

Detroit Department of Transportation Paratransit Application



What is Detroit Paratransit?

DDOT Paratransit 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.

DDOT Paratransit 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.

Who is Eligible?

Eligibility for DDOT Paratransit is based on an individual's functional inability to independently board, ride, and/or disembark from an accessible fixed route bus. 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 them from using fixed route buses qualifies them for ADA Paratransit service for all trips.

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 that 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.

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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 individual of your choosing, may complete the application for Detroit Paratransit Service. Applicants must complete 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 (3) 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.

Return a Completed Application

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

Please return completed forms to:

**Detroit Department of Transportation
ATTN: Paratransit
100 Mack Avenue
Detroit, MI 48201**

or submit your form electronically to:

ddotptapps@detroitmi.gov

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First name:

M.I.:

Last name:

Address:

Apartment/unit number:

City:

Zip code:

Date of birth:

Phone number:

Please provide an email address if you would like to be signed up for the Self Service App.

Email:

Is this a renewal of previous eligibility status?

Yes

No

Client ID: _____

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 of Detroit Department of Transportation Special Fares programs.

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.

Checklist

<input type="checkbox"/> Completed Application	<input type="checkbox"/> Doctor Verification
<input type="checkbox"/> Copy of Valid ID	<input type="checkbox"/> Medical Authorization

OFFICE USE ONLY

Client ID: _____

Date received: _____ Date entered: _____

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Attention Medical Providers:

The Detroit 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:

Physician–M.D., D.O. PT/OT RN/NP P.A., N.P.
 Rehabilitation specialist Social worker Optometrist Chiropractor
 Certified orientation & mobility specialist

Client's name:

Date of birth:

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

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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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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:

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Authorization To Obtain Physician or Other Professional Verification

In order to evaluate your request, it may be necessary to contact your physician or other professional to confirm the information you have provided. Please complete the following information.

Profession:

Physician Health Care Professional Rehabilitation Professional

Professional's name:

Agency:

Office address:

City:

State:

Zip code:

Phone number:

Office fax:

Applicant's name:

Date of birth:

I understand that the purpose of this application is to determine if there are times when I cannot use the public bus service and must therefore use ADA paratransit services. I certify that to the best of my knowledge the information in this application is true and correct. I understand that providing false or misleading information may result in a reevaluation of my eligibility.

I accept the terms listed above.

Click to send form now.

Signature:

Date:
