



DIAL-A-RIDE SERVICE APPLICATION INSTRUCTIONS

Metro Bus Dial-A-Ride service is available for individuals with disabilities who are unable to ride Fixed Route* buses. This is a shared ride, door-through-door driver-assisted service**, which requires advance reservations. Users must complete an eligibility process before using the service. This process starts with completing the enclosed application.

Dial-a-Ride is intended only for those trips that the person cannot make on Fixed Route buses. This application is intended to determine when and under what circumstances the applicant can use Metro Bus Fixed Route buses and when Dial-a-Ride is required.

Please read instructions carefully before completing the enclosed application.

If you have questions about Dial-a-Ride Eligibility, please call 320.529.4495. If you need help filling out the application form, the interviewer will assist you at the interview.

Accessible formats are available upon request.

Please note that eligibility for Dial-a-Ride is a transportation decision, not a medical one.

Determinations are based upon a person's functional ability to use accessible Fixed Route buses. Eligibility determinations are not solely based on disability, age or medical diagnosis. Perceived inconvenience, real inconveniences or simply a desire not to use accessible Fixed Route bus service are not criteria for eligibility.

*Fixed Route buses are the large transit buses operated on set routes by Metro Bus.

**Door-through-door driver-assisted service means drivers will assist all passengers through the first door of a building [first door definition is "giving inside access to the building"] at both their point of origin and their destination.

HOW TO APPLY

To help us accurately determine your eligibility for Dial-a-Ride, please fill out the enclosed application form as completely and thoroughly as possible.

Applications that are not complete or clearly written will be returned, which will delay the eligibility determination process.

Once the application is received, you will be contacted to set up an in-person interview.

If you need transportation to the interview, let us know when we call. Your ride will be provided free of charge.

WHAT WILL HAPPEN AT THE INTERVIEW?

1. We will review the application form with you and will ask you additional questions about your ability to use Fixed Route buses.
2. We may ask you to participate in a functional assessment so we can further evaluate your travel abilities and limitations. The assessments will be at the same location as the interview. Please come dressed in appropriate attire for a possible outdoor functional assessment.

WHEN AND HOW WILL YOU FIND OUT IF YOU ARE ELIGIBLE?

You will be notified of your eligibility by letter, either in person on the day of your interview or by mail following the interview. This decision will be made within 21 days of the date we receive your application. If a decision is not made in 21 days, we will provide you with Dial-a-Ride until a final decision is made.

If you are determined eligible for Dial-a-Ride, you will be given a Dial-a-Ride Service Guide with information about the service. If it is determined that you are able to use Fixed Route buses for some or all of your trips, you will be notified in writing of the exact reasons for this decision and information will be provided about how to appeal our decision.

Mail or fax completed applications to:

Metro Bus

700 W. St. Germain St, Ste 100
St. Cloud, MN 56301

Phone: (320) 529-4497

Fax: (320) 257.7695

Email: info@stcloudmtc.com

Website: www.ridemetrobus.com

If the application is faxed, please mail the original or bring it to the interview.

Office Use Only
 Date Application Received: _____
 New Application Recertification
 Interview Date: _____
 Assessment Date: _____
 Eligibility Determination: _____
 Certification Date: _____
 Expiration Date: _____
 Travel Training: _____

APPLICATION

PART A: GENERAL INFORMATION

Please indicate below the reasons why you are seeking ADA Dial-a-Ride eligibility (check all that apply):

- I can use Metro Bus Fixed Route buses to go some places, but in other places I cannot get to or from the bus stop.
- I can use Metro Bus Fixed Route buses sometimes but only if they are accessible by means of ramp or lift.
- Because of my disability, I can never use Metro Bus Fixed Route bus service.

APPLICANT NAME: (PLEASE PRINT)

First Name: _____ Middle Initial _____
 Last Name: _____ Sex: Male Female
 Street Address: _____ Apt # _____
 City: _____ State _____ Zip _____
 Date of Birth: _____ Phone Number: _____
 What is your preferred language? _____
 Email Address _____

Please give us the name and phone number of a friend or relative we can call in case of an emergency, or if we are unable to reach you at your regular number:

Name: _____
 Relationship: _____
 Phone [daytime]: (____) _____ [evening]: (____) _____

PART B: APPLICANT'S INFORMATION

1. What type or types of disabilities prevent you from using Metro Bus Fixed Route buses.
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Visual impairment/blindness |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Other | <input type="checkbox"/> None |

Please describe your disability in more detail:

2. Is the disability above permanent or temporary?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary, I expect it to last for another __ months |
| <input type="checkbox"/> I don't know | |

3. Please indicate below if you use any of the following mobility aids or equipment.

- | | | |
|--|--|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Communication device |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Powered scooter or cart | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Alphabet Board | |
| <input type="checkbox"/> Other (please describe) _____ | | |

I do not use a mobility aid or equipment

4. If you use a wheelchair or scooter:

Is it more than 30 inches wide? Yes No

Is it more than 48 inches long? Yes No

Is the combined weight of the device and the occupant more than 800 pounds?

Yes No

5. When using Metro Bus Dial-a-Ride, does your health condition or disability require you to travel with a personal care attendant (PCA)?

Yes No Sometimes

(A PCA is a person traveling as an aide who is designated or employed by a person with disabilities to help them meet his or her personal needs and/or facilitate travel.)

PART C: YOUR CURRENT USE OF METRO BUS FIXED ROUTE BUS SERVICE

(This section **does not pertain to Dial-a-Ride**. The questions are asking about your use of Metro Bus Fixed Route bus service.)

1. Have you ever used Metro Bus Fixed Route bus service? (**Fixed Route means the large transit buses operated on set routes by Metro Bus**)
 - Yes, I typically use Metro Bus Fixed Route ____ times a week
 - Yes, I used to but stopped because _____
 - No

2. If you don't use Fixed Route bus service, explain what **prevents** you from independently using it? _____

3. Do you know which Metro Bus Fixed Route(s) serve your neighborhood?
 - Yes No If yes, which routes? _____

4. If you use Metro Bus Fixed Route service now, which routes do you use?

5. What is the closest Fixed Route bus stop to your home? Please give the location (Ex. Corner of 1st Street and 6th Avenue) _____

6. Can you get to this bus stop by yourself? Yes No Sometimes
If No, why not? _____

7. What might help you in being able to ride Metro Bus Fixed Route buses? (Check all that apply)
 - Improved route and schedule information
 - Learning to use Metro Bus Fixed Route with travel training
 - Buses being wheelchair accessible
 - Only if there are curb-cuts and level sidewalk
 - If the bus stop was closer to where I live and where I need to go
 - I would need a communication aid
 - Other, describe _____

8. Using a mobility aid or on your own, how far are you able to travel?
 - I am unable to walk or transport myself outside my home or apartment
 - I can walk or transport myself less than one block
 - I can walk or transport myself up to ¼ mile (3 blocks)
 - I can walk or transport myself up to ½ mile (6 blocks)
 - I can walk or transport myself up to ¾ mile (9 blocks)
 - I can walk or transport myself more than ¾ mile

PART C CONTINUED

9. Does the weather have an effect on your ability to use Metro Bus Fixed Route?

- Yes No I don't know

If you answered yes, how does the weather affect your ability to use the Fixed Route bus service? _____

10. I am able to wait at the bus stop for a Fixed Route bus (check all that apply)

- Only if there is a bench or shelter
 For no more than 15 minutes
 For more than 15 minutes

PART D: WHERE YOU GO AND HOW YOU GET THERE NOW

To assist with your mobility assessment, please list three places you go most often and how you get there now.

1. Destination _____
Address _____
How often do you go there? _____
How do you get there now? _____

2. Destination _____
Address _____
How often do you go there? _____
How do you get there now? _____

3. Destination _____
Address _____
How often do you go there? _____
How do you get there now? _____

PART E: SIGNATURE INFORMATION

Please Complete Box A, unless you are a Minor or have a Legal Guardian, in that case your Parent or Legal Guardian should complete Box B.

A. I understand that the purpose of this application is to determine if I am eligible to use Metro Bus Dial-a-Ride. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of Metro Bus Dial-a-Ride riding privileges as well as a penalty under the law. I agree to notify Metro Bus if I no longer need to use Dial-a-Ride.

_____ Date _____
Signature of Applicant

B. I understand that the purpose of this application is to determine if the Applicant is eligible to use Metro Bus Dial-a-Ride. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of Metro Bus Dial-a-Ride riding privileges as well as a penalty under the law. I agree to notify Metro Bus if the Applicant no longer needs to use Dial-a-Ride.

I consent to the Applicant's interview and any possible assessment of his/her travel abilities and limitations to determine Dial-a-Ride eligibility.

_____ Date _____
Signature of Parent or Legal Guardian

If someone assisted in completing this application, please provide the following information:

Print name _____
Relationship to applicant _____
Address _____
Agency _____ Phone (____) _____

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

(Must be completed by **Applicant**)

Disability verification by a qualified professional does not guarantee eligibility for Dial-a-Ride transportation, but it **can** play a major role in the eligibility determination process. While verification by a physician or licensed medical professional is **not required**, there are times when it may be important to obtain information from them to verify an individual's disability. It is important to note that the professional should be familiar not only with that person's particular disability, but also with his/her ability or inability to travel on a regular Metro Bus Fixed Route.

Statement of Release

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 authorize the release of any and all medical records and/or information by the professional listed below to Metro Bus for the express purpose of determining my eligibility for Dial-a-Ride transportation.

Qualified Professionals

Note: Only the following professionals are authorized to verify your disability: Licensed Physician or Registered Nurse, Licensed Independent Clinical Social Worker, Psychologist/Psychiatrist, Occupational or Physical Therapist, Certified Rehabilitation Counselor, Orientation and Mobility Specialist, Independent Living Specialist.

Name of Professional _____

Address _____

City _____ State _____ ZIP _____

Office Telephone Number _____

Applicant Name _____
(please print)

Applicant Signature _____ Date _____
(Required)

This authorization expires one year from date of authorization