

dart Transportation Service Eligibility Form

If this application form is not accessible for you, it is available in alternative formats (i.e. large print, Braille).

General Information (Please Print)

First Name _____ Last Name _____ Middle Initial _____

Street Address _____ Apt # _____

Mailing Address (if different) _____

City _____ State _____ Zip _____ County _____

Phone (daytime) _____ (evening) _____ (cell) _____

Date of Birth (month/day/year) _____ Sex (M/F) _____

Financial Information (optional)

What is your monthly income? _____ # of persons in household _____

Disability and Mobility Information

What type or types of disabilities prevent you from using city bus service? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> physical limitation | <input type="checkbox"/> vision loss/blindness |
| <input type="checkbox"/> developmental disability | <input type="checkbox"/> mental illness |
| <input type="checkbox"/> other | <input type="checkbox"/> none |

What is your mental health and/or physical disability or health related condition that prevents you from using the city bus?

Do the above conditions change from day-to-day affecting your ability to use city bus?

- YES NO SOMETIMES

If yes, please explain: _____

If this is a temporary disability or health condition, how long do you expect it to prevent you from using the city bus? _____ weeks _____ months

If you are determined to be eligible upon completion of this form, you will be authorized to use paratransit for the appropriate length of time.

Do you use any mobility aids or equipment listed below? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> white cane | <input type="checkbox"/> powered wheelchair |
| <input type="checkbox"/> cane | <input type="checkbox"/> 3-wheel scooter |
| <input type="checkbox"/> crutches | <input type="checkbox"/> manual wheelchair |
| <input type="checkbox"/> leg brace(s) | <input type="checkbox"/> walker |
| <input type="checkbox"/> prosthesis | <input type="checkbox"/> service animal |
| <input type="checkbox"/> portable oxygen | <input type="checkbox"/> communication board |
| <input type="checkbox"/> other (please specify)_____ | |
| <input type="checkbox"/> I do not use any of these mobility aids | |

NOTE: DART may not be able to transport a mobility aid that exceeds the “common wheelchair” parameters as set forth in the ADA regulations, including a mobility aid that (1) is longer than 48 inches, measured 2 inches above the ground, (2) is wider than 30 inches, or (3) weighs more than 600 pounds when occupied. (49 C.F.R. Section 37.3 (2001).)

Do you ever need to bring someone else with you to help when you use the city bus or paratransit services (“personal assistant” or “personal attendant”)?

- Yes, sometimes Yes, always NO

Abilities to Use City Bus Service (Check all that apply)

All city buses are lift and/or ramp equipped.

What best describes your ability to use the city bus? (check all that apply)

- I can get to and from bus stops if the distance is not too great.
- I have a disability or health condition which prevents me from riding the city bus if the weather is too hot or too cold.

Maximum high temperature? _____ Maximum low temperature? _____

- I have a disability or health condition that makes it difficult or impossible to travel when there is snow or ice.
- I need a lift or ramp to get on and off the city bus.
- I can get to and from bus stops only if there are curb-cuts and level sidewalks.
- I have difficulty understanding or remembering all the things I would have to do to use the city bus.
- I can use the city bus if it’s someplace I go all the time.

- I am not really sure if I can use the city bus.
- I am not able to use the city bus for other reasons. Please explain:
-
-

Additional Information on Your Abilities

Without the help of someone else can you....

1. Request and understand written or spoken instructions?

- Always Sometimes Never Not sure

2. Cross the street?

- Always Sometimes Never Not sure

3. Wait for 15 minutes at a bus stop that doesn't have a bench?

- Always Sometimes Never Not sure

4. Could you wait 15 minutes or longer if there was a seat/bench/shelter available?

- Always Sometimes Never Not sure

5. Step on and off a sidewalk from the curb?

- Always Sometimes Never Not sure

6. Find your own way to a bus stop if someone shows you the way?

- Always Sometimes Never Not sure

7. Make a trip that would require using two city buses and transferring from one route to the other?

- Always Sometimes Never Not sure

Under the best of conditions, what is the farthest you can walk (or travel using your mobility aid) without the help of another person?

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Less than 1 block | <input type="checkbox"/> 1 block | <input type="checkbox"/> 2 blocks |
| <input type="checkbox"/> 4 blocks | <input type="checkbox"/> 6 blocks | <input type="checkbox"/> more than 6 blocks |
| <input type="checkbox"/> I cannot travel outdoors alone at all | | <input type="checkbox"/> I'm not sure how far I can travel |

If training to use the city bus were available, would you participate?

- Yes No

Is there anything you want to add about your disability or health condition that might help us to better understand your travel abilities and limitations?

Where Do You Go and How Do You Get There Now

How close is the bus stop to your home? _____

Name up to three places you go most often and how you get there now?

1. Where do you go? _____

Address _____ City _____

How often do you go there? _____

How do you get there now? _____

How close is the bus stop to this destination? _____

2. Where do you go? _____

Address _____ City _____

How often do you go there? _____

How do you get there? _____

How close is the bus stop to this destination? _____

3. Where do you go? _____

Address _____ City _____

How often do you go there? _____

How do you get there? _____

How close is the bus stop to this destination? _____

Do you currently use the city bus?

No Yes which routes? _____

When was the last time you used the city buses? _____

If you used the city buses in the past but have stopped using them, please explain why:

Name and phone number of a friend or relative we can call in case we are unable to reach you at your regular number:

Name _____

Relationship _____ Phone # _____

Additional Information:

In order to evaluate your request for eligibility, it may be helpful for us to contact a professional who is familiar with your health condition or disability and your functional abilities and limitations. Please list one or two professionals that we may contact if we need additional information. Examples of qualified professionals include:

- | | | |
|-------------------------------|---------------------------------|---------------------------|
| Case Manager | Ophthalmologist | Psychiatrist |
| Independent Living Specialist | Orientation/Mobility Instructor | Psychologist |
| Licensed Social Worker | Physical Therapist | Registered Nurse |
| Mental Health Professional | Physician (M.D. or D.O.) | Rehabilitation Specialist |
| Occupational Therapist | | |

_____ (Name of qualified professional)	_____ (Name of qualified professional)
_____ (Type of professional)	_____ (Type of professional)
_____ (Professional's agency)	_____ (Professional's agency)
_____ (Address)	_____ (Address)
_____ (Phone number)	_____ (Phone number)

Authorization for Release of Information

I hereby authorize the above named professional to provide information about my disability and abilities to use bus services. I understand that this information will be used solely for the purpose of determining my eligibility for paratransit service and that all medical information about my disability will be kept confidential.

_____ Date _____
(Signature of Applicant or Responsible Party)

(This Authorization for Release of Information is good for one year from date of signature.)

Signature

I understand the purpose of this form is to determine if I am eligible to use paratransit services. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of paratransit services as well as a penalty under the law.

I agree to notify DART if I no longer need to use paratransit services.

_____ Date _____
(Signature of Applicant or Responsible Party)

_____ Date _____
(Signature of Person Completing the Application if not the Applicant)

How would you like written material sent to you in the future? (please check one)

Regular Print Large Print Audio Tape Braille Computer Disk

RETURN COMPLETED APPLICATION TO: DART - Paratransit
1100 DART Way
Des Moines, IA 50309-4530