



Application for SCAT Senior Citizens Affordable Taxi

The SCAT program provides a 50% discount on taxi fares for senior citizens and persons with disabilities.

Here is How it Works . . .

1. Anyone 65 years of age or older, or any person with physical or mental disability which prevents them from operating a motor vehicle may be eligible to use SCAT. Certification is required to verify age and/or disability. A DART SCAT photo ID is issued to all individuals upon certification approval.
2. The taxis are private-owned companies and the Delaware Transit Corporation (DTC) does not guarantee wheelchair accessibility of the taxis. Individuals who use wheelchairs need to inquire with the taxi service with whom they are requesting service.
3. A SCAT ticket book valued at \$10.00 can be purchased for \$5.00 at any DART Transportation Store. The tickets are then used to pay the metered taxi fare. Please visit "Ticket Outlets" on our website www.DARTFirstState.com or call 1-800-355-8080 for locations near you. TTY users call 1-800-252-1600. A DART SCAT Photo ID must be shown when purchasing SCAT tickets.
4. SCAT tickets may also be purchased through the mail by sending a check or money order to: (ID number must be included)

DART – SCAT Ticket Sales
119 Lower Beech St, Suite 100
Wilmington, DE 19805

Or

DART- SCAT Ticket Sales
900 Public Safety Blvd.
Dover, DE 19901

5. Once you have purchased the tickets, simply call the participating taxi company nearest you and request a trip. Inform the taxi company that you will be using SCAT tickets. They will dispatch a taxi to you at the requested time. The taxi fare is by the individual taxi company and is paid with SCAT tickets. You will be required to present your DART SCAT Photo ID to the taxi driver at pickup.

Instructions for Completing Application

Applicant:

When applying based on age, fill in all the requested information in PART A and mail or fax with a document containing proof of age to the address listed on the application. When applying because of a disability, fill in all the requested information in PART A and have PART B completed by your health care professional (physician, nurse, social worker, etc.).

Age Verification:

Applicants who request certification into the SCAT program based solely on age must be **age 65** or older and must submit, with this application, one acceptable form of age verification such as a copy of birth certificate, drivers license, state photo ID, Medicare card, etc. All such documentation will be kept confidential. The application will not be processed without this information. **Do not send originals.**

Health Care Professional:

Please complete all items under the PART B “Eligibility Criteria” and “Professional Certification” sections and mail or fax directly to:

DART – SCAT Eligibility
900 Public Safety Blvd.
Dover, DE 19901

FAX: 1-302-760-2932

Please check the category(s) that makes the applicant eligible and describe in detail the nature of the impairment or disability in the space provided. This information must be provided in order for the application to be processed.

Eligibility Criteria:

General Provisions:

1. The Eligibility Criteria listed on the application are the sole basis for the determination of a disability for SCAT eligibility.
2. DTC reserves the right to verify Professional Certification by contacting persons completing the application.
3. Any fees charged for the completion of this application are not the responsibility of DTC.
4. Applicants who are approved will be required to come to our administrative office at either 119 Lower Beech St. in Wilmington or 900 Public Safety Blvd. in Dover in to have a photo ID taken. Expense for the trip will be the applicant’s responsibility.
5. All information provided will be kept confidential and used only for the purposes of making a determination as to the applicant’s eligibility for this program.
6. Any misuse or misrepresentation using a DART SCAT Photo ID card may result in legal action being taken.

Exclusions:

Persons whose sole incapacity is:

- Pregnancy
- Obesity
- Acute or chronic alcoholism or drug addiction
- Contagious diseases, which potentially could place passengers, SCAT, or taxi employees at risk are excluded from transportation eligibility.

Unaccompanied children under the age of six (6) years of age will not be transported.



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Senior Citizens Affordable Tax

PART A: To be completed by Applicant

PLEASE PRINT

Applicant Male Female

Last Name _____ First _____ Middle Initial _____

Home Address:

Street _____ Apt. # _____

Development _____

City _____ State _____ Zip _____

Phone: _____

Date of Birth: ____/____/____ ***Must provide proof of age, 65 years or older**

Social Security # _____ (Minimum – last 4 digits required)

Applicant Signature:

_____ Date: _____

If applying based only on age, proof of age must be submitted with Part A. (COPY of birth certificate, driver’s license, Medicare card, etc. DO NOT SEND ORIGINALS.)

Office Use Only			
Received Date:			
Eligibility:	ELDERLY	DISABLED	DENIED
Issue Date:			
Expiration Date:			
Mailed Date:			
Processed By:			

Applicant Name _____

PART B: To be completed by Health Care Professional

Eligibility Criteria:

1. Is disability or health condition considered:

- Temporary Expected duration _____ Permanent

2. 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
- Cardiac
- Kidney Disease
- 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
- Other _____

3. Is there any other aspect of the disability that would assist DART in certifying the applicant for the SCAT program?

This section must be filled out in order for application to be considered complete.

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 Number _____