



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

Office Use Only

DART ID: _____

Exp Date: _____

Status: _____

Format: _____

New Recert

Please mail completed application to:

Paratransit Services

P.O Box 660163

Dallas, TX 75266-7271

(214) 515-7272

This certification form will be used to determine your eligibility for Dallas Area Rapid Transit Paratransit Services. DART’s 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. DART’s fixed-route services include bus, light and commuter rail transit. DART rail/bus services are fully accessible to individuals with disabilities. DART’s Paratransit Services and fixed-route services are only available in the following cities:

- | | | |
|----------------|---------------|---------------------------|
| Addison | Garland | Richardson |
| Carrollton | Glenn Heights | Rowlett |
| Cockrell Hill | Highland Park | University Park |
| Dallas | Irving | DFW International Airport |
| Farmers Branch | Plano | |

- You must complete the entire form and answer every question.
- Incomplete forms cannot be processed and will be returned.
- A physician must verify your disability and date of occurrence.
- Only use forms provided in this application form.
- The information you provide is confidential and it will not be provided to any other person or agency, except as provided by the Texas Public Information Act.

PART I – General Information to be completed by applicant
(Please print or type)

Last Name **First Name** **Mid. Initial** **Male / Female**

Social Security (last 4 numbers) **Date of Birth**

Street Address **Building/Apt #** **Apartment Name/Gate code**

City or Town **State** **Zip**

Home phone **Work phone** **Cell phone**

If you have a Paratransit I.D. Card please provide I.D. number _____

In case of emergency notify:

Name **Relationship** **Home phone** **Work or Cell phone**

Address **City** **State** **Zip**

PART II – Information on disability and mobility equipment

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

Do you use any of the following? (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"/> Rolling Walker W/Seat | <input type="checkbox"/> Rolling Walker |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Other _____ | |

What mobility device will you be using when traveling outside the home?

Part III – Questions on using bus or rail services

1. Are you currently using DART’s bus or rail services?

Yes__ No__

If Yes, list routes

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 DART’s Paratransit eligibility. I also agree to submit myself for an in-person evaluation by DART and/or its acting agency for determination of DART’s Paratransit eligibility.

Applicant’s Signature

Date

If completed by someone other than applicant:

Name

Relationship

Date

Signature

Date

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