

AMERICANS WITH DISABILITIES ACT (ADA) COMPLEMENTARY PROGRAM



Manatee County Area Transit
(MCAT)
ADA Complementary Paratransit
Service Application
2411 Tallevast Rd, Sarasota, FL 34243

Dear Applicant,

Thank you for requesting an application for MCAT's Demand Response Transportation, which is known locally as "Handy Bus service." Handy Bus service is a shared ride, door-to-door service for people who, because of their disability, are unable to independently use the regular MCAT fixed route accessible buses. The MCAT Handy Bus eligibility process complies with Federal implementing regulations for Americans with Disabilities Act (ADA) complementary paratransit service.

The MCAT Demand Response Transportation service is much more expensive than MCAT's fixed route bus service; therefore, the MCAT ADA application process ensures that only those who truly need the door-to-door transportation are approved.

Please complete pages three (3) through eight (8) of the enclosed application, and your designated professional needs to complete pages ten (10) through thirteen (13). It is very important that you remember to sign your application on pages three (3) and eight (8). Unsigned applications and incomplete information will only delay the process. Mail your complete application to: Manatee County Area Transit-2411 Tallevast Rd, Sarasota, FL 34243.

Once the application is processed, applicants typically participate in a one-on-one assessment with a MCAT staff member to help determine eligibility. If an in-person assessment is required, MCAT will make travel arrangements for you to meet with assessment staff at our facility.

Handy Bus ADA service is only provided during the same service hours as MCAT's regular bus service and serves locations within (3/4) of a mile of a local bus route.

Please understand that MCAT's regular buses are all equipped with wheelchair lifts or ramps and have kneeling devices to make boarding easier, as well as concrete boarding pads and accessible seating at bus stops. The MCAT system of bus routes provides more independence and travel flexibility, and will also save the passengers money, since reduced bus fare is available for seniors and those with qualifying disabilities. Riding the bus is easy and MCAT offers free travel training. Please call 941-747-8621 x3567 about bus service and to schedule travel training.

If you have any questions about MCAT's ADA Handy Bus application or service, please call the main office at 941-747-8621 x3567.

Sincerely,

Manatee County Area Transit



DEMAND RESPONSE TRANSPORTATION

Manatee County Area Transit (MCAT)

ADA Complementary Paratransit Service Application

Application Instructions:

- One person only per application
- Original applications only, copies are not accepted
- **Incomplete or illegible forms will be returned, which will delay the eligibility determination process.**
- Provide all information requested on page (3). Answer all questions on pages four (4) through seven (7). **Your signature is also required on pages (3) and (8).**
- Deliver this entire application to the qualified licensed professional. Ask him/her to answer all questions on pages ten (10) - twelve (12) and sign on page (13).
- Once the application is complete, mail the entire packet to:

Manatee County Area Transit (MCAT)
Attn: Paratransit Coordinator
2411 Tallevast Rd
Sarasota, FL 34243
941-747-8621 X3567

APPLICATION FOR DEMAND RESPONSE TRANSPORTATION

This section to be filled out by the Applicant. Please Print.

Mr./Mrs./Ms. First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Name of Condo/Subdivision/Mobile Home Park _____

Closest Major Intersection _____

Telephone (Home) _____ (Cell) _____

Date of Birth ____/____/____

I understand that the information obtained in this Americans with Disabilities Act (ADA) certification process will only be used by Manatee County Area Transit (MCAT) to determine my eligibility for Demand Response transportation services and that this information will only be shared with other Transit Providers or transportation programs to facilitate travel and/or coordinate services. **This information will be kept confidential and will not be used for any other purpose, unless authorized in writing by me, the applicant.** I understand MCAT may need to contact an authorized professional to verify information on this application regarding how my disability prevents me from using MCAT's regular bus system.

I hereby certify that the information given in this application is truthful and accurate to the best of my knowledge, and is provided to MCAT for the purpose of evaluating my eligibility to participate in the ADA Demand Response transportation program. I agree to notify MCAT immediately of any changes in my disability status and understand that this may affect my eligibility to use these services.

*Applicant's Signature _____ Date _____

Print Name _____

If applicant is unable to sign this form, he/she may have someone sign and certify on applicants behalf.

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Relationship to Applicant _____

*Proxy Signature _____ Date _____

Print Name _____

Applicant/Proxy Signature Required

1. Have you used, or attempted to use, the regular MCAT bus system within the past three (3) months? Yes No

If Yes, which route(s)?

2. If you answered “No” to question 1, have you ever ridden a regular transit bus?
 Yes No

If Yes, when and where did you last ride?

3. Some bus trips may require you to get off one bus and onto another to complete your trip. Can you do this on your own? Yes No Sometimes

If No or Sometimes, please explain _____

4. Have you ever received training to learn how to use the regular bus system? Yes No

If No could you learn, with a travel trainer’s assistance? _____

5. Describe your disability (health impairment). When was this condition diagnosed? (If you have a visual impairment, provide your visual perception with best correction, i.e. 20/200 both eyes.)

6. Is your condition or disability temporary? Yes No

If Yes, expected recovery ____ / ____ / ____ (____ months)

7. If you are NOT currently riding MCAT buses, please check all the reason that apply:

- I don't know how to ride the regular bus system, it is too confusing.
 - I'm afraid to ride the regular bus system.
 - I don't want to ride the regular bus system.
 - It is too far to get to a regular bus stop.
 - The regular bus system doesn't go where I want to go.
 - The ground is too uneven or too steep for me to get to the bus stop.
 - There are no sidewalks where I live.
 - My disability prevents me from getting to/from the bus stop.
 - I cannot safely and effectively travel through crowded or complex facilities.
 - I cannot wait at a bus stop unless there is a bench or shelter.
 - I cannot travel in areas without curb-cuts or sidewalks.
 - I cannot travel at night due to night blindness.
 - I cannot recognize a destination or landmark.
 - Very hot or cold weather is extremely hazardous to my health (i.e. temperature sensitivity).
 - Other (please explain) _____
-

8. Are you able to handle unexpected situations or changes in routine?

- Yes No Sometimes

If No or Sometimes, please explain _____

9. Can you use the telephone or TDD/relay service to get information about MCAT's regular bus service? Yes No Sometimes

If No or Sometimes, please explain _____

10. Can you wait outside at the curb without assistance for ten (10) minutes until your transportation arrives? Yes No Sometimes

If No or Sometimes, please explain _____

11. Please list three (3) trips you take, and how you are getting there now.

Note: Information regarding your trip making needs will only be used to determine the eligibility of specific trip requests. These determinations are based upon your functional ability to complete certain trips using the regular fixed route bus system, accessibility features, and environmental factors.

1. Origin _____

Destination _____

Frequency _____

How do you get there now?

- Demand Response/ Handy Bus MCAT/ Regular/Fixed Route Bus
 Other _____

2. Origin _____

Destination _____

Frequency _____

How do you get there now?

- Demand Response/Handy Bus MCAT/Regular/Fixed Route Bus
 Other _____

3. Origin _____

Destination _____

Frequency _____

How do you get there now?

- Demand Response/Handy Bus MCAT/Regular/Fixed Route Bus
 Other _____

12. MCAT's regular Bus Operators call out bus stops at major transfer and destination points and all major intersections. They will also call out special stops upon request. With this help, can you recognize the right stop and get off the bus when you need to?

Yes No Sometimes

If No or Sometimes, please explain _____

13. Please check any mobility aids or equipment that you currently use:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Manual Wheelchair* | <input type="checkbox"/> Cane | <input type="checkbox"/> Cue Cards | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Personal ID | <input type="checkbox"/> Powered Scooter* | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Electric Wheelchair* | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Guide Dog/Service Animal | | | |
| <input type="checkbox"/> Other _____ | | | |

WHEELCHAIR/SCOOTER DIMENSIONS _____ Length _____ Width

(Please provide length and width measured 2 inches above the ground including foot rests. These measurements are required for accessibility purposes and board MCAT equipment.)

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

Less than 200ft One Block Two Blocks ¼ Mile (3 blocks)

1/2 Mile (6 blocks) ¾ Mile (9 blocks) More than 3/4 Mile Other _____

15. Are you able to easily transfer from your wheelchair to a Vehicle? Yes No Not Applicable

16. Do you require a Personal Care Attendant (PCA) and/or a service animal to travel? (Note: A PCA is someone who is designated or employed by a person with a disability to assist that person in meeting his or her personal needs and/or to facilitate travel for a specific trip. A service animal is trained to provide assistance and is not a pet.)

Yes No Sometimes

If Yes or Sometimes, please provide the name of the PCA and/or the type of service animal:

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

(Must be completed by Applicant)

Disability verification by a qualified professional does not guarantee eligibility for Demand Response 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 MCAT's regular bus system.

AUTHORIZING PROFESSIONAL EVALUATION

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 hereby authorize the following named professional to provide information about my disability and abilities to travel to Manatee County Area Transit and/or persons assisting Manatee County Area Transit to determine my eligibility for ADA Paratransit service. I understand that this information will be used solely for the purpose of determining my eligibility for ADA Paratransit service and that all **medical information about my disability will be kept confidential.**

I also understand that at no expense to me, Manatee County Area Transit may require that I see another professional of their choosing for an in-person evaluation of my travel skills and I agree to such an evaluation if one is necessary.

*Applicant's Name: _____
(Please Print)

Applicant's Signature: _____
(Required)

Date: _____

Proxy Name _____
(Please Print)

Date: _____

*Proxy's Signature: _____
(Required)

Relationship to the applicant _____

Applicant/Proxy Signature Required



NOTE: This portion must be completed by one of the following currently licensed professionals before returning the application to our office: Physician (M.D. or D.O. or D.C.), Audiologist, Ophthalmologist, Psychologist, Registered Nurse, Clinical Social Worker, Independent Living Specialist, Occupational Therapist, Psychiatrist, Physical Therapist, or Rehabilitation Specialist.

Dear Medical Professional:

The Americans with Disabilities Act (ADA) of 1990 requires that Manatee County Area Transit (MCAT) provide Paratransit Service to anyone who cannot use the regular MCAT fixed-route bus service because of a disability.

The applicant has submitted this application to you indicating you can provide information regarding his/her disability and its impact upon his/her ability to utilize the public transit system. Please review and sign this application so the applicant applying to MCAT can be considered eligible for the ADA Paratransit Service. The ADA service is intended only for those trips that the applicant cannot make on MCAT's fixed-route bus service. **This application form is intended to help determine when and under what circumstances the applicant can use MCAT's fixed-route buses and when they require Paratransit service.**

All Manatee County Area Transit buses are fully equipped with wheelchair lifts and kneeling features, bus operators announce major streets and intersections and/or all vehicles are equipped with automated annunciators, making them accessible to people with disabilities.

Please note resources for this program are limited and your evaluation of each person must be based solely upon the individual's ability to use regular MCAT's fixed-route bus service. Your verification should consider only the presence of a disabling condition, not the applicant's age or those who find it uncomfortable or difficult to get to and from a fixed-route bus stop.

Thank you for your assistance.

Must be completed by Qualified Medical Professional Only

Please describe your professional status (i.e., Licensed Physician, Physical Therapist, Occupational Therapist, etc.) and your methods of evaluating the applicant's disability.

Please describe the applicant's current disabling condition.

What normal life functions are prevented or hindered by the disability?

Please describe any other medical conditions this person has at this time and severity, in detail, including any restrictions, limitation, and prognosis:

How long have these conditions been present? _____
and expected recovery? _____ months

Permanent or Temporary

Visual Disabilities

If the applicant has a visual impairment, please provide his/her visual acuity with best correction:

Right Eye _____ Left Eye _____ Both Eyes _____

Visual Fields:

Right Eye _____ Left Eye _____ Both Eyes _____

Physical Disabilities

1. Using a mobility aid, or on his/her own, how far is the applicant able to travel without the assistance of another person?

Less than 200ft One Block Two Blocks ¼ Mile (3 blocks)

1/2 Mile (6 blocks) ¾ Mile (9 blocks) More than ¾ Mile Other _____

2. Can the applicant wait outside without support or supervision for (10) minutes?

Yes No Sometimes

3. Does the applicant require special assistance and/or the use of any mobility aids?

Yes No Sometimes

Please describe _____

4. Does the applicant with his/her mobility unit weigh more than 600lbs?

Yes No Weight _____ lbs

5. Can the applicant ride a regular wheelchair accessible MCAT bus?

Yes No Sometimes

6. If the applicant falls, can he/she get up independently?

Yes No Sometimes

7. Can the applicant negotiate traffic safely and independently

Yes No Sometimes

Cognitive Disabilities

1. Is the applicant able to consistently state his/her name, home, address, and home or emergency telephone upon request? Yes No (If No, please explain.)
-

2. Is the applicant able to recognize a destination or landmark? Yes No

3. Is the applicant able to handle unexpected situation or an unexpected change in routine?
 Yes No (If No, please explain)
-

4. Is the applicant able to ask for, understand, and follow directions?
 Yes No

5. Is the applicant able to safely and effectively travel through crowded and/or complex facilities? Yes N

6. Can the applicant negotiate roadway crossings safely and independently? Yes No
(If No, please explain)
-

7. Please describe any other functional limitation(s) with respect to bus travel.
(Please be specific).
-

8. Does the applicant require a Personal Care Attendant (PCA) when traveling? (Note: A PCA is someone who is designated or employed by a person with a disability to assist that person in meeting his or her personal needs and/or to facilitate travel for a specific trip.)
 Yes No Sometimes (If Sometimes, please explain)
-
-

9. Please identify any special requirement of the applicant, particularly the need to travel with a respirator or portable oxygen supply.
-

The information obtained in this Americans with Disabilities Act (ADA) certification process will only be used by Manatee County Area Transit (MCAT) to determine the applicant's eligibility for Demand Response transportation services and will only be shared with other transit providers or transportation programs to facilitate travel and/or coordinate services. This information will be kept confidential and will not be used for any other purpose, unless authorized in writing by the applicant.

I understand that disability verification by a qualified professional does not guarantee eligibility, but it can play a major role in the eligibility determination process. **Therefore, I hereby certify that I am familiar with the applicant's particular disability and with the applicant's ability or inability to travel on MCAT's regular bus system.**

MCAT staff is hereby authorized to contact me or staff member in my office if necessary, to complete the eligibility determination process according to ADA implementing regulations (i.e., 49CFR Parts 37 and 38). I also agree to provide any and all evidence or documentation deemed necessary by MCAT for a final eligibility determination for Demand Response transportation service or a subsequent appeal.

I certify that the statements I have made herein are true and correct, and understand that false or fraudulent statements and certifications are punishable by law under 18 U.S.C. Subsection 10001 (1982).

Medical Professional Only Information:

Print Name _____ Title _____

Signature * _____ Date _____

Medical License No. _____

Phone Number _____ Fax Number _____

Please check that all information is provided and return the completed Medical Verification Form to the applicant/customer.

***Medical Professional Signature Required**

FOR MORE INFORMATION PLEASE CALL
MANATEE COUNTY AREA TRANSIT
941-747-8621 x3567

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Received: _____

Review Start Date: _____

Incomplete/Illegible? **Date:** _____

New Application: **Approved:** **Date:** _____

Re-certification: **Denied:** **Date:** _____

Reason for Denial: _____

Initial Reviewer: _____

Date: _____

PCA Needed: **YES** **NO**

Funding Source: **ADA**

Prepaid: **YES** **NO**

TD

Bill Code: _____

TT Required: **YES** **NO**

Date: _____

Currently riding the MCAT fixed route bus? **Yes** **No**