



**DALLAS AREA RAPID TRANSIT  
ADA PARATRANSIT ELIGIBILITY  
CERTIFICATION APPLICATION**

**Office Use Only**

DART ID: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Status: \_\_\_\_\_

Format: \_\_\_\_\_

New

Recert

**Please mail or email completed application to:**

**Paratransit Services**

**P.O Box 660163**

**Dallas, TX 75266-7271**

**(214) 515-7272**

**paracert@dart.org**

This certification form will be used to determine your eligibility for Dallas Area Rapid Transit Paratransit Services. DART’s Paratransit Services is a door-to-door public transportation service for individuals with disabilities who are prevented from using DART’s fixed-route transportation services. DART’s fixed-route services include bus, light and commuter rail transit. DART rail/bus services are fully accessible to individuals with disabilities. DART’s Paratransit Services and fixed-route services are only available in the following cities:

Addison

Garland

Richardson

Carrollton

Glenn Heights

Rowlett

Cockrell Hill

Highland Park

University Park

Dallas

Irving

DFW International Airport

Farmers Branch

Plano

- A physician must verify your disability and date of occurrence.
- Only use forms provided in this application form.
- The information you provide is confidential and it will not be provided to any other person or agency, except as provided by the Texas Public Information Act.
- Information will only be shared with persons involved with DART’s eligibility determination process, our service providers, and other transit providers to facilitate travel in those areas.

**PART I – General Information to be completed by applicant  
(Please print or type)**

<b>Last Name</b>	<b>First Name</b>	<b>Mid. Initial</b>	<b>Date of Birth</b>
_____	_____	_____	_____

<b>Female/Male</b>	<b>Email Address</b>
_____	_____

<b>Street Address</b>	<b>Building/Apt No</b>	<b>Apartment Name/Gate Code</b>
_____	_____	_____

<b>City or Town</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____

<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>
_____	_____	_____

If you have a Paratransit I.D. Card please provide I.D. number \_\_\_\_\_

**In case of emergency notify:**

<b>Name</b>	<b>Relationship</b>	<b>Home Phone</b>	<b>Work or Cell Phone</b>
_____	_____	_____	_____

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____

**PART II – Information on disability and mobility equipment**

How does your disability prevent you from using DART's bus or rail services?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you use any of the following? (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Manual Wheelchair  | <input type="checkbox"/> Walker                | <input type="checkbox"/> Service Animal  |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Cane                  | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Powered Scooter    | <input type="checkbox"/> Braces                | <input type="checkbox"/> Crutches        |
| <input type="checkbox"/> Prosthesis         | <input type="checkbox"/> Rolling Walker W/Seat | <input type="checkbox"/> Rolling Walker  |
| <input type="checkbox"/> White Cane         | <input type="checkbox"/> Other _____           |  |

**What mobility device will you be using when traveling outside the home?**

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**Part III – Questions on using bus or rail services**

1. Are you currently using DART’s bus or rail services?

Yes\_\_ No\_\_

If Yes, list routes

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I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize DART to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of DART’s Paratransit eligibility. I understand the information I provided on this application will be disclosed to others as necessary to provide the services I have requested and as may otherwise be required by law. I also agree to submit myself for an in-person evaluation by DART and/or its acting agency for determination of DART’s Paratransit eligibility.

**Applicant’s Signature**

**Date**

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**If completed by someone other than applicant:**

**Name**

**Relationship**

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**Signature**

**Date**

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