metro transit

1245 e. washington ave.
suite 201
madison, wi 53703

Application Instructions for 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. We do not base eligibility on symptoms, type of disability, use of a mobility aid, age, income, ability to drive, or access to a private automobile. Someone with similar circumstances may have a very different eligibility determination due to their functional ability.

To apply for eligibility, please complete the application and participate in an in-person assessment. In some instances, Metro may also contact a professional you've 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 schedule an assessment.
5. Participate in the scheduled in-person assessment.
6. A written notice of the eligibility determination will be provided.

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Application Checklist

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. **Assessment appointment scheduling**
   - ☐ Metro processes applications in the order received.
   - ☐ An incomplete application will be returned for completion before an assessment can be scheduled.
   - ☐ ~~Metro will contact the applicant to schedule an in-person assessment within 3-5 business days of receiving a completed application.~~
   - ☐ ~~If the applicant resides within Metro's paratransit service area, a ride to/from the assessment may be provided by Metro, if needed.~~
     ***In Person Assessment currently suspended**

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 assessment.

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Application for Paratransit Eligibility Certification

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: _____

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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PART 2: About Applicant's Disability and Transportation

What is the nature of the disability/condition? (*Check all that apply*)

☐ Intellectual ☐ Physical ☐ Sensory

I am unable to use Metro's accessible fixed route bus service all or some of the time without the assistance of another individual because:

_____

_____

_____

Please list the Applicant's disabilities/diagnosis(s):

_____

_____

_____

Identify the mobility devices used when traveling. (*Check all that apply*)

☐ Cane

☐ Crutches

☐ Walker

☐ Portable oxygen or respirator

☐ Manual wheelchair

☐ Power wheelchair or scooter

☐ Oversize wheelchair/scooter: Width ___ Length ____

☐ Other _____

What mobility device will you be using when traveling outside the home? _____

Please note, if you marked "oversized wheelchair or scooter" above, individuals using mobility devices that exceed 30" in width and/or 48" in length (measured 2" above the ground) may not be able to be accommodated. Also in situations where the applicant and their mobility device have a combined weight of more than 600 lbs. when occupied, Metro may not be able to accommodate the ride.

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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

☐ 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*):
- ○ Connections
- ○ First Person Care Consultants
- ○ Progressive Community Services
- ○ TMG
- ○ iLife
- ○ GT Independence
- ○ Premier Financial Management Services
- ○ Outreach Health Services

☐ 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

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

For Office Use Only

Date Application Received: _____ Complete? ☐ Yes ☐ No

Incomplete Application Returned: Date _____ Received: _____

Returned via: ☐ Mail ☐ Email ☐ Completed by Phone

In-Person Assessment Scheduling Contact method: ☐ Mail ☐ Email ☐ Phone

1st contact date: _____ 2nd contact date: _____ 3rd contact date _____

Dates/times offered: _____ _____ _____

Hold until: _____ Confirmed IPA date/time: _____