
Application Instructions - Paratransit Eligibility

If you are unable to use Metro's accessible fixed route bus service due to a disability, you may be eligible for paratransit service. Metro's paratransit service is a shared ride transportation service that uses a variety of companies and vehicles to respond to individual ride requests.

To determine whether you are eligible for paratransit service, Metro considers your functional ability to use Metro's accessible fixed route bus service (the City bus). We do not base eligibility on your age, income, ability to drive, access to a private automobile, use of a mobility aid, or a particular type of disability or symptoms. Someone with similar circumstances may have a very different eligibility determination due to their functional ability.

To apply for eligibility, please complete the application, respond to follow-up questions and/or participate in an in-person assessment. In some instances, Metro may also contact a professional you have identified to provide any needed clarification of your status.

Here are the steps to complete the process:

1. Complete the attached Application fully.
2. Use the Application Checklist to assist you in completing the process.
3. Submit your application in one of several ways as noted in the Checklist.
4. Respond to Metro when contacted to address follow-up questions and/or schedule an assessment.
5. Participate in the scheduled in-person assessment.
6. Metro will provide written notice of the eligibility determination.

Application Checklist – Paratransit Eligibility

1. Complete and review the application

- All questions have been answered.
- Current contact information is provided.
- The form is signed by the applicant or the person assisting signed on behalf of the applicant.

2. Make a copy for your records

- A copy of the application has been retained for your personal records.

3. Submission of application

- The application has been submitted in one of the following ways:
 - By mail to 1245 E. Washington Ave., Suite 201, Madison, WI 53703
 - In person at the Metro office between 7:30 AM and 5:30 PM, weekdays

4. Application processing

- Metro processes applications in the order received.
- An incomplete application will be returned for completion.
- Metro will contact the applicant with follow-up questions and/or to schedule an in-person assessment upon receiving a completed application.
- Some applications may be decided without the need for follow-up or an in-person assessment.

5. Prepare for the Assessment

- Be prepared to discuss how a disability prevents use of Metro's accessible fixed route bus service.
- Bring a photo ID and, if applicable, your employer or school bus pass to the scheduled assessment.



1245 E. Washington Ave.
Suite 201
Madison, WI 53703

Application for Paratransit Eligibility

PART 1: Applicant Identification

Please Print

Mr. Ms. Mx. Pronouns: _____ (i.e. she/her, he/him, they/them)

Last Name: _____ First Name: _____ M.I.: _____

What is the preferred method of contact to schedule the in-person assessment?

E-Mail address (as printed below) or Phone number (as printed below)

E-Mail: _____ Phone: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Name of Residence/Building Complex: _____

Date of Birth: _____ Age: _____ Gender: Man Woman Non-Binary

Provide information for two people we could contact in an emergency.

Emergency Contact Names: _____

Relationship to Applicant: _____

Phone Number(s): _____

Where should we send future information? To me, the Applicant at the address listed above

To me, the Applicant at the mailing address below To the person listed below

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Relationship to the Applicant _____ Agency: _____



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I use the following some or all of the time:

- Personal Care Attendant designated to regularly assist me with one or more life activities
- Service Animal trained to assist me
- Not applicable

PART 3: Additional Health Information

Please list the names and contact information of **two different** professionals who Metro may contact to verify your stated disability (examples: physician, social worker, case manager, therapist, chiropractor, psychologist, or psychiatrist).

Name: _____ Phone: _____

Address: _____ Title: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone: _____

Address: _____ Title: _____

City: _____ State: _____ Zip Code: _____

I am currently enrolled in the following Wisconsin Department of Health Services long-term care program:

- Family Care and I work with:
 - My Choice Wisconsin
 - Community Care Inc.
- Family Care Partnership and I work with:
 - My Choice Wisconsin
 - iCare Independent Health Care Plan
- Include, Respect, I Self-Direct (IRIS) and I work with (*Check all that apply*):

<ul style="list-style-type: none"> <input type="radio"/> Connections <input type="radio"/> First Person Care Consultants <input type="radio"/> Progressive Community Services <input type="radio"/> TMG 	<ul style="list-style-type: none"> <input type="radio"/> iLife <input type="radio"/> GT Independence <input type="radio"/> Premier Financial Management Services <input type="radio"/> Outreach Health Services
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- Not applicable

Contact information for long-term care program case manager, representative, or consultant.

Name: _____

Phone: _____ E-mail: _____



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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, Metro reserves the right to request additional information at its discretion. I also allow Metro Paratransit Service to refer and exchange applicant information with the Dane County Travel Training Program.

Applicant Printed Name	Signature	Date
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The following Representative signed on my behalf:

- Parent (*if applicant is a minor*) Power of Attorney Legal Guardian
- As the Applicant, I signed on my own behalf

Printed Name of Application Preparer	If representing an Agency, list Agency name	Phone
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