



## Detroit Department of Transportation (DDOT)



### Americans with Disabilities Act (ADA) Eligibility Package

#### What is MetroLift?

MetroLift ADA Paratransit Service is an advanced reservation, curb-to-curb service that is provided based on the applicant's functional ability to use DDOT's fixed route bus service. Paratransit eligibility is a determination of whether an individual can use fixed route transit in his or her own circumstances, not a medical decision. In special circumstances, a driver will provide door-to-door assistance. An application is necessary to determine eligibility for DDOT's MetroLift ADA Paratransit Service.

#### What is the ADA?

The Americans with Disabilities Act (ADA) is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life. Under the ADA, DDOT buses are to be the primary means of public transportation for Detroit residents, including people with disabilities. The Americans with Disabilities Act requires that complementary paratransit service be available to persons who, because of a disability, are unable to use the regular fixed route bus system. To qualify for paratransit services, the applicant must be prevented from riding DDOT's accessible fixed route buses due to a functional liability. This does not include persons who find it uncomfortable or difficult to ride the bus. All DDOT buses are 100% accessible for persons with disabilities.

#### Who is eligible?

Eligibility for MetroLift ADA Paratransit service is based upon a person's functional ability to board or ride an accessible regular bus. Categories of eligibility for complementary paratransit service are:

A person who is unable to independently board, ride, and/or disembark from a ramp-equipped bus. This includes persons who are unable to "navigate" the large fixed route bus system without assistance of another person.

A person with a disability who has a specific impairment-related condition that prevents them from travelling to or from a boarding or disembarking location.

**Conditional Eligibility**-Some people with disabilities may be able to use DDOT's fixed route regular bus service under certain conditions, but not under others. Therefore, eligibility for paratransit for some people will be determined on a trip-by-trip basis.



**Temporary Eligibility** -A person with a temporary disability may be eligible for paratransit service if his/her functional ability to use the large fixed route bus system, as described in the above eligibility categories, for a length of time prescribed by a licensed professional.

MetroLift ADA Paratransit Service, hours of operation and transfer requirements are comparable to fixed route bus service. The DDOT ADA Paratransit one-way fare is \$2.50, including a transfer. The DDOT ADA Paratransit service area includes any address that measures 3/4 of a mile or less from a DDOT regular fixed route bus stop.

### **HOW TO APPLY for MetroLift ADA Paratransit Service**

The application for MetroLift ADA Paratransit service may be filled out by you or an authorized individual. Applicants must apply directly to DDOT by completing the attached application and professional verification form in its entirety. The professional verification form must be completed by a licensed professional. Applications are available online at DDOT's website or at the DDOT Main Office. The application processing time (generally 1 to 3 weeks) will determine eligibility. If eligibility cannot be determined within the 21 day period, the applicant will automatically receive Temporary Eligibility Status. This will allow the applicant to temporarily use the service until a final determination is made. Incomplete applications may take longer to process or may be returned. Once the application is reviewed, the applicant will receive a determination letter along with instructions on how to proceed.

### **Renewals**

Eligibility may be granted for up to three years. Renewal applications should be submitted at least 30 days prior to the expiration date of the applicant's eligibility period.

### **Right to Appeal**

Persons who disagree with the determination of their eligibility status may appeal the decision. Informal appeals may be requested within 30 days of the eligibility notice. Formal appeals must be requested within 60 days of the eligibility notice. Appeal decisions are made within 30 days of the review.

### **Visitors**

If you plan on visiting the Detroit area and are eligible for paratransit services by an agency other than DDOT; or have a functional inability to use DDOT's fixed route service, you may be given presumptive eligibility to use paratransit services for up to 21 days within a one-year period.

### **Please return the completed forms to:**

**Detroit Department of Transportation**

**Special Fares Division 1301 East Warren, Detroit, MI 48207 /Office number: (313) 933-1300**

Applications will be processed within 21 days of receipt



**DDOT'S ADA Paratransit Application**

*(PLEASE PRINT CLEARLY)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative#: \_\_\_\_\_ Email: \_\_\_\_\_

State of Michigan ID/Driver's License Number: \_\_\_\_\_

**What is the functional ability that qualifies you for paratransit service?**

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

**Is this condition temporary? \_\_\_ Yes/No \_\_\_**

**Do you require a wheelchair? \_\_\_ Yes/ No \_\_\_**

**Do you require a Personal Care Attendant? \_\_\_ Yes/ No \_\_\_**

**Do you have the ability to safely cross a street at a traffic signal? \_\_\_ Yes/No \_\_\_**

**How does your functional ability prevent you from getting to a fixed route bus stop, waiting at a fixed route bus stop or riding a regularly scheduled fixed route bus? \_\_\_\_\_**

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

**Would you be interested in learning how to ride DDOT's fixed route buses? \_\_\_ Yes/No \_\_\_**

**Are there any other effects of your condition that we should know about? \_\_\_\_\_**

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

**Please check the mobility aid(s) that you use.**

**\_\_\_ Manual Wheelchair \_\_\_ Powered Chair/Scooter \_\_\_ Cane for the Blind \_\_\_ Other Type of Cane**

**\_\_\_ Service Animal \_\_\_ Walker \_\_\_ Crutches \_\_\_ Braces \_\_\_ Other \_\_\_ None**

**How many blocks are you able to walk or wheel? \_\_\_ 4 or more \_\_\_ 3 \_\_\_ 2 \_\_\_ 1**

**\_\_\_ Less than 1**

**Do you need information provided in an alternative format or language \_\_\_ Yes \_\_\_ No?**



Other special needs (please explain) \_\_\_\_\_

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

**In Case of Emergency Information**

Emergency Contact Name: \_\_\_\_\_  
(First Name) (MI) (Last Name)

\_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_  
\_\_\_\_\_

***I understand that MetroLift is a Federally Funded Program. I attest that the above information is true and correct to the best of my knowledge. I also understand any of the above information found to have been intentionally falsified will lead to immediate termination from this program and/or being reported directly to the Detroit Department of Transportation.***

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**\*Note: Applications not accompanied by a copy of valid identification, phone number, address and completed professional verification form will be denied as incomplete.**

**OFFICE USE ONLY: Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Staff \_\_\_\_\_**



## PROFESSIONAL VERIFICATION

### Attention Medical Providers:

The Detroit Department of Transportation (DDOT) Metro Lift Service is a federally funded service designed to transport individuals who are functionally unable to ride fixed route buses. The information provided will allow DDOT to make an appropriate evaluation of this request. Please respond to the questions below pertaining to the applicant as it is related to using public transportation. Thank you for your cooperation in this matter.

### Please check your professional title:

<input type="checkbox"/>	Physician—M.D., D.O.	<input type="checkbox"/>	PT/OT	<input type="checkbox"/>	RN/NP
<input type="checkbox"/>	P.A., N.P.	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>	Rehabilitation Specialist
<input type="checkbox"/>	Chiropractor	<input type="checkbox"/>	Optometrist	<input type="checkbox"/>	Certified Orientation & Mobility Specialist

Client's name \_\_\_\_\_ D.O.B \_\_\_\_\_

Describe the client's condition (your answer should include more than the diagnosis):

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

Which of the following major life activities are substantially limited by the client's condition:

- Walking
- Seeing
- Speaking
- Hearing
- Breathing
- Learning
- Performing manual tasks
- Caring for oneself
- Sitting
- Standing
- Lifting
- Other \_\_\_\_\_



How does the client’s condition prevent him/her from traveling using DDOT fixed route public transportation? Please provide details so it is clear why the client needs this specialized service.

---

---

---

---

Is the condition temporary?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the length of the condition and the circumstances: \_\_\_\_\_  
\_\_\_\_\_

Does the client need a Personal Care Attendant (PCA)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Professional Signature (PLEASE PRINT CLEARLY)**

*I certify under penalty of perjury under the laws of the State of Michigan that the information contained in this application is true and correct.*

Print Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

State of Michigan License, Certification, or Registration: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note: Applications not accompanied by a copy of valid identification, phone number, address and completed professional verification form will be denied as incomplete.**