



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.

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:		First Name:	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: / /	

B. Current Residence

Street Address:		
Apartment #:	City:	Zip:
Mailing Address (if different from above):		
Apartment #:	City:	Zip:

C. Contact Information

Daytime Phone:	TDD/TTY:
Evening Phone:	Cell Phone:
Primary language spoken:	

D. Emergency Contact Information

Emergency contact person:	
Relationship:	Daytime Phone:
Evening Phone:	Cell Phone:

E. Information format

Do you need information in an accessible format? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes how?:	
Large Print <input type="checkbox"/>	Braille <input type="checkbox"/>
Auto Recording <input type="checkbox"/>	Other <input type="checkbox"/> _____

F. Conditions or Disabilities

Have you ever used dial-a-ride or paratransit bus service? Yes No

If yes, please describe: _____

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 Temporary

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 No

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.

<input type="checkbox"/> Physician	<input type="checkbox"/> Health Care Professional	<input type="checkbox"/> Rehabilitation Professional
Professional's Name:		
Agency:		
Office Address:		
City:	State:	Zip:
Office Phone #:	Office Fax #:	
Applicant's Name:	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.

Signature of Applicant or Guardian

Date