Dear Paratransit Applicant,

Enclosed is the certification application that you requested for Metro McAllen Paratransit, the curb-to-curb alternative for people whose disabilities prevent use of Metro McAllen's standard fixed route buses.

Please take a few minutes to read the enclosed materials that explain the program; then answer the questions regarding your abilities and limitations of using regular public transportation. You must also have your physician complete the Doctor's Certification form that you will find attached to the back of the application. Incomplete applications will delay the review process.

Upon completion of your application, please mail to:

Metro McAllen
1501 West Hwy 83, Suite 110
McAllen, TX 78501

Faxed applications will not be accepted.

Once your application has been received, Metro staff will review your application. If needed, you may be contacted for more information or to arrange an interview with the Paratransit Coordinator. Please note that Paratransit service will be provided to and from the interview upon request. It is highly recommended that if you need assistance, you should bring someone with you. We will not be able to provide assistance from the parking lot.

The process may take up to 21 days for a decision on eligibility, provided that the application form is complete and additional information is not needed. After the 21 days, if a decision has not been reached, paratransit service will be provided on a temporary basis until a determination is made. Once a decision is made, you will be notified by letter of our determination of eligibility.

If you should have any questions regarding this application, please contact Metro staff at (956) 681-3535.

Sincerely,

Doris Hein
Metro McAllen

Metro McAllen
Application
For
Paratransit Service

What is Paratransit?

Paratransit is an alternative, curb-to-curb, reservation-required shared-ride public transportation service operating only in the McAllen area. It is designed to "mirror" the Metro McAllen fixed-route service in terms of available times and areas.

Curb-to-curb and "mirroring" provisions of ADA mean that NO assistance is provided to individuals between the door of their starting point or destination and the Paratransit vehicle. Assistance is provided ONLY to help board and exit vehicles (i.e. wheelchair lift). In addition, Paratransit is required to provide service only if both the starting point and the destination of a trip are located within ¾ mile of a Metro McAllen fixed route during hours when that route is operating.

Who Qualifies for Paratransit?

Paratransit service is designed to serve ONLY those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disabilities Act (ADA), disability or age does not automatically qualify a person to ride Paratransit. A person must be FUNCTIONALLY unable to use the fixed-route Metro McAllen service. A person simply being reluctant to use the fixed route because they think it is inconvenient is not a consideration in determining paratransit eligibility.

Service is provided to the following three general groups of individuals with disabilities:

1. Individuals with mental or visual impairments who, as a result, cannot "navigate the system", or people who cannot board, ride, or disembark from an accessible vehicle "without the assistance of another individual (other than the bus driver)."

2. Individuals who need a wheelchair lift when a wheelchair lift-equipped bus is not available on the fixed route that they need to travel. (Please note: All Metro McAllen fixed-route buses are wheelchair lift-equipped.)

3. Individuals that have "a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location."

Please initial the area provided below after you have read the above information in full.

____

Metro McAllen Paratransit Application

Please answer the following questions as completely as possible. If a question does not apply to you, clearly mark N/A in the space provided.

PART I: GENERAL INFORMATION

1. Name/Nombre: ______________________

2. Address/Dirección: ______________________ Apt. #: ________

   City/Ciudad: ______________ State/Estado: ______ Zip/ Código Postal: ______

3. Telephone Number: Home: ( ) __________ Work: ( ) __________

   Other: ______________________

4. Indicate INTERSECTION AND / OR LANDMARK nearest to your home: ______________________

   Indicate BUS STOP nearest to your home and approximate distance: ______________________

5. Date of Birth: ______________ Social Security No.: ______________

6. Emergency Contact:

   Name: ______________ Telephone: (Home): ______________

   Relationship: ______________ Telephone: (Work): ______________

7. If someone assisted you in completing this form, please identify them:

   Name: ______________ Telephone: ______________

PART II: INFORMATION ABOUT THE APPLICANT'S DISABILITY

8. Please check the reason(s) why you are seeking ADA paratransit eligibility.

   ☐ I can use fixed route buses to go some places, but not for other places. (Briefly explain.)

____

____

____

   ☐ I can use fixed route buses sometimes, but only if they are equipped with wheelchair lifts.

   ☐ I can NEVER use fixed route bus. (Briefly explain.) ______________

9. From the following list, please check off all disabilities or symptoms that prevent you from boarding, riding or disembarking from public buses. **All areas checked off must be stated in the doctor's certification part of this application.**

General Medical Condition

- Cancer ☐
- Diabetes ☐
- Renal ☐
- Organ Transplant ☐
- Other: ____________________

Vision/Hearing/Speech Conditions

- Aphasia ☐
- Cataracts ☐
- Glaucoma ☐
- Diabetic Retinopathy ☐
- Visual Field Deficit ☐
- Night Blindness ☐
- Partially Blind ☐
- Legally Blind ☐
- (20/200 or worse) ☐
- Totally Blind ☐
- (No light perception) ☐
- Deaf ☐
- Deaf / Blind ☐
- Other: ____________________

Heart & Circulatory Conditions

- Angina ☐
- Congestive Heart Failure ☐
- Edema ☐
- Heart Surgery ☐
- High Blood Pressure ☐
- Other: ____________________

Neuromuscular Condition

- Cerebral Palsy ☐
- Brain Injury ☐
- Multiple Sclerosis ☐
- Muscular Dystrophy ☐
- Paraplegia ☐
- Parkinson's Disease ☐
- Quadriplegia ☐
- Spina Bifida ☐
- Stroke ☐
- Vertigo / Dizziness ☐
- Other: ____________________

Lung & Breathing Conditions

- Allergies ☐
- Asthma ☐
- Cystic Fibrosis ☐
- Emphysema ☐
- Other: ____________________

Bone & Joint Conditions

- Amputation ☐
- Broken Bone ☐
- Arthritis ☐
- Osteoarthritis ☐
- Osteoporosis ☐
- Other: ____________________

Cognitive / Psychological

Alzheimer's ☐
Autism ☐
Dementia ☐
Mental Retardation ☐
Panic Disorder ☐
Schizophrenia ☐
Other: ______________________________

10. Is the disability described above: Temporary ☐ or Permanent ☐
If temporary, how long is it expected to last?
3 to 6 months ☐ 6 to 9 months ☐ 9 to 12 months ☐

Part III: MOBILITY AID INFORMATION

11. If you use mobility aids, check all those that apply:

Manual Wheelchair	☐	☐ Reclining ☐ Extended Foot Rest
Motorized Wheelchair	☐	☐ Reclining ☐ Extended Foot Rest
Scooter (i.e. Amigo)	☐	☐ 3-Wheeled ☐ 4-Wheeled

Please give the length and size of wheel base: ______________________________

NOTE: We may not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 32" or if your total weight with wheelchair is more than 600 pounds.

Walking Device:

☐ Folding Walker ☐ Non-Folding Walker
☐ Crutches ☐ Cane
☐ Long White Cane ☐ Leg Brace
☐ Service Animal

12. Using a mobility aid or on your own, how far can you travel?
I cannot travel outside my house/apartment ☐
I can get to the curb in front of my house/apartment ☐
I can travel up to 3 blocks (1/4 mile). ☐
I can travel up to 6 blocks (1/2 mile). ☐
I can travel up to 9 blocks (3/4 mile). ☐

Note: A PCA is someone who is designated or employed specifically to assist the applicant with the completion of at least one daily activity on a regular basis, such as mobility assistance, personal care, eating, or communication.

13. Will a Personal Care Attendant (PCA)* be traveling with you? Yes ☐ No ☐ Sometimes ☐
    If Yes or Sometimes, please provide name of PCA and assistance being provided: ______________
    ____

14. How do you currently travel? (check all that apply)

Drive myself	☐	Metro McAllen Paratransit	☐	Walk	☐
Someone else drives	☐	Van/Car Service	☐	Other	☐ Explain:
Fixed Route Bus	☐	Taxi	☐	______________________	

Part IV: QUESTIONS ABOUT USING METRO MCALLEN BUSES

16. Have you ever used Metro fixed-route buses? Yes ☐ No ☐

If Yes, how often per week?

Explain: ______________________________

____

If Yes, why did you stop?

Explain: ______________________________

____

If you have stopped, why is it now **impossible** and **not just difficult**, for you to travel on a fixed route bus?

Explain: ______________________________

____

If No, why have you never used the fixed-route buses?

Explain: ______________________________

____

17. Which of the following are you able to do on a regular Metro bus?

Can you read a bus schedule (including TDD, tape, voice)	Yes ☐	No ☐
Can you calculate the correct fare?	Yes ☐	No ☐
Can you put the fare in the box?	Yes ☐	No ☐
Can you follow instructions in an emergency?	Yes ☐	No ☐
Do you know where to get off?	Yes ☐	No ☐
Can you reach your destination when you get off the bus?	Yes ☐	No ☐
Can you get on and off a bus without a lift or ramp?	Yes ☐	No ☐

If you answered "NO" to any of the above, how does your disability make it "IMPOSSIBLE"?

____

____

____

____

____

____

18. Are you able to get to and from Metro fixed route bus stops on your own or using a mobility aid?

- I cannot if there are no curb cuts ☐
- I cannot if road surface is uneven ☐
- I cannot if the street or sidewalk is too steep ☐
- I cannot cross busy street and intersections ☐
- I get confused and cannot find my way ☐
- I probably could with instruction ☐
- I feel unsafe traveling alone ☐
- I cannot recognize landmarks ☐

If you checked any of the above boxes, please explain: ______

How does the weather affect your disability and limit your use of the fixed-route buses?

______

19. Can you wait 10-15 minutes for a Metro fixed route bus? Yes ☐ No ☐

If NO, please explain: ______

20. Can you climb three 11-inch steps or find a seat by yourself without the assistance of another person? Yes ☐ No ☐

If NO, please explain: ______

21. Have you ever received Travel Training for bus use? Yes ☐ No ☐

Was the training successfully completed? Yes ☐ No ☐

If so, please provide the following information:

Name of Trainer: ______________________ Name of Agency: ______________________

If you have not received training, would you like to participate in a Travel Training Program to learn how to use the fixed-route bus system? Yes ☐ No ☐

Please explain, if you checked No: ____

____

22. To better understand your needs, please list the three trips that you will make most frequently using Paratransit. Please list origin of trip and destination and the number of trips to that destination each week.

1. From: ______________________ To: ______________________

______________________ ______________________

______________________ ______________________

No. of Trips per week: ______________

2. From: ______________________ To: ______________________

______________________ ______________________

______________________ ______________________

No. of Trips per week: ______________

3. From: ______________________ To: ______________________

______________________ ______________________

______________________ ______________________

No. of Trips per week: ______________

APPLICANT AGREEMENT FORM

I understand the purpose of this application form is to determine if I, the applicant, am eligible to use the ADA Paratransit service according to the guidelines of the American with Disability Act.

I understand that this application cannot be processed if it is not complete. I understand that the Metro McAllen Paratransit (MMP) Coordinator may contact my healthcare professional/agency to verify my disability. I understand that the MMP Coordinator may need to talk to me or see me at a later date to clarify or get further information.

I agree to notify Metro McAllen Paratransit at (956) 681-3535 if I no longer need Paratransit for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using Paratransit may be grounds for suspending or revoking my eligibility to participate in this program.

I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services.

I understand the application process can take up to 21 days from the time MMP receives a complete application. If my application is returned for clarification or additional information, this can delay the process. I will receive notification of the determination of this application. If I am eligible for this service on a permanent, temporary or conditional basis, I will be given a MMP Policies and Procedures Handbook along with a MMP ID card.

I understand that I may appeal the determination within 60 days after receipt of written notification if I am determined ineligible for MMP service or if I am dissatisfied with my eligibility type.

I understand that if the MMP Coordinator receives new information regarding a change in my functional or cognitive ability, my eligibility status may be reviewed and changed. I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to the revocation of my certification. I understand that a false statement made herein may result in the rejection of my application for Paratransit service.

______________________________ Applicant's Signature/Mark ______________ Date

______________________________ Guardian or Person assisting with this application ______________ Date

______________________________ Relationship to Applicant

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

Eligibility: ☐ Unconditional ☐ Conditional ☐ Temporary: (Until) Date: ______________ ☐ Denied

PCA ☐ YES ☐ NO

Condition(s) or Reason(s) for Denial: ______________________________

Revised: 06/24/11

PART V: AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS (MUST BE COMPLETED BY APPLICANT)

Disability verification by a qualified professional does not guarantee eligibility for paratransit transportation, but it can play a major role in the eligibility determination process. While verification by a physician is not required, it is important that any professional that verifies an individual's disability be familiar not only with that person's particular disability, but also with his/her ability or inability to travel on MMP's fixed route system.

Statement of Release

I, the undersigned, understand that the medical information requested is confidential and will not be shared with any other person or agency, with the possible exception of another transit provider or transportation program to facilitate travel. I authorize the release of any and all medical records and/or information by the professionals listed below to MMP for the express purpose of determining my eligibility for paratransit transportation.

Qualified Professionals

Note: Only the following professionals are authorized to verify your disability: Family physician, physical therapist, occupational therapist, O & M specialist, therapist, rehabilitation specialist, licensed social worker, registered nurse, ophthalmologist, psychiatrist, psychologist, and case manager.

____

Signature of Applicant

____

Date

PLEASE NOTE THIS APPLICATION MAY TAKE UP TO 21 DAYS TO PROCESS

Applicant's Name: ________________________________

(PLEASE HAVE ONE OF THE FOLLOWING PROFESSIONALS COMPLETE THE REST OF THIS APPLICATION)

PROFESSIONAL CERTIFICATION

Please select from the following:

Family Physician	☐	Independent Specialist	☐	Ophthalmologist	☐
Physical Therapist	☐	O & M Specialist	☐	Psychiatrist	☐
Occupational Therapist	☐	Licensed Social Worker	☐	Psychologist	☐
Therapist	☐	Registered Nurse	☐	Case Manager	☐

Dear Professional:

The applicant who has asked you to review the information on the application and to sign this form is applying for eligibility for Metro McAllen Paratransit services. Please read the following information carefully since it may affect your response.

Who Qualifies for Paratransit?

Paratransit is designed to serve ONLY those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disabilities Act (ADA), disability or age does not automatically qualify a person to ride Paratransit. A person must be FUNCTIONALLY unable to use the fixed-route Metro McAllen service. A person simply being reluctant to use the fixed route because they think it is inconvenient is not a consideration in determining paratransit eligibility.

Service is provided to the following three general groups of persons with disabilities.

1. Individuals with mental or visual impairments who, as a result, cannot "navigate the system", or people who cannot board, ride, or disembark from an accessible vehicle "without the assistance of another individual (other than the bus driver)."

2. Individuals who need a wheelchair lift when a wheelchair lift-equipped bus is not available on the fixed route that they need to travel. (Please note: All Metro McAllen fixed-route buses are wheelchair lift-equipped.)

3. Individuals that have "a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location."

What is ParaTransit?

ParaTransit is an alternative, curb-to-curb, reservation-required shared-ride public transportation service operating only in the McAllen area. It is designed to "mirror" the Metro McAllen's fixed-route service in terms of available times and areas.

Curb-to-curb and "mirroring" provisions of ADA mean that NO assistance is provided to individuals between the door of their starting point or destination and the Paratransit vehicle. Assistance is provided ONLY to help board and exit vehicles. In addition, Paratransit is required to provide service only if both the starting point and the destination of a trip are located within 3/4 mile of a Metro McAllen fixed route during hours when that route is operating.

CERTIFICATION

Please provide information regarding the *abilities and limitations* of the above applicant and the impact on their ability to use fixed route transit services. Federal law requires Metro McAllen to provide Paratransit services to persons who cannot utilize available fixed-route bus services. The information you provide will allow us to make an appropriate evaluation of this request. Falsification of any information may result in denial of service to the applicant. Federal law also requires that we make a prompt determination in this matter.

We understand that you may only see the applicant concerning one disability, so please answer the questions pertaining to the disability you are familiar with for this applicant. Because there are sections in this application that may not apply to the applicant, it is important to make the appropriate answers only to those applicable sections, marking the section that does not apply and moving on to the next one.

Your immediate attention to this matter will be greatly appreciated. The applicant can only be considered after receiving this completed form. Thank you very much for your cooperation.

_____I do not have sufficient knowledge of this individual to offer information of their ability to use fixed route transit services. *(If checked, please skip to the signature on the last page.)*

GENERAL INFORMATION

Capacity in which you know the applicant:

____

____

Identification of all condition(s) causing their limitations for safely getting to a bus stop, boarding an accessible bus (using either a ramp or one small step), and safely getting to a destination (please explain completely):

____

____

____

Is this condition temporary? _____Yes_____No

If temporary, expected duration until: _____/_____/_____

Is this condition episodic or occasional? _____Yes_____No

If yes, under what circumstances?

____

____

Does/would this condition cause the applicant to be a danger to himself/herself or others?_____Yes_____No

If yes, please explain.

____

____

Does/would the weather affect the applicant's disability and limit use of fixed route transit services?_____Yes_____No

If yes, please explain.

____

____

Does/would this person *require* a Personal Care Attendant to travel with them?

_____Yes, on all trips. He/She always needs assistance with:

_____mobility _____reading _____eating

_____transfers _____medication _____other: ______________________

_____all of the above

_____No, the applicant does not require assistance and may travel alone.

______The applicant may need assistance at times and not at others. He/She may need assistance with:_______________

____

VISUAL IMPAIRMENTS

Does this person have a visual impairment?_____Yes_____No *(Note: If the applicant does not have a visual impairment, please check No and go to the next section.)*

Under what conditions is the applicant unable to independently get to and from a bus stop safely, board an accessible bus (using either a ramp or one small step), and safely get to a destination?

____

____

____

Vision is worse during these conditions:

_____bright sunlight	_____glare
_____dimly lit or shaded places	_____sees the same in different lighting conditions
_____night time	_____no vision at all

The eye condition is considered to be:_____stable_____degenerative_____other_________________________________

DEVELOPMENT DISABILITIES

Does the applicant have a cognitive or developmental disability?_____Yes_____No *(Note: If the applicant does not have a developmental disability, please check No and go to the next section.)*

Under what conditions is the applicant unable to independently get to and from a bus stop safely, board an accessible bus (using either a ramp or one small step), and safely get to a destination?

____

____

____

Is the person able to:

Give address and telephone number upon request?
_____Yes_____No_____Sometimes

Safely and effectively travel through a crowded area?
_____Yes_____No_____Sometimes

Deal with unexpected situations or changes in routine?
_____Yes_____No_____Sometimes

Be aware of safety issues when traveling alone?
_____Yes_____No_____Sometimes

MOBILITY DISABILITIES

Does the applicant have a mobility disability?_____Yes_____No *(Note: If the applicant does not have a mobility disability, please check No and go to the next section.)*

Under what conditions is the applicant unable to independently get to and from a bus stop safely, board an accessible bus (using either a ramp or one small step), and safely get to a destination?

____

____

____

FUNCTIONAL ABILITIES (to be completed for all applicants)
Please indicate the applicant's ability to perform the following functions:

a. Understand directions needed to complete a trip? ______Yes______No
b. Identify the correct bus or transit stop? ______Yes______No
c. Wait standing 15 minutes outside at a stop? ______Yes______No
d. Wait if seated? ______Yes______No
e. Recognize a destination or landmark? ______Yes______No

Would this individual *possibly* be able to safely use an accessible fixed route bus service for some trips if a person were to train the individual on riding and understanding the bus system? This includes independently getting to and from a bus stop safely, boarding an accessible bus (using either a ramp or one small step), and safely getting to a destination.______Yes______No

By my signature, I certify that the medical information provided in the application is accurate to the best of my knowledge and is consistent with the applicant's medical diagnosis. I understand that falsification of information may result in denial of service to the applicant. I understand all information will be kept confidential and that the applicant has a right to receive a copy of this form, if requested.

____
Printed Name of Professional

____
Signature of Professional

____
License Number Date

____
Street Address

____
City State Zip