

METRO RTA
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For Office Use Only:	
Expiration Date:	
Photo on file?	Y / N
METRO ID:	

APPLICATION FOR SCAT TEMPORARY SERVICES

PART A: ALL APPLICANTS MUST COMPLETE THIS SECTION IN ITS ENTIRETY. PLEASE PRINT.							
1.	Last Name:			2.	First Name:		MI:
3.	Address:						
4.	City/State:			5.	Zip Code:		
6.	Home Phone #:		7.	Cell Phone #:		8.	Date of Birth:
9.	Emergency Contact and Relationship:				10.	Emergency Contact Phone:	
11.	Signature of Applicant:					12.	Date:

By signing and submitting this application, you are giving consent to METRO RTA to contact your medical professional to verify the information contained within this application.

PART B: ALL APPLICANTS MUST COMPLETE THIS SECTION IN ITS ENTIRETY. PLEASE PRINT.			
13.	Can you ride line service/fixed route buses for some trips?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do you need a METRO photo ID?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	What type of transportation have you used in the past?		
	What type of transportation do you use now?		
16.	If you cannot ride the regular line service bus, please describe the disability that prevents you from using METRO line service:		
17.	Are you able to get to the SCAT vehicle without assistance?		18. Can a SCAT bus turn around in your driveway?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SCAT services are for residents of Summit County provided within Summit County. Applicants will be required to submit proof of residency in order to qualify for services.

PART C: TO BE COMPLETED BY APPLICANTS USING MOBILITY AID(S).			
19.	What type of mobility aid do you use:		<input type="checkbox"/> Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Cane
	<input type="checkbox"/> Standard Wheelchair		<input type="checkbox"/> Electric Wheelchair
	<input type="checkbox"/> Other: _____		
20.	Do you have a Ramp at home?		21. Any other information regarding your mobility device?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

In order to complete the application process, you may be required to complete a mobility device assessment. Please note that all METRO Line Service/Fixed Route and Paratransit vehicles are 100% accessible.

This application must be filled out completely to be considered for service. Incomplete applications will be returned to the applicant or medical professional. As a part of the application process, you may be required to participate in an assessment to determine your eligibility.

