

MADERA DIAL-A-RIDE

**123 North 'E' Street
Madera, CA 93637
(559) 661-RIDE (7433)**

APPLICATION FOR ADA PARATRANSIT ELIGIBILITY

This application will be used to determine if you are eligible for priority service on Madera Dial-A-Ride (DAR) under the Americans with Disabilities Act (ADA). DAR serves the general public with an emphasis on senior and disabled riders. See the City of Madera Paratransit Service Plan for more details (available at www.cityofmadera.ca.gov/transit).

If you believe you have a disability that prevents you from using fixed-route services, such as MAX, please complete this form. This application may be filled out by you, a relative or a friend. It is important that you answer every question on this application. Evaluation of your request cannot begin until we have received the completed form. Please note that a doctor's statement is not required; however, we may need to contact a licensed professional for verification. Please return your application to the address at the top of this page. All information requested through this certification process will be kept confidential. Please call Madera DAR staff at (559) 661-RIDE (7433), if you have any questions or if you need an alternative format.

Once your completed form has been received, you may expect an answer within 21 calendar days. Qualifying applicants will be issued an ADA Paratransit Eligibility card that will be valid for three years from date of issuance. Denial of eligibility can be appealed by contacting the City of Madera, Transit Division at 559-661-3689.

MADERA DIAL-A-RIDE ADA APPLICATION

123 North 'E' Street, Madera, CA 93637 Phone: (559) 661-7433

FOR OFFICE USE ONLY	Received: ____/____/____	Issued: ____/____/____	Expires: ____/____/____
	By: _____		
	Denied: ____/____/____	Notice Sent: ____/____/____	Appeal Rec'd: ____/____/____

NAME: _____ DATE OF BIRTH: ____/____/____
First Middle Last Mo Day Year

ADDRESS: _____
Street City State Zip

PHONE: (Day) _____ - _____ (Evening) _____ - _____ TDD? Yes____ No____

EMAIL: _____

Describe in your own words the disability that **prevents you from using fixed-route bus service** and how (use extra sheet, if necessary): _____

Is this condition temporary? If yes, expected duration until ____/____/____

Please check all of the following mobility aids you use:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Motorized Wheelchair | <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Other (please explain) _____ | | | |

Please answer all the following questions:

How far can you travel without the assistance of another person? _____ feet or _____ blocks

Can you climb 12-inch steps without the assistance of another person?

Yes____ No____ Sometimes____ If no or sometimes, explain _____

Can you wait at a bus stop without support for 10 minutes?

Yes____ No____ Sometimes____ If no or sometimes, explain _____

Is your disability affected by temperature or weather?

Yes____ No____ Sometimes____ If yes or sometimes, explain _____

Do you need an attendant or assistant to help you with your trip or trip purpose?

Yes____ No____ Sometimes____ If yes or sometimes, explain _____

Do you have any difficulty in understanding how to use the bus or how to find a bus stop?

Yes____ No____ Sometimes____ If yes or sometimes, explain _____

It may be necessary to contact a physician or other licensed professional to confirm the information you have provided. Please complete and sign the following information:

☐ Physician ☐ Health Care Professional ☐ Rehabilitation Professional

Name: _____

Address: _____

Phone: _____

* * * * *

I hereby certify that the information provided in this application is correct, and I agree to the release of this information to Madera Dial-A-Ride for the purpose of ADA eligibility certification.

Signed:_____ Date:_____

If assistance was provided in filling out this form, please indicate by whom:

Name:_____ Relationship:_____

Phone: (Day) ____-____ (Evening) ____-____

Please mail your completed application to:

CITY OF MADERA
ATTN: DIAL-A-RIDE ADA APPLICATION
123 North 'E' Street
Madera, CA 93637