ISLAND TRANSIT ADA DIAL-A-RIDE (DART)
APPLICATION FOR CERTIFICATION OF ELIGIBILITY

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you do not understand, call Island Transit at (409) 797-3909 for assistance before returning this form. In order to be considered complete, every question on the application must be answered.

Each applicant is responsible for including verification for ADA service from their healthcare professional on letterhead or prescription note.

INSTRUCTIONS FOR APPLYING FOR ISLAND TRANSIT DIAL-A-RIDE SERVICES

ALL INFORMATION IS CONFIDENTIAL. To apply you must:

1. Complete all sections and questions of this application.
2. Have your physician or certified healthcare professional complete and sign the Application for Certification of Eligibility form.
3. Have your physician or certified healthcare professional submit an additional signature on his/her letterhead or prescription note verifying completion of this application form to help us prevent fraudulent application.
4. Return the completed application with the physician or certified healthcare professional verification on letterhead or prescription note to the address listed below.

Return completed applications to:
Transportation Commission
c/o Island Transit
3115 Market Street
Galveston, Texas 77550

If you have any questions, please call Island Transit DART at (409) 797-3909 or by fax at (409) 797-3901.

Island Transit will notify you within 21 days after receiving a complete application. Island Transit reserves the right to require additional information. Final decisions will be made by Island Transit staff. If the application is denied, the applicant has the right to appeal in writing to the above address.

BASIC INFORMATION

Name						
Date of Birth						
Phone Number	Work					
	Home					
Address						APT #
	City		ST		ZIP	

EMERGENCY CONTACT INFORMATION

Name						
Relationship						
Phone Number	Work					
	Home					
Address						APT#
	City		ST		ZIP	

INFORMATION ABOUT YOUR CURRENT ISLAND TRANSIT USE

Do you currently use Island Transit fixed-route bus service at all?	Yes	No
When was the last time you used the Island Transit fixed-route service?		
Where is the closest bus stop to your residence?		

WEATHER AND ENVIRONMENT CONSIDERATIONS

The following questions deal with how environmental factors impact your ability to use fixed-route or paratransit services.

Does the weather affect your ability to use the fixed- route service?	Always	Sometimes	Never	Don't Know
Explain				
How many steps are there at the entrance of your home?				
Can you get to the Paratransit vehicle without the assistance of another individual?			Yes	No
Please describe the terrain near your residence.				
Are there sidewalks in your neighborhood?			Yes	No

ADDITIONAL INFORMATION

Use this space to tell us anything else you would like us to know about your travel challenges and your ability to use fixed-route service.

Did you require any assistance to complete this form?						
If yes, how did he/she assist you?						
I hereby certify that the above information is correct.						
Signature of Applicant						
Date						
If you are filling out this application for another person, fill-out the following:						
Name						
Relationship						
Phone Number						
Address						
	City		ST		ZIP	

Information Collected for Federal Government Grant Applications

(1)The information requested below is voluntary, (2) the race and ethnic information will not affect an applicant's eligibility or level of benefits, and (3) the reason for the collection of the information is to assure that program benefits are distributed without regard to race, color, or national origin. The individual may self-identify his or her racial/ethnic status on the application. Visual observation by a program representative is used to collect the data when the individual does not self-identify. Applicant may decline to answer the following question which is asked for the purpose of federal grant applications and will not affect the applicant's eligibility for the Island Transit ADA paratransit service. Please check the designation that most accurately reflects your race/ethnicity. You may check more than one or indicate that you do not wish to provide the information:

☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander
☐ Black or African American
☐ White
☐ Asian
☐ Hispanic
☐ I do not wish to provide this information.

FOR OFFICE USE ONLY		**Application #**	
Date Received		**Date Approved**	

ISLAND TRANSIT/DEMAND RESPONSE DIAL-A-RIDE (DART)

PERMISSION FOR RELEASE OF INFORMATION

This gives Island Transit permission to ask your physician or certified healthcare professional for information about your disability.

In order to allow DART Paratransit Service to evaluate your request, it may be necessary to contact a physician or certified healthcare professional to confirm the information that you have provided. Identify the healthcare professional best able to verify your functional ability to use transit services. Identify the physical or other official that would have the appropriate specialization to provide more information about your condition.

The physician or certified healthcare professional listed is familiar with my disability and is authorized to provide information to Island Transit as required to complete this application. Please fill in the section below and have your physician or certified healthcare professional fill in the Application of Certification of Eligibility form.

PLEASE CIRCLE ONE OF THE FOLLOWING		
Rehabilitation Counselor	Social Service Professional	Independent Living Counselor
Occupational Therapist	Physician	Other Healthcare Professional

Professional's Name						
Phone Number						
Address						
	City		ST		ZIP	
Signature of Professional						
Date						

ISLAND TRANSIT/DEMAND RESPONSE DIAL-A-RIDE (DART)

APPLICATION FOR CERTIFICATION OF ELIGIBILITY

Dear Physician or Certified Healthcare Professional:

We are requesting your assistance so that we can determine whether the undersigned applicant is eligible for Island Transit Dial-A-Ride (DART) Paratransit services. DART is a door-to-door service for individuals whose disability prevents them from using the local fixed-route Island Transit bus system because a passenger is:

Unable, without the assistance of another person, to board, ride, or disembark from an accessible local Island Transit bus. This includes people who, due to impairment, are unable to navigate the system.

Prevented from getting to and from the bus stop, based on a disabling condition.

Eligibility is not available on the basis of increased safety or convenience.

Please render judgment whether the applicant, in your professional opinion, can or cannot access an accessible bus due to a disability. We have provided the space below for you to describe in layman terms an applicant's disability and how it prevents use of the fixed route bus system. Detailed information will help Island Transit make a proper eligibility determination.

Thank you,

Island Transit

IMPORTANT: Please sign the application below and provide an additional signature on your professional letterhead or prescription note to help us prevent fraudulent applications. The application cannot be processed without all requested information and both signatures.

Patient/Client Name				
How does the medical condition prevent local fixed-route bus usage?				
Is this disability:	Permanent	Temporary	If temporary, please specify how many months	
Does the applicant use any of the following aids for mobility?				
Manual Wheelchair	Electric Wheelchair	Cane	Guide/Service Dog	Other (please specify)
Crutches	Powered Scooter	Walker	Personal Care Attendant	
Professional's Name		**Phone Number**		
Signature of Applicant		**Date**		