

APPLICATION FOR ) ° kuRIDES PROGRAM



PLEASE PRINT CLEARLY

I understand that the information I am providing will be used to determine initial and continuing eligibility for the DART Rides Subsidy Program.

1. Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
2. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
3. Home Address \_\_\_\_\_ Apt.# \_\_\_\_\_
4. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Email \_\_\_\_\_
6. Date of Birth (Month/Day/Year) \_\_\_\_\_ Gender:  Male  Female
7. Do you use a mobility aid when you travel?  Yes  No  Sometimes  
 If yes or sometimes, please specify which type of mobility aid is used.  
 Walker  Wheelchair  Scooter  Other \_\_\_\_\_  
*(please specify)*

Required Eligibility Documentation:

Eligibility Criteria	Certifying document provided (Specify)
65+ Years of age <b>OR</b> Proof of Disability* *Examples: Doctors note, SSDI letter, VA Award Letter, Medicare ID card	
Proof of Residency (Picture ID with address or Utility Bill)	

Questions 8 through 13 are for information purposes only and do not affect eligibility for services.

8. Ethnicity:  African American  Asian  Caucasian  Hispanic  Other \_\_\_\_\_
9. Are you able to safely drive yourself?  Yes  No  Short distances only
10. Do you presently receive transportation through Family/Friends, Medicaid transportation, and/or other services?  
 Yes (Please list which services) \_\_\_\_\_  
 No
11. How do you travel now to shop for groceries, travel to medical appointments, visit friends, etc.?  
 \_\_\_\_\_
12. Do you live in an assisted living or apartment complex that offers transportation?  Yes  No
13. How do you plan to use this service? *check all that apply*  
 Shopping  Medical  Social  Connect to DART  Work  Other \_\_\_\_\_

The information on this application is true and accurate to the best of my knowledge. I authorize a representative of DART Mobility Management Services to contact the persons and authorities listed in this application to verify the information in determining my eligibility.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For assistance with this form and or determining eligibility contact DART at 214-828-6717.

Mail completed application to: DART Rides - [Fill In Your Partipating City], P.O. Box 660163, Dallas, TX 75266-7271