

**METRA TRANSIT SYSTEM
DIAL-A-RIDE
PARATRANSIT APPLICATION**

Dear Applicant,

METRA's ADA paratransit service, "Dial-A-Ride," provides origin-to-destination public transportation to eligible persons whose disabilities prevent them from using the fixed route bus for some or all trips.

The Dial-A-Ride service application is in two parts. Part A is rider information. Part B is for medical verification. This application is available in alternative formats upon request. In order for applications to be processed, Part B of this certification must be completed by a licensed health care professional who is most familiar with the applicant's disability. A health care professional may include, but is not limited to: Physician, Registered Nurse, Mental Health Counselor, and Mobility Specialist. Return completed applications (Parts A & B) to METRA.

METRA will review applications for completeness and contact applicants if the application is incomplete. Upon receipt of complete information, METRA will contact applicants with the status of their application. METRA will determine Dial-A-Ride eligibility **within twenty-one (21) calendar days** and communicate determinations in writing. If the review takes longer, METRA will grant provisional eligibility.

Consistent with the ADA requirements, METRA offers applicants the right to appeal any eligibility denials or limitations. The letter documenting the eligibility determination explains these rights and outlines the process. Incomplete applications will be returned to the applicant with an explanation of the missing information. METRA will determine eligibility within twenty-one (21) calendar days of receipt of the completed application (Part A) and professional verification (Part B).

If approved, you will be notified and eligibility may be granted for a period of 6 months to 3 years, depending on your disability transportation needs. If your application is not approved, METRA will send a statement describing your ineligibility and how to appeal.

We appreciate your cooperation, and if you have any questions or concerns, you may call (706) 225-4596 Monday – Friday from 8 a.m. to 4:30 p.m.

Sincerely,

Ena Rivera

Ena Rivera
ADA Coordinator
METRA Transit System

**METRA TRANSIT SYSTEM
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METRA's ADA paratransit service, "Dial-A-Ride," provides origin-to-destination public transportation to eligible persons whose disabilities prevent them from using the fixed route bus for some or all trips. It is a shared-ride service that may include other eligible riders.

Individuals with disabilities that prevent them from traveling to or from bus stops or riding fixed-route bus service may be eligible for Dial-A-Ride. Riders who sometimes can use the fixed-route bus may be determined eligible for those trips they cannot make by bus because of their disability.

Eligibility for Dial-A-Ride is based on criteria defined in the Americans with Disabilities Act (ADA). To be determined eligible for Dial-A-Ride, a person must be unable to do one or more of the following tasks independently due to their disability:

- A. Board, ride, or disembark from accessible fixed-route buses
- B. Navigate the fixed-route bus system
- C. Travel to and from bus stops and stations

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Eligibility Review and Determination Process

METRA first reviews applications for completeness (Parts A and B) and returns incomplete applications with an explanation of what information is needed. Upon receipt of a complete application, METRA will contact the applicant or their representative to inform them of the application's status. Free transportation is available to and from interview appointments. METRA may also consult with the healthcare professional that completed Part B.

METRA will determine eligibility within twenty-one (21) days of receipt of the completed application and professional verification. If approved, the applicant will be notified, and eligibility will be granted for a period up to three (3) years. Eligible applicants will be requested to schedule an appointment to receive their photo identification card and will be given materials explaining the rules and regulations governing the service. After certification has expired, METRA will request applicants to reapply for certification.

If an application is not approved, METRA will send a written statement, including the reason for ineligibility and full description of the process for appeal.

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**METRA TRANSIT SYSTEM
CONTACT INFORMATION**

Please note the following points of contact for
METRA Transit System:

Phone

Dial-A-Ride/ADA Paratransit: (706) 225-4596

Transfer Center/Dispatch: (706) 225-4673

Administrative Office: (706) 225-4581

Email

METRA Info Email: metrainfo@columbusga.org

**METRA TRANSIT SYSTEM
DIAL-A-RIDE
PARATRANSIT APPLICATION**

**PART A:
APPLICANT PROFILE**

To be completed by the applicant

Please return completed application to the Administration Building:

METRA Transit System 814
Linwood Blvd
Columbus, GA 31902

Or mail to:

METRA Transit System
Dial-A-Ride
P.O. Box 1340
Columbus, GA 31902

**METRA TRANSIT SYSTEM
DIAL-A-RIDE
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PART A: To be completed by the applicant or on behalf of the applicant.

Office Use ONLY:

Date Application Turned In: _____

Approved Denied Date: _____ ID#: _____ Exp: _____

Please Check One:

_____ Initial Application _____ Recertification

Applicant: _____ Male _____ Female

Name: _____

Address: _____ **Apt:** _____

City: _____ **State:** _____ **Zip:** _____

Name of Subdivision or Apartment Complex: _____

Mailing Address (if different): _____

Date of Birth: ____/____/____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Work Phone: (____) _____

Email: _____

What is your preferred contact number?

Home Cell Work

In the event of questions or concerns, Office may contact:

Applicant Emergency Contact

Other: Name: _____

Relationship: _____ **Phone:** (____) _____

Applicant Emergency Contact (Required)

Name: _____ **Relationship:** _____

Address: _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

* Information must be updated if pertinent facts change i.e. phone numbers, or address. Current Information is critical for transportation service.

1. Please describe the disability or health condition that prevents you from using METRA buses some or all of the time by yourself:

Is Your Disability:

Permanent Temporary Not Sure

If temporary, please indicate how long you will need Dial-A-Ride service:

2 Months 3 Months 6 Months Other

Please explain if other:

2. How does your disability affect your ability to ride the regular fixed route bus service? Please be specific.

3. How close is your residence to a METRA bus stop?

- 1 Block 2-4 Blocks ¼ mile ½ mile or more
- Don't Know

4. Which mobility aids or equipment do you use?

- I Do Not Use a Mobility Aid / Equipment
- Respirator/Oxygen Tank
- Walker
- Braces
- Cane
- Oxygen
- White Cane
- Ramp
- Crutches
- Prosthesis
- Scooter
- Manual Wheelchair
- Motorized Wheelchair

Service Animal (indicate type of animal): _____

What function does the animal provide?

NOTE: Please note that ramps on METRA Dial-A-Ride vehicles have a capacity of 1,000 pounds.

5. Do you travel with a personal care attendant (PCA)?

Yes No Sometimes

Please check all that apply:

- Help me get to the bus stop.
- Help me get on or off the bus.
- Help me while I ride the bus.
- Help when I use paratransit service.
- Help me get where I am going once I am off the bus.

Other: _____

6. Please indicate how far you are able to travel without the assistance of another person.

1–2 blocks 3–4 blocks 5–6 blocks None

7. Can you climb three (3) steps with a handrail, without assistance from another person?

Yes No

If no, please explain: _____

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ACKNOWLEDGEMENT

I agree to notify METRA of any changes in my health and mobility status, which may affect my eligibility to use the service.

Rules & Regulations

1. The driver is only allowed to wait five minutes on any rider to come to the bus.
2. This service is only from curb-to-curb. Door-to-door is available upon request.
3. At no time is the driver allowed to go inside of any rider's house and leave bus unattended.
4. The driver is not allowed under any circumstances to maneuver any rider without a wheelchair ramp.
5. All rider trips must be approved through the office at least one day prior to the trip.
6. At no time will a driver be allowed to take a rider to any other final destination other than what is printed on the schedule.
7. Drivers are not responsible for taking a rider inside of a doctor's office.
8. If a rider needs assistance, he/she will need to provide an escort.
9. All riders are to schedule their appointment time as well as their return trip time when making an appointment with no exception. Anyone without a return trip time will be considered a one-way trip.
10. All trips are \$2.50 each way. There will be no credits.
11. METRA reserves the right for safety reasons to refrain from entering or driving close to buildings that are in an unsafe location.

ACKNOWLEDGEMENT

I give my permission for METRA staff to follow up with the healthcare professional who has completed Part B of this application to obtain supplemental verification of my condition. I certify that the information provided in this application is true and correct.

I hereby authorize release of information pertaining to limitations that prevent me from using fixed route to METRA for further determination of my ADA paratransit eligibility.

I have read and fully understand the conditions for service outlined above and agree to abide by them. I agree that the information provided is truthful and accurate to the best of my knowledge.

Print Name: _____

Applicant Signature: _____ **Date:** _____

If someone other than the person requesting eligibility has completed this application form, please complete the following:

Print Name: _____

Address: _____

Relationship: _____ **Primary Phone:** (____) _____

Agency Name: _____

Signature: _____ **Date:** _____

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Instructions and Applicant Checklist

1. Before mailing the paratransit application form, please complete the following checklist:

- Did you review the application?
- Did you review the eligibility requirements?
- Did you fill out the form completely? Remember, any incomplete forms will be returned without being processed.
- Did you complete all questions in Part A?
- Have you signed and dated Part A?
- If applicable, has the person who assisted you signed and dated Part A?
- Has a **licensed healthcare provider** completed all questions in Part B of the application?

2. Please return the completed application (Parts A and B) to:

METRA Transit System
Dial-A-Ride
P.O. Box 1340
Columbus, GA 31902

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**PART B:
PROVIDER VERIFICATION**

To be completed by a licensed healthcare provider, such as:

- Chiropractor
- Psychologist
- Mental Health Counselor
- Nurse Practitioner
- Registered Occupational Therapist
- Registered Physical Therapist
- Respiratory Care Professional
- Vocational Rehabilitation Counselor
- Orientation/Mobility Specialist
- Physician
- Physician's Assistant
- Registered Nurse

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Dear Licensed Healthcare Provider:

Under the Americans with Disabilities Act (ADA), individuals with certain disabilities are eligible for complementary paratransit service if they are unable to walk to or from bus stops or ride fixed-route buses some or all of the time. Your rider/patient (applicant) has applied to METRA Transit System to ride our Dia-A-Ride complementary paratransit service. Please provide information about the applicant's functional abilities on the attached confidential application form. Note we may follow up with you if we need additional information.

Thank you for your assistance.

Ena Rivera

Ena Rivera
ADA Coordinator
METRA Transit System
P.O. Box 1340
Columbus, GA 31902

PART B: HEALTHCARE PROVIDER VERIFICATION

Paratransit Applicant's Information:

Applicant's Name: _____

Date of last visit: ____/____/____

1. Describe the applicant's primary health condition that limits their ability to travel to or from bus stops or ride fixed-route bus service:

2. Is the condition temporary? Yes No

If Yes, how many months is the condition expected to last:

3. Can the applicant walk without the assistance of another individual?

Yes No

If yes, approximately how many feet?

4. Can the applicant climb three (3) steps unassisted?

Yes No Sometimes

5. Please list any mobility aids that the applicant uses:

6. For applicants with **visual impairments**, please describe:

Visual acuity with best correction:

Right Eye Left Eye Both Eyes

Visual Fields:

Right Eye Left Eye Both Eyes

7. For applicants with **cognitive impairments**, can the applicant:

Give addresses and telephone numbers upon request?

Yes No Sometimes

Recognize a destination or landmark?

Yes No Sometimes

Handle unexpected situations or unexpected changes in routine?

Yes No Sometimes

Ask for, understand, and follow directions?

Yes No Sometimes

Safely and effectively travel through crowded and/or complex facilities?

Yes No Sometimes

8. Please provide additional information about the applicant's functional abilities.

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Healthcare Provider Information

Full Name: _____

Title: _____

Practice Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____ **Fax No.:** (_____) _____

Email: _____

Professional License, Registration or Certification Number: _____

Issued by: _____

I certify that the applicant named herein, _____, is under my professional care and that I have completed this application carefully. I certify that the information provided is accurate.

Signature: _____

Date: _____

Please return the completed forms to the applicant.