



## AMERICANS WITH DISABILITIES ACT CERTIFICATION APPLICATION

Name of Applicant: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### FOR OFFICE USE ONLY

|                        |                    |               |                    |
|------------------------|--------------------|---------------|--------------------|
| Alternate Format       | N T B L P E        | Certification | C U T              |
| Applic. Rec'd.         | _____              | Mob Device    | _____              |
| Determination Due      | _____              | Expiration    | _____              |
| Med. Ref. Req.         | _____              | Letter Sent   | _____              |
| Med. Ref. Rec'd.       | _____              | Jurisdiction  | _____              |
| ID #                   | _____              |               |                    |
| Disability Type        | _____              |               |                    |
| Disability Description | _____              |               |                    |
| PCA?                   | Yes _____ No _____ | Door-to-Door  | Yes _____ No _____ |

## INTRODUCTION & INSTRUCTIONS

Metro is **your** public transit system. Our mission is to provide the community with public transportation services that are dependable, convenient, safe, cost effective, and **accessible for all**.

Metro provides three transportation services: accessible, fixed-route bus service; county-wide demand/response Metro Connect service; and an Americans with Disabilities Act (ADA) paratransit service called Metro Connect Access. For individuals who are unable to use the accessible fixed-route bus service some or all of the time, Metro Connect Access offers origin-to-destination transportation service. Metro Connect Access provides paratransit service that is comparable to the transit service individuals receive when they use our fixed-route bus system. The Americans with Disabilities Act ensures this privilege.

In order to determine whether you are eligible for Metro Connect Access service, we need to know if there is any part of the accessible bus system you cannot use due to your disability. Eligibility is not based on the disability itself, but on how it prevents you from using the accessible bus routes. It is possible for you to be eligible for some trips, but not others. If this is the case, you will be paratransit eligible *with conditions*, the conditions being the circumstances preventing your use of the accessible bus system.

ADA paratransit eligible individuals fall into one of the following definitions:

- Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), to board, ride, or disembark from a fixed-route vehicle on the Metro System.
- Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, or disembark from any vehicle, and one is not available on the route.
- Any individual with a disability who has a specific impairment-related condition which prevents the individual from traveling to a boarding location or from a disembarking location served by the fixed-route system.

This application will help Metro Connect determine whether you qualify for paratransit service according to the criteria noted above. Return your completed application to: **Metro Connect, 530 N. Rose St., Kalamazoo, MI 49007**; you will need to apply postage. Completed applications can also be **faxed** to Metro at **269-337-8211**.

The enclosed Physician or Agency Professional Verification form asks you to designate the health care or rehabilitation professional that is most familiar with your ability to travel. The person you designate could be a physician, a physical or occupational therapist, a case manager or another health care professional who is very familiar with your mobility and is qualified to make a determination. Metro may contact that person to verify your mobility status.

When Metro Connect receives your **completed** application, it will be reviewed for eligibility. You will be notified within 21 days if your application is approved, approved with conditions, or denied. If your application is approved with conditions or not approved, you have the right to appeal and have an opportunity to provide additional information for reconsideration. You will receive the appeal process with your letter.

If the review exceeds 21 days the applicant is given presumptive eligibility and can use **Access** service until a determination is made. You will receive written notice of your eligibility if the 21 day review period is not met.

If approved, your certification will be active for three years. Two months prior to the end of that 3-year period, you will be notified and provided with a Certification Renewal form.

**If you have any questions about this form or need it provided in a different format, please call Metro Connect at (269) 337-8477. Solicite este formulario en español llamando al (269) 337-8477.**

The information obtained in this certification process will only be used by the Metro System for the provision of ADA complementary paratransit service. Information will only be shared with other transit providers to facilitate your travel in their operating areas, should you request it. This information will not be provided to any other person or agency and will be kept strictly confidential.

**Please be sure to complete all parts of this application; applications cannot be processed unless all questions are completed. Be sure to complete the front cover with the applicant's personal information.**

## APPLICANT'S QUESTIONNAIRE

Do you need this application and future written information provided in a different format?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

If Yes, specify below or call (269) 337-8477.

\_\_\_\_\_ Large Print          \_\_\_\_\_ Braille  
\_\_\_\_\_ Audiotape          \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

If No, please continue.

Emergency Contact Person:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Person Completing Form (if other than Applicant):

Name \_\_\_\_\_

Agency \_\_\_\_\_

Phone # \_\_\_\_\_

Signature \_\_\_\_\_

## CERTIFICATION OF APPLICANT

I certify that the information I provide in this application is true and correct. I understand that falsification may result in denial of service and/or penalty under law. I understand all information will be kept confidential and only the information required to provide the service I request will be disclosed to those who perform those services.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## EXTENT OF DISABILITY

*Please indicate your ability to perform the following actions by checking the phrase or completing the blank.*

Can you read informational signs?

- Yes, I can
- With moderate difficulty
- With extreme difficulty
- No, I cannot

Can you stand in a moving vehicle?

- Yes, I can
- With moderate difficulty
- With extreme difficulty
- No, I cannot

Once on a fixed-route bus, can you get to a seat or a wheelchair position by yourself?

- Yes
- No
- Sometimes

Can you hear announcements or spoken directions?

- \_\_\_\_\_ Yes, I can
- \_\_\_\_\_ With moderate difficulty
- \_\_\_\_\_ With extreme difficulty
- \_\_\_\_\_ No, I cannot

How many city blocks can you travel without assistance, using a mobility aid or on your own?

\_\_\_\_\_ blocks

How many 12-inch high steps can you climb without assistance?

\_\_\_\_\_ steps

How far (in city blocks) is the closest bus stop to your residence?

\_\_\_\_\_ blocks

How long can you stand and wait without support or sit in an outdoor environment?

\_\_\_\_\_ minutes

*Please check below each question the phrase that best answers the question.*

Is your health condition or transportation disability **temporary**?

- \_\_\_\_\_ Yes, I expect it to last for  
\_\_\_\_\_ (indicate time)
- \_\_\_\_\_ No, it is a permanent condition
- \_\_\_\_\_ I do not know

Have you had this health condition or transportation disability for more than one year?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No
- \_\_\_\_\_ I do not know

Does your health condition or transportation disability change from day to day in a way that makes it very difficult to use fixed-route buses?

- \_\_\_\_\_ Yes, my condition is good some days and bad other days.
- \_\_\_\_\_ No, my condition does not change much from day to day.
- \_\_\_\_\_ I do not know.

*If you have a health condition or disability that changes from day to day, please check below each statement the phrase that best describes your ability to travel, using a mobility aid (see list on page 9) or on your own.*

On a day when my health condition is *good*: (pick only 1)

- \_\_\_\_\_ I cannot travel outside my house.
- \_\_\_\_\_ I can get to the curb in front of my house.
- \_\_\_\_\_ I can travel up to \_\_\_\_\_ blocks.
- \_\_\_\_\_ I do not want to travel outside.

On a day when my health condition is *bad*: (pick only 1)

- \_\_\_\_\_ I cannot travel outside my house.
- \_\_\_\_\_ I can get to the curb in front of my house.
- \_\_\_\_\_ I can travel up to \_\_\_\_\_ blocks.
- \_\_\_\_\_ I do not want to travel outside.





Please check below all that apply with regard to your need for mobility aids:

Which of the following mobility aids do you use? (check all that apply):

- Cane
- White cane
- Walker
- Crutches
- Prosthesis
- Manual wheelchair
- Powered wheelchair
- Powered scooter/cart
- Boarding chair
- Service animal
- Communication board
- Portable oxygen
- None of these
- Other (indicate) \_\_\_\_\_

If you use a manual or powered wheelchair or scooter, is it more than 30 inches wide, more than 48 inches long, or does it, when in use, weigh more than 600 pounds?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you require a Personal Care Attendant to accompany you when you travel by public transit, check all that apply below:

- I always need a Personal Care Attendant.
- I sometimes need a Personal Care Attendant.
- I need a Personal Care Attendant to:
  - Get to the bus stop
  - Get on or off the bus
  - Help me while I ride the bus
  - Help me get to where I am going once I am off the bus
  - When I use paratransit services
  - Other (indicate) \_\_\_\_\_

## FIXED-ROUTE SERVICE

Please answer the following questions with regard to fixed-route Metro service:

Which of the following limit your ability to use fixed-route buses (check all that apply):

- Physical disability
- Visual impairment/blindness
- Developmental disability
- Mental illness
- Other (indicate) \_\_\_\_\_

Can you follow written or oral instructions to use the fixed-route buses? (check all that apply):

- Yes, always
- Yes, sometimes
- No
- I do not know, because I have never tried it.
- I get too confused and might get lost.
- I do not want to ride fixed-route buses.
- I probably could with training.
- Other (indicate) \_\_\_\_\_

Do you know where to get on/off the bus? (check all that apply):

- Yes, always
- Yes, sometimes
- No
- I get confused or cannot remember where I am going.
- I do not know where my bus stop is located.
- I can if the driver calls out the stops.
- I probably could with training.
- Other (indicate) \_\_\_\_\_

Do you now use fixed-route Metro buses?

\_\_\_\_\_ Yes      \_\_\_\_\_ No (**answer next question**):

If No, what would help you ride the fixed-route buses? (check all that apply):

- \_\_\_\_\_ Knowing more about fixed-route buses.
- \_\_\_\_\_ Learning to travel in the community.
- \_\_\_\_\_ A lift or ramp (accessible bus).
- \_\_\_\_\_ Communications aid
- \_\_\_\_\_ Other (indicate) \_\_\_\_\_

Can you get on and off a fixed-route bus when it has a passenger lift or ramp? (Either standing or with a mobility aid.)

- \_\_\_\_\_ Yes, always
- \_\_\_\_\_ Yes, sometimes
- \_\_\_\_\_ No
- \_\_\_\_\_ I do not need to use the lift/ramp.
- \_\_\_\_\_ I do not know because I have never tried it.

If No, what is the reason you cannot get on and off a fixed-route bus? (check all that apply):

- \_\_\_\_\_ My mobility aid will not fit on the lift.
- \_\_\_\_\_ I cannot steady myself when the lift is moving.
- \_\_\_\_\_ I do not want to use the lift.
- \_\_\_\_\_ I do not feel secure on the lift.
- \_\_\_\_\_ I probably could with training.
- \_\_\_\_\_ Other (indicate) \_\_\_\_\_

## PHYSICIAN OR AGENCY PROFESSIONAL AUTHORIZATION

*Please check one response below:*

\_\_\_\_\_ My signed Physician or Agency Professional Verification form was provided to (indicate name) \_\_\_\_\_ who can be reached at telephone # \_\_\_\_\_.

\_\_\_\_\_ My signed Physician or Agency Professional Verification form is enclosed. Please forward this form to my designated professional. **Physician or Agency Fax Number:** \_\_\_\_\_.

Is there any other information not covered in this application that you would like Metro Connect to consider when reviewing your eligibility for paratransit services?

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Return completed application form to:

Metro Connect  
Attn: Metro Connect Coordinator  
530 N. Rose Street  
Kalamazoo, MI 49007-3638  
**Fax #: 269-337-8211**

If you have any questions regarding completion of this application form, the process for becoming certified or using Metro Connect Access, please contact our Metro Connect Coordinator at (269) 337-8477.