



Detroit Department of Transportation MetroLift Americans with Disabilities Act (ADA) Transportation Application

What is MetroLift?

MetroLift ADA Paratransit Service is an origin to destination, shared ride service that is provided based on the applicant's functional limitations. Paratransit eligibility is a determination of whether an individual can independently use fixed route transit based on their physical limitations. An application and professional verification is necessary to determine eligibility for DDOT's MetroLift ADA Paratransit Service.

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, complementary paratransit service must 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 a functional limitation. 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 MetroLift ADA Paratransit service is based upon a person's functional limitation to board or ride an accessible regular bus. Categories of eligibility for complementary paratransit service are:

Unconditional Eligibility: A person who is unable 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 him/her from travelling to or from a location while boarding or disembarking a bus may qualify as unconditionally eligible.

Conditional Eligibility: Some people with disabilities may be able to use DDOT's fixed route 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 his/her functional limitation to use the large fixed route bus system, as described in the above eligibility categories, for a length of time stated by a licensed professional.

Hours of Operation and Service Area: MetroLift ADA Paratransit Service, hours of operation and transfer requirements are comparable to fixed route bus service. The MetroLift service area includes any address that measures 3/4 of a mile or less from a DDOT regular fixed route bus stop.

Cost: The cost of a MetroLift ADA Paratransit one-way fare is \$2.50, including a transfer (if necessary).

How to Apply for MetroLift ADA Paratransit Service

The application for MetroLift ADA Paratransit service may be filled out by you or an authorized individual. Applicants must apply by completing the attached application and professional verification form in its entirety. The professional verification form must be completed by a licensed professional. If an applicant is already enrolled in DDOT's New Freedom program, the professional verification form that was submitted for program approval will be used to determine eligibility for the MetroLift program. Therefore an applicant can apply without submitting an additional professional verification form. Applications are available online at DDOT's website www.RideDetroitTransit.com or at the DDOT Main Office. Completed applications will be processed within 21 days of receipt. If eligibility cannot be determined within a 21 day period, the applicant will automatically receive Temporary Eligibility Status. This will allow the applicant to temporarily 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.

Please return completed forms to:
Detroit Department of Transportation
Special Fares Division - MetroLift
1301 East Warren, Detroit, MI 48207
Office number: 313-578-8286

Right to Appeal

Persons who disagree with the determination of their eligibility status 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 plan on visiting the Detroit area and are eligible for paratransit services by an agency other than DDOT; or have a functional inability to use DDOT's fixed route service, you may be

given presumptive eligibility to use paratransit services for up to 21 days within a one-year period.

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.



MetroLift ADA Paratransit Service Application

(PLEASE PRINT CLEARLY)

Last Name: _____ First Name: _____ M.I.: _____
Address: _____ Apartment/Unit #: _____
City: _____ Zip Code: _____ Date of Birth: _____
Phone: _____ Alternative#: _____ Email: _____
State of Michigan ID/Driver's License Number: _____

What is the functional limitation that qualifies you for paratransit service?

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

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

| | | | |
|--------------------------|--------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Manual Wheelchair | <input type="checkbox"/> | Powered Chair/Scooter |
| <input type="checkbox"/> | Cane for the Blind | <input type="checkbox"/> | Walking Cane |
| <input type="checkbox"/> | Service Animal | <input type="checkbox"/> | Walker |
| <input type="checkbox"/> | Crutches | <input type="checkbox"/> | Braces |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | None |

Would you be interested in learning how to ride DDOT's fixed route bus? ___Yes/No___

Are you currently enrolled in DDOT's New Freedom Program? ___Yes/No___

If yes, what is your New Freedom ID #: _____

The professional verification form that was provided with your application will be used to determine eligibility.

If not, would you like to apply?

___Yes. Please send me application information for the New Freedom Program.

___No. I do not want to enroll in the New Freedom Program.

Do you need information provided in an alternative format or language? ___Yes/No___

In Case of Emergency Information

Emergency Contact Name: _____
(First Name) (MI) (Last Name)

Relationship to applicant: _____

Telephone Number: () _____

I understand that MetroLift 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.

Signature _____ Today's Date _____

Return applications to: Detroit Department of Transportation, Special Fares Division - MetroLift, 1301 East Warren, Detroit, MI 48207 Office number: 313-578-8286

****NOTE** Applications not accompanied by a copy of valid identification, phone number, address and completed professional verification form will be denied as incomplete. Completed applications will be processed within 21 days of receipt.**

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



PROFESSIONAL VERIFICATION FORM

The Detroit Department of Transportation (DDOT) provides complementary paratransit service via MetroLift and New Freedom Programs. The information provided below will be utilized to determine the applicant’s eligibility for complementary paratransit service in both programs. Please respond to the questions below pertaining to the applicant’s functional limitation 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 – MD, DO | <input type="checkbox"/> | PT/OT | <input type="checkbox"/> | RN/NP |
| <input type="checkbox"/> | P.A., N.P.,D.C. | <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 |

Applicant’s Name: _____ D.O.B: _____

Describe the applicant’s functional limitation that qualifies him/her for paratransit service (The response should include more than the diagnosis):

How does the applicant’s functional limitation prevent him/her from traveling using DDOT fixed route public transportation? Please provide details so it is clear why the applicant is in need of this specialized service.

Is the condition temporary?: Yes _____ No _____

If yes, please explain the length of the condition and the circumstances: _____

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

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

Are there any other effects of the applicant's condition that impact his/her functional inability to use the fixed route bus?

Does the client require 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: _____

Office Address: _____

State of Michigan License, Certification, or Registration Number: _____

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

Signature: _____ Date: _____

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