DEPARTMENT OF TRANSPORTATION
P.O. BOX 1340 • COLUMBUS, GA 31902-1340
(706) 653-4409 • FAX: (706) 653-4420

Dear Applicant:

Enclosed is the application you requested regarding METRA Paratransit Service (Dial-A-Ride) along with the eligibility criteria. Please complete all Sections of the application and return to the address listed below.

METRA Transit System
Attention: William Jenkins, ADA Transit Coordinator
P.O. Box 1340, Columbus, GA 31902-1340

If you have any questions, you can contact me at (706) 653-4417 Monday thru
Friday from 8:00am-5:00pm.

Sincerely,

William Jenkins, ADA Transit Coordinator
Department of Transportation/ METRA

Enclosures

ADA Paratransit Eligible User Policy and Information

ELIGIBILITY

Individuals with disabilities (3 categories)

Category 1 — A person who is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by other individuals with disabilities.

Category 2 — A person who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride and exit from an accessible fixed route vehicle, but an accessible vehicle is either not available on the desired fixed route, not available within a reasonable period time of when the trip is to be taken by the individual or the common wheelchair of the person cannot be accommodated by the vehicle.

Category 3 — (A) A person who has a specific impairment related condition, which prevents them from traveling to or from a bus stop (i.e., temperature sensitivity, blindness, chronic fatigue syndrome, lack of certain cognitive abilities).

OR

(B) A person with an impairment-related condition that is prevented from traveling to or from a bus stop because of the interaction of certain architectural and/or environmental barriers with their impairment-related condition (e.g., wheelchair user during a major snowstorm).

Eligibility under any of these three categories may be made on a trip-by-trip basis by the transit authorities.

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APPLICATION FOR PARATRANSIT ELIGIBILITY

The information obtained in this certification process will only be used by the Consolidated Government of Columbus (METRA) for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency. If there is any change in the information you provide, please contact METRA at (706) 653-4417.

1. NAME:____

2. ADDRESS:__________________________________ APT. NO.:__________

   ____

   CITY:________________________ STATE:______________ ZIP CODE:____________

3. TELEPHONE NUMBER:______________WORK:______________ TDD:______________

4. DATE OF BIRTH:_____/_____/_____ SOCIAL SECURITY NO.:____________________

5. DO YOU HAVE A DISABILITY? YES______ NO_______

6. WHAT DISABILITY PREVENTS YOU FROM USING A FIXED ROUTE SERVICE?

   ____

   ____

   ____

7. IS THIS CONDITION TEMPORARY? YES_____ NO_______

   IF YES, EXPECTED DURATION:_________/_________/_________

8. HOW DOES THIS DISABILITY PREVENT YOU FROM USING FIXED ROUTE?

   SERVICES? PLEASE EXPLAIN COMPLETELY.______________________________

   ____

   ____

   ____

9. ARE THERE ANY OTHER EFFECTS OF YOUR DISABILITY OF WHICH WE NEED TO BE AWARE?____

____

____

____

THE FOLLOWING INFORMATION WILL BE USED TO ENSURE THAT AN APPROPRIATE VEHICLE IS UTILIZED TO PROVIDE YOUR TRANSPORTATION AND THAT AN ACCURATE ANALYSIS OF YOUR TRIP REQUESTS CAN BE MADE BY THE COLUMBUS CONSOLIDATED GOVERNMENT (METRA).

TO BE FILLED OUT BY CUSTOMERS RIDING MORE THAN THREE (3) DAYS A WEEK.

10. WHAT DAYS ARE SERVICES NEEDED FOR TRAVEL? (PLEASE CHECK)

MON.________ TUES.________ WED.________ THURS.________ FRI.________ SAT.________

11. WHAT HOURS DO YOU WISH TO TRAVEL?

TIME DUE AT DESTINATION ________:________ A.M. OR P.M.
TIME RETURNING FROM DESTINATION ________:________ A.M. OR P.M.

12. DO YOU USE ANY OF THE FOLLOWING AIDS FOR MOBILITY? (CHECK ALL THAT APPLY).

MANUAL WHEELCHAIR ______ ELECTRIC WHEELCHAIR _____

POWERED SCOOTER _______ CANE _______ CRUTCHES _______ WALKER _______

PERSONAL CARE ATTENDANT _______ GUIDE DOG _______

13. DO YOU REQUIRE A PERSONAL CARE ATTENDANT WHEN YOU TRAVEL USING TRANSIT?

YES _______ NO _______

PLEASE ANSWER THE FOLLOWING QUESTIONS:

14. CAN YOU TRAVEL 200 FEET WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

YES ______ NO _______ SOMETIMES _______

15. CAN YOU TRAVEL 1/4 MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

YES _______ NO _______ SOMETIMES _______

16. CAN YOU TRAVEL 3/4 MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

YES ______ NO ______ SOMETIMES ______

17. CAN YOU CLIMB THREE 12-INCH STEPS WITHOUT ASSISTANCE?

YES ______ NO ______ SOMETIMES ______

18. CAN YOU WAIT OUTSIDE WITHOUT SUPPORT FOR TEN MINUTES WITHOUT ANY ASSISTANCE?

YES ______ NO ______ SOMETIMES ______

19. CAN YOU GRIP A HANDRAIL TO SUPPORT YOURSELF?

YES ______ NO ______ SOMETIMES ______

20. HAVE YOU UTILIZED METRA'S BUS SERVICES BEFORE? YES ______ NO ______
IF YES, HOW RECENT HAS IT BEEN: ______________________________

CONTACT PERSON IN CASE OF EMERGENCY: ______________________________

ADDRESS: ______________________________

PHONE NO.: ______________________________

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND I UNDERSTAND THAT ANY INTENTIONALLY FALSE OR MISLEADING INFORMATION IS GROUNDS FOR DENIAL OF METRA'S PARATRANSIT SERVICE.

SIGNATURE OF APPLICANT: ______________________________ DATE: ____/____/____

IF THE APPLICATION HAS BEEN COMPLETED BY SOMEONE OTHER THAN THE PERSON REQUESTING CERTIFICATION, THAT PERSON MUST COMPLETE THE FOLLOWING.

NAME: ______________________________

ADDRESS: ______________________________

______________________________ STATE: __________ ZIP: __________

PHONE NUMBER: (_____) ____________________

SIGNATURE: ______________________________ DATE: ____/____/____

YOU WILL BE NOTIFIED ABOUT YOUR ELIGIBILITY

IF YOU HAVE NOT BEEN NOTIFIED WITHIN 21 DAYS OF SUBMITTING YOUR APPLICATION, CALL VOICE: (706) 653-4417, TDD: (706) 653-4414. IF A DETERMINATION HAS NOT BEEN MADE, YOU WILL BE TEMPORARILY ELIGIBLE FOR PARATRANSIT SERVICE.

IF YOU ARE DENIED ELIGIBILITY YOU HAVE A RIGHT TO APPEAL. INFORMATION OF THE APPEALS PROCESS WILL BE SENT TO YOU. CALL VOICE: (706) 653-4417, TDD: (706) 653-4414

IN ORDER TO ALLOW THE CONSOLIDATED GOVERNMENT OF COLUMBUS (METRA) TO EVALUATE YOUR REQUEST, IT MAY BE NECESSARY THAT WE CONTACT YOUR PHYSICIAN TO CONFIRM THE INFORMATION YOU HAVE PROVIDED. PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR PHYSICIAN.

PHYSICIAN'S NAME:____

ADDRESS:____

____

CITY:____________________ **STATE:**____________________ **ZIP:**__________

PHONE NUMBER:____________________

SIGNATURE OF APPLICANT:____

PRINTED SIGNATURE:____

DATE:______/______/______