



O F F I C E  U S E	Name
	I.D. Number
	Expiration Date

## Paratransit Service Application

If the effects of your disability prevent you from getting to a bus stop, riding a lift or ramp equipped bus, and/or getting off the bus and getting to your destination, you may be eligible for MetroLINK's Paratransit Services some or all of the time.

MetroLINK's Paratransit Services provide curb-to-curb, shared-ride transportation to persons who cannot independently use MetroLINK's readily accessible, fixed route bus system because of a physical, cognitive or visual disability.

**Age or the inability to drive, are not considered qualifying factors.**

ADA paratransit eligibility is based not just on the presence of a disability, but on the effect that the disability has on the person's ability to use the fixed route service. The applicant's physical and mental abilities in relation to boarding and disembarking a bus, riding the bus and traveling to or from a bus stop will be considered when determining eligibility for paratransit services.

MetroLINK will process your application and notify you within 21 days after your **completed application** has been submitted to our office.

This form has 6 pages. Please be sure that **all** sections have been completed before returning the form to MetroLINK. Incomplete information will delay the processing of your application. If you have any questions, call 309-788-3360.

Return the completed application to MetroLINK, 1515 River Drive, Moline, IL 61265 or fax it to 309-797-0072.

**It is important that all parts of this application are completed.**

The cost for a one-way trip, cash only fare, is \$2.00. Paratransit Service passengers may also ride the fixed route system at the Reduced Fare rate of \$.50 by displaying their MetroLINK Paratransit I.D. Card.

### ***Eligibility Categories of Disabled Designation***

**UNCONDITIONAL** - This category applies to those individuals who are seeking status as paratransit eligible for every trip. Individuals seeking this category need to be as specific as possible when stating why they cannot use fixed route service for any trip.

**CONDITIONAL** - This category applies to those individuals for whom an impairment related condition or an environmental barrier exists. Conditional eligibility will be determined on a trip-by-trip basis. To determine whether an individual is eligible or not, each day's environmental conditions, trip origin and destination and how they interact with the individual's disability will all be considered.

**TEMPORARY** - This category applies to those individuals who are seeking short-term status as paratransit eligible. This finding is for six (6) months.

Eligibility category you are applying for?

*Conditional*     *Unconditional*     *Temporary*

**General Information**

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pick-Up Address (if different from mailing address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number:(Home): \_\_\_\_\_ (Work) \_\_\_\_\_

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

***If Application is Being Completed by Someone Other Than the Applicant, Provide the Information Requested Below***

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

I certify that the information provided in this application is true and correct.

Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION I:****DISABILITY AND MOBILITY INFORMATION**

Please describe the disability that prevents you from using MetroLINK's accessible bus service.

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1. Is your disability permanent or temporary?

Permanent  Temporary - Until when? \_\_\_\_\_

2.  Yes  No Does your limiting condition change from time to time because of medical treatments, medications, or for other reasons?

Explain how \_\_\_\_\_

3. Do you currently ride or have you ever ridden the fixed route service?

Yes - Please explain \_\_\_\_\_

No - Please explain \_\_\_\_\_

4.  Yes  No Do weather conditions (such as heat, cold, rain, snow or ice) prevent travel to and from a bus stop? Explain \_\_\_\_\_

\_\_\_\_\_

5. Is there a physical barrier that combines with your disability that prevents travel to and from a bus stop? (example: Stairs, No sidewalks, No curb cuts)

Yes - Please explain \_\_\_\_\_

No

6. How far is your residence from the nearest bus stop?

Less than 1 block  1 block  2 blocks  ¼ mile  ½ mile  ¾ mile

7.  Yes  No Are you able to correctly identify your bus?

8. Do you have difficulty in receiving verbal or written directions?

Yes  No If yes, please explain \_\_\_\_\_

**SECTION II:****MOBILITY AID DEVICES**

What mobility aid(s), i.e. wheelchair, do you use? (please check all that apply)

- 4 wheel mobility aid (manual)       cane
- 4 wheel mobility aid (motorized)       crutches
- powered scooter       service animal
- walker       other \_\_\_\_\_

If you use a mobility aid or a scooter, is it more than 30-inches wide, 48-inches long, or is the combined weight of mobility aid and occupant over 600 pounds?

- No     Yes, Specify dimensions/weight: \_\_\_\_\_

Do you need to bring someone with you to help you when you travel (a Personal Care Attendant or personal attendant)?     Always       Sometimes       Never

**SECTION III:****Training Questions**

1.  Yes     No    Have you ever had training on how to use fixed route bus services?
2.  Yes     No    Would you be interested in receiving training?

**APPROVED IDENTIFICATION DOCUMENTS**

1. State of Illinois Driver's License      2. State of Illinois ID Card
3. U.S. Immigration Alien Registration Card      4. Passport with photo

If you qualify for a MetroLINK Paratransit Card, you will be issued a Paratransit photo I.D. Card at the time you present your approval letter and a valid Approved Identification Document. Photos will be taken at Centre Station, 1200 River Drive, Moline between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday. There will be a \$3.00 charge for replacement of a lost photo I.D. card.

## HEALTH CARE PROFESSIONAL

The remainder of your paratransit application requires information from a professional you identify as being familiar with your disability/health condition.

### *Instructions to Physician, Psychologist, Optometrist, or Audiologist*

1. Please review and complete all items below. The information you provide will be used to determine whether the applicant has one or more of the functional limitations necessary to be eligible for MetroLINK Paratransit Service.
2. If the applicant meets one or more of the criteria, please note whether the applicant's disability is temporary or permanent. A temporary disability is one which is expected to last six (6) months or less. Please note the anticipated duration of the temporary disability below. Applicants receiving Paratransit Service transportation for temporary disabilities can apply for an extension of eligibility. Applicants receiving Paratransit Service for permanent disabilities will be required to renew their cards approximately every three years.

**Applicants whose dysfunction can be controlled through medication are not eligible.**

**Applicants do not qualify on the basis of income or financial status.**

Yes  No I have read the entirety of Section I prepared by the Applicant.

Yes  No Is the Applicant disabled?

Yes  No Does this disability prevent use of the lift or ramp equipped public transit vehicle?

Yes  No Do environmental conditions have an effect on the applicant's disability?

**Applicant is eligible for Paratransit Service because of the DYSFUNCTION causing:**

Yes  No Significant difficulty walking more than one block.

Yes  No Significant difficulty boarding or alighting from a public transit vehicle (step is approximately 13 inches from the ground).

Yes  No Inability to read or understand information signs or symbols.

Yes  No Inability to hear announcements by operators in public transit vehicles.

**Applicant's impairment does not meet any of the limitations listed above.**

I cannot certify that the applicant's impairment, at this time, meets the criteria for receiving MetroLINK's Paratransit Services.

The applicant is temporarily or permanently eligible for the Paratransit Services?

(A temporary disability is one expected to last less than six months)

temporarily             permanently

If the disability is temporary, how long is it expected to last? \_\_\_\_\_ months

*If the applicant meets the eligibility criteria, please attach a statement on your professional letterhead stationary or prescription blank (printed or typed) describing in detail why the applicant meets the eligibility criteria. This statement is required in order to process an application for a Paratransit I.D. Card. Photocopies and form letters are not acceptable.*

**Check one:**

Physician     Audiologist     Optometrist     Psychologist     Clinical

Name: (print or type) \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

State of Illinois/Iowa License Number. (This number will be verified by the Illinois Department of Professional Regulation or the Iowa Board of Medical Examiners).

Write your State of Illinois/Iowa license number here: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, this application is true and correct.

Signature : \_\_\_\_\_

MetroLINK reserves the right to:

- 1) Contact the certifying physician, psychologist, optometrist, or audiologist to verify the information requested;
- 2) Make the final determination on an applicant's eligibility for a Paratransit Card; and
- 3) Have an applicant submit to a second exam by a physician, psychologist, optometrist, or audiologist selected by MetroLINK.