



Paratransit Services  
P.O. Box 660163  
Dallas, Texas 75266-7271  
Phone (214) 515-7272

Office Use Only
DART No. _____
Exp. Date: _____
Format: _____

## **DALLAS AREA RAPID TRANSIT ADA PARATRANSIT ELIGIBILITY CERTIFICATION FORM (FOR A VISUAL DISABILITY)**

This certification form will be used to determine your eligibility for Dallas Area Rapid Transit Paratransit Services. Paratransit Services is a curb-to-curb public transportation service for individuals with disabilities who are prevented from using DART's fixed-route transportation services. Fixed-route services includes bus, light and commuter rail transit. DART rail services are fully accessible to individuals with disabilities.

You must complete the entire form. Answer every question. Incomplete forms will not be considered. A physician must verify your disability, prognosis and date of occurrence. Verification can be obtained directly from your physician or from an agency that has record of the physician statement on file. This information must be submitted with the application and written on the physician's official letterhead. The information you provide is confidential. It will only be shared with agencies involved with DART's eligibility determination process and other transit providers to facilitate travel in those areas, and will not be provided to any other person or agency, except as provided by the Texas Open Records Act.

Please read the following statements and check those which best describe what you believe is your ability to use DART bus or rail services without assistance. You may select more than one.

When are you unable to independently use DART bus or rail services?

- I can use DART bus or rail service for some trips, but not other times because there are barriers that prevent me from using the system.
- I use the bus or rail service frequently.
- I have difficulty understanding and remembering all of the things I would have to do to find my way to and from the bus.
- I believe I could learn to ride the bus, if someone taught me.
- I have difficulty or cannot climb stairs and can only board a DART vehicle if it has a lift.
- I have a visual disability which prevents me from ever getting to and from the bus, even with training.
- The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
- I can never use the bus by myself.
- I can get to and from the bus if the distance is not too great and the route is barrier-free.
- I am not able to use the bus or rail for other reasons. (Please explain):

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**PART I - General Information to be completed by Applicant**  
(please print or type)

\_\_\_\_\_  
Last Name                                      First Name                                      Mid. Initial                                      Male / Female

\_\_\_\_\_  
Street Address                                      Building/Apt. No.                                      Apartment Name

\_\_\_\_\_  
City or Town                                      State                                      Zip

\_\_\_\_\_  
Home Phone                                      Work Phone                                      Social Security No.                                      Date of Birth

If this is a "Gated Community," please provide gate code \_\_\_\_\_

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

## PART II - Information on disability and mobility equipment

Please attach a Visual Acuity Statement from your eye doctor to verify legal blindness.

1. Name of Eye Disease/Condition \_\_\_\_\_  
\_\_\_\_\_

2. My vision is worse during these conditions:

- Bright sunlight
- Dimly lit or shaded places
- Night time
- See the same in different lighting conditions
- I have no vision at all
- Other, explain \_\_\_\_\_

3. My eye condition is considered to be:

- Stable
- Degenerative, explain \_\_\_\_\_

4. I use the following mobility aids when I walk outdoors: (Check all that apply)

- Sighted (person) Guide**
- Long White Cane**
- Guide dog**
- Optical devices** (telescope, light, special glasses, etc.)
- Other** \_\_\_\_\_
- None of the above**

5. I can easily see steps.

- Yes
- No
- Sometimes, explain \_\_\_\_\_

6. While waiting to board my bus, I can see bus route numbers on the buses.

- Yes
- No
- Sometimes, explain \_\_\_\_\_

7. I can find my destination without assistance.

- Yes
- No
- Sometimes, explain \_\_\_\_\_

8. My hearing is normal  
 Yes  
 No  
 If no, please describe your functional hearing problems \_\_\_\_\_
- 

a) I can easily hear the bus drivers' announce when they:

Announce bus routes when I stand outside the bus

- Yes  
 No  
 Sometimes

Announce bus stops when I am inside the bus

- Yes  
 No  
 Sometimes

b) I can hear traffic well enough to be safe crossing streets consistently

- Yes  
 No  
 Sometimes

### **PART III - Information about your current use of local bus and rail services**

1. What is the closest bus stop or rail station to your home? \_\_\_\_\_

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2. Which bus routes or rail stations serve your neighborhood? \_\_\_\_\_

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3. Do you currently use the bus or rail services?

- Yes  
 No  
 Sometimes

a) Which bus routes or rail lines do you use? (List all routes)

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b) Where do you go on the bus or rail services? (List all destinations)

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c) Do you need the assistance of another person? (Check one)

- Always
- Sometimes
- Never

d) Can you walk to the bus stop without help?

- Yes
- No
- Sometimes

e) How do you know when/where to get off the bus or rail vehicle?

- I ask the driver to announce my stop
- I ask another passenger to help me
- I can see my stop from inside the bus or rail vehicle
- Other - please explain: \_\_\_\_\_

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4. When was the last time you used the bus or rail service? \_\_\_\_\_

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5. What is it about riding the bus or rail service that is most difficult for you? (Ex: I can't find my stop; the bus moves before I am seated, etc.) Please list as many things as you can think of:

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6. What are the specific conditions of your disability which prevent you from using the bus or rail service? (Ex: I can't travel from the bus stop or rail station to my destination, it's difficult to find the right bus, etc.):

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7. Weather related considerations

Does the weather affect your ability to use DART's bus or rail services?

- Yes
- No
- Sometimes

## **PART IV - Orientation and Mobility Training**

1. Have you ever received orientation and mobility training

- Yes
- No

2. Did you receive instruction in bus or rail travel?

- Yes
- No

3. Did you successfully complete training?

- Yes
- No

If YES, What route(s) did you learn?

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What destinations did you learn? \_\_\_\_\_

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If NO, do you think you would like to participate in mobility training?

- Yes
- No

## **PART V - Tell us about your ability to travel**

1. Can you walk outdoors alone?

- Yes
- No

If YES, answer (a), (b), and (c). If NO, Skip to 2

a) On your own property?

- Yes
- No

b) To places within same block of residence?

- Yes
- No

c) To places farther away?

Yes

No

2. If NO, (don't walk outdoors alone), why not? (check all that apply):

I have never been taught.

Environmental Barriers prevent me. (Ex: no sidewalks, very busy intersection, etc.)

Other, please explain \_\_\_\_\_

3. Can you cross streets without help

Yes

No

Sometimes

a) At quiet streets with very little traffic? (stop signs or no traffic control)

Yes

No

Sometimes

b) At traffic lights:

Yes

No

Sometimes

c) At very busy intersections?

Yes

No

Sometimes

## **PART VI - Your current travel**

List your 3-4 most frequent destinations and how you get there now?

Destination Address

Frequency of Travel

How you get there now

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## In Case of Emergency Notify:

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Name	Relationship	Home Phone/Work Phone
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Address	City	State	Zip
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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 paratransit eligibility. I also agree to submit myself for an in-person evaluation by DART and/or its acting agency for determination of paratransit eligibility.

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Applicant's Signature	Date
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### If completed by someone other than applicant:

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Name	Relationship	Phone No.
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Signature	Date
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