



Paratransit Services
 PO BOX 660163
 Dallas TX 75266-7271
 Phone (214) 515-7272
 E-mail: paracert@dart.org

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

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

The information obtained is used to determine your eligibility for Dallas Area Rapid Transit’s Paratransit Services. This information is confidential and will not be provided to any other person or agency, except as required by the Texas Public Information Act. It will only be shared with persons involved with DART’s eligibility determination process and other transit providers to facilitate travel in those areas.

General Information **Paratransit Identification Number:** _____

Last Name	First Name	Mid. Initial	Male/Female
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Date of Birth _____

Street Address	Building/Apts. No.	Apartment Name/Gate code
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City	State	Zip Code
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Home Phone	Cell/Work Phone
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In Case of Emergency Notify:

Name	Relationship	Home/Work/Cell
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Address	City	State	Zip Code
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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 Rolling Walker w/seat
- Powered Wheelchair Cane White Cane
- Powered Scooter Service Animal Braces
- Prosthesis Portable Oxygen
- 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 eligibility. I also agree to submit myself to an in- person evaluation by DART and/or acting agency for determination of paratransit eligibility, if required.

Applicant's Signature Date
If completed by someone other than applicant:

Signature Relationship Home/Cell