



## 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.

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\*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](mailto:info@stcloudmtc.com)

Website: [www.ridemetrobus.com](http://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: \_\_\_\_\_  
 Legal Guardianship/Power of Attorney

**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: \_\_\_\_\_  
 Primary Phone Number (required): \_\_\_\_\_  
 Alternate Phone number (required): \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 What is your preferred language? \_\_\_\_\_

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## 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:

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2. Is the disability above permanent or temporary?

- Permanent  Temporary, I expect it to last for another \_\_ months  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) |  |   |

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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.)*

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## 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 do not 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 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 \_\_\_\_\_

## **PART C CONTINUED**

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  $\frac{1}{4}$  mile (3 blocks)
  - I can walk or transport myself up to  $\frac{1}{2}$  mile (6 blocks)
  - I can walk or transport myself up to  $\frac{3}{4}$  mile (9 blocks)
  - I can walk or transport myself more than  $\frac{3}{4}$  mile
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

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## **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? \_\_\_\_\_

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## 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 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Signature of Parent or Legal Guardian  
(Please provide proof of legal Guardianship/Power of Attorney)

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***



# Passenger Release of Information Authorization Form

Name of Passenger (please print) \_\_\_\_\_

I authorize Metro Bus staff to discuss any of the following information with the individuals noted below to the extent necessary for Metro Bus to provide me with public transportation service.

### Authorized Information (select all that apply)

- Schedule and cancel rides
- Inquire about ride locations and times
- Discuss and appeal no-shows
- Discuss any accidents or incidents that occur on the bus
- Discuss changes in mobility
- Discuss the Dial-a-Ride Service Application or Recertification form
- Medical emergencies which occur while I am utilizing Metro Bus service
- Other \_\_\_\_\_  
\_\_\_\_\_

### Authorized Agency Staff and/or Individuals (select all that apply)

#### Authorized agency and/or residential/group home staff include (please print):

- All staff employed at \_\_\_\_\_ Agency  
Contact Information (Phone): \_\_\_\_\_
- All Staff employed at \_\_\_\_\_ Residential/Group Home  
Contact Information (Phone): \_\_\_\_\_

#### Other authorized individuals include (please print):

- Name \_\_\_\_\_ Phone: \_\_\_\_\_
- Name \_\_\_\_\_ Phone: \_\_\_\_\_
- Name \_\_\_\_\_ Phone: \_\_\_\_\_
- Name \_\_\_\_\_ Phone: \_\_\_\_\_
- Name \_\_\_\_\_ Phone: \_\_\_\_\_

This release will remain on file for the duration of your eligibility with Metro Bus Dial-a-Ride service unless otherwise indicated by the passenger or their legal guardian.

Signature of Passenger \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Name (please print) \_\_\_\_\_

Signature of legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
*(Please provide proof of legal guardianship)*