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.


3. Metro will schedule your assessment upon your request once Metro has received your completed application and notify you of the eligibility determination no later than 21 days following the date of your scheduled assessment. If Metro is not able to schedule your assessment within 10 days of your request, or your determination is not made by 21 days after your scheduled assessment, you will be granted Presumptive Eligibility. 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. 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
UPLOAD: https://externalapps.metrostlouis.org/ADAFileUpload/

Please call Metro Staff at (314) 982-1510 seven days after mailing or two days after faxing or uploading 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.

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 the Transit Access Center at 314.982.1510 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?
    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: _______________________

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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.

☒ Physical disability ☐ Visual impairment/Blindness
☐ Developmental disability ☐ Brain injury
☐ Mental illness ☐ 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.

☐ Communications Device ☐ Long white Cane
☐ Cane ☐ Manual Wheelchair
☐ Powered Wheelchair ☐ Scooter
☐ Crutches ☐ Walker
☐ Leg braces ☐ Prosthesis
☐ Service Animal ☐ None
☐ Other: __________________________________________

4. If you use a wheelchair or scooter, is it:
30 Inches Wide or Less? ☐ Yes ☐ No ☐ Not Sure
48 Inches Long or Less?  ☐ Yes ☐ No ☐ Not Sure
600 Pounds or Less when Occupied? ☐ Yes ☐ No ☐ Not Sure
INFORMATION ABOUT YOUR CURRENT USE OF FIXED ROUTE SERVICES OR PARATRANSPORT 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
or by fax to (314) 335.3419 or upload here: https://externalapps.metrostlouis.org/ADAFiileUpload/
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:

☒ Audiologist
☒ Rehabilitation Specialist
☒ Physician
☒ Optometrist
☒ Physician Assistant
☒ Social Worker
☒ Orientation & Mobility Specialist
☒ Registered Nurse/Licensed Practical Nurse
☒ Physical/Occupational/Speech Therapist
☒ Independent Living Specialist
☒ Psychologist
☒ Case Manager
☒ Other: ________________________________

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

Return by mail to: METRO, One Metropolitan Square, 211 N. Broadway – Suite 700, St. Louis, MO 63102
or by fax to (314) 335.3419 or upload here: https://externalapps.metrostlouis.org/ADAFileUpload/