



DART FIRST STATE PARATRANSIT SERVICE
SIMPLIFIED RECERTIFICATION FORM

Qualifications for Simplified Recertification: Some individuals that apply for paratransit service have a disability that will most likely never change. These are individuals identified as having a significant function disability that prevents the independent use of fixed route for some or all of their trips.

Name (Last) (First) (M.I.) DART ID #
Address (Street) (Apt.)
(Name of Development/Apartment Complex, etc)
(City) (State) (Zip)

Sex: ( ) Male ( ) Female ID #
Date of Birth / / [ ] Last 4 digits of Social Security
Phone Number [ ] State ID/Driver's License
(where you can be reached Mon-Fri 8:00 am - 4:30 pm) [ ] Other

Please verify which mobility aids you usually use when traveling, if any:

- [ ] Portable Oxygen [ ] Straight Cane [ ] 3-4 Pronged Cane
[ ] Walker [ ] White Cane [ ] Human Guide
[ ] Service Animal [ ] Crutches [ ] Leg Brace
[ ] Prosthetic Leg [ ] Manual Wheelchair [ ] Power Wheelchair
[ ] Power Scooter [ ] Rollator [ ] Alphabet/Picture Board
[ ] Other (Be specific)

If you use a wheelchair or scooter, is it considered extra wide? [ ] Yes [ ] No

Emergency Contacts:
Name Relationship
Phone # / Phone #

Emergency Contacts:
Name Relationship
Phone # / Phone #

APPLICANT NAME

[ ] I certify that my disability(s) and my need for travel on DART First State Paratransit has not changed.

Signature

**OR**

[ ] I certify on behalf of the individual above that their disability(s) and their need for travel on DART First State Paratransit has not changed.

Printed Name

Relationship to Applicant

Agency (if applicable)

Signature

Address

(Street)

(Apt.)

(Development)

(City)

(State)

(Zip)

This form is only to be used if provided to you by DART First State Eligibility Staff and you have received a letter stating that you are eligible for Simplified Recertification.

If you have any questions, or need this form in an alternative format, contact DART First State Eligibility Section at

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](mailto:DOT_Eligibility_Faxes@Delaware.gov)