

## **METRO TRANSIT SYSTEM PARATRANSIT SERVICE APPLICATION FORM**

The **A**mericans with **D**isabilities **A**ct (ADA) of 1990 requires public transit agencies to provide paratransit service to persons with disabilities who cannot access the public transit system due to their disability. Paratransit service complements the same area and hours of the city bus system.

Briefly, and relating to transit, the ADA identifies disabilities in **3 categories**:

1. Any individual with a disability who is unable to ride on an accessible bus independently due to mental impairment including developmental disabilities.
2. Any individual with a disability who can only ride a city bus if it is accessible such as with a lift or ramp.
3. Any individual with a disability who cannot travel to or from a city bus stop.

The specific language used by the ADA is included at the end of this application under **"ADA Categories, Eligibility Standards, & Reciprocity."**

- All Metro Buses are Wheelchair accessible.
- If you have a disability that prevents you from using the city bus, please complete this application.
- Also, describe conditions that cause better or worse days for using the city bus.
- Metro Transit personnel will review it to determine eligibility for the service.
- Staff may consult the appropriate professional regarding your eligibility at any stage of the determination process if it is deemed necessary.
- If you don't fill out the application completely, including explanations, Metro will return the application to you without processing it.
- Metro will make an eligibility determination within 21 days of receipt of a **completed** application.
- If you submit an application, you are not guaranteed eligibility.
- Metro's eligibility determinations will be made in writing, and will inform the you of the acceptance or denial of eligibility, and in case of a denial, the reason(s) for such.
- In the event Metro makes eligibility conditional or is denied, a full description of the appeals process shall be included with the written determination.

**If you do not meet the criteria defined herein**, please contact the Metro Transit Customer Service Center at 266-4466 (TTY/Textnet: 866-704-2316) for information on the city bus system. If you would like a copy of the eligibility criteria as defined in the Federal Register, please contact Metro Customer Service at 266-4466 (TTY/Textnet: 866-704-2316).



**Please Type or Print Clearly. Incomplete Applications Will Be Returned.**

**Applicant Information:**


**Title (circle one):** Mr. Ms. Dr.                      Medicaid Number: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Residence (if appropriate): \_\_\_\_\_

Phone Numbers/Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: [ ]M [ ]F

Primary Language: [ ]English [ ]Spanish [ ]Sign [ ]Other: \_\_\_\_\_

Accessible Formats: [ ]Standard Print [ ]Large Print [ ]Braille [ ]Audio  
[ ]Other \_\_\_\_\_

Affiliated Pass Programs: [ ] None [ ] UW Student\* [ ] UW Hospital\*  
[ ] St. Mary's Hospital\* [ ] MATC\* [ ] Edgewood College\* [ ] UW Faculty/Staff\*

**\*Attach photocopy of current ID and/or school bus pass.**

**Mailing Address:** where any written information/notification concerning Metro Paratransit should be sent (only **one** address for mailing purposes please):

[ ] Same as applicant Address, **or**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person's Name (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Agency: \_\_\_\_\_

**In case of an emergency,** list the names of two people, which may include family, support professionals, agencies or others familiar with your disability, that Metro can contact:

Name: \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship \_\_\_\_\_



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c. Is your breathing affected by weather or environmental conditions?  
 No  Yes  Sometimes  
**If Yes or Sometimes, explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Do you have a visual or hearing impairment?  No  Yes  Sometimes  
**If Yes or Sometimes, which one and explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Do you have a cognitive or developmental disability?  No  Yes  
**If Yes, explain abilities and limits:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the severity of your disability change after medical treatment?  
 No  Yes  Sometimes **If you chose Yes or Sometimes, explain why:**  
\_\_\_\_\_  
\_\_\_\_\_

6. Are there any other comments or situations relating to your disability that you want Metro to know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Boarding and Alighting the Bus:**

1. How do you currently travel to your most frequent destinations?(Check all that apply)  
 Public Buses  Someone drives me  Drive myself  Taxi  
 Paratransit  School Bus  Other: \_\_\_\_\_

2. Have you ever ridden on the bus in Madison on you own?  Yes  No

3. When was the last time you rode the city bus in Madison? \_\_\_\_\_  
Before or after you were disabled?  Before  After

**Please Type or Print Clearly. Incomplete Applications Will Be Returned.**

4. Are you able to get on and off the city bus without assistance?

Yes  No  Sometimes

**If No or Sometimes, Explain:** \_\_\_\_\_

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5. Can you walk up and down steps independently?

Yes  No  Sometimes

**If yes, or sometimes,** how many steps in succession? \_\_\_\_\_ Steps

6. Are you able to grasp handles, railings, coins, or tickets while boarding or exiting the bus?  Yes  No  Sometimes **If No or Sometimes Explain:** \_\_\_\_\_

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7. Are you able to get on and off the bus if it has a lift, ramp, or if the front of the bus is lowered?  Yes  Don't know, never tried it  No  Sometimes

**If No or Sometimes, Explain:** \_\_\_\_\_

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8. Are you able to display a monthly pass while boarding the bus?  Yes  No

Sometimes **If No or Sometimes, Explain:** \_\_\_\_\_

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9. Are you able to maintain balance and tolerate public transit vehicle movement without a seatbelt?  Yes  No  Sometimes **If No or Sometimes, Explain:** \_\_\_\_\_

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10. If you use a wheelchair, are you able to transfer into a taxi cab seat?

Yes  No  Sometimes  I **do not** use a wheelchair, but can ride in a taxi cab

**Navigating the Transit System:**

1. Have you ever had training to use the city bus system?

Yes  No

If yes or in progress, from which agency? \_\_\_\_\_

**Please Type or Print Clearly. Incomplete Applications Will Be Returned.**

2. Please list the City bus routes you are currently able to **use on your own:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

3. If you need another person's assistance to travel, what do they do for you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(In order for your attendant to ride with you at no charge, you must inform the office staff that you will be accompanied by an attendant when making your ride request)

4. How do you use transit schedule information?

- Phone     TTY     Internet     Ride Guide     Not Able  
 Someone else gets the information for me.

**If Not Able, Explain:** \_\_\_\_\_

\_\_\_\_\_

5. Are you able to understand spoken or written directions needed to complete a trip?

- Yes     No     Sometimes    **If No or Sometimes,**

**Explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Are you able to understand spoken words or auditory information?

- Yes     No     Sometimes    **If sometimes, when or under what conditions?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you able to communicate with spoken words or auditory devices?

- Yes     No     Sometimes    **If sometimes, when or under what conditions?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you able to give or display addresses, telephone numbers, or names upon request?

- Yes     No     Sometimes    **If sometimes, when or under what conditions?**

\_\_\_\_\_  
\_\_\_\_\_

**Please Type or Print Clearly. Incomplete Applications Will Be Returned.**

9. Are you able to see after dark?  Yes  No  Sometimes

**If sometimes**, when or under what conditions? \_\_\_\_\_

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10. Are you able to negotiate new surroundings for safe travel?

Yes  No  Sometimes **If No or Sometimes**, when or under what conditions?

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11. Are you able to identify the correct public transit stop?

Yes  No  Sometimes **If No or Sometimes**, explain: \_\_\_\_\_

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12. Are you able to identify the correct public transit vehicle?

Yes  No  Sometimes **If No or Sometimes**, explain: \_\_\_\_\_

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13. Are you able to deal with unexpected situations or changes in routine? (example: bus detours)  Yes  No  Sometimes **If sometimes**, when or under what conditions:

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14. Have you ever gotten lost when traveling alone?

Yes  No, I have never traveled alone  No, I've never gotten lost

15. If you have gotten lost, were you able to find your way back?

Yes  Yes, with help  No

**If you weren't able to find your way back**, what did you do? \_\_\_\_\_

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16. Are you able to understand and follow directions?  Yes  No  Sometimes

**If sometimes**, when or under what conditions? \_\_\_\_\_

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**Please Type or Print Clearly. Incomplete Applications Will Be Returned.**

17. Are you able to ask for directions?  Yes  No  Sometimes

**If sometimes**, when or under what conditions? \_\_\_\_\_

18. Are you able to follow written or spoken directions?  Yes  No  Sometimes

**Getting To and From the Bus Stop:**

1. Are you able to walk / travel ¼ mile using your mobility device, if you have one, and without another person's assistance?

Yes  No  Sometimes **If No or Sometimes, explain:** \_\_\_\_\_

2. With the use of a mobility aid, or if you do not have one, how far are you able to walk / travel without the assistance of another person?

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 100 feet | <input type="checkbox"/> ½ miles (6 blocks)          |
| <input type="checkbox"/> Only 1 Block       | <input type="checkbox"/> ¾ mile (9 blocks)           |
| <input type="checkbox"/> ¼ mile (3 blocks)  | <input type="checkbox"/> more than ¾ mile (9 blocks) |

3. Are you able to cross streets with traffic signals at busy intersections by yourself?

Yes  No  Sometimes **If No or Sometimes**, when or under what conditions?

4. Are you able to travel streets with traffic control lights by yourself?

Yes  No  Sometimes **If Sometimes**, when or under what conditions?

5. Are you able to cross streets without traffic control lights by yourself?

Yes  No  Sometimes **If Sometimes**, when or under what conditions?

6. Are you able to detect curbs and other drop offs?  Yes  No  Sometimes

**If Sometimes**, when or under what conditions? \_\_\_\_\_

**Please Type or Print Clearly. Incomplete Applications Will Be Returned.**

7. Does weather affect your vision?  No  Yes  Sometimes

**If yes**, what types and how: \_\_\_\_\_

8. Can you walk or use your mobility device on flat surfaces in good weather?  Yes

No  Sometimes

**If No or Sometimes**, explain: \_\_\_\_\_

9. Can you walk/ use your mobility device on slight inclines in good weather?  Yes

No  Sometimes **If No or Sometimes**, explain: \_\_\_\_\_

10. Can you walk / use your mobility device on steep inclines in good weather?  Yes

No  Sometimes **If No or Sometimes**, explain: \_\_\_\_\_

11. Are you able to get to and from the nearest public transit stop? With your mobility device? **(Call 266-4466 for bus stop information)**

Yes  No  Sometimes **If No or Sometimes**, explain: \_\_\_\_\_

12. How long are you able to wait for a bus to arrive? \_\_\_\_\_ minutes.

13. Are you able to wait 15 minutes at a public bus stop with your mobility device?

Yes  No  Sometimes **If No or Sometimes**, explain: \_\_\_\_\_

14. Could you wait longer than 15 minutes?  Yes  No  Sometimes

**If so, how long?** \_\_\_\_\_ minutes.

15. Could you wait if there were a seat or bus shelter?

Yes  No  Sometimes **If No or Sometimes**, explain: \_\_\_\_\_

16. How far or what distance can you independently travel including the use of your mobility device such as a walker or wheelchair? \_\_\_\_\_

**Please Type or Print Clearly. Incomplete Applications Will Be Returned.**

**Service Delivery:**

1. Do you use a wheelchair or scooter\*:  Yes  No  
How wide is it? \_\_\_\_\_ inches      How long is it? \_\_\_\_\_ Inches  
How heavy is it when occupied (total weight)? \_\_\_\_\_ pounds

\*This information is not used to determine paratransit eligibility. It is the applicant's responsibility to know the dimensions of their mobility device and whether it exceeds the definition of a common wheelchair.

The Americans with Disabilities Act of 1990 defines a common wheelchair as **no more than 30 inches wide, 48 inches long, and 600 pounds** when occupied.

**If your mobility device exceeds these dimensions, the ADA does not guarantee paratransit service.**

2. If you use a wheelchair or scooter, will you be using it on paratransit?  
 Yes  No  Sometimes **If No or Sometimes**, explain: \_\_\_\_\_

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3. Do you use any of the following mobility aids or specialized equipment while traveling?  
Check all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cane                              | <input type="checkbox"/> Service Animal            | <input type="checkbox"/> Communication Board             |
| <input type="checkbox"/> White Cane                        | <input type="checkbox"/> Power Wheelchair          | <input type="checkbox"/> Large Power Chair (Exceeds ADA) |
| <input type="checkbox"/> Walker                            | <input type="checkbox"/> Power Scooter (3-Wheeler) | <input type="checkbox"/> Oxygen Tank                     |
| <input type="checkbox"/> Crutches                          | <input type="checkbox"/> Manual Wheelchair         | <input type="checkbox"/> Other Aid: _____                |
| <input type="checkbox"/> Augmentative Communication Device | <input type="checkbox"/> None                      |  |

4. How many stairs are there to your home's entrance? \_\_\_\_\_  
Describe the terrain & distance from your home to the bus stop: \_\_\_\_\_

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5. Does the extent of your disability change from day-to-day in a way that affects your ability to use the city bus?

- Yes, some days are good, others are bad.  
 No, doesn't change       Don't know

If you chose **Yes** or **Don't Know**, explain why: \_\_\_\_\_

**Please Type or Print Clearly. Incomplete Applications Will Be Returned.**

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**Please Type or Print Clearly. Incomplete Applications Will Be Returned.**

6. Will you travel with a personal care attendant?  
 Yes  No  Sometimes **If Sometimes**, when: \_\_\_\_\_

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7. Will you be requiring Metro Paratransit service:  
 Permanently  Temporarily  Until fixed-route buses have lifts  
**If Temporarily**, how long? (please list a specific date, even if tentative) \_\_\_\_\_

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8. Are you able to wait at the main door of a building for pick up?  Yes  No

9. List the 3 most frequent types of trips you make and the address of those destinations:

	<u>Trip type</u>	<u>Address</u>
Example:	Doctor	20 S. Park St.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

10. So Metro can check the information you provided, please list the names of two professionals, which may include physicians, agencies or others familiar with your disability, if verification of information is required:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

11.  Yes: I would be interested in learning more about a Consumer Education program.

12. Did you require assistance to complete this form?  Yes  No  
**If yes**, how did that person assist you? \_\_\_\_\_

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**Release of Information**

I, the applicant, understand that the purpose of this application form is to determine my eligibility to use Metro Paratransit Service. I agree to release the information requested to Metro and any eligibility review panel, and understand that the information contained herein will be treated confidentially. I understand further the Metro reserves the right to request additional information at its discretion. **Original** signature required. Copies or facsimiles of signatures will **not** be accepted (please do **not** fax or email this form).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Printed Name of Preparer _____ If preparer represents and agency, please print the agency name here: _____ Phone # _____
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Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Legal Guardian \_\_\_\_\_

I \_\_\_\_\_ (print name) completed this application and am responsible for its truth and accuracy. Thank you for completing this application form.

**Please return it to:  
Madison Metro Paratransit, 1245 East Washington Avenue, Madison, WI 53703**

**For Metro Office Use Only**

Client Id# \_\_\_\_\_ Date Action Needed: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ [ ] Approved [ ] Denied Date: \_\_\_\_\_

Eligibility Category [ ]1 [ ]2 [ ]3 [ ]Winter Only [ ]2/3 – Winter/Summer \_\_\_\_\_

[ ] Conditional Eligibility: \_\_\_\_\_

[ ] Temporary Expires: \_\_\_\_\_ Approved By Whom: \_\_\_\_\_

General Comments: \_\_\_\_\_

Extenuating Conditions: \_\_\_\_\_

Sent for Functional Assessment: \_\_\_\_\_

Returned: \_\_\_\_\_

Recommendation: \_\_\_\_\_

**Status:** [ ] New [ ] Reclass [ ] Recertification [ ] Extention [ ] Evaluation

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## **ADA Categories, Eligibility Standards, & Reciprocity**

Please review this application form carefully. Read the description of the various disabilities which is based on the Americans with Disabilities Act of 1990.

Under the ADA, disabilities are described as follows:

### **1. Mental Impairment, Including Development Disabilities**

- a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
- b. Is likely to continue indefinitely;
- c. Results in substantial functional limitations in any of the following areas of major life activities: self-directions, learning, mobility, economic self-sufficiency, self-care, capacity for independent living and receptive and expressive language;
- d. Causes the substantial diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, attention impairment, cognition impairment, language impairment, memory impairment, conduct disorder; or motor disorder.

### **2. Physical Impairment**

- a. Persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities and affects one or more of the following body systems; anatomical, musculoskeletal, neurological, respiratory including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin or endocrine.
- b. The term physical impairment includes, but is not limited to, such contagious or noncontagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease and tuberculosis.

### **3. Major Life Activities**

- a. Activities relating to the performance of self-care and engaging in leisure or play activities. Self-care includes grooming, mobility, object manipulation, and ambulation.
- b. Activities relating to the ability to walk, see, hear, breathe or communicate.
- c. Activities relating to moving about in one's community for purposes that include accessing and participating in vocational, educational, recreational, and social activities in the community with other members of the community.

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## **Eligibility Standards are as Follows:**

**Category 1.** Any individual with a disability (as defined above), who is unable to board, ride or disembark from any accessible vehicle on a fixed-route system without the assistance of another individual (excluding the operator of a wheelchair lift or other boarding assistance device).

**Category 2.** Any individual with a disability who needs the assistance of a wheelchair lift or other boarding device and is able, with operator assistance, to board, ride, and disembark from any vehicle which is readily accessible and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when an accessible vehicle is not being used to provide designated public service on that route.

This category addresses the fact that the fixed-route system was not always accessible to persons with disabilities. Temporary ADA eligible status was granted on non-accessible routes. As the fixed-route system is now accessible, any person found eligible under this paragraph are expected to utilize the system.

**Category 3.** An individual with a disability who has a specific impairment-related condition which prevents the individual from traveling to or from a fixed-route bus stop. A condition which makes traveling to or from a bus stop more difficult for a person with a specific impairment-related condition than for an individual who does not have the conditions, **but does not prevent the travel, is not a basis for eligibility under this paragraph.**

- a. The specific impairment-related condition must **prevent** the person from using the fixed-route system. Conditions which make getting to or from a bus stop more difficult or less comfortable do not confer eligibility.
- b. Architectural barriers not under the control of the transit provider to remove, e.g., curb cuts, and environmental barriers, e.g., distance terrain and weather, do not, when considered alone, confer eligibility. If, however, travel to or from a bus stop is impossible when combined with the person's specific impairment-related condition, paratransit service must be provided.

## **Reciprocity with Other Systems**

A public entity shall make the service available to an eligible visitor available for any combination of days during a 365-day period beginning with the visitor's first use of the service during such 365-day period.

The host transit agency must provide up to 21 days of paratransit service. Individuals are only considered "visitors" if they reside outside of the transit provider's jurisdiction. The "jurisdiction" means the total area within which the provider is authorized to operate. Visitors from communities outside the transit agency's jurisdiction must be served even if the community in which they reside does not contribute financially to the transit system. Visitors who require more than 21 days of service within the period of time established can be required to apply for local eligibility. Finally, the level of service provided to visitor must be the same as that provided to local ADA paratransit eligible individuals who would be traveling in the same area.

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