



DART APPLICATION ADA CERTIFICATION ELIGIBILITY APPLICATION

The Americans with Disabilities Act (ADA) of 1990 requires public transit agencies to provide Paratransit service to people who could not otherwise access the public transit system due to their disability. Wave Transit's Paratransit service is called DART, which stands for Dial-A-Ride Transportation.

To be eligible for DART service, the applicant's disability must prevent them from safely traveling to or from bus stops, boarding or exiting buses, or understanding how to navigate the system. Wave Transit certifies eligibility for service through this application. Applications are processed within 21 days of receipt. If processing takes longer than 21 days, the applicant is assumed eligible until processing is complete.

The applicant must complete the first four pages of the application. The last two pages must be completed and signed by a registered healthcare or rehabilitation professional familiar with the applicant's disability. If any sections of this application are left blank, the application will not be processed. Applications completed incorrectly may be denied service.

The information obtained from this application will be used by Wave Transit to determine eligibility for service. Completing this application does not guarantee eligibility. Information provided in this application is confidential.

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

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

Email: ptschedule@wavetransit.com
Fax: (910) 772 - 7942

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

Unconditional Eligibility: Eligible for all services at all times we operate.

Conditional Eligibility: Eligible for services only when certain conditions are met.

Ineligible: Not eligible for services at this time based on the information submitted.

Applicants have the right to appeal 'ineligible' determinations or denials. Intent to appeal must be communicated to Wave Transit within 60 days of the determination. A copy of the appeals process is included with written notification of ineligibility.

Please contact Wave Transit with questions about the application or program at the addresses above or by calling (910) 202 – 2053.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

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----- OFFICE USE ONLY -----

Date Received: _____	Aid Required? _____
Date of Decision: _____	Name: _____
Date Letter Mailed: _____	Signature: _____

To be completed by applicant - Please type or print clearly

Title: _____ Name _____ Date of Birth: ___ / ___ / ___

Home Address: _____ Apt # _____

City: _____ State: _____ Zip: _____ Email: _____

Mailing Address (if different): _____ Apt # _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Primary Language (Circle): 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: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

To be completed by applicant - Please type or print clearly

1. Do you have a disability? Yes No

If yes, please explain: _____

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

If No or Sometimes, please explain: _____

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: _____

4. Are you able to transfer from one public transit bus to another at a bus terminal?

Yes No Sometimes

If No or Sometimes, please explain: _____

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

Yes No Sometimes

If No or Sometimes, please explain: _____

If you need the information is 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"/> Walker | <input type="checkbox"/> Portable Oxygen Tank |
| <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Power Scooter (3-wheeled) | <input type="checkbox"/> Cane | <input type="checkbox"/> Other: _____ |

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

8. How heavy is it when occupied? _____ pounds

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

10. How do you currently travel to your frequent destinations? (Check all that apply)

- Buses Taxi Drive myself
 I already use this program; I am reapplying Other _____

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

- 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 _____

12. Do you travel with the assistance of another person? Yes Sometimes Always
If "Always" or "Sometimes", please explain the type of assistance this person provides:

13. Which of the following statements best describes you? (Check only one)

- I have previously used ADA Paratransit, DART, or similar public transit services
- I have never used public transit, including ADA Paratransit, DART, or similar services
- I have used fixed-route public transit not since the onset of my disability
- I have used fixed-route public transit within the last six months and can continue to use it.
- I have used fixed-route public transit within the last six months, but can no longer use it due to a change in my circumstances

14. The DART service area includes the fixed-route bus service area, plus locations within three fourths ($\frac{3}{4}$) of one mile from a Wave Transit bus route. If you live outside of the DART service area, are you willing to travel to a location within three fourths ($\frac{3}{4}$) of one mile to access Wave Transit DART service - e.g., *take microtransit, have someone drive you into the system, etc.*?

- Yes No

Emergency Contacts: Please list the names of two people; these people may include support professionals, agencies, or others familiar with your disability. By listing them as an emergency contact, you are permitting Wave Transit to share any necessary information with them during an emergency.

Name: _____ Cell # _____ Home/Work # _____

Address: _____

Relationship: _____

Name: _____ Cell # _____ Home/Work # _____

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 agree to release the information requested to Wave Transit and any eligibility review panels 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 customer.

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

Printed Name of Applicant: _____

Signature: _____ Date: _____

Signature of Parent or Legal Guardian (if applicable): _____

Date: _____

Printed Name of Preparer: _____ Phone: _____

If preparer represents an agency, print the agency name here: _____



DART APPLICATION
ADA CERTIFICATION ELIGIBILITY APPLICATION

This page to be completed by registered healthcare professional

The registered professional completing this should be familiar with the applicant's disability. 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 fixed-route bus system or public transit service other than Paratransit/DART. Please answer the following questions with this in mind.

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

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

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

3. Are the conditions described Permanent Temporary

If temporary, what is the expected duration (specify date) _____

4. 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: _____

5. Is the applicant able to travel on flat surfaces in good weather? Yes No Sometimes

If No or Sometimes, please explain: _____

6. Is the applicant able to travel on slight inclines in good weather? Yes No Sometimes

If No or Sometimes, please explain _____

7. Can the applicant safely and independently walk up and down three 12-inch steps?

Yes No Sometimes If No or Sometimes please explain: _____

8. 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: _____

9. Is the applicant 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: _____

10. If the applicant has a mental impairment or cognitive disability, can they:

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

11. Please provide any additional information that may help Wave Transit determine the applicant's ability to ride the public transit system: _____

REGISTERED HEALTHCARE PROFESSIONAL CERTIFICATION

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 _____ Issued by _____

Professional License# _____

Office Address _____ State _____ Zip _____

City _____

Office Telephone _____

Signature: _____

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Wave Transit - Attn: ADA Certification Program
P.O. Box 12630 Wilmington, NC 28405
Email: ptschedule@wavetransit.com
Fax: (910) 772 - 7942

Thank you for your assistance