City of Madera Transit Services

1951 Independence Drive, Madera, Ca. 93637

Paratransit Application/ ADA Certification Form

Dear Applicant:

The City of Madera Transit Services provides a ADA Paratransit Service for disabled passengers referred to as Dial-A-Ride (DAR)/ ADA Paratransit Services. The eligibility criterion for this program is mandated by the Americans with Disabilities Act of 1990 and will be used to determine if you are eligible for priority services through DAR.

To begin the eligibility process, please complete the included application and return to the Madera Transit Center.

City of Madera Transit Services
Madera Transit Center
1951 Independence Drive
Madera, Ca. 93637

You may also email your application directly to transitinfo@madera.gov. When sending through email, please include your name and "Paratransit Application/ ADA Certification" in the subject bar. If the application is to be handwritten, please be sure all information is eligible. If assistance is needed, this application may be filled out by someone other than the applicant.

Madera Transit Services will notify you if your application is approved within 21 days of receiving your application. If approved, you will be issued an eligibility letter and transit will contact you to schedule an appointment for a photo ID picture to be taken as part of the ADA Paratransit Eligibility card. For your convenience, transit can arrange the photo appointment be held and your preferred location within the DAR Service Area.

For any reason, if the status of your eligibility is expected to last greater than the 21-day minimum, you will be granted presumptive eligibility beginning on the 22nd day and continuing until an official determination and written notice can be provided. Presumptive

eligibility allows you temporarily use the DAR/ ADA Paratransit Service until your application has been confirmed.

Qualified applicants will be issued a DAR/ ADA Paratransit Eligibility card with a three-year expiration date. Applicants deemed as ineligible will received a denial letter with details as to why. Please note, as part of the application process a doctor's signature is required as there is a portion to be complete by your physician or Health Care Professional. All information requested through this certification process will be kept confidential. If you have any questions or if you need an alternative format, please call Madera Transit staff at (559) 661-RIDE (7433),

Inaccurate or incomplete information on the application, failure to provide required identification, or inability to verify licensed professional's certification may result in the inability to issue the Madera Dial-A-Ride/ ADA Paratransit Eligibility Card within the 21 days.

Sincerely,

David Huff

David Huff
City of Madera Grants Department – Transit Program Manager

City of Madera Transit Services
Dial-A-Ride (DAR)
Paratransit Application/ ADA Certification Form

Madera Transit Center
1951 Independence Drive
Madera, Ca. 93637

Name:_____Date of Birth:__/____/_____
First Middle Last Mo Day Year

Address:_____
Street City State Zip

Mailing Address (if different from above) _____

Phone Number:_____ Alternative Phone Number _____

Email:_____

Do you require future information to be provided in an alternative format? ☐ Yes ☐ No

If yes, please specify. ☐ Large Print ☐ Audio Tape ☐ Braille ☐ TTY/TDD

Are you able to independently get to and from a regular Madera Metro fixed-route stop?
☐ Yes ☐ No

Are you able to get independently on and off a Madera Metro transit vehicle without assistance?
☐ Yes ☐ No

Are you restricted to a wheelchair? ☐ Yes ☐ No If yes, is it motorized? ☐ Yes ☐ No

Do you use a mobility devise such as a cane or a walker? ☐ Yes ☐ No

Will you be traveling with a personal care attendant? ☐ Yes ☐ No

Will you be traveling with a rider companion? ☐ Yes ☐ No

Will you be traveling with a service animal? ☐ Yes ☐ No

What type of transportation do you currently use?

☐ Drive self/ private auto
☐ Madera Metro Fixed Route
☐ Walk
☐ Friend/ Family Member
☐ Tax
☐ Other_____

Do you have any difficulty in understanding how to use or navigate through the City Transit Service system? ☐ Yes ☐ No

Can you climb steps without the assistance of another? ☐ Yes ☐ No

Please provide an emergency contact?

Name_____ Relationship_____

Address_____

City, State, Zip_____

Phone Number_____

AGREEMENT AND AUTHORIZATION

I certify that the information in this application is true and correct. I understand that falsification of the information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services. I agree to abide by the rules and procedures of the City of Madera Transit Services Dial-A-Ride Program.

I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

Applicant's Signature_____ Date_____

I hereby authorize the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to my local public transit agency. This information will be used only to verify my eligibility for paratransit services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

Applicant's Signature_____ Date_____

Name of Licensed Professional who may release my medical information:

Name: _____

Address: _____

Phone Number: ( )_____ - _____

LICENSE PROFESSIONAL'S STATEMENT OF ADA ELIGIBILITY

Print Applicant's Name: _____

The Americans with Disabilities Act of 1990 requires Local Transit Operator to provide Paratransit services to individuals who, because of their medical condition or impairment are prevented from using fixed route buses. Economic status, and environmental conditions may not be considered "medical" factors in the assessment of paratransit eligibility. The information requested of you in the following sections will be used to determine the applicants' ADA eligibility. It is important that all questions be answered completely and accurately to the best of your knowledge and in accordance with your records. If the information is incomplete or unclear, we may need to contact you for clarification. Thank you for your cooperation.

THIS SECTION TO BE COMPLETED BY ONE OF THE FOLLOWING:

☐Physician ☐Chiropractor ☐Health Care Provider ☐Physical Therapist

☐Rehabilitation Counselor ☐Other Licensed Professional_____

Is the applicant disability permanent?
( ) Yes
( ) NO
If NOT, HOW LONG do you expect disability to last? _____

NOTE: If a disability is temporary, it must last for at least 90 days to be eligible for ADA Paratransit Services.

Please provide Formal Medical Diagnosis to describe the applicant's primary impairments or disabling conditions: (NOTE: WITHOUT THIS DIAGNOSIS CERTIFICATION WILL BE DENIED)

_____
_____
_____
_____

_____ _____
License Professional's Name Printed License's Professional's License # (REQUIRED)

_____
Signature (MUST BE AN ORIGINAL, — Copies, Faxes, and /or Stamped NOT ACCEPTED)

Date _____