

SweetHART Dial-A-Ride Application

For persons with disabilities

Thank you for your interest in SweetHART service for persons with disabilities. Registered passengers can call in advance to schedule door-to-door transportation on wheelchair accessible vehicles.

Qualification:

SweetHART dial-a-ride is available for persons age 65 or older or with a disability that limits mobility

Fare:

\$1.00 One-Way **\$9.00** 10-Ride Punch Pass

Eligible riders may ride for half fare on the HARTransit CityBus service. Riders will be issued a SweetHART ID card that provides proof of eligibility for the half fare program.

Service Hours:

Service hours and availability vary by town.

Service Area:

Dial-a-ride is available in Bethel, Brookfield, Danbury, New Fairfield, Newtown and Ridgefield.

Availability:

Schedule priority is given to those who make reservations first and as availability allows

Reservations:

Medical appointments may be scheduled up to two weeks in advance, and trips for all other purposes up to one week in advance. Calls are accepted until 4:00pm the day before.

Please note that persons with more significant mobility impairments may also be eligible for SweetHART ADA Paratransit; for details and application requirements contact the HARTransit office.

203-744-4070 www.HARTransit.com

Persons with mobility related disabilities or impairments regardless of age may qualify for SweetHART dial-a-ride services. HARTransit requires the name and contact information of a professional such as a doctor or case worker familiar with your disability for verification.

| A. Personal Information | | | | | | | |
|--|--------|-------------|----------------|------|---|--|--|
| Last Name: Fir | | First N | rst Name: | | | | |
| Male | Female | | Date of Birth: | / | / | | |
| B. Current Resider | nce | | | | | | |
| Street Address: | | | | | | | |
| Apartment #: | City: | | | Zip: | | | |
| Mailing Address (if different from above): | | | | | | | |
| Apartment #: | City: | | | Zip: | | | |
| C. Contact Information | | | | | | | |
| Daytime Phone: | | TDI TTY | | | | | |
| Evening Phone: | | Cell Pho | l one: | | | | |
| Primary language spoken: | | | | | | | |
| D. Emergency Contact Information | | | | | | | |
| Emergency contact person: | | | | | | | |
| Relationship: | | Day Pho | vtime one: | | | | |
| Evening Phone: | | Cell Pho | l one: | | | | |
| E. Information format | | | | | | | |
| Do you need information in an accessible format? Yes No If yes how?: | | | | | | | |
| Large Print | | Bra | ille | | | | |
| Auto Recording | | Oth | er 🗌 | | | | |

| F. Conditions or Disabilities | | | | | | |
|---|--|--|--|--|--|--|
| Have you ever used dial-a-ride or paratransit bus service? Yes No | | | | | | |
| | | | | | | |
| Please list the condition(s) or disability(ies) that impacts your ability to travel: | | | | | | |
| | | | | | | |
| How does your condition(s) affect your ability to travel?: | | | | | | |
| | | | | | | |
| Is this condition or are these conditions: Permanent D Temporary I If your impairment is temporary, please estimate how long you anticipate it will last: | | | | | | |
| Please indicate if you use any of the following mobility aids: Service animal | | | | | | |
| Wheelchair Walker Cane Scooter Other | | | | | | |
| Will you be traveling with a personal care attendant? Yes \Box No \Box | | | | | | |

Please identify a physician or professional who is familiar with your disability, and provide their contact information below. This person may be contacted during the application process to help determine your eligibility for SweetHART dial-a-ride bus service.

| Physician | Health Care Professional | | | Rehabilitation Professional | | | |
|-------------------------------------|-----------------------------|------------------|------|--------------------------------|--|--|--|
| Professional's Name: | | | | | | | |
| Agency: | | | | | | | |
| Office Address: | | | | | | | |
| City: | State: | | | Zip: | | | |
| Office Phone #: | i | Office Fax #: | | | | | |
| Applicant's Name: | | C | Date | of Birth: / / | | | |
| Signature of applicant or guardian: | | | | | | | |

Please read and sign the statement below:

I understand that the purpose of this application is to determine my eligibility for SweetHART dial-a-ride transportation based on disability or mobility impairment. I certify that to the best of my knowledge, the information in this application is true and correct. I understand that providing false or misleading information may result in a reevaluation of my eligibility.