



INCOMPLETE ADA PARATRANSIT APPLICATION FORM

Applicant's Name: _____ Date: _____

Dear Applicant:

We have received your application applying for DART First State ADA Paratransit Service. [or an application you completed for the above named individual]. The information we received is incomplete and your application is being returned to you for completion.

- Part A and Part B of the application must be submitted together.
 Part A is missing entirely Part B is missing entirely

PART A	PART B Must be completed by a Healthcare Professional
<input type="checkbox"/> Signature missing	<input type="checkbox"/> Signature missing
<input type="checkbox"/> Questions not answered # _____ on Page _____ # _____ on Page _____ # _____ on Page _____ # _____ on Page _____ # _____ on Page _____ # _____ on Page _____	<input type="checkbox"/> Questions not answered # _____ on Page _____ # _____ on Page _____ # _____ on Page _____ # _____ on Page _____ # _____ on Page _____ # _____ on Page _____
<input type="checkbox"/> Pages Missing	<input type="checkbox"/> Pages Missing
Other:	Other:

If you return Part B to your Healthcare Professional to complete, it must be returned to DART with Part A.

Please mail or Email the requested information along with this form

Mail To:
 DART First State - Eligibility Section
 900 Public Safety Blvd
 Dover, DE 19901

OR

Email To:
DOT_Eligibility_Faxes@Delaware.gov
 Please put LAST NAME & FIRST NAME in Subject line

If you have any questions regarding the above, please contact us:
 1-800-652-DART (3278), Option 4

Internal Use Only: Sent out by:
