



**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 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:  
SCAT  
Senior Citizens Affordable Taxi**

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

Name

Address

Sex: ( ) Male ( ) Female

Date of Birth / /

Social Security Number - - (Last 4 digits required)

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

Signature

**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  
Part A & B must be submitted together**

**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)

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.**