NEW FREEDOM PROGRAM

The Detroit Department of Transportation (DDOT) New Freedom Program is a federally funded grant service for Detroit, Highland Park, and Hamtramck residents designed to transport disabled individuals to jobs, higher education, training, medical appointments and other related non-emergency trips. **The New Freedom program provides service up to 25 miles in Wayne, Oakland and Macomb Counties. The fare is $2.50 per one way trip.**

Administration Hours: 8:00am to 4:00pm Monday – Friday

Operations Hours: 5:00am to 7:00pm Monday – Saturday

What are the eligibility guidelines for New Freedom?

New Freedom was created to provide origin to destination, shared ride paratransit services for individuals with a disability that prevents them utilizing the fixed route bus system. A person who is unable to independently board, ride, and/or disembark from a ramp-equipped bus or a person who is unable to navigate the large fixed route bus system without assistance of another person may be eligible for the New Freedom program.

How do you apply for the New Freedom Program?

Applicants must complete the attached application and have the professional verification form filled out by a licensed professional familiar with the applicant's functional limitations. The application processing time is 10 to 14 business days excluding the date the application was received. If an applicant is enrolled in the MetroLift program, the professional verification form submitted with the application will be used to determine eligibility for the New Freedom program. Applications are available online at DDOT's website www.RideDetroitTransit.com or at the DDOT Main Office. Once reviewed and approved, an eligible New Freedom rider will be certified and assigned a New Freedom Registration I.D. number that will allow the rider to schedule New Freedom trips. **Applicants may mail, email, or fax the attached application and professional verification form along with a valid copy of their Michigan identification to:**

DDOT/New Freedom
1301 East Warren
Detroit, MI 48207
Office number: (313) 833-1017   Fax number: (313) 833-5493
E-mail: newfreedom@detroitmi.gov

NEW FREEDOM 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 functional limitation that qualifies you for New Freedom service?

____

____

____

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

____

____

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

	Manual Wheelchair			Powered Chair/Scooter
	Cane for the Blind			Walking Cane
	Service Animal			Walker
	Crutches			Braces
	Other			None

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

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

Are you currently enrolled in MetroLift ADA paratransit service? _____Yes/No_______
If yes, what is your MetroLift ID #:________________
The professional verification form that was provided with your application will be used to determine eligibility.

If no, would you like to enroll?
___Yes. Please send me application information for MetroLift ADA Paratransit Service.
___No. I do not want to enroll in MetroLift ADA Paratransit Service.

I understand that New Freedom is a federally funded grant 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___________________

Please return this form to the following: DDOT New Freedom,1301 East Warren, Detroit, MI 48207 Fax number: (313) 833-5493 E-mail: newfreedom@detroitmi.gov

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

OFFICE USE ONLY: Date Received ___________Date Entered ___________Staff ______Client I.D. # _______________

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:

	Physician – MD, DO		**PT/OT**		**RN/NP**
	P.A., N.P.,D.C.		**Social Worker**		**Rehabilitation Specialist**
	Chiropractor		**Optometrist**		**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:** __________________

Please return this form to the following: DDOT New Freedom,1301 East Warren, Detroit, MI 48207 Fax number: (313) 833-5493 E-mail: newfreedom@detroitmi.gov

OFFICE USE ONLY: Date Received __________Date Entered _________Staff _________Client's I.D. # _______________

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