

Disability Information:

List your medical condition(s) and the **date and year** each condition was diagnosed:

	Medical Condition	Date Diagnosed
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Has your condition changed since your last application with DART? If so, please state:

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

- | | | |
|--------------------|-----------------|------------|
| Manual Wheelchair | Walker | White Cane |
| Powered Wheelchair | Braces | |
| Powered Scooter | Service Animal | |
| Prosthesis | Portable Oxygen | |
| Cane | Crutches | |
| Other _____ | | |

What mobility device is the primary aid used when travelling in the community?

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 to an in-person evaluation by DART and/or its acting agency for determination of paratransit eligibility, if required.

Applicant's Signature _____ Date _____

If completed by someone other than applicant:

Name _____ Relationship _____ Phone No. _____

Signature _____ Date _____