

1. Describe the disability or condition which you believe may make you eligible for Metro Mobility ADA Paratransit Service.

2. Please explain how your disability prevents you from riding the fixed-route, city bus service:

3. A. What mobility aid or equipment do you use when you travel? (Check all that apply)

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Other: | | |

If you use a wheelchair, please answer 3B through 3D.

B. What type of wheelchair is it?

- Manual
- Power
- Scooter

C. What is the combined weight of you and your wheelchair?

- Under 600 pounds
- 600 pounds or more

D. Please provide us with the approximate dimensions and the make and model of your wheelchair:

Length: _____ Inches

Width: _____ Inches

Make/Model: _____

4. Do you require the assistance of a personal care attendant?

Yes

No

5. Can you travel to and from the curb in front of your house without assistance?

Yes

No

6. Are there any physical or terrain barriers (i.e. streets, sidewalks or curbs) that prevent you from getting to or from a bus stop?

Yes

No

If yes, please describe what type of barriers you face and how they prevent you from reaching the bus stop:

7. How far is the nearest bus stop to your residence? _____

8. What bus route(s) is nearest to your residence? _____

9. When riding the fixed-route, city bus:

Are you able to ask the driver for assistance? Yes

No

Can you grasp railings to get on and off the bus? Yes

No

Can you pull cords, or push the bell strip in order to let the driver know you want to get off a bus? Yes

No

Are you able to count out your fare and hand it to the bus driver? Yes No

10. If you were provided with travel training and given information about the fixed-route, city bus service and routes, do you think you would be able to use the bus independently or with assistance?

- Yes
- No
- Sometimes

11. Please provide any other information which will assist us in understanding your level of mobility:

12. Do you need bus information provided in an alternate format?

- Yes
- No

If yes, check all formats that you can use:

- Braille
- Large Print
- Other: _____

Please review your application to make sure every question has an answer. Once you have done so, please sign and date the application on the next page:

In signing this application, the applicant agrees to the following conditions:

- 1) An interview will be required in addition to a completed application.
- 2) If at any time the applicant no longer has the disability as described, their eligibility for paratransit services automatically ceases and they will no longer be eligible to use Metro Mobility service.
- 3) Falsification of information in this application will result in a denial of service.
- 4) All information provided in this application will be kept confidential. Only the information required to provide the services the certified individual requests will be disclosed to those who perform those services.
- 5) An individual who is found ineligible for Metro Mobility services may appeal the decision within 60 days of a written determination, and they will be advised of the appeals procedures.

A. Applicant Signature

I certify the information given in this application is true and correct. I authorize Metro Mobility to contact by phone or by letter any agency or professional that I have indicated on this form in order to verify documentation of my functional ability.

Applicant Signature: _____ Date: _____

B. Person completing form if other than applicant (please check one):

- I certify that the information provided in this application is true and correct, based upon information given to me by the applicant.
- I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

Name: _____ Phone: _____

Relationship: _____

Signature: _____ Date: _____

Please return this application in one of the following ways:

Mail: 1015 Transit Drive, Colorado Springs, Colorado 80903

Email: metrocertifications@springsgov.com

Fax: 719-385-5419