have you ever been trained to use the Fixed Route buses (regular city buses)?

- Yes No

If yes,

When _____

Who did the training? _____

What was the outcome of the training? _____

11. Check the items listed below that might help you use DART Fixed Route buses (regular city buses):

- | | |
|--|--|
| <input type="checkbox"/> Help with trip Planning | <input type="checkbox"/> Wheelchair lift on the bus |
| <input type="checkbox"/> Help communicating | <input type="checkbox"/> Bus stops closer to my house |
| <input type="checkbox"/> Someone to teach me | <input type="checkbox"/> Accessible route to bus stops |

12. What is the closest fixed route (regular city bus) to your home?

Route #: _____ I don't know

13. If there are curb cuts, are you able to get to and from a Fixed Route bus stop (regular city bus)?

If no, please explain

14. Are you able to cross any of the following streets?

- | | | |
|-------------|------------------------------|-----------------------------|
| Single Lane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Double Lane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Four Lanes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Applicant Name _____ Birth Date _____

APPLICANT VERIFICATION

Application must be signed to be considered complete.

Applicant Signature

I understand that the purpose of this application form is to determine if there are times when I cannot use DART Fixed Route buses and will require paratransit services. I understand that the information on this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I give permission for DART staff to contact the professional who has filled out this application or given supplemental verification of my condition.

Applicant Signature **X** _____ Date _____

Print Name _____

Person completing this form if other than Applicant (check one):

- I certify that the information in this application is true and correct based upon the information given to me by the applicant.
- I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability or I have legal authority to complete this application.

Print Name _____ Day Phone () _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

Relationship to Applicant _____

Agency Name _____

Please return your completed application to:

**DART Application Processing
900 Public Safety Boulevard
Dover, DE 19901**

Fax: 302-760-2932

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www.DARTFirstState.com

If you have any questions on completing the application, contact:

Ann Priestly, Eligibility Supervisor
760-2808



Applicant Name _____ Birth Date _____

PART B. To be completed by a professional who is knowledgeable about the applicant's functional ability.

Dear Health Care Professional:

The applicant is asking you to review the information on this application and to complete and sign part B of this form certifying that they have a disability that prevents them from using Fixed Route bus service (regular city buses) This information will be use to help determine whether or not the applicant needs to use Paratransit (door-to-door) service or is able to use Fixed Route service (regular city buses) for their travels.

Please do not list diagnosis as reason for need of paratransit services; we need to know how the limitation that the applicant has will limit their ability to ride a Fixed Route bus. The following is necessary for us to process the applicant's request:

- Thorough detail of the applicant's functional limitation(s), and how they inhibit that person's ability to board, use, and disembark from a Fixed Route bus.
- Thorough detail of the applicant's cognitive limitation(s), and how they inhibit that person's ability to navigate using a Fixed Route bus.
- Thorough detail of the applicant's physical limitation(s), and how they inhibit that person's ability to reach a bus stop or the destination from a bus stop.

Under the Americans with Disabilities Act (ADA), if a person has the functional capability to use DART Fixed Route buses (regular city buses), that person is not eligible for paratransit services (door-to-door service). Disability alone and distance to and from a bus stop, by itself, do not qualify a person for DART Paratransit Service.

All of DART Fixed Route buses (regular city buses) are lift equipped if needed for persons who have difficulty or who are unable to use the steps to board and disembark the bus. Additionally, DART also offers kneeling buses, which lowers the bus to the ground, making the first step from the curb easier to make. Finally, DART offers travel training for persons who need individualized training to learn how to use the Fixed Route buses (regular city buses).

If you think that the applicant could benefit from the services stated in the paragraph above, please make a note on the verification form so that their eligibility can be better determined and the proper services can be provided.

Thank you for your assistance. If you have any questions while completing the verification form, please feel free to contact me at 760-2808.

Ann Priestly
DART Eligibility Supervisor



**ADA ELIGIBILITY INFORMATION
MEDICAL/PROFESSIONAL VERIFICATION FORM**

APPLICANT _____ Birthdate _____

To the Applicant: Sign below to allow the release of information from the professional who will be filling out this form.

I hereby request that information pertaining to my limitations that prevent me from using Fixed Route buses be released to DART for further determination of my ADA paratransit eligibility.

X Signature _____ Date _____

Applicant: Please do not write below this line

To the Health Professional completing this form:

This form must be filled out by a professional who is knowledgeable about the applicant's disability and their limitations. Please check the appropriate boxed regarding the person completing this form.

- | | |
|--|--|
| <input type="checkbox"/> Vocational Rehabilitation Counselor | <input type="checkbox"/> O & M Instructor |
| <input type="checkbox"/> Licensed Social Worker | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Respiratory Therapist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Mental Health Counselor |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Independent Living Specialist | <input type="checkbox"/> Other _____ |

Applications with illegible or incomplete information will be returned

1. Indicate nature of applicant's disability (check all that apply)

- Impaired or assisted ambulation: Specify mobility aid: _____
- Arthritis: Specify extremity: _____
- Cerebrovascular Accident
- Pulmonary: Does applicant travel with Portable Oxygen Tank? Yes No
- Neurological Handicap (Specify) _____
- Cardiac
- Kidney Disease Dialysis
- Legally Blind Severely Visually Impaired
- Alzheimer's Dementia
- Mental Retardation (indicate one) Moderate Severe Profound
- Cerebral Palsy
- Autism
- Deaf/Hard of Hearing
- Seizures: Specify nature of: _____
- Mental Illness (Specify type) _____
- Other _____

Applicant Name _____ Birthdate _____

This page must be completed by a professional or the application will be returned.

2. In your opinion can the applicant use a

- fixed route service (**regular city bus**) **or will the applicant need**
- paratransit (**door to door**) bus service

If door to door service is needed, please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using regular city buses:

3. What is the expected duration of the applicant's disability?

- Permanent Temporary Expected duration: _____

This section must be completed or application will be returned.

I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

Signature _____ Date _____

Print Name _____

Professional Title _____

Clinic/Agency _____

Address _____

Phone _____

Please return completed application to:

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900 Public Safety Boulevard
Dover, Delaware 19901

Fax: 302-760-2932

If you have any questions on completing this section of the application, contact:

Ann Priestly, Eligibility Supervisor
760-2808