

# **ADA PARATRANSIT RE-CERTIFICATION FORM**

## **Clinton Municipal Transit Administration**

The information obtained in this re-certification process will only be used by the MTA for the provision of transportation services and will remain confidential. **Failure to complete this application in it's entirety, and returning it by the expiring date may delay service.**

### **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 **ALL PARTS**.

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**

**1320 South Second Street**

**Clinton, IA 52732**

### **1. GENERAL INFORMATION**

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

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

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

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

Social Security # \_\_\_\_\_

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

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

## **PART 2. APPLICANT'S RE-CERTIFICATION**

### **Application for re-certification of ADA Paratransit eligibility.**

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. APPLICANT'S RECERTIFICATION INFORMATION**

What type or types of disabilities prevent you from using the city bus service?

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Is this the same disability that you described in your application 2 years ago?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Has your condition changed since you last applied? \_\_\_\_\_ How?

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Do you use any mobility aids? \_\_\_\_\_

If so, please list them here, \_\_\_\_\_

**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.**

Do you require a Personal Care Attendant when you travel? \_\_\_\_\_

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 \_\_\_\_\_

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

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