



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,

Ruth Rodriguez
ADA Coordinator

Metro McAllen Application for Paratransit Service

What is Paratransit?

Paratransit means comparable transportation service required by the Americans with Disabilities Act (ADA) for individuals with disabilities who are unable to use fixed route transportation systems. To fulfill this requirement, the City of McAllen operates Metro McAllen Paratransit (MMP), a reservation-required, shared-ride public transportation service.

Transportation is usually curb-to-curb, but additional assistance between the door of the starting point or destination and the paratransit vehicle will be provided if requested in advance. To provide assistance, drivers may not leave their vehicles unattended for a lengthy period of time, nor lose sight of the vehicle. Assistance is always provided to help board and exit vehicles.

Provisions of ADA require that service "mirror" the standard Metro McAllen fixed route service in terms of areas and available times. Service will be provided only if both the starting point and the destination of a trip are located within McAllen city limits not more than $\frac{3}{4}$ of a mile from a Metro McAllen fixed route. Paratransit transportation is provided only during hours when the fixed routes are 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: _____
2. Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
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 <input type="checkbox"/> | <input type="checkbox"/> Reclining |
| | <input type="checkbox"/> Extended Foot Rest |
| <hr/> | |
| Motorized Wheelchair <input type="checkbox"/> | <input type="checkbox"/> Reclining |
| | <input type="checkbox"/> Extended Foot Rest |
| <hr/> | |
| Scooter (i.e. Amigo) <input type="checkbox"/> | <input type="checkbox"/> 3-Wheeled |
| | <input type="checkbox"/> 4-Wheeled |

Walking Device:

- | | |
|--|---|
| <input type="checkbox"/> Folding Walker | <input type="checkbox"/> Non-Folding Walker |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Long White Cane | <input type="checkbox"/> Leg Brace |
| <input type="checkbox"/> 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

15. 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: _____

16. 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Can you calculate the correct fare? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Can you put the fare in the box? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Can you follow instructions in an emergency? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you know where to get off? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Can you reach your destination when you get off the bus? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Can you get on and off a bus without a lift or ramp? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

16. 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?

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

If NO, please explain: _____

18. 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: _____

19. 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: _____

20. 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: _____

**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 | <input type="checkbox"/> | Independent Specialist | <input type="checkbox"/> | Ophthalmologist | <input type="checkbox"/> |
| Physical Therapist | <input type="checkbox"/> | O & M Specialist | <input type="checkbox"/> | Psychiatrist | <input type="checkbox"/> |
| Occupational Therapist | <input type="checkbox"/> | Licensed Social Worker | <input type="checkbox"/> | Psychologist | <input type="checkbox"/> |
| Therapist | <input type="checkbox"/> | Registered Nurse | <input type="checkbox"/> | Case Manager | <input type="checkbox"/> |

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 means comparable transportation service required by the Americans with Disabilities Act (ADA) for individuals with disabilities who are unable to use fixed route transportation systems. To fulfill this requirement, the City of McAllen operates Metro McAllen Paratransit (MMP), a reservation-required, shared-ride public transportation service.

Transportation is usually curb-to-curb, but additional assistance between the door of the starting point or destination and the paratransit vehicle will be provided if requested in advance. To provide assistance, drivers may not leave their vehicles unattended for a lengthy period of time, nor lose sight of the vehicle. Assistance is always provided to help board and exit vehicles.

Provisions of ADA require that service "mirror" the standard Metro McAllen fixed route service in terms of areas and available times. Service will be provided only if both the starting point and the destination of a trip are located within McAllen city limits not more than 3/4 of a mile from a Metro McAllen fixed route. Paratransit transportation is provided only during hours when the fixed routes are 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