

DISABLED INDIVIDUALS PROGRAM

Must be a resident of one of the McKinney Urban Transit District (MUTD) service-area cities and meet disability qualifications. (Please print clearly)

A service provided by DART Mobility Service

First name	Middle initial	Last name	
Primary phone number		Secondary phone number	
Email address			
Address			Apt #
City		State	ZIP Code
Date of birth (MM/DD/YYYY)	iender] Female 🗌 Male	Preferred method of communication	
Emergency contact			
First name			Phone number
Last name			Relationship
Attach your proof of residency:		Attach your qualifying document:	
To be eligible for this program, you	must be a resident of	To be eligible as a Person with Disability, you must attach	

one of the following: McKinney, Lowry Crossing, Princeton, Melissa, Celina or Prosper. Proof of residency is required to register. Potential documents include:

- · State-issued photo ID
- Recent utility bill (water, electric, telephone, etc.) with address
- · Rental agreement or letter of residency, along with a picture ID

one of the following:

- · Doctor's note/medical certificate stating the disability
- Social Security Disability Income (SSDI) letter
- Veteran's Affair (VA) Award letter
- Medicare ID card
- Other state/federal agency certifications to one or more disabilities
- **NOTE**: Handicap placards are not an acceptable form of documentation

I understand that the information provided will be used to determine my eligibility for the Collin County Transit services to be provided by DART LGC on behalf of my city. (For assistance with this form or to determine eligibility, call 214-749-2844 or email CollinCountyTransit@DART.org.)

I confirm that the information on this application is true
and accurate to the best of my knowledge. I authorize
a representative of DART LGC to contact the persons

and authorities listed in this application to verify the information in determining my eligibility. I agree to receive communication from DART LGC by phone call or email about Collin County Transit service eligibility. (We respect your privacy. View DART's Privacy Policy at DART.org/about/privacypolicy.asp.)

I accept the Terms and Conditions and verify that I am over 18.

Signature:

Today's date: ____

PLEASE FILL OUT ADDITIONAL INFORMATION ON THE REVERSE SIDE →

The additional information section will not affect eligibility for services.



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ADDITIONAL INFORMATION

The remaining questions are for informational purposes only and do not affect eligibility for services.

Ethnicity:

- O Black or African American
- O Asian
- O White
- O Hispanic or Latino
- O American Indian or Alaska Native
- O Native Hawaiian or Pacific Islander
- O Other (please specify):

How do you plan to use this service? (Check all that apply)

- O Shopping
- O Medical
- O Social
- O Connect to DART
- O Work
- O Other (please specify):

Do you use a mobility aid?

- O No
- O Yes
- O Sometimes

If yes/sometimes, please specify which type of mobility aid is used:

- O Walker
- O Wheelchair
- O Scooter
- O Other (please specify):

How do you travel now?



FOR MORE INFORMATION, PLEASE CALL COLLIN COUNTY TRANSIT CUSTOMER CARE AT 214-749-2844.

Mail this form with the documentation to:

MUTD - Disability Registration Attn: Service Planning Collin County Transit PO Box 660163 Dallas, TX 75266-7248