

## Application for Metro Mobility ADA Paratransit Service

**APPLICANTS:** All questions must be filled out **COMPLETELY**. Please read the instructions carefully. **SIGN** and **DATE** this application on page 4.

*For the following questions, please print your answers legibly.*

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Mailing Address, if different: \_\_\_\_\_  
(Address) (City) (Zip Code)

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

TDD/TYY (telephone for people with hearing impairments) Yes No

Date of Birth: \_\_\_\_\_

1. a. Please list a person who lives locally that could be contacted in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

b. If different from applicant, please give the name of the person and phone number to call who can arrange an interview /evaluation appointment for the applicant.

\_\_\_\_\_

2. Describe the disability or condition which you believe may make you eligible for Metro Mobility ADA Service.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please explain **HOW** your disability **prevents** you from riding a regular fixed route city transit bus:

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4. **Attach** all relevant information identifying your disability and include any appropriate documentation to this application. (Use extra pages if you need to.) **You will need to include a letter from your doctor, agency, or professional that can verify your functional ability as it relates to the fixed route city bus.**

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5. a. What mobility aid or equipment do you use when you travel? (Circle all that apply)

Wheelchair    Walker    Portable oxygen    Picture or Alphabet Board  
Cane    Leg Braces    Service Animal    Other: \_\_\_\_\_

b. If you use a wheelchair, is it:    Manual    Power    Scooter

What is the combined weight of you and your wheelchair?

Under 600 pounds

600 pounds or more

c. Please provide us with the approximate dimensions or make and model of your wheelchair:

Length: \_\_\_\_\_ In.    Width: \_\_\_\_\_ In.    Make/Model: \_\_\_\_\_

d. When you travel, do you need assistance from a personal care attendant?

Yes

No

6. Can you walk or wheel, without assistance, to the curb in front of your house?

Yes

No

7. Are there any physical or terrain barriers (i.e. streets, sidewalks or curbs) that prevent you from getting to or from a bus stop?

No

Yes

If yes, please describe what type of barriers you face and how they prevent you from reaching the bus stop: \_\_\_\_\_

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8. How far is the nearest bus stop to your residence? \_\_\_\_\_  
\_\_\_\_\_
9. What bus route is nearest to your residence? \_\_\_\_\_
10. When riding a city bus:
- |   |     |    |
|---|-----|----|
| * Are you able to ask the driver for assistance?  | Yes | No |
| * Can you grasp railings to get on and off the bus?   | Yes | No |
| * Can you pull cords, or push the bell strip in order to let the driver know you want to get off a bus? | Yes | No |
| * Can you make a fare transaction on a bus?   | Yes | No |
11. If you were provided with transit mobility training and given information about the bus service and routes, do you think you would be able to use the bus independently or with assistance?
- |     |    |           |
|-----|----|-----------|
| Yes | No | Sometimes |
|-----|----|-----------|
12. Did you complete this application by yourself? Yes No
- If no, the person helping you complete the application needs to complete Part B of the certification on page 4.
13. Please provide any other information which will assist us in understanding your level of mobility:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
14. Do you need bus information provided in an alternate format? Yes No
- If so, circle all formats that you can use: Braille Large Print Audio Tape  
Other \_\_\_\_\_

**Please review your application to make sure every question has an answer. Make sure the application is SIGNED and DATED on the next page.**

**(OVER)**

**CERTIFICATION**

In signing this application, the applicant agrees to the following conditions:

- 1) An interview will be required in addition to a completed application.
- 2) If at any time the applicant no longer has the disability as described, their eligibility for paratransit privileges automatically ceases and they will no longer be eligible to use Metro Mobility service.
- 3) Falsification of information in this application will result in denial of service.
- 4) All information provided in this application will be kept confidential, and only the information required to provide the services the certified individual requests will be disclosed to those who perform those services.
- 5) An individual who is found ineligible for Metro Mobility ADA service may appeal the decision within 60 days of a written determination, and they will be advised of the appeals procedures.

**A. Applicant Signature**

I certify the information given in this application is true and correct. I authorize Metro Mobility to contact by phone or by letter any agency or professional that I have indicated on this form in order to verify documentation of my functional ability.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Person completing form if other than applicant (please check one):**

- I certify that the information provided in this application is true and correct, based upon information given to me by the applicant.
- I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Person Completing Form

Please provide the following information on the person who completed the application:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Why was the applicant unable to complete this form?

**MAIL to:** Metro Mobility Certification Office  
1015 Transit Dr.  
Colorado Springs, CO 80903

Telephone: (719) 392-2396 ext. 5  
FAX: (719) 385-5419