



DDOT'S NEW FREEDOM PROGRAM

The Detroit Department of Transportation (DDOT) New Freedom Program is a federally funded service for Detroit, Highland Park, and Hamtramck residents designed to transport disabled individuals to jobs, higher education, training, medical appointments and other related non-emergency trips. **The service maximum travel is up to 25 miles outside the City of Detroit covering: Wayne, Oakland and Macomb Counties. The fare is \$2.50 per trip each way you travel.**

What are the eligibility guidelines for New Freedom?

The New Freedom service is designed with a focus on individuals with a disability verified by a professional familiar with the individual's disability. **The attached professional verification form must be completed by your medical provider explaining your disability in its entirety to determine an applicants' eligibility.**

How do you apply for the New Freedom Program?

Applicants must apply directly to DDOT by completing the attached application and professional verification forms in their entirety. The application processing time is 7 to 10 business days excluding the date the application was received. Upon review, a DDOT representative will contact the applicant directly via mail regarding the information on the application. Once reviewed and approved, a certified New Freedom Rider will be assigned a New Freedom Registration I.D. number that will allow the rider to schedule an appointment or trip(s). **Applicants may mail, email, or fax the attached application and professional verification form along with a valid copy of their Michigan identification to:**

DDOT/New Freedom
1301 East Warren
Detroit, MI 48207

Office number: (313) 833-1017

Fax number: (313) 833-5493

E-mail: newfreedom@detroitmi.gov

Administration Hours: 8:00am to 4:00pm Monday – Friday

Operations Hours: 5:00am to 7:00pm Monday - Saturday



DDOT'S NEW FREEDOM APPLICATION

(No walk-in applications accepted)

(PLEASE PRINT CLEARLY)

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ Apartment/Unit #: _____

City: _____ Zip Code: _____ Date of Birth: _____

Phone: _____ Alternative#: _____ Email: _____

Do you require a wheelchair? _____ Yes/ No _____

Do you require a Personal Care Attendant? _____ Yes/ No _____

Do you have other special needs? (Please explain) _____

I understand that New Freedom 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 Michigan identification, phone number, address and completed professional verification form will be denied as incomplete.**

**OFFICE USE ONLY: Date Received _____ Date Entered _____ Staff _____
New Freedom client's I.D. # _____**



PROFESSIONAL VERIFICATION

Attention Professionals:

The Detroit Department of Transportation (DDOT) New Freedom Program is a federally funded service designed to transport disabled individuals. The information provided will allow DDOT to make an appropriate evaluation of this request. Please respond to the questions below pertaining to the applicant's disability 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: _____

Client's Disability:

Which of the following major life activities are substantially limited by the disability:

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

How do the limitations identified in the above question prevent the client from using DDOT fixed route service? Please provide details so it is clear why the Client needs this specialized service.

Is the Client's disability temporary? Yes ___ No ___

If yes, please explain: _____

Is the Client's disability conditional? Yes ___ No ___

If yes, please explain: _____

Does the Client use a Personal Care Attendant? Yes ___ No ___

Professional Signature ONLY (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 Number: _____

Signature: _____ Date: _____

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