



DIAL-A-RIDE SERVICE APPLICATION

INSTRUCTIONS

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

Dial-a-Ride is intended only for trips an individual is unable to make on Fixed Routes. This application is intended to determine when and under what circumstances the applicant can use Fixed Routes and when Dial-a-Ride is required.

Eligibility for Dial-a-Ride is a transportation decision, not a medical one

Determinations are based on an individual's functional ability to use Fixed Route buses. Eligibility is not solely based on disability, age or medical diagnosis. Inconvenience or a desire not to use Fixed Route services are not criteria for eligibility.

Read instructions before completing the enclosed application.

If you have questions about Dial-a-Ride eligibility, call 320.529.4497. If you need help with the application form, Metro Bus staff will assist you at the interview.

Accessible formats are available upon request.

*Large transit buses operated on designated routes by Metro Bus.

**Operators assist passengers through the first door of a building at both their point of origin and their destination. First door is defined as giving inside access to the building.

HOW TO APPLY

Please fill out the application form as completely and thoroughly as possible. ***Incomplete applications will be returned***, delaying the eligibility determination process.

Once the application is received, a Mobility Specialist will contact you to schedule an in-person interview.

All applicants can take Dial-a-Ride free of charge to their interview. Ask about arranging transportation when we call.

Return completed applications to:

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

Fax: 320.257.7695

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

Phone: 320.529.4497

Email: info@stcloudmtc.com

WHAT WILL HAPPEN AT THE INTERVIEW?

- Your interviewer will review the application with you and ask additional questions about your circumstances.
- During the interview, you may be asked to participate in a functional assessment to further evaluate your travel abilities and limitations. 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 in person the day of your interview or in writing following the interview. Eligibility determinations are made within 21 days of the date we receive your application. If a decision is not made within 21 days, we provide you with Dial-a-Ride services until a determination is made.

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

APPLICATION

PART A: GENERAL INFORMATION

Choose from the reasons below why you are seeking Dial-a-Ride eligibility.

Check all that apply.

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

Office Use Only	
Date application received	_____
<input type="checkbox"/> New application	<input type="checkbox"/> Recertification
Interview date	_____
Assessment date	_____
Eligibility determination	_____
Certification date	_____
Expiration date	_____
Travel Training	_____
<input type="checkbox"/> Legal guardianship/Power of attorney	

PART B: APPLICANT INFORMATION: (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? _____

1. What type or types of disabilities prevent you from using Fixed Route buses?

Check all that apply.

- Physical disability Visual impairment/blindness
 Developmental disability Mental illness
 Other None

Describe your disability in more detail below.

2. Is the disability above permanent or temporary?

- Permanent Temporary, I expect it to last for another ___ months Unknown

3. Indicate any mobility aids or equipment you use. Check all that apply.

- Cane Manual wheelchair Service animal
 White cane Powered wheelchair Communication device
 Walker Powered scooter or cart Portable oxygen
 Crutches Alphabet board
 Other (please describe below)

-
- I do not use a mobility aid or equipment

4. If you use a wheelchair or scooter, what size is it?

More than 30 inches wide? Yes No

More than 48 inches long? Yes No

Total weight of the device and the occupant over 800 pounds? Yes No

5. If you use a manual wheelchair, is your combined weight over 350 pounds?

- Yes No

6. When using Dial-a-Ride, does your health condition or disability require you to travel with a personal care attendant (PCA)^{***}?

- Yes No Sometimes

^{***}Person traveling as an aide designated or employed by an individual with disabilities to help them meet personal needs and/or facilitate travel.

PART C: CURRENT USE OF FIXED ROUTE BUS SERVICE

1. Have you ever used Fixed Route service?

Yes, I typically use Fixed Routes ____ times a week.

Yes, I used to but stopped because _____.

No

2. If you do not use Fixed Route service, what **prevents** you from independently using it? _____

3. Do you know which Fixed Route(s) serve your neighborhood?

Yes No If yes, which routes? _____

4. If you currently use Fixed Route service, which routes do you use?

5. What is the location of the closest Fixed Route bus stop to your home?

(e.g. corner of 1st St and 6th Av) _____

6. Are you able to get to this bus stop without assistance?

Yes No (explain below) Sometimes (explain below)

7. What might help you ride Fixed Route buses? Check all that apply.

Learning to use Fixed Routes with Travel Training

Improved route and schedule information

Buses being wheelchair accessible

Curb cuts and level sidewalk

Closer bus stop(s) to where I live and where I need to go

Having a communication aid

Other (please describe) _____

8. How far are you able to travel using a mobility aid or on your own?
- 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 (about three blocks).
 - I can walk or transport myself up to ½ mile (about six blocks).
 - I can walk or transport myself up to ¾ mile (about nine blocks).
 - I can walk or transport myself more than ¾ mile.

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

- Yes (explain below) No I don't know
-

10. Are you able to wait at the bus stop for a Fixed Route bus? Check all that apply.

- Never
- 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, list three places you most often go and how you currently get there.

1. Destination _____

Address _____

How often do you go there? _____

How do you currently get there? _____

2. Destination _____

Address _____

How often do you go there? _____

How do you currently get there? _____

3. Destination _____

Address _____

How often do you go there? _____

How do you currently get there? _____

PART E: SIGNATURE INFORMATION

Please complete Box A **unless** the individual is a minor or has a legal guardian. In that case, your parent or legal guardian should complete Box B.

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

Signature of applicant

Date

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

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

Signature of parent or legal guardian

Date

Phone

Must provide legal documentation of legal guardianship, Power of Attorney, Conservatorship.

If assisting in the completion this application, please provide the following information.

Name (please print) _____

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 Metro Bus Dial-a-Ride eligibility, 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 the individual's ability or inability to travel on a 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.

Signature of applicant (required)

Date

Qualified Professionals

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 phone number _____

Applicant name (please print) _____

This authorization expires one year from date of authorization

Applicant Release of Information

Authorization Form

To be completed by the individual giving consent/authorization. This information is being requested solely to authorize Metro Bus staff to discuss any of the following information with the individuals/agencies below to the extent necessary to provide public transportation services. This release will remain on file for the duration of your eligibility with Dial-a-Ride unless otherwise indicated by the applicant or their legal guardian.

Name of Applicant (please print) _____ **Phone** _____

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
- Discuss medical emergencies that occur while I am utilizing Metro Bus service
- Other

Authorized agency staff and/or individuals (select all that apply)

- All staff/workers at _____ Phone _____
- All staff/workers at _____ Phone _____

Other authorized individuals (please print)

- Name _____ Phone _____
- Name _____ Phone _____
- Name _____ Phone _____

Continue on back if needed. Check here if you listed additional authorized individuals on the back.

Signature of applicant (required)

Date

Legal guardian name (please print)

Phone

Signature of legal guardian (required)

Date

Must provide legal documentation of legal guardianship, power of attorney, conservatorship.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____