

**PLEASE PRINT**

Applicant: D Male      DFemale

Last Name: \_\_\_\_\_ FirstName: \_\_\_\_\_ MiddleInitial: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

Development/Apt. Complex: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

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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. \_\_\_\_\_

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Primary Phone: ( ) \_\_\_\_\_ A \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **\*Must provide copy of proof of age\***

Social Security#: \_\_\_\_\_  
(Last four (4) digits of Social Security number is the minimum required)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**INTERNAL USE ONLY**

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



## **ELDERLY ONLY**

### **DOOR-TO-DOOR TRANSPORTATION APPLICATION**

Door-to-door transportation for the elderly is a shared-ride service offered by DART First State to individuals over the age of 65 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 over the age of 65 and 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

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

FAX: 302-760-2932

If document is faxed, do not mail original