



**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 3**

MAIL OR FAX APPLICATION TO:

**DART First State Eligibility Section
900 Public Safety Blvd
Dover, DE 19901
FAX: 302-760-2932
If application is faxed, do not send original**

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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 (Last) (First) (M.I.)

Address (Street) (Apt.)

(Name of Development, Apartment Complex, etc.)

(City) (County) (State) (Zip)

Sex: () Male () Female Date of Birth / /

Social Security Number - - (Minimum - Last 4 digits required)

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

Signature Date

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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, impairs their ability to qualify for a driver's license 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)

(City) (State) (Zip)

Professional License # and/or Title: _____

Signature _____ Date _____

END OF APPLICATION – PART A AND B MUST BE SUBMITTED TOGETHER