



ELDERLY ONLY
DOOR-TO-DOOR TRANSPORTATION APPLICATION

Applicant: DMale DFemale (Optional)

Last Name: _____ FirstName: _____ MiddleInitial: _____

Residence Address: _____

Street: _____ Apt#: _____

Development/Apt. Complex: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different) _____

Please provide additional details regarding your address that will assist us in locating you.
Road name and/or directions, color of house, landmarks, name of nursing home, group home,
etc. _____

Primary Phone: () _____ A _____ Alternate Phone: () _____

Date of Birth: _____ ***Must provide copy of proof of age for Elderly***

Applicant Signature: _____ Date: _____

INTERNAL USE ONLY

| Date | Action Taken/Needed | Initials |
|------|---|----------|
| | Application Received | |
| | Entered in Trapeze: ID# _____ | |
| | Approved | |
| | Unable to Process- Returned to Customer | |
| | Welcome Packet Mailed | |



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DOOR-TO-DOOR TRANSPORTATION APPLICATION

Door-to-door transportation for the elderly is a shared-ride service offered by DART First State to individuals 65 years of age or older, who do not have a qualifying disability for ADA Paratransit Service.

Trip requests are taken for those who are certified as "Elderly Only" on a space available basis. This means that if the demand for ADA services is high on the date and at the time you wish to travel, you may be offered an alternative time that is available or your trip request may be denied.

Individuals 65 years of age or older, without a qualifying disability, should complete the information requested on the back of this page. In addition, **one** (1) acceptable form of age verification must be forwarded with this application, for example a copy of birth certificate, driver's license, Medicare card, etc. Documents must be copies and will not be returned. All documents will be kept confidential. This application will not be processed without proof of age.

Please return your completed application to:

DART Application Processing
900 Public Safety Blvd
Dover DE 19901

or

Email:

DOT_Eligibility_Faxes@Delaware.gov

Please put LAST NAME & FIRST NAME in Subject line

Any questions call 1-800-652-3278, Option 4

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