
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.
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 4:30 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 (**optional**)

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: _____



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Relationship to the Applicant _____ Agency: _____

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 (the City bus) all or some of the time without the assistance of another individual because:

Please list the Applicant's disabilities/diagnosis(s) (**optional**)

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

- Cane Manual wheelchair
- Crutches Power wheelchair or scooter



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- Walker Oversize wheelchair/scooter: _____ Width
Length _____
- Portable oxygen or respirator 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.

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: _____



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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