



D2D Registration

D2D provides trips that have the rider's origin or destination outside of $\frac{3}{4}$ of a mile of SARTA's fixed routes for people that do not qualify for either Proline service.

SARTA only provides transportation services.

To register for D2D Service, complete the following registration form.

SARTA notifies registrants no later than 14 days after SARTA has received the completed form.

Every question must be answered completely for SARTA to process your registration form. If all questions are not answered your registration form will be returned.

Submit registration form by mail, in person at one of SARTA's transit centers or by fax to 330-454-5476.

Stark Area Regional Transit Authority Proline Services
1600 Gateway Blvd., SE
Canton, OH 44707

SARTA's D2D Service is not:

1. A social service-sponsored transportation program.
2. For group trips.
3. A door-to-door service that uses residential driveways. Drivers do not go beyond the curb but may escort passengers to and from outer doors of a building, upon request. If residential driveway use is requested, a reasonable modification must be approved

If you have any questions or need assistance completing this form, please call:

Call: 330.455.2292
Option # 3

Toll Free: 1.800.379.3661

TTY Ohio Relay Service:
1.800.750.0750



SARTA'S D2D Registration Form

PERSONAL INFORMATION			
FIRST NAME	MI	LAST NAME	DOB (MM/DD/YYYY)
HOME PHONE		CELL PHONE	NOTIFICATION <input type="checkbox"/> HOME <input type="checkbox"/> CELL
EMAIL ADDRESS	U.S. ARMED FORCES VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO		EXISTING D2D CLIENT ID NUMBER

HOME ADDRESS		
STREET ADDRESS (INCLUDE APT NAME & NUMBER/LOT NUMBER)	CITY	ZIP

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
STREET ADDRESS	CITY	ZIP

EMERGENCY CONTACT	
FIRST AND LAST NAME	PHONE

APPLICANT'S RELEASE		
I understand the purpose of this registration form is to register for SARTA's D2D Service and will be kept confidential and shared only with professionals involved in evaluating my eligibility. I understand that providing false or misleading information could result in my eligibility status being revoked.		
SIGNATURE	DATE (MM/DD/YYYY)	
If applicant is unable to sign this form, he/she may have someone sign on his/her behalf.		
SIGNATURE	RELATIONSHIP	DATE (MM/DD/YYYY)



MOBILITY DEVICE

All mobility aids shall be transported unless the lift and the vehicle cannot accommodate the mobility device or there is a legitimate safety requirement that cannot be met if transported. Legitimate safety requirements include such circumstances as a wheelchair of such size that would block an aisle, or be too large to fully enter the bus, or would interfere with the safe evacuation of passengers in an emergency.

1. Please indicate any mobility aid devices you use when traveling. Please check all that apply.

- Support cane
 - Walker
 - Oxygen tank
 - Long white cane
 - Oversized walker
 - Hearing device
 - Crutches
 - Powered wheelchair
 - Other (please specify)
 - Service animal
 - Manual wheelchair
-

2. If you use a wheelchair or scooter, is the combined weight of you and the device over 800 pounds? (Paratransit vehicles may not be able to accommodate mobility aids exceeding 800 pounds when occupied.)

- YES Total weight: _____
 - NO
-

3. If you use a wheelchair or scooter, does your residence have a ramp for the device?

- YES
- NO How many steps: _____

How do you transport your device to street level?

4. Are you able to maneuver your device on and off ramp? YES NO

SARTA!  D2D