

Detroit Department of Transportation MetroLift ADA Paratransit Application



What is Detroit MetroLift?

Detroit MetroLift is the Americans with Disabilities Act (ADA) mandatory Paratransit Service of the Detroit Department of Transportation (DDOT). It is an advanced reservation, origin to destination service that is provided based on the applicant's inability to use DDOT's fixed route bus service due to a functional limitation. In special circumstances or upon request, a driver will provide door-to-door assistance. An application that includes a Professional Verification Form is necessary to determine eligibility.

Detroit MetroLift ADA Paratransit Service hours of operation are comparable to fixed route bus service. The one-way fare is \$2.50. The paratransit service area includes any address that measures $\frac{3}{4}$ of a mile or less from a DDOT fixed route bus stop.

What is ADA (or "ADA Paratransit")?

The Americans with Disabilities Act 1990 is a law prohibiting discrimination against persons with disabilities in the areas of employment, public accommodations, and public services such as transportation. The Federal Transportation Administration requires that complementary paratransit service be available to persons who, because of a disability, are unable to use

the regular fixed route bus system. All DDOT buses are 100 percent accessible for persons with disabilities.

Who is Eligible?

Eligibility for Detroit MetroLift ADA Paratransit Service is based on an individual's functional inability to independently board, ride, and/or disembark from an accessible fixed route bus. This includes persons who are unable to navigate the fixed route bus system without assistance of another person. A person who has a specific impairment-related condition that prevents them from traveling to or from a boarding or disembarking location is also eligible for paratransit service. Paratransit eligibility does not include persons who find it uncomfortable or difficult to ride the bus. Eligibility is based on a person's functional limitation, not a medical diagnosis.

Unconditional Eligibility

A person's disability or health condition that prevents their physical function and prevents them from using fixed route buses, qualifies them for ADA Paratransit service for all trips.

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Conditional Eligibility

Conditional riders use the fixed route buses for some of the trips and qualify for ADA Paratransit service for other trips. Eligibility for paratransit is then determined on a trip-by-trip basis contingent upon the disability and environmental barriers which may prevent the use of fixed route transit service. If DDOT determines you to be conditionally eligible, we will identify all conditions that affect travel.

Temporary Eligibility

Temporary eligibility is for people with a condition or disability that temporarily prevents them from using the fixed route system for a limited period of time.

How to Apply

You, or an authorized individual, may complete the application for Detroit MetroLift ADA Paratransit Service. Applicants must apply directly to DDOT by completing the attached application and Professional Verification Form (must be completed by a licensed professional) in its entirety. Applications are processed within 21 days of receipt. If eligibility cannot be determined within 21 days, the applicant will be able to use the service until a final determination is completed. 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. Formal appeals must be requested within 60 days from the date that the denial notice was sent. 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 another agency, you may be given presumptive eligibility to use paratransit services for up to 21 days within a year.

Please return completed forms to:
Detroit Department of Transportation
ATTN: Special Fares Division
1301 E. Warren Ave.
Detroit, MI 48207

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

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First name: _____ M.I.: _____

Last name: _____

Address: _____ Apartment/unit number: _____

City: _____ Zip code: _____

Date of birth: _____

Phone number: _____

Email: _____

State of Michigan ID/Driver's license number: _____

What is the functional limitation 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

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?

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

Please check the mobility aid(s) that you use:

- | | | |
|---|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Power chair/scooter | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Cane for the blind | <input type="checkbox"/> Other type of cane | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Braces | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

How many blocks are you able to walk or wheel?

- ☐ Less than 1 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

Do you need information provided in an alternative format or language? ☐ Yes ☐ No

Would you be interested in learning how to ride DDOT's fixed route buses? ☐ Yes ☐ No

Other special needs (please explain):

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EMERGENCY CONTACT

First name: _____ M.I.: _____

Last name: _____

Phone number: _____

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 and is reported directly to the Detroit Department of Transportation.

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.

OFFICE USE ONLY

Date received: _____ Date entered: _____

Staff: _____

Attention Medical Providers:

The Detroit MetroLift ADA Paratransit Service is 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 using public transportation.

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"/> Rehabilitation specialist | <input type="checkbox"/> Social worker | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Certified orientation & mobility specialist | | | |

Client's name: _____

Date of birth: _____

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

Professional Verification



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

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

How does the client's condition prevent him/her from using DDOT's fixed route public transportation? Explain why the client needs this specialized service.

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Professional Verification



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

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.

First name:

M.I.:

Last name:

Title:

Phone number:

Address:

City:

State:

Zip code:

Signature:

Date:

State of Michigan License, Certification, or Registration: