

# ADA Paratransit Application Information Sheet

## Included in this packet:

1. White Forms: Instruction on completing the enclosed application – please  
NHHS IRU UHIH UHQFH GXULQJ DQG DIWHU ¿ OOLQJ
2. Yellow Forms: Paratransit Applicant Form/Application
3. %OXH )RUPV 3URIHVVLQRQDO 9HUL¿FDWLRQ )RUP

5HDG WKH HQWLUH SDFNHW EHIRUH FRPSOHWLQJ IRU  
DQVZHU DOO TXHVWLRQV WR WKH EHVW RI \RXU DEL  
VXEPLWWLQJ 6LJQ WKH DSSOLFDWLRQ \*LYH WKH 3U  
KHDOWKFDUH SURYLGHU

## Return Application Options

### Via U.S. Mail:

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6 W /RXLV 02 Via FAX:

### Website Upload:

[MetroStLouis.org/ADAUpload](http://MetroStLouis.org/ADAUpload)

,I \RX KDYH TXHVWLRQV RU QHHG DVVLVWDQFH FRPS  
\$SSOLFDWLRQ IRUP SOHDVH FDOO 7R UH



# ADA Paratransit Application



# ADA Paratransit Application

## General Information

*etro*

Current or previous Call-A-Ride ID card number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ TTY: Yes No

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ TTY: Yes No

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Non-Binary

Do you NEED future written information provided to you in an accessible format?

Yes No If yes, please indicate your preferred format:

Email: \_\_\_\_\_ Braille Large Print

Other (Specify): \_\_\_\_\_

### Emergency Contact Person:

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

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Did anyone assist you with completing this form? Yes No

If yes, please provide the following information about that person.

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

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

# Applicant's Certification

For Applicant:

I understand that the purpose of this application is to determine my eligibility to use ADA Paratransit Services. I certify that the information provided in this application is accurate and I understand that I must complete a functional assessment of my abilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Only complete if you are a legal guardian OR the applicant is less than 18 years old:

As the applicant's parent and/or legal guardian, I understand the purpose of this application is to determine if the applicant is eligible to use ADA Paratransit Services. I certify that the information provided in this application is accurate and I understand that the applicant must be present for the interview and functional assessment of his or her abilities.

I understand that if the applicant travels to the assessment on ATS or ~~DOO\$LGHWKIGULYHURUDM7HQRIEHWDIIZLOOQW8HUYLM~~ them. If these issues cause concern, they may bring an attendant at no charge. I understand that I may be present with the Applicant during the interview and any functional assessment.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Information About Your Disability And Mobility Equipment

1.

# Information About Your Current Use Of MetroBus And MetroLink

**This section does not pertain to Call-A-Ride/ATS**, but your use of MetroBus (accessed at designated bus stops) and MetroLink (accessed at a designated train station).

1. How often do you currently use MetroBus or MetroLink services by yourself?  
Daily      Several times per week



# Your Functional Ability

**For each question, select only one answer.** Your answers should be based on your physical and mental ability to perform the tasks.

Without the help of someone else and using a mobility aid if needed, can you:

1. Use your cellphone to get information?  
Yes    No    Sometimes
  
2. Understand directions needed to complete a trip?  
(This does not include being unaccustomed to the English language.)  
Yes    No    Sometimes
  
3. On a good day, travel without your mobility device?  
Yes    No    Sometimes
  
4. Wait at a bus stop without a seat?  
Yes    No    Sometimes
  
5. Wait at a bus stop if there was a bench or bus shelter?  
Yes    No    Sometimes
  
6. Cross the street?  
Yes    No    Sometimes
  
7. Step on and off a curb from a sidewalk?  
Yes    No    Sometimes
  
8. Find your own way to or from a transit stop?  
Yes    No    Sometimes
  
9. If the weather is good, how far can you walk or roll outside independently  
(check only one)?  
To the curb outside your house or apartment  
To the corner of your block  
To the nearest bus stop or train stop  
To the local store(s)  
Not sure

Other \_\_\_\_\_

10. Please use this space to further explain your travel challenges and ability to use MetroBus and/or MetroLink:

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To avoid any delay with processing your application, please review this form to make sure that you have completed all of the questions to the best of your ability. Be sure to sign the application.





# For All Applicants

Can the applicant travel in the community without the assistance of another

SHURQ Yes No

:~~QWEDWKURQWLRQDIHFWKLGLEBQPEOLWWRWUDYHOLGESHQO'~~  
Hot Cold Rain Wind Snow Ice Humidity Not applicable

Other: \_\_\_\_\_

Your Name/ Titur Name/ e/



# For Applicants With An Epilepsy Condition

This section does not apply.

Date of onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last seizure: \_\_\_\_/\_\_\_\_/\_\_\_\_

UHTNE (check one)

0-1 seizure/month      2-4 seizures/month      5+ seizures/month

Other: \_\_\_\_\_

Type: (Please check all that apply)

Tonic Clonic      Petite Mal      " H q e c n " u g k | w t g u

Other: \_\_\_\_\_

RHDSSOLDWORMREERMSLDLH"      Yes      No

RHWKDSOLDWHSHULHEDQXDSULRUWRMLH"      Yes      No

\$HWNMLHMOOROQUROOHEZWRHGEWLRQ      Yes      No

7HFWHQRMKDEOLWDIHFMSHQWUDYHO      BBBB

# For Applicants With Cognitive or Psychiatric Disabilities

This section does not apply

# **For Applicants Who Have A Cardiac Condition**