



DDOT'S NEW FREEDOM PROGRAM

The Detroit Department of Transportation (DDOT) New Freedom Program is a federally funded service for Detroit, Highland Park, and Hamtramck residents only designed to transport disabled individuals to Jobs, higher education, training, medical appointments and other related non-emergency trips. **The service maximum travel is up to 25 miles outside the City of Detroit covering: Wayne, Oakland and Macomb Counties. The fare is \$2.50 per trip each way you travel.**

What are the eligibility guidelines for New Freedom?

The New Freedom service is designed with a focus on individuals with medical disability proven by a medical profession. **The attached Medical Verification form must be completed by your medical provider explaining your disability in its entirety.**

How do you apply for the New Freedom Program?

Applicants must apply directly to DDOT by completing the attached application/medical verification form in its entirety. The application processing time is up to 7 to 10 business days excluding the date the application was received. Upon review a DDOT representative will contact the applicant directly via mail regarding provided information. Once reviewed and approved a certified New Freedom Rider will be assigned to a New Freedom Registration I.D. number that will allow the rider to schedule an appointment trip(s). **Applicants may mail, email, or fax the attached application/medical verification form along with a valid copy of their updated 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

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

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

No walk-in applications will be accepted



DDOT'S NEW FREEDOM APPLICATION

(PLEASE PRINT CLEARLY)

Last Name: _____ First Name: _____ M.I.: _____
 Address: _____ Apartment/Unit #: _____
 City: _____ Zip Code: _____ Date of Birth: _____
 Phone: _____/alternative#: _____ Email: _____

Do you require a wheelchair? _____ Yes/ No _____
 Do you require a Personal Care Attendant? _____ Yes/ No _____ Sometimes _____
 Other special needs (please explained) _____

I understand that New Freedom 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 and/or being reported directly to the Detroit Department of Transportation.

Signature _____ Today's Date _____

***Note: applications not accompanied by a copy of valid identification, phone number, address and medical verification shall be denied as incomplete.**



MEDICAL VERIFICATION

The Detroit Department of Transportation (DDOT) New Freedom Program is a federally funded service designed to transport disabled individuals. The information provided will allow DDOT to make an appropriate evaluation of this request. Please respond to the questions below pertaining to the applicant’s disability as it is related to using public transportation.

Thank you for your cooperation in this matter

Client’s name _____

1. Describe the client’s disability condition _____

2. Does the disability prevent the client traveling to a public transportation?

(i.e. a fixed bus route)? Yes _____ / No _____

3. Is the disability temporary or conditional?: Yes _____ / No _____

*Please explained: _____

4. Does the client need a PCA? Yes _____ / No _____

Medical Professional Signature

I certify that the statements contained of this application are true and accurate.

Print Name & Title: _____

Medical Location: _____

Signature: _____ Date: _____

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

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

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

New Freedom client’s I.D. # _____