



**DART PROGRAM  
ADA CERTIFICATION ELIGIBILITY APPLICATION**

Dear Customer:

Thank you for inquiring about the Wave Transit ADA Paratransit program. Enclosed is a copy of an application of eligibility. Please read all of the enclosed materials carefully before completing the application.

The Americans with Disabilities Act (ADA) of 1990 requires public transit agencies to provide Paratransit service to people with disabilities who cannot access the public transit system due to their disability. This might include being unable to travel to or from bus stops, being unable to board or exit buses, or being unable to understand how to ride the bus system.

The information obtained from this application will be used by WAVE to assist in determining eligibility for service. Completing this application **does not** guarantee eligibility. The disability must prevent the ability to board, ride, and exit a fixed route bus.

After completing the application, please have a licensed health care or rehabilitation professional familiar with your disability complete and sign the last two pages. **If any sections of this application are left blank, the application will not be processed.** The information provided in this application is confidential.

Please submit the completed application via e-mail, fax, or hard copy:

Wave Transit  
Attn: ADA Certification Program  
P.O. Box 12630  
Wilmington, NC 28405

Email: ptschedule@wavetransit.com  
Fax: 910.772.7942

After reviewing your application, Wave Transit will send written notification of the decision within 21 days of receipt of your completed application. The decision will fall into one of three categories:

- A. Unconditional Eligibility: You are eligible for all services at all times we operate.
- B. Conditional Eligibility: You are eligible for services only when certain conditions are met. These conditions will be specifically outlined for you.
- C. Ineligible: You are not eligible for any services at this time based on the information you submitted. The reason for ineligibility will be specifically outlined for you.

Should your application be found ineligible at that time, you will have the right to appeal the decision, should you disagree with it. A copy of the appeals process is included in all letters notifying individuals of ineligibility.

*PLEASE KEEP THIS PAGE FOR YOUR RECORDS*



----- OFFICE USE ONLY -----	
Date Received: _____	Aide Required? _____
Date of Decision: _____	Name: _____
Date Letter Mailed: _____	Signature: _____

DART APPLICATION

**Applicant Information**

**To be completed by applicant**

**Please print or type clearly**

Title: Mr. Mrs. Miss Ms.

Name \_\_\_\_\_

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

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

Mailing Address (if different): \_\_\_\_\_ Apt# \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Primary Language:  English  Spanish  Other (specify) \_\_\_\_\_

If this application has been completed by someone other than the applicant requesting certification, that person must complete the following:

Name \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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



# Cape Fear Public Transportation Authority

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1. Do you have a disability?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Are you able to get to and from the nearest public transit bus stops near your home and the places you plan to visit?  Yes  No  Sometimes

If No or Sometimes, please explain the reason(s): \_\_\_\_\_  
\_\_\_\_\_

3. Are you able to get on or off the public transit bus if you were already at the bus stop?  Yes  No  Sometimes

If No or Sometimes, please explain the reason(s): \_\_\_\_\_  
\_\_\_\_\_

4. Are you able to transfer from one public transit bus to another at a public transit bus terminal?  Yes  No  Sometimes

If No or Sometimes, please explain the reason(s): \_\_\_\_\_  
\_\_\_\_\_

5. Are you able to understand how to identify which public transit bus to board, and when to get off, if given that information through signs, brochures, customer service agents, audible announcements, etc.?

Yes  No  Sometimes; only the information is in a specific form

If No or Sometimes, please explain the reason(s). If you are able to, but need the information in a specific form, please specify that form: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you use any mobility aids? (Check all that apply)

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> I do not use mobility aids | <input type="checkbox"/> Crutches             | <input type="checkbox"/> Leg Braces  |
| <input type="checkbox"/> Manual Wheelchair          | <input type="checkbox"/> Service Animal       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electric Wheelchair        | <input type="checkbox"/> Prosthesis           |                                      |
| <input type="checkbox"/> Walker                     | <input type="checkbox"/> Cane                 |                                      |
| <input type="checkbox"/> Power Scooter (3-wheeled)  | <input type="checkbox"/> Portable Oxygen Tank |                                      |

7. If you use a wheelchair or scooter, how wide is it? \_\_\_\_\_ inches.

How heavy is it when occupied? \_\_\_\_\_ pounds.

8. How many city blocks can you travel with your usual mobility aid and/or with the help of another person?  
\_\_\_\_\_



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9. How do you currently travel to your frequent destinations?

(Check all that apply)

Buses

I already use this program; am reapplying

Taxi

Drive myself

Other \_\_\_\_\_

10. Which of the following best describes you if you had to wait outside for a ride? (Check only one response)

I could wait by myself for ten to fifteen minutes

I could wait by myself for ten to fifteen minutes only if I had a seat and shelter

I need someone to wait with me because:

\_\_\_\_\_

11. Do you travel with the assistance of another person?

Always

Sometimes

Never

If "Always" or "Sometimes", please explain the type of assistance this person provides

\_\_\_\_\_

\_\_\_\_\_

12. Which of the following statements best describes you? (Check only one response):

I have never used regular public transit

I have used regular public transit but not since the onset of my disability

I have used regular public transit within the last six months and can continue to use it.

I have used regular public transit within the last six months, but can no longer use it due to a change in my disability or circumstances.

13. If you live more than three fourths (¾) of one mile from a Wave Transit fixed route bus stop, are you willing to travel to a location within three fourths (¾) of one mile to access Wave Transit Paratransit (DART) service?

Yes

No

**Emergency Contacts:** Please list the names of two people; these people may include support professionals, agencies or others familiar with your disability.

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

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



**Release of Information**

I, the applicant, understand that the purpose of this application is to determine my eligibility to use Wave Transit DART services. I also agree to release the information requested to Wave Transit and any eligibility review panel, and understand that the information contained herein will be treated confidentially. I understand further that Wave Transit reserves the right to request additional information at its discretion. I agree to notify Wave Transit of any changes in the status of my disability that affect my ability to use DART services. I also understand that this may affect my eligibility as a rider.

**I hereby certify that I am the individual requesting certification for the Wave Transit DART service and that the above information is correct and true:**

Printed Name of Applicant: \_\_\_\_\_

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

Signature of Parent or Legal Guardian (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Preparer: _____  If preparer represents an agency, please print the agency name here:  _____ Phone: _____
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**The following should be completed by a registered health care professional familiar with the applicant's disability**

**PLEASE PRINT OR TYPE CLEARLY**

The purpose of this application is not to determine if the patient has a disability, but to determine if the patient is able to use the public transit bus system. Please answer the following questions with this in mind.

1. Which disability or health related condition prevents the patient from using public transit buses?

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2. What specific activities involved in riding a public transit bus are prevented due to the disability?

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3. If the disability only prevents the patient from using public transit buses at some times, but not others, please explain: \_\_\_\_\_

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4. Are the conditions described:  Permanent  Temporary  
If temporary, what is the expected duration? \_\_\_\_\_ (specify date)

5. Would the applicant be able to maintain balance and tolerate movement of a public transit bus when seated?  Yes  No  Sometimes

If No or Sometimes, please explain: \_\_\_\_\_

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6. Is the applicant able to travel on flat surfaces in good weather?

Yes  No  Sometimes

If No or Sometimes, please explain: \_\_\_\_\_

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7. Is the applicant able to travel on slight inclines in good weather?

Yes  No  Sometimes If No or Sometimes, please explain: \_\_\_\_\_

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8. Can the applicant safely and independently walk up and down three 12 inch steps?  
 Yes  No  Sometimes, If No or Sometimes please explain: \_\_\_\_\_

\_\_\_\_\_

9. Is the applicant able to grasp handles, railings, coins, and tickets while boarding or exiting a transit vehicle?  
 Yes  No  Sometimes, If No or Sometimes, please explain: \_\_\_\_\_

\_\_\_\_\_

10. Is the applicant be able to board or exit a public transit bus if the vehicle has a lift, a ramp, or a kneeler that lowers the front of the bus?  Yes  No  Sometimes, If No or Sometimes, please explain: \_\_\_\_\_

\_\_\_\_\_

11. If the applicant has a mental impairment or cognitive disability, can he or she:

Give addresses and telephone numbers?	Yes	No
Recognize a destination or landmark?	Yes	No
Deal with unexpected situations or changes in routine?	Yes	No
Ask for, understand and follow directions?	Yes	No
Safely and effectively travel through crowded facilities?	Yes	No

12. Please provide any additional information that may help Wave Transit determine the applicant's ability to ride the public bus system. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, the previous information is correct, based upon my examination of the applicant and/or my review of official files.

Name and Title (please print) \_\_\_\_\_

Area of Specialization: \_\_\_\_\_

Professional License# \_\_\_\_\_ Issued by \_\_\_\_\_

Office Address \_\_\_\_\_

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

Office Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

*Thank you for your assistance.*