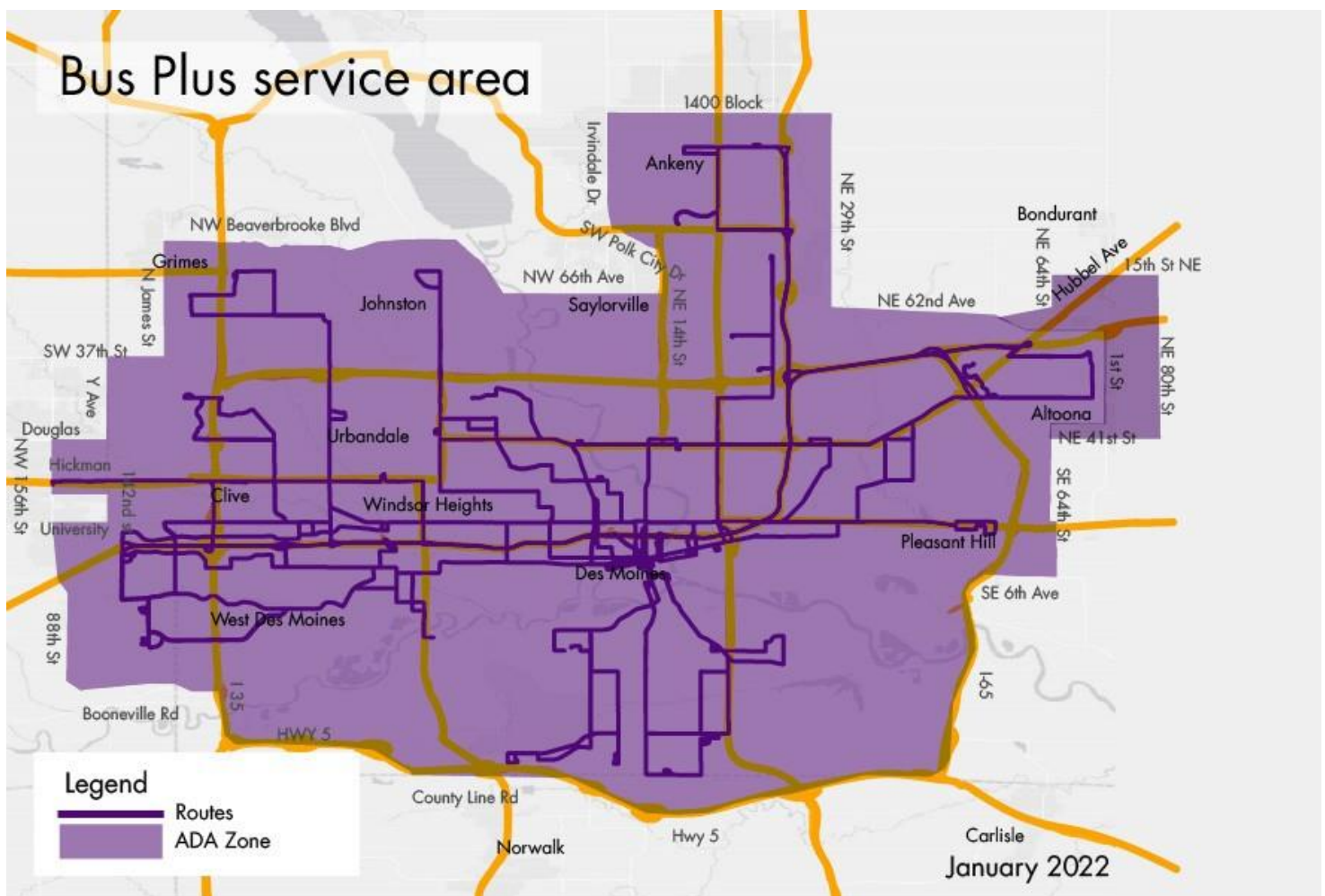


DART Bus Plus

OVERVIEW

Bus Plus is DART's ADA paratransit service that provides transportation for people with a disability preventing them from using DART's Fixed-Route bus service. This service is door-to-door and wheelchair accessible. Riders must apply to use the Bus Plus service. If approved, riders may travel within the Bus Plus zone (see map below) for any reason. The service operates with comparable hours to DART's bus service and costs \$3.50 per ride. For more information, visit ridedart.com/services/paratransit.



ELIGIBILITY PROCESS

Potential customers must complete the Bus Plus application form and submit a signed Professional Verification form to DART (via mail or electronically) to be considered for the service. Note that your application package will not be considered complete if you do not fully complete and submit both documents. After receiving and reviewing your application package, DART will notify you via mail within 21 days of your eligibility determination. We may reach out to you if we need additional information. If you are not eligible, instructions on appealing the decision will be included with your determination letter.

BUS PLUS APPLICATION

To start the eligibility process, fill out the attached DART Bus Plus application. This form may be completed by someone on behalf of the applicant if it is noted at the end of the form. The form includes areas for contact information for the applicant and information on the need for the Bus Plus service.

PROFESSIONAL VERIFICATION FORM

In order to evaluate your eligibility for the Bus Plus service, DART requires that you have the included DART Professional Verification form completed by one of the professionals listed below. Alternatively, you may submit a letter from one of these professionals (on their letterhead) which provides supporting information on your eligibility for Bus Plus. If you are unable to get the form completed, or receive a letter because you are not currently under the care of a professional, please contact us at (515) 283-8100 and DART can assist you in finding a professional who can evaluate your disability and/or medical conditions.

- Chiropractor
 - Optometrist
 - Psychologist
 - Licensed Clinical Social Worker
 - Orientation & Mobility Specialist
 - Registered Nurse
 - Mental Health Clinician
 - Physical Therapist
 - Rehabilitation Counselor
 - Nurse Practitioner
 - Physician
 - Respiratory Therapist
 - Occupational Therapist
 - Physician's Assistant
 - Social Worker (MSW)
 - Ophthalmologist
 - Psychiatrist
 - Psychologist
 - Case Manager
-

Bus Plus Application

PERSONAL INFORMATION

Name:

First Name / Middle Initial / Last Name

Date of Birth:

Month / Day / Year

Gender:

- Male Non-binary
 Female Transgender

Medicaid Number:

- _____
 I do not have a Medicaid number

Medicaid MCO (if applicable):

Application Type:

- New Rider
 Recertification

Home Address:

Street Address / Apt. #

City, State, Zip

Mailing Address (if different):

Street Address / Apt. #

City, State, Zip

Email Address:

Contact Phone:

Name:

First Name / Last Name

Phone:

Relationship:

DISABILITY AND MOBILITY INFORMATION

What type or types of disabilities or health conditions prevent you from using the DART Fixed-Route bus service? (Check all that apply):

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Physical Limitation | <input type="checkbox"/> None |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Vision Loss / Blindness | _____ |
| <input type="checkbox"/> Mental Health | _____ |

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

- | | |
|------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | <input type="checkbox"/> Sometimes |

(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?

MOBILITY DEVICES / AIDS

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

- | | |
|---|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Powered Wheelchair* | <input type="checkbox"/> Service Animal (Indicate tasks performed): |
| <input type="checkbox"/> Power Scooter* | _____ |
| <input type="checkbox"/> 3-Wheel Scooter Crutches | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Manual Wheelchair | _____ |
| <input type="checkbox"/> Leg Brace(s) | <input type="checkbox"/> I do not use any of these mobility aids |
| <input type="checkbox"/> Prosthesis | |

*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 two 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 Fixed-Route Bus or Paratransit services ("personal assistant" or "personal attendant")?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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?

CERTIFICATION AND AUTHORIZATION OF RELEASE OF INFORMATION

I understand that:

- The purpose of this application is to determine if there are times when I cannot use DART Fixed-Route bus service and may therefore require the Bus Plus ADA Paratransit service for my public transportation needs.
- DART has the right to review my ADA Paratransit eligibility at any time, and where circumstances may warrant, I may become ineligible to receive ADA Paratransit services in the future.
- I must notify DART if my condition changes, if I am using a new mobility device, or if I no longer need to use ADA Paratransit service.
- Providing false information may result in denial of service.

I certify that:

- To the best of my knowledge, the information in this application is true and correct.
- The professional identified on the medical verification form or letter is authorized to release all information about my disability(s) or health condition(s) necessary for the purpose of DART determining my eligibility for the Bus Plus ADA Paratransit service.

Name: _____ Date: _____

Signature: _____

PERSON AUTHORIZED TO COMPLETE FORM ON BEHALF OF THE APPLICANT

First Name / Last Name _____ Primary Phone _____

Referring Agency (if applicable) _____ Signature _____

Relationship _____ Date _____

Professional Verification Form

The applicant has requested eligibility for DART Bus Plus Paratransit Service, which is a door-to-door, shared-ride paratransit service for people whose disabilities or health conditions prevent them from riding the DART Fixed-Route Bus system all, or part of the time. Eligibility is not based on medical diagnosis, age, inconvenience, or income. Note that DART Fixed-Route buses are equipped with ADA accessible features, such as low floor buses, lifts/ramps, audio announcements, designated priority seating areas for people with disabilities, enhanced signage, kneeling buses, and handrails.

As the applicant's healthcare provider or case manager, you are uniquely qualified to clarify the applicant's functional abilities and limitations to ride the bus, and the information you provide will assist DART in determining your patient's need to use Bus Plus for some or all of their transportation needs. All information on this form will be strictly confidential and will not be released. If you have any questions about this form or the Bus Plus service, please contact DART at 515-283-8100.

Applicant Name:

 First Name / Middle Initial / Last Name

Date of Birth:

 Month / Day / Year

Is the applicant currently under your care?

Yes

No

 Last Time Seen:

Does the applicant have a disability which prevents them from getting to/from and riding the DART Fixed-Route Bus system?

Yes

No

Sometimes

If yes or sometimes, please explain how the applicant's disability or health related conditions prevent use of the public bus system. If you are not sure, please selected N/A.

Does the applicant have the mental capacity, visual and/or hearing ability to:

Yes

No

N/A

	Yes	No	N/A
Ask for, understand, and follow directions?			
Ask for assistance from appropriate sources?			
Safely cross a major street?			
Recognize a destination or landmark?			
Signal a bus operator to get off at destination stop?			
Visually locate steps and curbs?			
See in dimly-lit conditions or at night?			
Other / Comments: _____			

Is the applicant, while using their mobility aid, able to independently:

	Yes	No	N/A
Travel outdoors on their own property?			
Travel up to one (1) city block?			
Travel up to three (3) city blocks?			
Stand for up to 15 minutes with support?			
Stand for up to 15 minutes without support?			
Travel up or down hills?			
Climb a ramp or steps?			
Other / Comments:			

Are there any weather conditions which impact the applicant's ability to travel?

	Yes	No	N/A
Windy weather?			
Hot weather?			
Cold weather?			
Raining or snowing?			
Snow and/or Ice on ground?			
Other / Comments:			

What is the expected duration of the disability(s)?

- Permanent (Conditions with little expectation of improvement)
- Temporary (Conditions lasting at least 90 days but are likely to improve within one year)
- Best Estimate of Recovery Date:

Is there any other information we should know regarding the applicant's disability? Please include any information about if the condition is intermittent or if treatment induces side effects which may impact ability to travel.

PROFESSIONAL INFORMATION

I certify that the information on this Professional Verification Form is true and correct.

First Name / Last Name

Profession

License / Certification (if applicable)

Address

Primary Phone

Signature

Email

Date
