



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, our service providers, and other transit providers to facilitate travel in those areas.

**General Information**

**Paratransit Identification Number:** \_\_\_\_\_

Last Name	First Name	Mid. Initial	Date of Birth
-----------	------------	--------------	---------------

Female/Male	Email Address
-------------	---------------

Street Address	Building/Apts. No.	Apartment Name/Gate Code
----------------	--------------------	--------------------------

City	State	Zip Code
------	-------	----------

Primary Phone	Alternate Phone
---------------	-----------------

**In Case of Emergency Notify:**

Name	Relationship	Contact Phone
------	--------------	---------------

Address	City	State	Zip Code
---------	------	-------	----------

**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. _____	_____

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you use any of the following mobility aids? (Check 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 understand the information I provided on this application will be disclosed to others as necessary to provide the services I have requested and as may otherwise be required by law. 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/Work/Cell