



Detroit Department of Transportation (DDOT)



Americans with Disabilities Act (ADA) Eligibility Package

Americans with Disabilities Act (ADA) Application Instructions

An application is necessary to determine eligibility for DDOT's ADA Paratransit Service, MetroLift. MetroLift ADA Paratransit Service is an advanced reservation, curb-to-curb service that is provided for persons who are unable to use DDOT's Fixed Route regular bus service because of a disability. In special circumstances, a driver will provide door-to-door assistance.

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 the effects of a disability. 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 paratransit service is based upon a person's functional inability to board or ride an accessible regular bus. Categories of eligibility for complementary paratransit service are: A person who is unable, because of a disability, 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 the disability results in his/her functional inability to use the large Fixed Route bus



system as described in the above eligibility categories for the 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 ADA Paratransit Certification may be filled out by you or an authorized individual. Applicants must apply directly to DDOT by completing the attached application/medical verification form in its entirety. The medical verification must be completed by a licensed professional. Applications are available on line at DDOT's Web Site 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 ADA Paratransit-Eligibility Status. This will allow the applicant temporary 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 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 are eligible for paratransit services by DDOT or another agency and plan on visiting our area, 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: _____

What is the Nature of your disability? _____

Is this disability temporary? ___ Yes/No ___

Do you require a wheelchair? ___ Yes/ No ___

Do you require a Personal Care Attendant? ___ Yes/ No ___ Sometimes ___

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

How does this disability 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 disability 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 Metro Lift 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: Applicants will be required to have valid identification to complete their approval.**



MEDICAL VERIFICATION

Attention Medical Providers:

The Detroit Department of Transportation (DDOT) Metro Lift Service 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.

Client's name _____

1. Describe the client's disability condition (your answer should include more than the diagnosis) _____

2. How does the disability prevent the client from traveling using DDOT fixed route public transportation?

Yes _____ / No _____

3. Is the disability temporary or conditional?: Yes _____ / No _____

*Please explain: _____

4. Does the client need a Personal Care Attendant (PCA)?
Yes _____ / No _____ Occasionally _____

Medical Professional Signature

I certify that the statements contained of this application are true and accurate.

Print Name & Title: _____

Medical Location: _____

Signature: _____ Date: _____

State of Michigan License, Certification, or Registration: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

OFFICE USE ONLY: Date Received _____ Date Entered _____ Staff _____