

# ADA PARATRANSIT Application Form

Clinton Municipal Transit Administration

In compliance with the Americans with Disabilities Act of 1990 (ADA), the Clinton Municipal Transit Administration (**MTA**) provides "Paratransit" service to anyone with a disability whom cannot use standard city buses and who is traveling in an area served by buses. This service is intended only for those trips that a person cannot make on the bus system. This application form is intended to determine when and under what circumstances the applicant can use city buses and when Paratransit service is required. Before completing this application form, please read the enclosed letter that describes eligibility for ADA Paratransit service in more detail. In recent years, **MTA** has made a number of changes and improvements to the city bus system to make it more usable by persons with disabilities.

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## INSTRUCTIONS FOR COMPLETING THIS FORM:

Be sure to read the enclosed letter before you complete this form.

The applicant (or someone assisting him/her) must complete **PARTS 1-6**.

All Questions must be answered. Incomplete forms will be returned.

Copies of this form are available in large print upon request.

If you have any questions or need assistance completing this form, call the **MTA** at:

**(563) 242-3721 (Voice or TTY)**

**FAX (563) 242-3793**

## WHEN COMPLETED, PLEASE RETURN THE ENTIRE FORM TO:

**Clinton Municipal Transit Administration  
ADA Paratransit Service  
1320 South Second Street  
Clinton, IA 52732**

## PART 1. GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Bldg. # \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**If someone assisted you in completing this form, please list that person below:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you need information or material given to you in any of the following ways?**

Large Print \_\_\_\_\_ Audio Tape \_\_\_\_\_ Braille \_\_\_\_\_ Other \_\_\_\_\_

**Please give us the name and telephone number of someone we can call in an emergency.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PART 2. APPLICANT'S CERTIFICATION

**Please indicate below the reasons why you are seeking ADA Paratransit eligibility (check all that applies):**

\_\_\_\_\_ I can use City buses to go some places, but in other places I cannot get to from the bus stops.

\_\_\_\_\_ I can use City buses sometimes, but only if they are equipped with wheel chair- lifts.

\_\_\_\_\_ Because of my disability, I can never use the MTA City bus service.

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the City bus service provided by MTA and must therefore use the Paratransit service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-examined as well as other actions by MTA.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART 3. INFORMATION ABOUT THE APPLICANT'S DISABILITY

1. **What type or types of disabilities prevent you from using the city bus service? (check all that apply)**

☐ Physical disability (amputee, spinal, injury)    ☐ Visual impairment /blindness  
☐ Developmental disability (mental retardation)    ☐ Mental illness (psychiatric/behavioral)  
☐ Other    ☐ None

Please describe your disability in more detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. **Is the disability described above temporary or permanent?**

☐ Temporary, I expect it to last for another  months

☐ Permanent    ☐ I don't know

3. **Please indicate below if you use any of the following mobility aids or equipment.**

☐ cane    ☐ long white cane    ☐ leg braces    ☐ crutches    ☐ walker

☐ picture board    ☐ alphabet board    ☐ manual wheelchair    ☐ service animal

☐ powered wheelchair    ☐ powered scooter/cart    ☐ other \_\_\_\_\_

☐ I don't use any of the above aids or equipment

**Note: We may not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 32" or if your total weight with your wheelchair is more than 800 pounds.**

4. **Do you require the assistance of a (PCA) Personal Care Attendant (someone who assists you with daily life functions)?**

☐ **Yes**, I need assistance when I travel with: ☐ mobility ☐ reading

☐ eating    ☐ transfers    ☐ medication    ☐ other \_\_\_\_\_

☐ **No**

## PART 4. QUESTIONS ABOUT USING CITY BUSES

5. **Have you ever used the City buses?**

- ☐ Yes, I typically use the City buses \_\_\_\_\_ times a week.  
☐ Yes, I used to but stopped because \_\_\_\_\_  
☐ No

6. **Is there something that might help you to ride the buses (check all that apply)?**

- ☐ Yes, route and schedule information    ☐ Yes, Learning to use the buses  
☐ Yes, the buses equipped with lifts    ☐ Yes, a communication aid  
☐ Yes, The routes coming closer to where I live and where I am going  
☐ Yes, (describe): \_\_\_\_\_  
☐ No, none of these would help

7. **Can you ask for and follow written or oral instructions to use the City Buses?**

- ☐ YES  
☐ NO →→→→→  
  
☐ SOMETIMES →→→→→  
☐ I don't know because I have  
never tried to use the buses

**If No or Sometimes, please check  
all that applies:**

- ☐ I get too confused and might get lost  
☐ Other people cannot understand me  
☐ I probably could with instructions

8. **Are you able to get to and from bus stops on your own?**

- ☐ YES  
☐ NO →→→→→  
  
☐ SOMETIMES →→→→→  
☐ I don't know because  
I have never tried

**If no or Sometimes, please check  
all that applies:**

- ☐ I can't get places if there are no curb-cuts  
☐ I can't if the street or sidewalk is too steep  
☐ I cannot cross the busy streets.  
☐ I cannot travel outside when it is too cold/hot  
☐ I get confused and cannot find my way  
☐ I probably could with instruction  
☐ I feel unsafe traveling alone  
☐ other: \_\_\_\_\_  
\_\_\_\_\_

9. **A How close does a fixed route MTA bus come to your house?**

\_\_\_\_\_

**B How do you get to your appts. stores, etc. now?**

\_\_\_\_\_

10. **Using a mobility aid or on your own, how far can you travel?**

- ☐ I cannot travel outside my house/apartment
- ☐ I can get to the curb in front of my house/apartment
- ☐ I can travel up to 3 blocks (1/4 mile)
- ☐ I can travel up to 6 blocks (1/2 mile)
- ☐ I can travel up to 9 blocks (3/4 mile)

**11. Can you wait up to 30 minutes for a city bus at a stop?**

- ☐ **Yes**
- ☐ **Yes**, but only if the stop has a bench and a shelter
- ☐ **Yes**, but I don't like to wait that long
- ☐ **No** (explain): \_\_\_\_\_

**12. Can you get on and off a city bus? (Note that all city buses now have wheelchair-lifts or ramps)**

- ☐ **YES**
- ☐ **NO** →→→→→
- ☐ **Sometimes** →→→→→
- ☐ I don't know because I never tried

**If NO or SOMETIMES, please check all that apply.**

- ☐ only if the bus has a wheelchair lift
- ☐ I cannot climb the stairs
- ☐ I don't want to use the lift
- ☐ I probably could with instruction
- ☐ Other: \_\_\_\_\_

**13. If you are able to get on and off city buses, can you get to a seat or Wheelchair position by yourself and ride the bus?**

- ☐ **YES**
- ☐ **NO** →→→→→
- ☐ **Sometimes** →→→→→
- ☐ I don't know because I never tried

**If NO or SOMETIMES please check all that apply**

- ☐ I need someone to help me
- ☐ I have a balance problem
- ☐ I have trouble finding a seat
- ☐ I need the seat nearest the door
- ☐ Other: \_\_\_\_\_

**14. If you are able to get on and off city buses, do you know where to get off the Bus or can you find out by yourself?**

☐ **YES**  
☐ **NO** →→→→→  
☐ **SOMETIMES** →→→→→  
☐ I don't know because I  
 never tried

<p><b>Please check all that apply</b></p> <p><input type="checkbox"/> I get confused and can't remember</p> <p><input type="checkbox"/> I can if the driver calls out the stops</p> <p><input type="checkbox"/> I probably could with training</p>
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**15. Are there any other conditions which limit your ability to use the City buses?**

☐ **YES** (Please describe them below):  
 \_\_\_\_\_  
 \_\_\_\_\_  
☐ **NO**

**Please list a licensed Professional who is familiar with your disability to provide the MTA with information to complete this ADA certification.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PART 5. CURRENT TRAVEL INFORMATION**

**16. Please list the three trips that you will make most frequently using the Paratransit service.**

***SAMPLE***

From  
 (1) 100 Main Avenue

To (Place and Address)  
 City Hall 611 S. 3<sup>rd</sup> street

<u>From</u>	<u>To (Place and Address)</u>
(1) _____	_____
(2) _____	_____
(3) _____	_____

## PART 6. INFORMATION ABOUT TRAVEL TRAINING

**NOTE:** Travel Training is personal (one on one) instruction that teaches an individual how to use City buses.

**16. Have you ever had any personal instruction to use City buses?**

\_\_\_\_ NO, I have not received any personal instruction

\_\_\_\_ YES, I received personal instruction through an agency.

(Name of agency): \_\_\_\_\_

\_\_\_\_ Yes, I received personal training from a friend/relative

**Indicate below all of the skills you learned:**

\_\_\_\_ to travel to and from bus stops

\_\_\_\_ to cross streets

\_\_\_\_ to ride on the following routes (please list them):

Route \_\_\_\_\_ Route \_\_\_\_\_ Route \_\_\_\_\_

**Did you complete the above described instructions? \_\_\_\_YES \_\_\_\_NO**

**17. Clinton Municipal Transit Administration offers free instruction to anyone interested in learning how to ride the City buses. Would you be interested in getting information about this service?**

\_\_\_\_ YES \_\_\_\_ NO

***Thank you for filling out this application to help us serve your transportation needs through our services.***

Municipal Transit Administration  
1320 S. 2<sup>nd</sup> Street  
Clinton, IA 52732  
(563) 242-3721