

ADA PARATRANSIT ELIGIBILITY CERTIFICATION FORM

Office Use Only

Name _____

ID # _____

Exp. Date _____

PID Exp. Date _____

PCA yes no

Eligibility _____

Conditional

Unconditional

Comments _____



METRO RTA Paratransit Services
416 Kenmore Blvd. | Akron, Ohio | 44301
Phone: 330.762.0341
Fax: 330.564.2230
yourmetrobus.org

2. Is your disability permanent?

Yes

No

If no, expected duration of your disability: ____/____/____

3. Have you ever had a seizure?

Yes

No

If yes, what type? _____ How often? _____

Are your seizures controlled with medication?

Yes

No

4. Do you use any of the following mobility aids? (Check all that apply.)

Manual wheelchair

Cane

Powered wheelchair

Braces

Powered scooter

Service animal

Prosthesis

Personal care attendant

Walker

Other:

Crutches

PART III: QUESTIONS ON USING THE BUS

1. Have you ever used METRO's bus services?

Yes

No

2. Have you participated in METRO's reduced fare program? (i.e. older adults or those with disabilities)

Yes

No

3. Does your medical condition change from day-to-day, where it may be difficult to use bus services?

Yes, my physical condition is good on some days and bad on others

No, my physical condition does not change from day-to-day

Not sure

Other reasons _____

4. On days when your physical condition is good, can you, on your own or using a mobility aid:

Get to the curb in front of your house

Travel up to one (1) block

Travel up to four (4) blocks

Travel up to six (6) blocks

Can't travel outside your house; please explain:

5. On days when your physical condition is bad, can you, on your own or using a mobility aid:

Get to the curb in front of your house

Travel up to one (1) block

Travel up to four (4) blocks

Travel up to six (6) blocks

Can't travel outside your house; please explain:

6. Does the weather have an effect on your ability to use bus services?

- Yes
- No
- I don't know

If yes, how does the weather affect your ability to use bus services?

7. Are you currently using METRO's bus services?

- Yes
- No

If yes, what routes? _____

8. Can you transfer from one bus to another?

- Yes
- No, please explain: _____

9. Are you able to, on your own, use the telephone to obtain bus information?

- Yes
- No, please explain: _____

10. Are you able to follow written or oral instructions to use bus services?

- Yes
- No, please explain: _____

11. Can you, without the assistance of another person, get to or from the bus stop nearest your home?

- Yes
 - Not sure
 - No, please explain: _____
-

12. Can you wait ten (10) minutes at a bus stop that has a seat and a shelter?

- Yes
 - Not sure
 - No, please explain: _____
-

13. Can you wait ten (10) minutes at a bus stop that does not have a seat and a shelter?

- Yes
 - Not sure
 - No, please explain: _____
-

14. Are you able to get on and off a bus if it had a mobility device lift?

- Yes
 - Not sure
 - No, please explain: _____
-

15. Are you able to follow written/oral instructions to pay your bus fare?

Yes

No, please explain: _____

16. Are you able to recognize when it is time to get on and off the bus?

Yes

Not sure

No, please explain: _____

PART IV: QUESTIONS ABOUT TRAINING

Travel training may be available to persons with disabilities who may be able to use accessible bus transportation. Travel training may be offered to familiarize customers with general public transit, specific routes, and bus stops. Training for bus services does not make you eligible for Paratransit Services.

1. Have you ever received training on how to use a bus?

Yes

No

If yes, please check all the skills you have learned:

General bus travel

Getting to and from bus stops

Getting on and/or off a bus

What to do in an emergency situation

How to transfer to a different bus

How to read a bus schedule

How to use the fare box

2. Did you complete the training?

Yes

No, please explain: _____

3. Would you be interested in receiving training/retraining for METRO's bus services?

Yes

No

PART V: YOUR CURRENT TRAVEL

List your 3-4 most frequent destinations and how you get there now:

Destination address

Frequency of travel

How you get there

Please read the following statements and check those that best describe what you believe is your ability to use METRO bus services without assistance. You may select more than one.

When are you unable to independently use METRO bus services?

- I can use METRO bus services for some trips, but not other times because there are barriers that prevent me from using the system.
- I use the bus frequently.
- I have difficulty understanding and remembering all of the things that I would have to do to find my way to and from the bus.
- I believe I could learn to ride the bus, if someone taught me.
- I have difficulty or cannot climb stairs and can only board a METRO vehicle if it has a lift.
- I have a visual disability that prevents me from getting to and from the bus, even with training.
- The severity of my disability can change from day-to-day. I can ride the bus only when I am feeling well.
- I can never use the bus by myself.
- I can get to and from the bus if the distance is not too great and the route is barrier-free.
- I am not able to use the bus for other reasons. Please explain:

Physician Verification Form Paratransit Services

This form **MUST** be filled out in its entirety. Any form with omitted information will not be processed and will be returned to the patient.

Date: _____

Patient Name: _____

The person named above is ___ currently being treated or ___ was formerly treated by me. The person has informed me of his/her/their intent to apply for METRO RTA ADA services. The information provided in this form is intended to verify any medical/health conditions that prevent the applicant from using METRO's bus services.

The following information confirms the patient's disability.

Diagnosis/Disability: _____ Date of Onset: _____

Prognosis: _____

Disability Status (Select one):

- Patient's disability is temporary.
 Patient's disability is permanent.

My signature below certifies that the above information is accurate.

Physician signature and credentials (M.D, D.O.)*

Print physician name and credentials

License # _____

Address _____

City _____

State _____

Zip _____

Physician's Office Phone Number _____

*Must be signed by a licensed physician.

I, _____
hereby verify that the diagnosis of disability listed above has been reviewed by me, is accurate and true, and represents the current physical and/or mental condition of the applicant named on this form.

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**ONCE METRO RECEIVES THE COMPLETED
PRESCRIPTION AND THE ADA APPLICATION,
WE WILL CONTACT YOU.**

Paratransit Evaluation Prescription
To be filled out by a physician

Name: _____ Date: _____

Medical Diagnosis: _____

Physical Prognosis: _____

Reasons for possible functional assessment:

Paratransit Evaluation

Contradictions to evaluation (if any)

Physician signature*

*Western Reserve Hospital, Easy Street entrance requires this prescription to be completed by a: MD, DO, DC, or DPN

In Case of Emergency:

Name	Relationship	Primary Phone
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Address	City	State	Zip
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I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize METRO RTA to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of paratransit eligibility. I also agree to submit myself for an in-person evaluation by METRO RTA and/or its acting agency for determination of paratransit eligibility.

Applicant's signature

If completed by someone other than the applicant:

Name	Relationship	Primary Phone
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Signature	Date
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DISCLAIMER

This certification form will be used to determine your eligibility for METRO ADA Paratransit Services. Paratransit Services is an origin-to-destination public transportation service for persons with disabilities who are prevented from using METRO's fixed-route transportation bus services. METRO buses are fully accessible to individuals with disabilities. You must complete the entire form. Answer every question. Incomplete forms will be returned. A physician must verify your disability, prognosis, and date of occurrence(s). Verification can be obtained directly from your physician or from an agency that has record of the physician statement on file. This information must be submitted with the application and on the enclosed form. The information you provide is confidential. It will only be shared with persons involved with METRO's eligibility determination process and other transit providers to facilitate travel in those areas, and will not be provided to any other person or agency.