



ADA PARATRANSIT ELIGIBILITY APPLICATION AND INSTRUCTIONS

Thank you for inquiring about eligibility for ADA Paratransit service, provided by Minot City Transit. Enclosed is an ADA Paratransit Application Form. **Please read this and the enclosed material carefully before completing the application.**

The Americans with Disabilities Act of 1990 and the Department of Transportation Regulations 49-CFR Part 37 requires Minot City Transit to provide paratransit bus service to any individual with a disability who is unable, as a result of a physical or mental impairment, to board, ride or disembark from any vehicle on the transit system which is readily accessible to and useable by individuals with disabilities. Regulations require each transit system to develop a certification process wherein anyone needing paratransit bus service must be certified as ADA eligible pursuant to the guidelines set down in Part 37.123 of the Department of Transportation regulations. The law is very specific as to whom and under what circumstances eligibility may be granted and is not automatically assumed because of a disability.

You, or your designee, must completely answer all questions to the best of your ability and you must certify that the information is complete and correct by signing and dating the application. In addition, we ask that you fill out the Professional Release of Information allowing us to contact the professional (not a relative or friend) of your choosing who can confirm the information you have provided. This person may be a registered nurse, social worker, physician, physical therapist, psychologist, occupational therapist, chiropractor, speech pathologist, physician's assistant, nurse practitioner, mental counselor or other professional who is currently certified or licensed in their field. This person should be familiar with your disability and how it affects you.

Please complete your application as thoroughly as possible. Your answers will assist us in determining the specific limitations you have in using our service. All applicants, whether new or those applying for re-certification, must complete a new application. The Minot City Transit ADA Paratransit certification process includes completing the application, submission of a professional verification, and if needed, an in-person interview in order to determine eligibility for paratransit services based upon ADA regulations. Paratransit transportation will be provided free of charge upon request in the event of an interview. Should you have any questions about the certification process, please contact Minot City Transit at minottransit@minotnd.gov or call us at (701) 857-4148. For additional information regarding our services visit minotnd.gov/294/City-Transit

This application form is used by Minot City Transit to determine an individual with disabilities eligibility for MCT Paratransit services in the City of Minot. If you have any questions, contact the Transit Office listed below.

DO NOT FAX APPLICATIONS

MAIL ORIGINAL COMPLETED APPLICATION FORM AND RELEASE TO:

Minot City Transit

Attn: Paratransit

Minot, ND 58701

OR EMAIL COMPLETED APPLICATION FORM AND RELEASE TO:

minottransit@minotnd.gov

Complete all parts of the form clearly and legible. Forms that are not fully completed and/or legible will be returned, which will delay your eligibility determination. The applicant will receive a written determination of acceptance or denial of eligibility (by mail) within 21 calendar days following receipt of a completed application and professional verification form.

Last Name

First Name

Middle Initial

Maiden Name (If applicable)

Address

City

State

Zip

Daytime Phone:

Evening Phone:

Applicant's Date of Birth:

Do you have a Medicare card: Yes No

List the name of one person or agency that we may contact in the case of an emergency: (This is optional and is not required.)

Name:

Address:

Daytime phone:

Evening phone:

1. Are you a: Current Paratransit Rider New Applicant

2. Do you need information given to you in another format?

Yes No

Large Print Audio Tape CD Braille Another Language

3. Are you able to travel in an automobile? Yes No

4. Do you use a wheelchair or a scooter: Yes No

Is the combined weight of the device and occupant more than 600 lbs ?

Yes No

5. Does your health condition/disability require you to use a Paratransit service?

Seasonally (Nov. – April)

Permanently

Temporarily (if so, for how long)? Week(s) Month(s)

6. When using Paratransit service, does your health condition/disability require you to travel with someone to assist and/or supervise you? Yes No

7. Do you have a physical or mental impairment?

Physical Mental Both

Please describe your disability?

**8. How does this disability prevent you from using MCT Fixed Route Services?
Please explain completely. Use an additional sheet if needed.**

9. Which of the following assistive devices, if any, do you use? (Check all that apply).

Cane	*Powered Wheel Chair	Transfer Board
White Cane	Manual Wheelchair	Prostheses
Walker	Powered Scooter/Cart	Communication Aid
Crutches	Portable Oxygen	Life Support Equipment
Service Animal(please describe)		
Other(please describe)		

***If you selected wheelchair or scooter, would you prefer/need to use the device while riding in paratransit vehicles? Yes No**

PART 2: Questions about using regular-route public transit

Complete Part 2 even if you are unable to use regular-route city bus service. This information will assist us in determining how your disability/health condition affects your ability to use regular-route city bus services.

10. Do you now independently use regular-route city buses?

Yes No Sometimes

If ‘yes’ or “sometimes,” how many times?

per week per month per year

If “no”, please explain what prevents you from independently using regular-route city Bus.

11. Which of the following best describes how you use regular route city buses?

To travel to and from one destination only

To travel to and from a few destinations

To travel to and from many different destinations

12. Have you ever had training to use the regular route city buses?

Yes No If no, would you like training? Yes

13. Using a mobility aid or on your own, how far are you able to travel without the assistance of another person?

3 blocks 6 blocks

9 blocks or more less than 3 blocks

14. I can wait for a regular-route city bus (check all that apply):

only if there is a bench or shelter

up to 15 minutes more than 15 minutes

15. Will you regularly need driver assistance to/from the bus or van?

Yes No If yes, please explain:

16. Does temperature or weather affect your disability?

Yes No If yes, please explain:

17. Can you climb steps without assistance?

One 12-inch step Yes No Sometimes (explain)

Three 12-inch steps Yes No Sometimes (explain)

18. Can you wait outside without support for ten minutes?

Yes No Sometimes (explain)

19. Do you have a mental or psychological disability? Yes No

20. Are you sight-impaired or legally blind? Yes No

21. Are you able to:

Give addresses and telephone numbers upon request?

Yes No Sometimes (explain):

Recognize a destination landmark?

Yes No Sometimes (explain):

Deal with unexpected situations or unexpected change in route?

Yes No Sometimes (explain):

Ask for, understand and follow directions?

Yes No Sometimes (explain):

Safely and effectively travel through crowded and/or complex facilities?

Yes No Sometimes (explain):

The information provided on this form is private data and is used to determine ADA Paratransit eligibility. The ability to determine your eligibility is based on receiving all of the information requested on this form. All medical and personal information pertaining to applications for users of ADA Paratransit service is private, except the name of the applicant or user. Any other information cannot be released to anyone else, unless the applicant or user authorizes the release in writing. If you are determined ADA Paratransit eligible, information about your eligibility status will be entered into a database maintained by Minot City Transit.

I certify that all the information on this application is true and correct. I **understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of my ADA eligibility.** I also understand that additional information relating to my health condition or disability may be required to determine eligibility. I understand that I am responsible for authorizing health care professional verification of my condition(s) and that an in-person evaluation may be requested.

APPLICANTS SIGNATURE

DATE

**If the applicant is not his/her own guardian, the following information about the guardian is required.*

Guardian's Name:

(PRINT) First Middle Initial Last

Day Phone

Guardian's Signature

Date

**If someone other than the applicant or the applicant's guardian is preparing this form, please provide the following information about the preparer:*

Preparer's Name

(PRINT) First Middle Initial Last

Day Phone

Preparer's Signature

Date



AUTHORIZATION RELEASE FORM

Name of Applicant:

Please Print

I authorize the following professional to release to Minot City Transit specific information as requested. It is my understanding that the information released will be used solely to determine my ADA Paratransit eligibility. I understand that I may revoke this authorization at any time. Unless revoked, this form will allow that professional listed below to release information described for six months after the date appearing below.

The person listed below is familiar with my disability and is authorized to provide information to Minot City Transit to determine my qualifications for special transportation services.

**FILL IN THE FOLLOWING INFORMATION ON A PHYSICIAN OR PROFESSIONAL
WHO IS FAMILIAR WITH YOUR DISABILITY**

PLEASE PRINT

The individual listed below is a:

Licensed Physician	Certified Psychologist
Licensed Physician Assistant	Certified Psychiatrist
Certified Rehabilitation Specialist	Mental Health Counselor
Licensed Social Worker	Licensed Physical Therapist
Nurse (LPN or RN)	Licensed Ophthalmologist
Respiratory Therapist	Certified Audiologist
Registered Occupational Therapist	Other (Specify)

Physician or Professional's Name

Clinic or Business Name

Address

City _____ **State** _____

Zip

Telephone Number (Work)

Signature of Applicant:

Date

NOTE: Any medical fees associated with providing this information is the responsibility of the applicant or client and not the City of Minot or Minot City Transit.