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.

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

☐ Communications Device ☐ Long white Cane
☐ Cane ☐ Manual Wheelchair
☐ Powered Wheelchair ☐ Scooter
☐ Crutches ☐ Walker
☐ Leg braces ☐ Prosthesis
☐ Service Animal ☐ None
☐ Other: ______________________________________

4. If you use a wheelchair or scooter, is it:
   - Less Than 30 Inches Wide? ☐ Yes ☐ No
   - Less Than 48 Inches Long? ☐ Yes ☐ No
   - Less Than 600 Pounds when Occupied? ☐ Yes ☐ 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?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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?

   ________________________________________________________________

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

   ________________________________________________________________

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)

   ________________________________________________________________
   ________________________________________________________________

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:

      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________

   Reasons why fixed route bus service cannot be used:

      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________
b. Destination and address:

________________________________________________________________
________________________________________________________________
________________________________________________________________

Reasons why fixed route bus service cannot be used:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

c. Destination and address:

________________________________________________________________
________________________________________________________________
________________________________________________________________

Reasons why fixed route bus service cannot be used:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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?
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:
________________________________________________________________________
________________________________________________________________________

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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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
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

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)

Signature of parent or legal guardian: _________________________________

Date __________________

Printed name of parent or legal guardian: ________________________________

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?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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____________________________________ Telephone____________________

Clinic/Agency________________________________ 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.