



Paratransit Services  
P.O Box 660163  
Dallas, TX 75266-7271  
Phone (214) 515-7272

Office Use Only
DART NO _____
Exp. Date _____
Format: _____

**DALLAS AREA RAPID TRANSIT  
ADA PARATRANSIT ELIGIBILITY  
CERTIFICATION APPLICATIONS**

This certification form will be used to determine your eligibility for Dallas Area Rapid Transit Paratransit Services. Paratransit Services is a curb-to-curb public transportation service for individuals with disabilities who are prevented from using DART's fixed-route transportation services. Fixed-route services include bus, light and commuter rail transit. DART rail services are fully accessible to individuals with disabilities.

You must complete the entire form. Answer every question. Incomplete forms will be returned. A physician must verify your disability, prognosis and date of occurrence. Verification can be obtained directly from your physician or from an agency that has record of the physician statement on file. This information must be submitted with the application and on the enclosed form. The information you provide is confidential. It will only be shared with persons involved with DART's eligibility determination process and other transit providers to facilitate travel in those areas, and will not be provided to any other person or agency, except as provided by the Texas Public Information Act.

Please read the following statements and check those which best describe what you believe is your ability to use DART bus or rail services without assistance. You may select more than one.

When are you unable to independently use DART bus or rail services?

- I can use DART bus or rail service for some trips, but not other times because there are barriers that prevent me from using the system.
- I use the bus or rail service frequently.
- I have difficulty understanding and remembering all of the things that I would have to do to find my way to and from the bus.
- I believe I could learn to ride the bus, if someone taught me.
- I have difficulty or cannot climb stairs and can only board a DART vehicle if it has a lift.
- I have a visual disability which prevents me from getting to and from the bus, even with training.
- The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
- I can never use the bus by myself.
- I can get to and from the bus if the distance is not too great, and the route is barrier-free.
- I am not able to use the bus or rail for other reasons. (Please explain):

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**PART I - General Information to be completed by applicant**  
(please print or type)

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Last Name	First Name	Mid. Initial	Male/Female
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Social Security #	Date of Birth
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Street Address	Building/Apt. No.	Apartment Name
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City or Town	State	Zip
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Home Phone	Work Phone
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If this is a "Gated Community," please provide gate code \_\_\_\_\_

If you have a Paratransit I.D. Card, please provide I.D. number \_\_\_\_\_

**In case of emergency notify:**

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Name	Relationship	Home phone	Work Phone
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Address	City	State	Zip
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## PART II - Information on disability and mobility equipment

How does your disability prevent you from using DART's bus or rail services?

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Is your disability permanent?  Yes  No

If not, expected duration of your disability \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever had a seizure?

- Yes  
 No

If yes, what type? \_\_\_\_\_ How often? \_\_\_\_\_

Are seizures controlled with medication?

- Yes  
 No

Do you use any of the following mobility aids? (Check all that apply)

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Manual Wheelchair  | <input type="checkbox"/> Walker      | <input type="checkbox"/> Service Animal  |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Cane        | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Powered Scooter    | <input type="checkbox"/> Braces      | <input type="checkbox"/> Crutches        |
| <input type="checkbox"/> Prosthesis         | <input type="checkbox"/> Other _____ |  |

## PART III - Questions on using bus or rail services

1. Have you ever used DART's bus or rail services?

- Yes  
 No

2. Have you participated in DART's Reduced Fare Program (i.e. Disabled, Senior, Student)?

- Yes  
 No

3. Does your physical condition change from day to day where it may be difficult to use bus or rail services?

- Yes, my physical condition is good on some days and bad on others  
 No, my physical condition does not change from day to day  
 Not sure  
 Other reasons \_\_\_\_\_

4. On days when your physical condition is good can you, on your own, or using a mobility aid:(i.e. Wheelchair, scooter, walker, crutches, service animal, etc.)
- Get to the curb in front of your house
  - Travel up to 1 block
  - Travel up to 4 blocks
  - Travel up to 6 blocks
  - Can't travel outside your house. Please explain \_\_\_\_\_
- 
5. On days when your physical condition is bad can you, on your own, or using a mobility aid:
- Get to the curb in front of your house
  - Travel up to 1 block
  - Travel up to 4 blocks
  - Travel up to 6 blocks
  - Can't travel outside your house. Please explain \_\_\_\_\_
- 
6. Does the weather have an affect on your ability to use bus or rail services?
- Yes
  - No
  - I don't know
7. If you answered yes to question number 6, how does the weather affect your ability to use bus or rail service?
- \_\_\_\_\_
- 
8. Are you currently using DART's bus or rail services?
- Yes
  - No
  - If yes, name route(s) you use \_\_\_\_\_
9. Can you transfer from one bus or rail vehicle to another?
- Yes
  - No (please explain why) \_\_\_\_\_
- 
10. Are you able to, on your own, use the telephone to obtain bus or rail information?
- Yes
  - No (please explain why) \_\_\_\_\_
-

11. Are you able to follow written or oral instructions to use bus or rail services?

Yes

No (please explain why) \_\_\_\_\_

12. Can you without assistance of another person, get to or from the stop or station nearest your home?

Yes

Not sure

No (please explain why) \_\_\_\_\_

13. Can you wait 10 minutes at a stop or station that has a seat and a shelter?

Yes

Not sure

No (please explain why) \_\_\_\_\_

14. Can you wait 10 minutes at a stop or station that does not have a seat and a shelter?

Yes

Not sure

No (please explain why) \_\_\_\_\_

15. Are you able to get on or off a bus or rail vehicle if it had a passenger lift?

Yes

Not sure

No (please explain why) \_\_\_\_\_

16. Are you able to follow written or oral instructions to pay your bus or rail fares?

Yes

No (please explain why) \_\_\_\_\_

17. Are you able to recognize when it is time to get on and off the bus or rail vehicle?

Yes

Not sure

No (please explain why) \_\_\_\_\_

## PART IV - Questions about Training

Travel Training is available *free* to persons with disabilities who may be able to use accessible bus and rail transportation. Travel Training is offered to familiarize customers with general public transit or specific routes, stops and stations. Training for bus and rail transit services does not make you ineligible for Paratransit Services.

For informational use, please answer the following questions:

18. Have you ever had training on how to use bus or rail services?

Yes

No

If yes, please check all skills you have learned:

General bus travel

General rail travel

Getting to and from bus stops and rail stations

Getting on or off a bus or rail vehicle

What to do in emergency situations

How to transfer from one bus or rail vehicle to another

19. Did you complete the training?

Yes

No

If no, please state why? \_\_\_\_\_

\_\_\_\_\_

20. Would you be interested in receiving training or retraining for DART's bus or rail services?

Yes

No

## PART V - Your Current Travel

List your 3-4 most frequent destinations and how do you currently get there?

Destination address	Frequency of Travel	How do you currently get there?
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize DART to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of paratransit eligibility. I also agree to submit myself for an in-person evaluation by DART and/or its acting agency for determination of paratransit eligibility.

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Applicant's Signature

Date

**If completed by someone other than applicant:**

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Name

Relationship

Date

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Signature

Date

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