



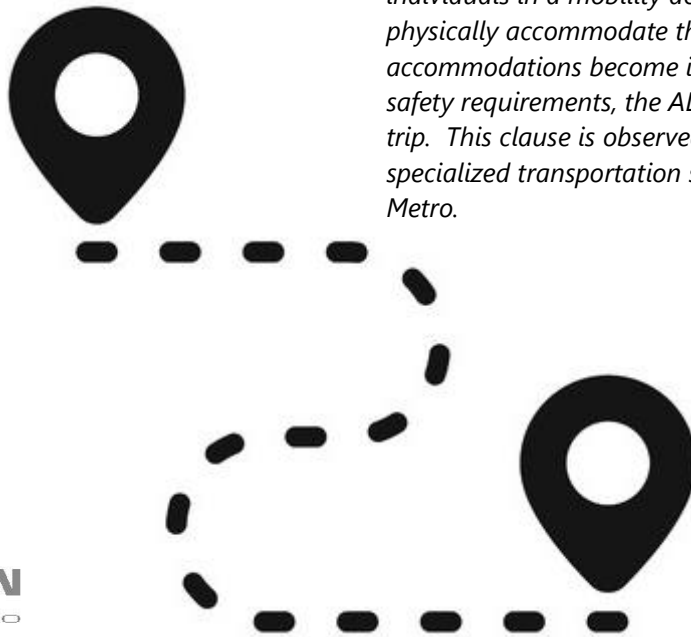
ADA Paratransit Application

For Specialized Transportation Services

ADA Paratransit Service: Door-to-door transportation for individuals whose disability prevents them from using the accessible fixed route public bus system*. Trip origin and destination must be made within a ¾ mile distance from the fixed route bus service area.

County Program: Door-to-door transportation for persons 60 years or older, and for those under 60 who have a qualifying disability. Meal site trips are also available in Sheboygan, Sheboygan Falls, Plymouth and Tuesdays only in Adell.

** The Americans with Disabilities Act (ADA) requires public transportation programs to service those individuals in a mobility device **if** the lift and vehicle can physically accommodate the passenger. If accommodations become inconsistent with legitimate safety requirements, the ADA does not guarantee your trip. This clause is observed by all specialized and non-specialized transportation services provided by Shoreline Metro.*



(920) 459-3420

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs & activities receiving Federal financial assistance (42 U.S.C. Section 2000d). Shoreline Metro is committed to practicing non-discrimination. If you believe you have been subjected to discrimination you may file a complaint with the Shoreline Metro Title VI and ADA Officer. For more information you may visit us at shorelinemetro.com & view the "Riders Rights" page by clicking on the Riders Services tab or you may call the Shoreline Metro Title VI and ADA Officer at 920.459.3140.

INTRODUCTION

Thank you for choosing Metro Connection!

The attached application for specialized transportation certification is a general application for shared city and county transportation services provided by Metro Connection, a division of Shoreline Metro.

Please complete the following pages thoroughly and return to the address provided. Applicants will receive a letter of determination within 21 days of receipt of the completed application. Any incomplete applications will be returned, thereby delaying the certification process. Submission of this application does not guarantee eligibility.

After reviewing your application, Metro Connection may need to:

- Contact you by phone;
- Schedule an in-person assessment or on-board assessment;
- Consult with your doctor or health professional;
- Submit a request for professional verification to your doctor or health professional.

An in-person assessment may include discussion on fixed route travel training and/or an assessment to determine your ability to use public transit. For more information, please contact Metro Connection at (920) 459-3420, Option 2.

Section A: Applicant Information

Name: _____ **Gender:** _____
FIRST MI LAST

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Date of Birth:** ____/____/____

Home Phone: _____ **Mobile Phone:** _____

Facility Name (if applicable): _____

Are you on Medical Assistance? Yes No

(Otherwise known as Medicaid, Title XIX or MA-not to be confused with Medicare)

Are you a member of any of the following social service agencies?

Community Care Care Wisconsin My Choice Family Care Inclusion

MTM Logisticare IRIS (iLife, Outreach)

Please check which best describes your current living situation:

- I live independently (without the assistance of another person)
- I live with family members who help me
- I receive assistance from someone that comes to my home to help with daily living activities
- Assisted Living Facility
- 24-hour care or Skilled Nursing Facility

Section B: Mobility Information

Do you require the use of a mobility aid?

Yes No *If Yes, please check all that apply:*

- Manual wheelchair
- Electric wheelchair
- Electric scooter
- Walker
- Guide animal
- White Cane
- Cane
- Crutches

If you use a wheelchair or scooter, please provide the following information:

Make/Model: _____ Size: Length _____ Width _____ Weight _____

Please answer all the following questions about your mobility:

Can you travel from your residence to the curb or roadside without assistance?

- Yes
- No
- Sometimes

How many city blocks can you travel without the assistance of another person?

- 1 city block
- 2-4 city blocks
- 5-7 city blocks

Can you wait outside without support for 10 minutes?

- Yes
- No
- Sometimes

Is your ability to travel affected by any physical, architectural, or natural barriers (such as distance, terrain, weather, lack of curb ramps, etc.)?

- Yes (Please explain): _____
- No

Can you make your way to a bus stop with or without the use of a mobility device?

- Yes
- No (Check all that apply to you.)
 - I cannot find the stop because I get confused.
 - I need assistance when I travel to the bus stop.
 - I cannot cross the street.
 - Heavy rain/snow makes it impossible for me to get there.
 - Bus service is not available in my area.

Have you ever used Shoreline Metro, the fixed route city bus?

Yes No Sometimes

Please explain: _____

If personalized assistance were provided to educate you in riding the city bus, would you be willing to use it? Why or why not?

Do you have a problematic health condition? Yes No

****IF YOU ANSWERED "NO" TO THIS QUESTION, PLEASE SKIP TO SECTION D****

Section C: Problematic Health Condition Information

What is your disability or problematic health condition? Do not abbreviate or use acronyms.

Is this condition temporary? Yes No If "Yes," the expected duration is until ___/___/___

Is your disability cognitive? Yes No If "Yes", please indicate level of assistance necessary:

Minimal Help Moderate Help Maximum Help (Must have help)

If you live in Sheboygan, Sheboygan Falls or Kohler, how does your disability/health condition prevent you from using the city bus? Please explain thoroughly, including any special accommodations you may need.

When did you first experience the condition(s) you described above?

0-1 year ago 1 – 5 years ago Longer than 5 years

Do the conditions you described change from day-to-day?

Yes, good on some days, bad on others No, doesn't change Don't know

Please answer the following questions about your disability/health condition:

Do you travel with a Personal Care Attendant (PCA)?

Yes No If "Yes," list name and relationship_____

Does your disability allow you to give addresses and telephone numbers upon request?

Yes No Sometimes

Does your disability allow you to recognize a destination landmark?

Yes No Sometimes

Does your disability allow you to ask for, understand and follow directions?

Yes No Sometimes

Do you use a communication aide?

Yes No If "Yes," please specify the device_____

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Section D: Emergency Contact Information

List the names of two people who may be contacted in case of an emergency:

1) Name:_____

Relationship:_____ Phone No(s): _____

2) Name:_____

Relationship:_____ Phone No(s): _____

Section E: Acknowledgement of Application

To the best of my knowledge the above information is true and factual. I understand that falsification, distortion, or misrepresentation of information may result in denial of service. Further, an incomplete application may delay in the certification process and may result in the process taking longer than 21 days in accordance with ADA law.

Signed: _____ **Date:** _____

If this application has been completed by someone other than the person requesting certification, he or she must supply the following information about him/herself:

Name: _____ Relationship: _____

Address: _____ Phone No: _____

Would you like correspondence regarding this application and service sent to you? Yes No

Signed: _____ **Date:** _____

Please mail, email, or drop off this completed application to:

Metro Connection
608 S Commerce Street
Sheboygan, WI 53081
Email: margaret.myers@shorelinemetro.com
Confidential Fax: (920) 459-0231

Please note that you will be contacted via telephone if you need to be evaluated in person. All applicants will receive a letter within 21 days of receipt of the completed application with a determination. If you are denied, the appeals process will be provided.

Metro Connection Documentation Only:

Date Received: _____ **Reviewed By:** _____

In-Person Review Required: Yes No **In-Person Review Completed:** Yes No **Date:** _____

Bus Assessment Required: Yes No **Bus Assessment Completed:** Yes No **Date:** _____

Doctor's Verification Required: Yes No **Doctor's Verification Received:** Yes No

Service: Paratransit County **Eligibility:** Conditional Unconditional Lifetime

Effective Date: _____ **Expiration Date:** _____ **Initials:** _____

Authorization for Professional Verification

In order for your application to be evaluated, it may be necessary to contact a physician or other professional to confirm the information you have provided.

The following professional(s) is/are most familiar with my disability/health condition and is/are authorized to provide Metro Connection with the information required to complete this certification.

Please complete the following information and authorization form (please attach additional information if necessary):

- Registered Nurse Rehabilitation Professional Case Manager
 Physical Therapist Occupational Therapist Mental Health Professional

Professional(s) Name: _____

Facility: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone No: _____ **Fax No:** _____

I hereby authorize the above professional to provide the required information to Metro Connection. Furthermore, I understand that it may be necessary for me to participate in an in-person evaluation to determine my eligibility for specialized transportation services. I certify that the information here and on the preceding pages is correct. I understand that falsification of information may result in denial of service.

Applicant Name: _____ **Date of Birth:** _____

Signed: _____ **Date:** _____
(Signature of Applicant or Legal Guardian)