



**ADA
Paratransit
Application**



Metro Ride paratransit service is “origin-to-destination” public transportation for people who are unable to ride a fixed route bus because of a physical or mental disability. This service is intended only for those trips that the person cannot make on the bus system. Completing this application form will help us to determine when and under what circumstances the applicant can use Metro Ride fixed-route bus service and when Metro Ride paratransit service is required. Before completing this application form, please read the enclosed letter which describes eligibility for ADA paratransit service in more detail.

INSTRUCTIONS FOR COMPLETING THIS FORM:

The applicant (or someone assisting them) must complete Parts 1-6. A licensed physician must complete and sign the Medical Verification page.

All questions must be answered. Incomplete forms will be returned.

If you need assistance in completing the form, or have any questions about ADA service and eligibility, please feel free to contact our office at:

(715) 842-9287 Voice
(715) 843-6827 TDD

WHEN COMPLETED, PLEASE RETURN THE ENTIRE FORM TO:

Metro Ride Paratransit
420 Plumer Street
Wausau, WI 54403
FAX: (715) 842-1541

NOTE: THIS FORM REQUIRES ADDITIONAL POSTAGE IF MAILED

Dear Applicant:

There are two ADA Paratransit Eligibility Standards:

1. Your disability **prevents** you from navigating the system (i.e. getting on, riding, or getting off the bus) without the assistance of another individual. Please note that all Metro Ride buses are equipped with lifts or ramps for the disabled.
2. Your disability **prevents** you from traveling to or from a bus stop location.

After reviewing the above, if you feel that your disability may fit into one of the standards, please continue with this application form. If you do not meet the criteria defined herein, please contact Metro Ride at (715) 842-9287 for information on fixed route bus service.

There are two types of ADA Paratransit eligibility:

1. Unconditional - this eligibility is granted if your disability prevents you from using Metro Ride bus service for any trips that you might need to make.
2. Conditional - this eligibility is granted if you can use fixed-route bus service some of the time, but need paratransit service under certain circumstances.

The information you provide about your disability will be kept strictly confidential. Metro Ride staff will review your application and determine your eligibility. It is extremely important that your application be filled out completely. Any incomplete applications will be returned. Properly completed applications will be processed within 21 days of receipt. If you have not heard from us in 21 days, please call and we will provide you with van service until your application is processed. Please note that in some instances, we may not be able to determine your eligibility without further information. The submission of this application does not guarantee eligibility. Applicants will be notified in writing of the approval or denial of eligibility, and in the case of denial, the reason(s) for such. In the event that eligibility is denied, a description of the appeals process will be included with the written determination. If we determine that you are eligible for ADA service (either unconditionally or conditionally), a Metro Ride Paratransit Guide will be sent to you, along with your Metro Ride identification card.

PART 1. GENERAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

(apt. #)
Telephone #: _____ Date of Birth: _____

(month/date/year)

If someone assisted you in completing this form, please identify them below:

Name: _____ Phone #: _____

Do you need to have information and material given to you in any of the following ways (check all that you need)?

Large Print Audio Tape Other: _____

Please provide a name, address and telephone number of someone who resides locally that can be contacted regarding your transportation needs or in the case of an emergency.

Name: _____ Address _____

Phone #: _____ Relationship: _____

PART 2. APPLICANT'S CERTIFICATION

Please indicate below the reasons why you are seeking ADA paratransit eligibility (check all that apply):

- I can use Metro Ride bus service to go some places, but in other places I cannot get to or from the bus stops.
- I can use Metro Ride bus service sometimes, but only if they are equipped with wheelchair-lifts.
- Because of my disability, I can never use the Metro Ride bus service.

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the bus service provided by Metro Ride and must therefore use paratransit service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-examined as well as other actions by Metro Ride.

Applicant's signature: _____ Date: _____

PART 3. INFORMATION ABOUT THE APPLICANT'S DISABILITY

1. What type or types of disabilities prevent you from using the METRO RIDE bus service (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Visual impairment/blindness |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Other | <input type="checkbox"/> None |

Please describe your disability in more detail: _____

2. Is the disability described above temporary or permanent?

- Temporary, I expect it to last for another _____ months.
 Permanent
 I don't know

3. Please indicate below if you use any of the following mobility aids or equipment:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Long white cane | <input type="checkbox"/> Leg braces |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker | <input type="checkbox"/> Picture board |
| <input type="checkbox"/> Alphabet board | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Electric wheelchair |
| <input type="checkbox"/> Powered scooter/cart | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Service animal (describe) _____ | | |
| <input type="checkbox"/> I don't use any of the above aids or equipment | | |

Note: METRO RIDE will accommodate wheelchairs, scooters and other mobility devices so long as they fit into the vehicle and are not too heavy for our lift equipment. Mobility devices that are larger than can be accommodated may be denied service aboard METRO RIDE vehicles. METRO RIDE does not provide any mobility aids or equipment.

4. Do you require the assistance of a (PCA) Personal Care Attendant (someone who assists you with daily life functions)? METRO RIDE does not provide PCA's.

YES, I need assistance when I travel with:

- | | | | |
|-------------------------------------|--------------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Reading | <input type="checkbox"/> Eating | <input type="checkbox"/> Transfers |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Other _____ | | |

SOMETIMES (explain) _____

NO, I do not need assistance when I travel.

PART 4. QUESTIONS ABOUT USING METRO RIDE BUS SERVICE

5. Have you ever used the Metro Ride bus service?

- YES, I typically use the METRO RIDE bus service _____ times per week
- YES, I have in the past, but stopped because _____
- NO, I have never used the METRO RIDE bus service

6. Is there something that might help you to ride the bus (check all that apply)?

- YES, route and schedule information
- YES, being able to get buses with lifts
- YES, if bus stops were closer to where I live and where I go
- YES, (describe): _____
- NO, none of these would help
- YES, learning to use the buses
- YES, a communication aid

7. Can you ask for and follow written or oral instructions to use the METRO RIDE buses?

- YES
- NO → → → → → → → →
- SOMETIMES → → → → →
- I don't know because I have never tried to use the buses

If NO or SOMETIMES, please check all that apply

- I get too confused and might get lost
- Other people cannot understand me
- I probably could with instruction
- Other: _____

8. Are you able to get to and from bus stops on your own?

- YES
- NO → → → → →
- SOMETIMES → → → →
- I don't know because I have never tried to use the buses

If NO or SOMETIMES, please check all that apply

- I can't get places if there are no curb-cuts
- I can't if the street or sidewalk is too steep
- I cannot cross busy streets and intersections
- I cannot travel outside when it is too hot
- I can't find my way at night because of a vision problem
- I get confused and cannot find my way
- I can't during the winter months because of the snow and ice
- I probably could with instruction
- I feel unsafe traveling alone
- Other: _____

9. Using a mobility aid or on your own, how far can you travel?

- I cannot travel outside my house/apartment
- I can get to the curb in front of my house/apartment
- I can travel up to 2 blocks (1/6 mile)
- I can travel up to 3 blocks (1/4 mile)
- I can travel up to 6 blocks (1/2 mile)

10. Can you wait up to 30 minutes for a METRO RIDE bus at a bus stop?

- YES
 - YES, but only if the stop has a bench and shelter
 - YES, but I don't like to wait that long
 - NO (explain): _____
-

11. Can you get on and off a METRO RIDE bus? (Note that all of the METRO RIDE buses have wheelchair lifts or ramps and a "kneeler" which lowers the height of the steps. Passengers who find the steps to be too high may enter and exit the bus by standing on the lift (if so equipped).

- YES
- NO → → → → →
- SOMETIMES → → →
- I don't know because I have never tried

<p>If NO or SOMETIMES, please check all that apply</p> <ul style="list-style-type: none"><input type="checkbox"/> Only if the bus has a wheelchair lift<input type="checkbox"/> I cannot climb the stairs<input type="checkbox"/> I don't want to use the lift<input type="checkbox"/> I probably could with instruction<input type="checkbox"/> Other: _____
--

12. If you are able to get on and off METRO RIDE buses, can you get to a seat or wheelchair securement location by yourself and ride the bus?

- YES
- NO → → → →
- SOMETIMES → → →
- I don't know because I have never tried

<p>If NO or SOMETIMES, please check all that apply</p> <ul style="list-style-type: none"><input type="checkbox"/> I need someone to help me<input type="checkbox"/> I have a balance problem<input type="checkbox"/> I have trouble finding a seat<input type="checkbox"/> I need the seat nearest the door<input type="checkbox"/> Other: _____

13. If you are able to get on and off METRO RIDE buses, do you know where to get off the bus or can you find out by yourself?

- YES
- NO → → → → → → →
- SOMETIMES → →
- I don't know because I have never tried

If NO or SOMETIMES, please check all that apply

- I get confused and can't remember where I am going
- I can if the driver calls out the stops
- I probably could with training
- other: _____

14. Are there any other conditions which limit your ability to use the METRO RIDE buses?

YES (Please describe them below):

NO

PART 5. CURRENT TRAVEL INFORMATION

15. Please list the three trips that you will make most frequently using the METRO RIDE program.

SAMPLE	<u>From (Place and Address)</u>	<u>To (Place and Address)</u>
(1)	<u>Home 123 Main Street</u>	<u>Clinic 2727 Plaza Drive</u>

From: (Place and Address)

To: (Place and Address)

(1) _____

(2) _____

(3) _____

PART 6. RELEASE OF INFORMATION

I hereby authorize _____
(Insert licensed physician name)

to release information necessary to complete this application.

(Signature of Applicant or parent/guardian if appropriate)

(Date)

(Printed Name of Applicant or parent/guardian if appropriate)

(Signature of Preparer if appropriate)

(Date)

(Printed name of Preparer if appropriate)

THIS ENDS THE PORTION OF THE FORM TO BE COMPLETED BY THE APPLICANT. THE LAST SECTION (ON THE FOLLOWING PAGE) MUST BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN.

MEDICAL VERIFICATION (to be completed by a licensed physician)

Metro Ride paratransit service is origin-to-destination public transportation for people who are unable to ride a fixed-route bus because of a physical or mental disability. The applicant who has asked you to review and sign this form is applying to Metro Ride to be considered eligible for this service. ADA paratransit service is intended only for those trips that the person cannot make on the bus system. Please note that all Metro Ride buses are equipped with lifts or ramps for the disabled.

This application form is intended to determine *when and under what circumstances the applicant can use Metro Ride buses and when they require paratransit service.*

Please carefully review the information provided by the applicant in Parts 2-4 of this form, and then answer the questions below.

(a) Please describe the physical and/or cognitive condition which functionally prevents the applicant from using standard Metro Ride bus service:

(b) To the best of your knowledge, is the information provided by the applicant in Parts 2-4 of this application form true and correct?

YES NO (note exceptions or additions below)

Print Physician Name and Title: _____

Physician Signature: _____ Date: _____

State of Wisconsin Medical License #: _____

Business Name _____

Street Address: _____

City/State: _____ Zip Code: _____

Telephone Number: () _____