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***City of Racine Dial-A-Ride Transit (DART)***

***ADA Paratransit Eligibility Application***

*In accordance with the Americans with Disabilities Act of 1990 (ADA), DART provides paratransit or “door to door” service to anyone with a functional limitation which prevents them from using public transportation and who is traveling within the area served by DART buses. Paratransit service is intended only for those trips that the person cannot make on the fixed route bus service. This application form is intended to determine under what circumstances the applicant can use the fixed route bus and when paratransit service is required.*

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DART will only use the information obtained in this application for the provision of door-to-door transportation services. Information may be shared with other transit providers to facilitate travel in other service areas at the applicant’s request. The information will not be provided to any other person or agency.

**Instructions for completing this form:**

Before completing this application please read the enclosed Eligibility Criteria Brochure to learn more about paratransit services.

The applicant (or someone assisting the applicant) must complete sections A through E. A licensed professional from the list provided must complete and sign the Professional Verification.

All applicants, whether new or applying for recertification, must complete a new application.

**All questions must be answered, incomplete forms will be returned.**

If you have any questions or need assistance completing this form, please contact us at 1-262-619-2438.

Mail Completed Forms To:

DART  
1900 Kentucky Street  
Racine, WI 53405

## GENERAL INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ TTY: Yes No

Evening Phone: (\_\_\_\_) \_\_\_\_\_ TTY: Yes No

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Do you need future written information provided to you in an accessible format?  
Yes No

Emergency Contact Person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_\_

### A. INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1. What type or types of disabilities prevent you from using the fixed route bus system? Please check all that apply.

Physical disability

Visual impairment/Blindness

Developmental disability

Brain injury

Mental illness

Other \_\_\_\_\_

2. Please describe your disability (or disabilities) in more detail, including the diagnosis (or diagnoses).

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3. Please indicate all of the mobility aids or equipment you use when traveling outside your home.

- |  |  |
|--|--|
| <input type="checkbox"/> Communications Device | <input type="checkbox"/> Long white Cane   |
| <input type="checkbox"/> Cane                  | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Powered Wheelchair    | <input type="checkbox"/> Scooter           |
| <input type="checkbox"/> Crutches              | <input type="checkbox"/> Walker            |
| <input type="checkbox"/> Leg braces            | <input type="checkbox"/> Prosthesis        |
| <input type="checkbox"/> Service Animal        | <input type="checkbox"/> None              |
| <input type="checkbox"/> Other: _____          |  |

4. If you use a wheelchair or scooter, is it:
- |                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| Less Than 30 Inches Wide?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Less Than 48 Inches Long?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Less Than 600 Pounds when Occupied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**B. INFORMATION ABOUT YOUR VISION**

1. Cause of vision loss/ Diagnosis:  
\_\_\_\_\_
2. Are you totally blind? \_\_\_\_ Yes \_\_\_\_ No If yes, skip to question #7.
3. My vision is worst during these conditions. Check all that apply:
- Bright sunlight
  - Dimly lit or shaded places
  - Nighttime
  - I see the same in different lighting conditions
4. My eye condition is considered to be:
- Stable
  - Other (please explain) \_\_\_\_\_
  - Degenerative

5. I am able to use my vision to consistently identify the following signs and environmental features, as they relate to traveling to the transit stop and using fixed route bus service. Please check all that apply:

- The color of traffic lights
- Pedestrian Walk/ Don't Walk signals
- Crosswalk markings
- Curbs or curb ramps
- Level changes along the walking path
- Bus/transit stop signs that indicate the location of the stop

6. Anything else you wish to tell us about your vision in regards to mobility within the community?

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7. Most often, I use the following mobility aids when I walk outside: Please check all that apply:

- Sighted (person) guide
- Guide dog
- White cane
- Optical devices (telescope, light, special glasses, etc.)
- None of the above
- Other, please list: \_\_\_\_\_

9. When I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.

\_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

10. My hearing is normal: \_\_\_ Yes \_\_\_ No

If No, please describe your functional hearing problems.

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**C. INFORMATION ABOUT YOUR CURRENT USE OF FIXED ROUTE SERVICES OR PARATRANSIT SERVICES**

1. Do you currently use City of Racine Transit by yourself?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If YES continue, if NO, go to question #4.

2. If yes, how often? (Circle the choice that best applies to you)

Daily    Several times per week    At least once per month    Rarely

3. When was the last time you independently used the fixed route bus system?

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4. If you need the assistance of another person to travel while using the bus or train, what assistance does this person provide?

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5. You indicated that you do not use the fixed route bus system. Why not?  
Please check all that apply:

- \_\_\_\_\_ The closest stop is too far from my house
- \_\_\_\_\_ I do not know how to ride the fixed route bus system
- \_\_\_\_\_ I cannot travel by myself between the bus stop and my destination
- \_\_\_\_\_ I'm afraid to use the fixed route bus system
- \_\_\_\_\_ I do not want to use the fixed route bus system
- \_\_\_\_\_ Other (explain)

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6. Please list destinations for which you use or need Paratransit services and the reasons why you are unable to use fixed route bus services for those trips.

a. Destination and address:

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Reasons why fixed route bus service cannot be used:

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b. Destination and address:

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Reasons why fixed route bus service cannot be used:

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c. Destination and address:

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Reasons why fixed route bus service cannot be used:

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Please read the following statements and check all those that best describe what you believe about your ability to use DART by yourself.

- I use City of Racine Transit for some trips, but sometimes there are barriers that prevent me from using these services
- I use City of Racine Transit frequently on routes to familiar destinations
- I use City of Racine Transit to go to new places
- I believe I could use City of Racine Transit if someone taught me
- I am not able to use City of Racine Transit by myself
- The severity of my disability changes from day to day, I ride City of Racine Transit when I am feeling well
- Some weather conditions prevent me from getting to and from the bus stop
- I can get to and from the bus stop if the distance is not too great
- The bus does not always go where I want to go

## **D. YOUR FUNCTIONAL ABILITY**

Your answers to questions in this section will help us better understand your functional ability in specific areas. **For each question, please circle only one**

**answer.** Your answers should be based on your physical and cognitive ability to perform the tasks independently using the mobility equipment that you typically use when traveling outside your home.

**Without the help of someone else, can you:**

**1. Walk up and down the steps if there are handrails on both sides?**

Always                      Sometimes                      Never                      Not Sure

**2. Use the telephone to get information?**

Always                      Sometimes                      Never                      Not Sure

**3. Travel one level block on the sidewalk in good weather?**

Always                      Sometimes                      Never                      Not Sure

**4. If you are able to do this, how long does it take you?**

Less than 5 minutes                      Five to ten minutes                      Not Sure

**5. Cross the street, if there are curb cuts?**

Always                      Sometimes                      Never                      Not Sure

**6. Ride up and down a wheelchair lift with handrails on both sides?**

Always                      Sometimes                      Never                      Not Sure

**7. Cross the street, if there are traffic controls?**

Always                      Sometimes                      Never                      Not Sure

**8. Travel three blocks on the sidewalk in good weather?**

Always                      Sometimes                      Never                      Not Sure

**9. If you are able to do this, how long does it take you?**

Less than ten minutes                      Ten to Fifteen minutes                      Not Sure

**10. Step on and off a curb from a sidewalk?**

Always                      Sometimes                      Never                      Not Sure

**11. Wait ten minutes outside in good weather if there is no seat?**

Always                      Sometimes                      Never                      Not Sure

**12. Find your own way to or from bus stop after being shown?**

Always                      Sometimes                      Never                      Not Sure

**13. Currently travel by yourself using any mode of transportation?**

Always                      Sometimes                      Never                      Not Sure

**14. If always or sometimes, which modes of transportation allow you to travel independently?**

Paratransit      Fixed route bus system                      Car

**15. Have you ever gotten lost when traveling alone?**

Yes      No, I never travel outside alone      No, I've never gotten lost

**16. If yes, were you able to find your way back?**

Yes                       Yes, with help                       No

**17. If the weather is good and there are no environmental barriers, how far can you travel outdoors using your mobility device, if applicable?**

- I cannot travel outdoors alone at all
- Less than: 1 block                       Curb in front of my house
- 3 blocks                       6 blocks
- 9 blocks                       More than 9 blocks
- Not sure                       Other: \_\_\_\_\_

**E. WEATHER AND ENVIRONMENT**

Does the weather affect your ability to use the fixed route bus system?

Yes       Sometimes       No      If yes or sometimes, please explain how:

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Are you able to get to and from City of Racine Transit stops on your own?

Yes                       No                       Sometimes

If No or Sometimes, please check all that apply



- I cannot get places if there are no curb-cuts
- I cannot if the street or sidewalk is too steep
- I cannot cross busy streets and intersections
- I cannot travel outside when it is too hot or too cold due to my disability
- I cannot find my way at night because of a vision disability
- I get confused and cannot find my way
- I probably could with travel training
- I feel unsafe when traveling alone on the fixed route bus system
- Other: \_\_\_\_\_

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use the fixed route bus system.

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### **Certifications**

Applicant Signature

I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service. I

understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Person completing form if other than applicant (please check one):**

\_\_\_ I certify that the information provided in this application is true and correct, based upon information given me by the applicant.

\_\_\_ I certify that the information provided in this application is true and correct, based upon my own knowledge of the applicant's health condition or disability.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**City of Racine Dial-A-Ride Transit  
Paratransit Service Application Form**

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I, the applicant, authorize the release of information requested to the Agency and any eligibility review panel, and understand that the requested information will be treated as confidential and be used solely for determining my eligibility to utilize City of Racine Dial-A-Ride Transit service. I understand that the Agency reserves the right to request additional information at its discretion for determining my eligibility.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of applicant: \_\_\_\_\_

Signature of Preparer: \_\_\_\_\_  
(If other than applicant)

Printed name of preparer: \_\_\_\_\_  
(If preparer represents an agency, please print the agency name below)

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Signature of parent or legal guardian: \_\_\_\_\_

Date \_\_\_\_\_

Printed name of parent or legal guardian: \_\_\_\_\_

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Complete the attached form and return to:

DART  
1900 Kentucky Street  
Racine, WI 53405  
(262) 619-2438

### Professional Verification

**THIS PAGE MUST BE COMPLETED BY ONE OF THE FOLLOWING CURRENTLY LICENSED PROFESSIONALS:** (please check one)

\_\_\_ Physician

\_\_\_ Registered nurse

\_\_\_ Psychiatrist

**Please describe all conditions (physical, cognitive, emotional, other), which functionally prevent the applicant from using the fixed routes bus service?**

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**How does this condition PREVENT the applicant from using the fixed routes bus service?**

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Is this condition temporary?    \_\_\_ Yes,        for \_\_\_ months.                    \_\_\_ No

Exceptions or additions: \_\_\_\_\_

I certify that the information contained in parts A – E of this application is true and correct to the best of my knowledge and ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Clinic/Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

The Americans with Disabilities Act of 1990 (ADA) is a civil rights law that bans discrimination against people with disabilities. To meet their needs, public transportation companies must provide a variety of services. The applicant may be found eligible for paratransit services for all trips he or she requests, or eligible (based on functional ability) for some trip requests but not for others, or ineligible because he or she is capable of using fixed route transit. The information you provide will enable us to make an appropriate determination for this applicant. All information will be kept confidential. Thank you for your assistance.