

Metro

ADA PARATRANSIT APPLICATION

In accordance with the Americans with Disabilities Act of 1990 (ADA), Metro and St. Clair Transit District provide “paratransit” (van/shared-ride) services to individuals with disabilities who are unable to use the fixed route services (i.e. buses - MetroBus or light-rail-MetroLink). Individuals served do not have to reside in the area, but they must be traveling within an area served by MetroBus or MetroLink. The purpose of this application is to provide an opportunity for you to describe barriers in the environment and limitations that you may have which prevent you from using available fixed route services. The information that you provide will help the transit agencies to understand your abilities and travel challenges. **All information contained in this application will be kept confidential and shared only with the professionals involved in evaluating your eligibility.**

All applicants, whether new or individuals applying for recertification, must complete a new application and provide **written** professional verification of disability. The ADA certification process will include a personal functional assessment to determine if and under what conditions, you can use fixed route services. The evaluation focuses on your abilities and will be performed at no cost to you. Free transportation to and from the evaluation site will be provided upon request.

All questions must be answered. Incomplete forms will be returned. **If you have any questions or need assistance completing this form, please call (314) 982-1510. To request the form in an alternative format, please contact Amy Parker, ADA Coordinator, at (314) 982-1525 or adadirector@metrostlouis.org.**

Metro’s ADA Paratransit Eligibility process includes:

1. Receipt of completed application including professional verification of disability.
2. An in person functional assessment of transit-related skills. In a few instances, the functional assessment may require the evaluation of skills by orientation and mobility specialists or travel training specialists. If this is necessary, the applicant will receive up to 90 days of temporary eligibility for this type of assessment to occur.
3. Metro will schedule your assessment to occur within 3 to 10 days and notify you of the eligibility determination all within 21 days following the receipt of your completed application. If you have not heard from our offices after 21 days, you will be granted **Presumptive Eligibility if Metro caused the delay in processing your application.** Presumptive Eligibility will permit you to use Call-A-Ride or ATS services until a final determination has been made regarding your ADA eligibility for these services. If Metro did not cause the delay, you will not be granted presumptive eligibility, but you can expect an eligibility decision within 3 to 10 days following your assessment. You may call (314) 982-1510 to learn more about presumptive eligibility.

Please return this completed application including written professional verification of disability.

MAIL: Metro, One Metropolitan Square, 211 N. Broadway-Suite 700, St. Louis, MO 63102

FAX: (314) 335-3419 or EMAIL: adaservices@metrostlouis.org

Please call Metro Staff at (314) 982-1523 seven days after mailing or two days after sending electronically to schedule your assessment appointment.

Please keep this page for future reference & see the reverse side for tips to help avoid processing delays as well as information about transportation to the assessment.

TO AVOID ANY PROCESSING DELAY

Applicant: Metro is committed to processing your application in a timely manner, but we need your help. Please ensure that all parts of the application and attachments are completed before submittal to Metro. Please tell us about **all** disabilities that you have. **Please note that written professional verification of disability is required and must be submitted with the application.** This professional verification **must be** completed by a professional who is familiar with your disability such as a doctor, social worker, counselor, independent living specialist, teacher, orientation & mobility specialist, etc... There is a professional verification form included with the application that may be used for this purpose or a letter may be submitted on professional letterhead.

Applications that are incomplete or lack adequate professional verification of disability cannot be processed. Thank you in advance for your cooperation in submitting all of the required information.

Metro will offer you an assessment appointment scheduled approximately 3 to 10 days after the receipt of your completed application. Please accept an appointment offered within this timeframe to ensure a timely eligibility determination.

TRANSPORTATION

Upon request, transportation to and/or from the assessment appointment will be arranged and provided to you at no cost. You may verify that transportation has been arranged and obtain your pick up time by calling Metro Call-A-Ride's Customer Assistance line at 314.289.5230 (Missouri residents) or Alternative Transportation Service – ATS at 618.239.0749 (Illinois residents). **If you are unable to keep your assessment appointment, please call the appropriate number to cancel your rides and then contact Metro's ADA Services' Appointment Scheduling line at 314.982.1523 to reschedule your assessment appointment.**

GENERAL INFORMATION

Last Name: _____

First Name: _____ MI: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ TTY: Yes No

Home Phone: (____) _____ TTY: Yes No

Birth Date: ____/____/____ Gender: Male Female Non-Binary

Social Security Number: _____ -- _____ -- _____

Current or previous Call-A-Ride ID card# _____ Expires (ed) _____

Do you NEED future written information provided to you in an accessible format? (Note, if you choose email, ALL written correspondence will be sent by this method.)

Yes No If YES: Please indicate your preferred format:

Email _____ Braille Large Print

Other (Specify) _____

Emergency Contact Person:

Name: _____ Relationship: _____

Day Phone: (____) _____ Eve. Phone: (____) _____

Did anyone assist you with completing this form? Yes No

If yes, please provide the following information about that person.

Name _____

Phone: (____) _____ Relationship: _____

APPLICANT'S CERTIFICATION

Please Complete Section A UNLESS you are a minor or have a legal guardian. If you are a minor or have a legal guardian, your parent or guardian must complete Section B.

A. I understand that the purpose of this application is to determine if there are times that I cannot use fixed route services and am eligible to use the shared ride services of Metro CALL-A-RIDE or ATS. I certify that the information provided in this application is accurate and I understand that I must complete a functional assessment of my abilities.

Signature: _____ Date: _____

B. I understand that the purpose of this application is to determine if there are times that the applicant cannot use fixed route services and is eligible to use the shared ride services of Metro CALL-A-RIDE or ATS. I certify that the information provided in this application is accurate and I understand that the applicant must complete a functional assessment of his or her abilities.

I consent to the Applicant's interview and functional assessment of his or her travel abilities and limitations to determine ADA Paratransit service eligibility. I understand that the Applicant must be present for the interview and functional assessment. I understand that if the applicant travels to the assessment on ATS or Call-A-Ride, he or she will not be supervised by the driver or assessment office staff. He or she may transfer from one Call-A-Ride van to another on his or her trip. If these issues cause concern, he or she may bring an attendant at no charge. I understand that I may be present with the Applicant during the interview and any functional assessment, and state that:

I will be present,

I designate _____ to be present on my behalf, or

I waive my right to be present and do not designate another person to be present _____ on my behalf.

Signature: _____ Date: _____

Relationship to applicant: _____

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1. What type or types of disabilities prevent you from using MetroBus or MetroLink?
Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Visual impairment/Blindness |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Brain injury |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Other _____ |

2. Please describe your disability/disabilities in more detail, including the diagnosis/diagnoses.

3. Please indicate all of the mobility aids or equipment you use when traveling outside your home.

- | | |
|--|--|
| <input type="checkbox"/> Communications Device | <input type="checkbox"/> Long white Cane |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | |

4. If you use a wheelchair or scooter, is it:

- | | | | |
|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|
| 30 Inches Wide or Less? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 48 Inches Long or Less? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 600 Pounds or Less when Occupied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

INFORMATION ABOUT YOUR CURRENT USE OF FIXED ROUTE SERVICES OR PARATRANSIT SERVICES

1. How often do you currently use MetroBus or MetroLink services by yourself?

- Daily Several times per week At least monthly
 Rarely Never

2. Do you or will you need the assistance of another person to travel while using Call-A-Ride?

- Yes No Sometimes

3. If you do not currently use MetroBus or MetroLink, please check all that apply:

- The closest stop is too far from my house.
 I do not know how to ride the bus or MetroLink.
 I cannot travel by myself between the bus stop and my destination.
 I'm afraid to use the bus or MetroLink.
 I do not want to use the bus or MetroLink.
 Other _____.

4. Please list destinations for which you use or need Call-A-Ride or ATS services.

a. Address:

b. Address:

c. Address:

5. I can cross streets independently under the following conditions: (check all that apply)

- a. At quiet streets with very little traffic Usually Sometimes Never
b. At most traffic lights Usually Sometimes Never
c. I can ALWAYS cross independently Yes No
d. I can NEVER cross independently Yes No

6. Please read the following statements and check all those that best describe your ability to use Metro services by yourself.
- I use MetroBus or MetroLink for some trips, but sometimes there are barriers that prevent me from using these services.
 - I use the bus or train frequently, on routes to familiar destinations.
 - I use the bus or train to go to new places.
 - I believe I could use the bus or train if someone taught me.
 - I am not able to use the bus or train by myself.
 - The severity of my disability changes from day to day. I ride the bus or train when I am feeling well.
 - I can get to and from the bus stop if the distance is not too great.

YOUR FUNCTIONAL ABILITY

Your answers to questions in this section will help us better understand your functional ability in specific areas. **For each question, please circle only one answer.** Your answers should be based on your physical and mental ability to perform the tasks. Assume that you are using the mobility equipment that you usually use when traveling outside your home.

Without the help of someone else, can you:

1. Use the telephone to get information?

Always Sometimes Never Not Sure

2. Travel one level block on the sidewalk in good weather?

Always Sometimes Never Not Sure

3. If you are able to do this, how long does it take you?

Less than five minutes Five to ten minutes Not Sure

4. Cross the street, if there are curb cuts?

Always Sometimes Never Not Sure

5. Travel three blocks on the sidewalk in good weather?

Always Sometimes Never Not Sure

6. If you are able to do this, how long does it take you?

Less than ten minutes Ten to Fifteen minutes Not Sure

7. Step on and off a curb from a sidewalk?

Always Sometimes Never Not Sure

8. Wait ten minutes outside in good weather if there is no seat?

Always Sometimes Never Not Sure

9. Find your own way to or from transit stop after being shown?

Always Sometimes Never Not Sure

10. Currently travel by yourself using any mode of transportation?

Always Sometimes Never Not Sure

11. If always or sometimes, which modes of transportation allow you to travel independently?

Call-A-Ride / ACT / ATS MetroBus / MetroLink Car

12. If the weather is good and there are no environmental barriers, how far can you travel outside independently, using your mobility device if applicable?

- I cannot travel outdoors alone at all Curb in front of my house
- 1 block 3 blocks 6 blocks 9 blocks
- More than 9 blocks Not sure Other: _____

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use buses and or MetroLink.

TO AVOID ANY DELAY WITH PROCESSING YOUR APPLICATION: Please review this form to make sure that you have completed all of the questions to the best of your ability. Be sure to sign the application. Return the application by mail to: METRO, One Metropolitan Square 211 N. Broadway – Suite 700 St. Louis MO 63102, by email to adaservices@metrostlouis.org or by fax to (314) 335.3419.

Professional Verification

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Dear Professional:

You are being asked by _____ (applicant) DOB: _____
SS# (last 4 digits): _____ to provide information regarding his/her ability to use our transit system. Federal law requires that Metro (Call-A-Ride / ATS) provide Paratransit services to persons who cannot use fixed-route transit services. The information you provide about the noted disability or disabilities will allow us to evaluate this request and its application to specific trip requests. This does not include persons who find it uncomfortable or difficult to get to and from bus stops or rail stations.

To qualify for ADA Paratransit services, a person must be unable to use regular fixed-route transit due to a physical or mental disability. Indicate below, the nature of the applicant's disability.

For all applicants--Please specify the disability/disabilities of the applicant.
Please include DSM-V or ICD 10 codes, if available.

DSM-V and/or ICD-10 Codes: _____

For applicants with seizure disorder—

Date of onset: ___/___/___

Type of seizures: _____

Frequency of seizures: _____

Date of last seizure (if known): ___/___/___

An indication of the effectiveness of the medication(s) in controlling seizures: _____

Presence/Absence of aura: _____

For applicants who have had a stroke—

American Heart Association Stroke Outcome Classification: _____

For applicants with blindness or low vision—

Best Corrected Vision: ___/___ OS ___/___ OD Visual Field: _____ degrees

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For applicants who have a cardiac condition—

American Heart Association Classification: _____

Precautions regarding activity: _____

Precautions regarding extreme heat and cold (in terms of activity level as well as tolerance to sitting/waiting): _____

For all applicants--Please describe how the applicant's disability prevents him or her from using MetroBus or MetroLink.

For all applicants--Please list any activity or environmental precautions:

The disability is _____ Permanent or _____ Temporary.
If the disability is temporary, expected duration is _____ months.

Your professional area of specialization is, check one:

- | | |
|--|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Registered Nurse/Licensed Practical Nurse |
| <input type="checkbox"/> Rehabilitation Specialist | <input type="checkbox"/> Physical/Occupational/Speech Therapist |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Independent Living Specialist |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Orientation & Mobility Specialist | |

Your Name/Title: _____

Agency/Company Name: _____

Professional License # (if applicable): _____

Office Address: _____

Office Phone #: (_____) _____ -- _____ Fax: (_____) _____ -- _____

I hereby certify that the above information is true. Metro (1) may verify the validity of the professional providing the certification, (2) make the final determination on an applicant's eligibility for ADA Paratransit Service.

Signature Date

METRO, One Metropolitan Square 211 N. Broadway – Suite 700 St. Louis MO 63102 or fax to (314) 335.3419
adaservices@metrostlouis.org