

Application For: REDUCED FARE PROGRAM

(Fixed Route)

FULL FORM

Use this form if you have a disability and do not have a Medicare Card. If you are applying based on age or you have a Medicare Card, complete the SHORT FORM Application.

Part A and Part B must be submitted together in order to be processed. Any applications received that are not complete will be returned to the applicant.

DART First State reserves the right to verify Certification Forms by contacting persons completing the forms.

Any fees charged for the completion of Certification Forms are not the responsibility of DART First State.

Certification Forms are confidential records and kept on file at DART First State during the period of eligibility.

Once your application has been received and all information verified, you will be notified of your approval or denial. You will be required to come in to one of our offices and have a photo taken. Please bring another photo ID with you to verify your identity. Photos can be taken at the following locations:

Monday through Friday 8:00 am – 4:30 pm

Delaware Transit Corporation 900 Public Safety Blvd Dover, DE

Delaware Transit Corporation 119 Lower Beech St Wilmington, DE

Arrangements are also available at other sites upon request by appointment.

FOR QUESTIONS CALL:

DART First State Eligibility Section 1-800-652-3278, Option 4

MAIL OR Email APPLICATION TO:

DART First State Eligibility Section 900 Public Safety Blvd Dover, DE 19901

EMAIL:

DOT_Eligibility_Faxes@Delaware.gov

Revised Dec 2018

This page left Intentionally blank



Application For: REDUCED FARE PROGRAM

(Fixed Route)

FULL FORM

Use this form if you have a disability, and do not have a Medicare Card. All information must be provided in order to process your application.

PART A: TO BE COMPLETED BY APPLICANT			
Name			
Name(Last)	(First)	(M.I.)	
Address			
(Street)		(Apt.)	
(Name of Development, A	Apartment Complex, etc.)		
(City) (Co	ounty) (State)	(Zip)	
Sex: () Male () Female (Optional)	Date of Birth	(Optional)	
Phone Number	(where you can be reached Mc	on-Fri 8:00 am – 4:30 pm)	
Signature	gnature Date		
FOR QUESTIONS CALL:	MAIL OR Email API		
DART First Ctate	DART Firs		
DART First State Eligibility Section	Eligibility S 900 Public Sa		
1-800-652-3278, Option 4	Dover, DE		
	EMAI		
	DOT_Eligibility_Faxe	s@Delaware.gov	
For office use only: [] Approved [] Denied By Date			
Trapeze ID # Picture on File [] Yes [] No			
Notification Mailed Date: By Date			

PART E	В	Name of Applicant:	
	ESSIONAL CERTIFICATION		
Name:		Phone:	
	Address:		
Licensir	ng Identification:		
Signatu	ıre:		
To be	completed by medical professiona	ıl	
	Impairment or disability is considered () Permanent () Temporary, es	d: etimated period of disability from to (Date) (Date)	
	() Non-Ambulatory Disabled (individuals that us a wheelchair as a mobility aid) Any person whose incapacity or disability will not allow that person to walk, even with the assistance of devices, but with or without the assistance of an attendant, has the persona mobility and independence in a wheelchair that use of appropriate public transportation services is a reasonable expectation. NOTE: All DTC buses are ADA compliant and able to accommodate mobility aids up to 55" long, 33.5" wide, and a total combined person and device weight of 800 lbs.		
	basis) Any person whose incapacity assistance of walkers, rollators, cr adaptive devices, and for whom reasonable expectation. Type of mobility aid(s) used:	at use mobility aids other than a wheelchair on a regular or disability will not allow that person to walk without the utches, canes, braces, prosthetic limbs, or other such use of appropriate public transportation services is a	
	() Ambulatory (individuals that are not dependent on a mobility aid) Any person whose disability relates to a degree of visual, audio, physiological, mental o psychological disability or impairment as specified below, and for whom private persona transportation poses an unreasonable difficulty or danger. MUST CHECK DISABILITY IN QUESTION 5 OR APPLICATION WILL BE CONSIDERED INCOMPLETE		
5.	 () Cerebrovascular accident (C) () Pulmonary/Cardiac disability () Sight disability – Those per 20/200 or less; and those per as tunnel vision) to 10 deg diameter subtends an angle () Hearing impairment – Loss is () Faulty coordination - from brace () Epilepsy – petit and grand mand in the coordination of social competer reduction of social competer () Mental Illness (a mental disease 	sons whose vision in the better eye after correction is ersons whose visual field is contracted (commonly known trees or less from a point of fixation, or so the widest no greater than 20 degrees. Solventially 90 dba or greater in the 500, 1000, 2000 Hz ranges. Solventially 90 dba or greater in the 500, 1000, 2000 Hz ranges. Solventially 90 dba or greater in the 500, 1000, 2000 Hz ranges. Solventially 90 dba or greater in the 500, 1000, 2000 Hz ranges. Solventially 90 dba or greater in the solvential or condition all or convulsive seizures To significant subnormal intellectual development with the solvential or convulsive seizures of significant subnormal intellectual development with the seizure or adult person) To septimize the welfare of others in the community) seability that impairs mobility.	