



**Application For:
SCAT
Senior Citizens Affordable Taxi**

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.

AGE 65 or OLDER - If you are applying based on age alone, you only need to complete Part A and submit with proof of age.

DISABILITY - If you are applying due to a disability, you must complete Part A and have a medical professional complete Part B.

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

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**Application For:
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Senior Citizens Affordable Tax**

**PART A:
TO BE COMPLETED BY APPLICANT**

Name

Address

Date of Birth / /

Phone Number (where you can be reached Mon-Fri 8:00 am – 4:30 pm)

Signature

<p>FOR QUESTIONS CALL:</p> <p>DART First State Eligibility Section 1-800-652-3278, Option 3</p>	<p>MAIL OR Email APPLICATION TO: DART First State Eligibility Section 900 Public Safety Blvd Dover, DE 19901 EMAIL: DOT_Eligibility_Faxes@Delaware.gov</p>
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For office use only: [] Approved [] Denied By_____ Date_____	
Trapeze ID # _____	Picture on File [] Yes [] No
Notification Mailed Date: By_____	Date_____

Name of Applicant

PART B: PROFESSIONAL CERTIFICATION
To be completed by a medical professional

All DART Fixed Route Buses are wheelchair accessible. Always contact taxi provider to determine their accessibility.

Specifics must be provided if #2 or #3 is checked.

- 1. () Non-Ambulatory (individual that uses a wheelchair or scooter as a mobility aid)
Any person whose disability will not allow that person to walk or travel without the assistance of a seated mobility device, but use of public transportation is a reasonable choice; temporary or permanent.

- 2. () Semi-Ambulatory (individual that uses mobility aid(s) other than a wheelchair or scooter on a regular basis)
Any person whose disability will not allow that person to walk or travel without the assistance of walkers, crutches, canes, braces, artificial legs, or other such adaptive devices, but use of public transportation is a reasonable choice; temporary or permanent.
Describe Disability:
Type of mobility aid(s) used

- 3. () Ambulatory (individual that is not dependent on a mobility aid)
Any person whose disability-related functional limitations, including those based on sensory, physiological, cognitive or behavioral health deficits, or restricts their ability to drive safely or effectively; but use of public transportation is a reasonable choice; temporary or permanent
Describe Disability:

* Name of Professional

[Please print name – must be legible]

Agency Name

Phone

Office Address

(Street)

Professional License # and/or Title:

Signature

Date

END OF APPLICATION – PART A AND B MUST BE SUBMITTED TOGETHER
Any incomplete applications will be returned to the applicant.