

Metropolitan Transit Authority of Black Hawk County



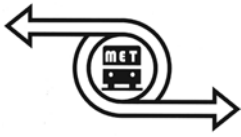
ADA Paratransit Application

1515 Black Hawk Street



February 2018

Waterloo, IA 50702



Date: _____

Dear Applicant,

Your application for MET ADA paratransit service is enclosed. Service cannot be provided until your eligibility status is determined, so it is important that you return the completed form promptly. **It is important that you answer *all* the questions and print so that your name and information can be clearly read. Incomplete forms will be returned to you.** Please return your completed form to:

MET Transit
1515 Black Hawk St.
Waterloo, IA 50702

MET is designed to provide transportation for people whose condition or disability prevents them from using MET Transit's fixed-route buses. To qualify for service, you must meet one of the following conditions established by the Americans with Disabilities Act (ADA):

- You are unable to get on or off a transit bus.
- You are unable to get to or from a fixed route bus stop.
 - You are unable to wait at a fixed-route bus stop.
 - You are unable, for reason of a disability, to ride the fixed-route buses or to understand and follow transit instructions.

ADA paratransit eligibility is based on functional abilities and whether the person's disability prevents them from using MET Transit's fixed-route system, rather than medical diagnosis. It is not based on whether or not the fixed-route buses operate in the same areas or at the same times as the person may need. ADA paratransit eligibility will fall within one of the following categories:

- Full eligibility
- Conditional eligibility based on the need for an accessible bus
- Conditional eligibility based on inability to get to or from a fixed-route bus stop.

ADA paratransit eligibility may be categorized as seasonal, temporary and/or applied on a trip-by-trip basis, depending on each person's individual condition or circumstances. An applicant may not be eligible for MET service if he/she does not meet the criteria established by the Americans with Disabilities Act.

For more information regarding eligibility standards see Section A. On the sheet also is a brief explanation of the services that can be provided for MET customers once they are certified as being ADA paratransit eligible.

Upon review of your application, an eligibility determination will be made and you will be notified of your eligibility status by mail. If you are certified as ADA paratransit eligible, you will be issued a certification card, which may be used if you travel within other transit jurisdictions.

If you are not eligible for service, you will be advised of the reasons for the determination and the procedures which may be utilized to appeal the decision.

Please note, in some cases, MET may require verification of the information you provide on the application form by a medical professional or other person familiar with your condition. MET reserves the right to require medical verification and to approve the credentials of the verifying party.

If you have questions, please call MET at (319) 234-5714 Monday through Friday, 8:00 AM to 4:00 PM or 8:45 to 4:45 on Saturdays.

SECTION A

ADA PARATRANSIT ELIGIBILITY STANDARDS

MET Transit's determination of your ADA paratransit eligibility is based on the criteria established by the Americans with Disabilities Act (ADA) of 1990.

1. FULL ELIGIBILITY: MET paratransit service will be provided to any individual whose disability prevents them from using the fixed-route bus system, whether it is accessible or not.
2. CONDITIONAL ELIGIBILITY BASED ON LIMITATIONS OF THE FIXED-ROUTE TRANSIT SYSTEM: MET paratransit service will be provided to an individual with a disability who requires the use of a wheelchair or ramp to get on or off a fixed-route bus, if:
 - an accessible bus is not available
 - the route is not accessible
 - the bus stop is not accessible and there is no way to get to the next accessible stop

(Please note, MET Transit's fixed-route bus system is 100% accessible. Therefore, category 2 eligibility should not apply to many individuals in MET Transit service area.)

3. CONDITIONAL ELIGIBILITY BASED ON LIMITATIONS OF THE INDIVIDUAL'S ABILITIES: MET paratransit service will be provided to any individual with a disability who has a disability which prevents them from traveling to or from a fixed route bus stop.

Seasonal, trip-by-trip and temporary MET paratransit service will be provided to an individual whose disability sometimes prevents them from traveling to or from a fixed route bus stop (due to climate, terrain, other environmental barriers or temporary fluctuations with disability). MET service may be provided to the nearest transit center or bus stop.

(PLEASE NOTE, TRAVEL TO OR FROM A FIXED ROUTE BUS STOP MUST BE IMPOSSIBLE, NOT JUST DIFFICULT OR INCONVENIENT.)

What is the difference between Paratransit Service and Fixed Route Service?

Paratransit is specialized bus service providing curb to curb transportation for persons whose disability prevents them from riding local fixed route buses.

Fixed Route Service is the traditional public transit bus service with which many people are most familiar. MET’s fixed route service operates 11 routes within the cities of Waterloo, Cedar Falls. Operating hours for MET’s fixed route service are Monday through Friday from 5:45 am to 6:45 pm and on Saturday from 7:15 am to 5:45 pm.

Who can Ride Paratransit?

People who are certified eligible under the Americans with Disabilities Act (ADA) may ride.

How do I get ADA eligibility?

Upon request, MET will send you an application for ADA eligibility. Complete the application and return it to us. Your eligibility status will be verified within 21 days.

When is Paratransit available?

MET operates Monday through Friday from 5:45 am to 6:45 pm and on Saturday from 7:15 am to 5:45 pm.

How much does it cost?

MET fare is \$3.00 one way. Tickets are sold individually or in sheets of ten for \$30.00. Tickets can be purchased through the mail or from your driver.

How do I schedule my rides?

Call and request your ride 1 to 14 days before your desired trip. Office hours are:

Weekdays.....8:00 am to 4:00 pm

Saturdays.....8:45 am to 4:45 pm

(No schedule calls taken on Saturday)

When you request your trips, please have the following information ready:

- your name and phone number
- complete pick-up address
- complete drop-off address
- Doctor’s or other appointment’s name, suite #, etc.
- desired pickup time or appointment time & date of trip
- special directions
- special equipment used
- attendant or guest
- return time

Special Notes:

- Drivers may not enter residences, businesses or nursing homes.
- Customers may not change drop-off address after they board the MET bus.

- If you need to cancel your trip, you need to do so at least 60 minutes before your pickup time or you will be marked as a “no show”.
- Personal care attendants can always ride at no charge. Companions traveling with you will be accommodated on a space availability basis at the same fare as the eligible rider. Let MET know if you are bringing anyone.
- Please be ready 10 minutes before your scheduled ride time. If the MET Bus arrives and you are not ready, the driver will wait 5 minutes and then leave without you. The driver is considered “on time” if the MET Bus arrives 10 minutes before or 10 minutes after your scheduled ride time.
- Please show consideration for fellow customers. Board the bus promptly when it arrives at your location. Others also have appointment times and schedules to maintain.

***MET* ADA PARATRANSIT APPLICATION**

The information obtained in this certification process will be used by MET Transit towards determining your eligibility for paratransit service under the Americans with Disabilities Act (ADA). MET Transit reserves the right to require verification by qualified persons familiar with your condition. If you have questions regarding any part of this application, please call MET at 234-5713 or 234-5714.

The information you provide will be kept confidential. This information will be shared only with those individuals directly involved with providing the transportation services that you request.

PLEASE ANSWER ALL QUESTIONS.

AN INCOMPLETE APPLICATION WILL BE RETURNED, WHICH WILL DELAY DETERMINATION OF YOUR ELIGIBILITY.

ATTENTION PLEASE READ

If your transportation is being funded by Medicaid through your Managed Care Organization, you **DO NOT** need to complete this application. Contact your MCO for your transportation.

PLEASE PRINT

General Application Information

Name _____ Sex _____ Birth Date _____

Mailing Address _____

City, State, Zip _____

Service Address (the address where MET will pick you up for most trips-usually your home)

Name of Apartment / Building Complex _____

Apartment Building Number _____ Unit Number _____

Phone Numbers where you may be reached: (Required information)

Days _____ Evenings, Weekends _____

Primary Language English _____ Other (Please specify) _____

If you require a person to assist you in communicating, please provide that person's name and phone number.

Name _____ Phone _____

Relationship _____

Local / Emergency Contact Persons

Emergency Contact

Name _____

Address _____

City, State, Zip _____

Phone Numbers: Days _____ Evenings, Weekends _____

Relationship _____

Local Contact

Name _____

Address _____

City, State, Zip _____

Phone Numbers: Days _____ Evenings, Weekends _____

Relationship _____



ALL QUESTIONS MUST BE ANSWERED COMPLETELY

APPLICATION WILL BE RETURNED IF NOT FILLED OUT COMPLETELY

1. Have you ever ridden any fixed-route buses? Yes _____ No _____ Don't know _____

If yes, in what area? _____

If yes, how often did (do) you ride?

_____ once a month or less _____ 2-5 times a month _____ more than once a week

When was the last time you rode? _____

2. Please list your three most frequent destinations, including day programming.

1. _____ (Destination Name) _____ (Address) _____ (City)

2. _____ (Destination Name) _____ (Address) _____ (City)

3. _____ (Destination Name) _____ (Address) _____ (City)

For example: _____ Hy Vee _____ 2181 Logan Ave. _____ Waterloo
(Destination Name) (Address) (City)

3. How do you currently get to your most frequent destinations?

_____ public bus _____ someone drives me _____ drive myself _____ taxi

other _____

4. Please check the reasons why you cannot ride the fixed route bus.

_____ I do not know how to use the bus system.

_____ There are some places I cannot get to or from the bus stop.

_____ I cannot stay outside more than 30 minutes.

_____ I cannot cross the street to get to the bus stop.

_____ I could ride the bus if I could get to the nearest bus stop.

_____ I have difficulty knowing where to get off the bus.

_____ I have difficulty identifying the correct bus.

_____ I get confused and can't remember where I'm going.

_____ I cannot hear or understand the bus driver.

_____ I have never tried to ride the bus.

_____ Taking the fixed route bus would take too long.

_____ I have trouble reading the bus signs.

_____ I cannot transfer between different buses.

_____ Other. Please explain _____

5. Could you ride a fixed route bus if the driver notified you when you arrived at your destination?

Yes _____ No _____ Don't know _____

IF NOT, EXPLAIN. _____

6. Could you ride a fixed route bus if training were provided?

Yes _____ No _____ Don't know _____

IF NOT, EXPLAIN. _____

7. How many blocks do you live from the nearest bus stop? _____

Can you get to the nearest bus stop? Yes _____ No _____ Don't know _____

IF NOT, EXPLAIN. _____

(IF YOU DO NOT KNOW WHERE THE NEAREST BUS STOP IS, PLEASE CALL 234-5714)

8. Do you have a disability or health condition which prevents you from using the fixed-route

buses? Yes _____ No _____ Sometimes _____

IF SO, PLEASE EXPLAIN COMPLETELY _____

9. How would you best describe your overall condition or disability? (Check two or more.)

Good _____ Fair _____ Poor _____

Permanent _____ Deteriorating _____ Changeable _____ Temporary _____

EXPLAIN. _____

10. Please look at the following conditions and disabilities and check any and all of the ones that prevent you from using the fixed route bus service.

Heart and Circulatory Conditions

_____ NONE _____ Peripheral Vascular Disease _____ Stroke

_____ Edema _____ Congestive Heart Failure _____ Other

_____ Heart Attack _____ Heart Surgery/Transplant

How does this affect your ability to ride the fixed route buses? _____

Lung and Breathing Conditions

_____ NONE _____ Emphysema _____ Lung cancer

_____ Asthma _____ Cystic Fibrosis _____ Other

_____ Chronic Obstructive Pulmonary Disease

How does this affect your ability to ride the fixed route buses? _____

Vision / Hearing / Speech Conditions

_____ NONE _____ Diabetic Retinopathy _____ Blind

_____ Deaf _____ Glaucoma _____ Aphasia

_____ Hard of hearing _____ Partially Sighted _____ Dysarthria

_____ Cataracts _____ Night Blindness _____ Other

Please explain the extent of disability. _____

How does this affect your ability to ride the fixed route buses? _____

Bone and Joint Conditions

- | | | |
|---------------------------------|----------------------------|--------------------|
| _____ NONE | _____ Rheumatoid Arthritis | _____ Osteoporosis |
| _____ Scleroderma | _____ Osteo-arthritis | _____ Fusion |
| _____ Broken Bone (where) _____ | | _____ Dwarfism |
| _____ Amputation (where) _____ | | _____ Other |

How does this affect your ability to travel? _____

Brain / Nerves / Muscle Conditions

- | | | |
|---------------------------------------|---------------------------|---------------------------|
| _____ NONE | _____ Friedreich's Ataxia | _____ Parkinson's Disease |
| _____ Alzheimer's Disease | _____ Gullian-Barre | _____ Residuals of polio |
| _____ Epilepsy/Seizures | _____ Hunington's Chorea | _____ Multiple Sclerosis |
| _____ Muscular Dystrophy | _____ Dementia | _____ Spina Bifida |
| _____ Cerebral Palsy | _____ Vertigo/Dizziness | _____ Brain Injury |
| _____ Amyotrophic Lateral Sclerosis | | _____ Other |
| _____ Spinal Cord Injury: level _____ | | |

How does this affect your ability to ride the fixed route buses? _____

Developmental / Mental / Behavioral Conditions

- _____ NONE
- _____ Non-verbal/Inability to Communicate
- _____ Autism

_____ Learning Disability:

Explain. _____

_____ Mental Disability: _____ Mild _____ Moderate _____ Severe

Explain. _____

_____ Short Term Memory Loss

Explain. _____

_____ Thought Disorder/ Confusion

Explain. _____

_____ Aggressive Toward _____ Property _____ Other People _____ Self _____ Verbal only

Explain. _____

(May require an attendant if a safety issue)

_____ Difficulty Controlling Behavior

Explain. _____

_____ Mood Disorder

Explain. _____

_____ Phobia

Explain. _____

_____ Psychosis _____ All or most of the time _____ Occasionally, during episodes

How does this affect your ability to ride fixed route buses? _____

Other Medical Conditions

_____ NONE _____ Kidney Failure/Dialysis _____ HIV

_____ Cancer Treatment _____ Diabetes _____ Other

How does this affect your ability to ride the fixed route bus? _____

11. Do you need a personal care attendant when traveling? (a personal care attendant is someone who is necessary for you to travel. Attendants are not provided by MET.)

Yes _____ No _____ Sometimes: Explain. _____

12. Do you use any of the following?: (Check all that apply)

- | | | |
|----------------------------|------------------------------|--------------------|
| _____ NONE | _____ Motorized Wheelchair | _____ White Cane |
| _____ Crutches | _____ Motorized Scooter | _____ Hearing Aids |
| _____ Cane | _____ Manual Wheelchair | _____ Prosthesis |
| _____ Walker | _____ Alphabet/Picture Board | _____ Oxygen |
| _____ Orthopedic Appliance | _____ Service Animal | _____ Other |

Special features of your aid that we need to be aware of: _____

13. If you use a wheelchair or scooter, does the total weight including yourself exceed 600 pounds?

Yes _____ No _____ Don't know _____

14. Will your wheelchair/scooter fit on a lift 30 inches wide and 48 inches long?

Yes _____ No _____ Don't know _____

NOTE: *We may not be able to transport you if your wheelchair/scooter is longer than 48 inches or wider than 30 inches measured 2 inches above the floor, or if your total weight with your wheelchair is more than 600 pounds.*

15. Do you need assistance from the driver to get from your door to the vehicle?

Yes _____ No _____ If so, what kind of assistance? _____

16. Does weather affect your ability to use the fixed route bus system?

Yes _____ No _____ Sometimes; explain _____

17. What is the longest you can wait at a bus stop without assistance?

Sitting: _____ Explain. _____

Standing: _____ Explain. _____

18. How many blocks can you travel without the assistance of another person? _____

19. What is it about riding a fixed route bus that is the most difficult for you? Please list as many things as you can think of.

20. Please provide the names, addresses and telephone numbers of a doctor, health care professional or rehabilitation professional that is familiar with your condition or disability and can verify the information contained in this application.

Name _____
Address _____
City _____ Zip _____
Phone _____

Name _____
Address _____
City _____ Zip _____
Phone _____

Name _____
Address _____
City _____ Zip _____
Phone _____

PLEASE REVIEW YOUR APPLICATION TO MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS, EVEN THOUGH SOME OF THE QUESTIONS ARE SIMILAR.

I hereby certify that the information given in this document is correct. I am aware that misrepresentation of my condition may disqualify me from using the MET services. I give my permission for any doctor, health care professional or rehabilitation professional familiar with my condition to release relevant information for the purpose of evaluating my application for ADA paratransit eligibility.

Signature of Applicant

Date

If this application is completed by someone other than the person applying for certification, that person must complete the following:

I certify that the information provided in this application is true and correct, based upon information given me by the applicant.

I certify that the information provided in this application is true and correct, based upon my own knowledge of the applicant's health condition or disability.

Exceptions or Additions: _____

Relationship to Applicant _____

Print Name _____

Address _____

Daytime Phone _____ Date _____

Signature _____

Please mail the completed application to:

**MET Transit
1515 Black Hawk Street
Waterloo, IA 50702**

THIS PAGE FOR OFFICE USE ONLY

New Certification ()

Re-certification ()

Certification Status:

Denied ADA **Lack of Information** _____

NEI3A referral date _____

Approved ADA **Temporary** _____

Trip by Trip _____

Seasonal _____

Training Needed _____

Denied Medicaid **Lack of Information** _____

Approved Medicaid **Temporary** _____

Trip by Trip _____

Seasonal _____

Training Needed _____

Date reviewed _____

Expiration Date _____

Certification I.D. Number _____

NOTES: