

Applicant Last Name & First Initial _____

Mountain Line ADA Paratransit Application

**Please complete all questions fully
Incomplete or unsigned applications will be returned**

Please Print

Last Name _____ First _____ Initial _____

Address _____

City, State, Zip: _____

Home Phone: _____ Evening Phone _____

Date of Birth (month /day / year): _____ / _____ / _____

E-mail address: _____

In case of emergency, notify: Name: _____

Phone: _____

Relationship to applicant: _____

**Accessible formats of these forms can be made available upon request by
calling 721-2848 (TDD 721-2848).**

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Your Ability To Use Fixed Route Buses

All Mountain Line fixed route buses are equipped with lifts and ramps to accommodate anyone unable to climb stairs. Most mobility aids, including wheelchairs, can be accommodated on these buses.

1. Have you ever ridden or do you currently ride Mountain Line's fully accessible fixed route buses? Yes No
If applicable, please explain why you no longer ride the fixed route bus: _____

2. Would you be interested in learning how to use the fixed route bus?
 Yes No If no, why not? _____
3. Do you know where the nearest fixed route bus stop to your home is?
 Yes No Location: _____
4. Can you walk or use your mobility device to get to the bus stop nearest your home? Yes No If No, explain: _____
5. Can you wait 10 minutes at a bus stop without a bench? Yes No
If No, explain: _____
6. Can you get on and off a bus if it has a passenger lift or ramp? Yes No
If No, explain: _____
7. Are you able to follow written or oral instructions to pay your bus fare?
 Yes No If No, explain: _____
8. Are you able to recognize when it is time to get on and off the bus?
 Yes No If No, explain: _____
9. Are you able to sit for 30 minutes or more when riding a bus?
 Yes No If No, explain: _____
10. Have you ever been evaluated by a physical therapist (PT)? Yes No
Date of evaluation _____ Name of PT _____

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Your Disability

It is more difficult and less comfortable for anyone traveling to a bus stop and waiting for a bus than having a vehicle come to one's home. This is all the more true for an individual with a disability. But for many persons with disabilities, getting to a bus stop and using a lift or ramp to board is possible; therefore comfort and convenience cannot be determining factors.

The eligibility process is not designed to make a medical determination. While an evaluation by a physician or other professional is used as part of the process, the eligibility committee decides if an individual, given their special circumstances, can use fixed route buses. Therefore eligibility for ADA Paratransit service is primarily a transportation decision, not a medical decision.

Mountain Line's Eligibility Committee is not required to determine if you have a disability but rather how your disability affects your ability to ride the bus. Persons with disabilities do not automatically qualify for Paratransit service. If you are denied service, it doesn't mean Mountain Line denies you have a disability. Your eligibility is determined by your remaining abilities.

If you are ineligible for ADA Paratransit, you may still be eligible for the Senior Van. The Senior Van service is scheduled on a first come, first serve basis.

Both fixed route buses and Paratransit vehicles are equipped with similar lifts or ramps. Both are shared ride services, meaning you may not be taken directly to your destination until another rider is picked up or delivered. Both fixed route buses and Paratransit vehicles are subject to the same delays caused by traffic, weather, detours, accidents and unforeseen circumstances.

Drivers are not required to leave curbside unless you have scheduled premium service.

NOTE: The following section of the application "Your Disability" must be filled out accurately and completely. Any inaccurate or false information could result in denial of eligibility and possible penalties.

Applicant Last Name & First Initial _____

Your Disability

1. Please list only the professionally diagnosed disabilities or condition(s) which prevent you from using Mountain Line ramp or lift equipped fixed route buses.

Please list only the PROFESSIONALLY DIAGNOSED disabilities or conditions that prevent you from riding Mountain Line ramp and lift equipped buses. For example: Multiple sclerosis, paraplegia, blindness, heart disease, Alzheimer's, Epilepsy, etc. Please do not list the symptoms you experience, such as dizziness, fatigue, joint pain, etc.

- a. _____ Permanent Temporary
b. _____ Permanent Temporary
c. _____ Permanent Temporary
d. _____ Permanent Temporary

If any of your conditions are temporary, what is the expected duration? _____

2. Please explain why you require Curb to Curb or Door to Door service and are unable to use the Mountain Line fixed route buses? Mountain Line's fixed route buses are fully accessible and have ramps or lifts designed to accommodate persons with disabilities, especially those that require the use of mobility devices like walkers and wheelchairs.

This is where you may list the *symptoms* of your disability or condition which prevent you from using fixed route buses.

3. Do you travel with a Personal Care Attendant? Yes No

4. Do you use any of the following (check all that apply):

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Crutches | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Service or guide animal | <input type="checkbox"/> Personal Assistant | <input type="checkbox"/> White Cane |

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5. a. Does your mobility device exceed the ADA standard of more than 30 inches wide and 48 inches long? Yes No
- b. Does your mobility device exceed the ADA standard of 600 lbs when occupied? Yes No
6. Using your mobility aid (electric wheel chair, manual wheel chair, walker or scooter) or on your own, how far (or long) can you travel on level ground? Distance _____
7. If you are determined to be eligible for Mountain Line ADA Paratransit Service will you require assistance from your door to the vehicle?
 No (regular service)
 Yes, some times (Premium Service) Yes, every time (Premium Service)
- If yes, what type of assistance: _____
8. Are you prevented from using fixed route ramp or lift equipped buses because of physical barriers such as steep hills, curbs, or weather conditions?
 Yes No If yes, please describe what these barriers are and where they are located _____

9. Is your disability affected by temperatures:
a. Below 30 degrees Fahrenheit?
 Yes No Please explain how _____
b. Above 80 degrees Fahrenheit?
 Yes No Please explain how _____
10. Is this a renewal application to continue receiving curb to curb service?
 Yes No
If yes, what date does your current eligibility expire? _____

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Professional Verification: Please provide the name and contact information of the Physical or Mental Healthcare Professional who will complete your Professional Verification form. Mountain Line will mail this form directly.

Name of Healthcare Professional: _____

Address: _____

I, _____ authorize the release of the information required to determine my eligibility for Mountain Line's ADA Paratransit Service

Applicant Signature: _____

I understand that the purpose of this application is to determine if the applicant is eligible to use ADA Paratransit Service. I certify that the information provided in this application is true and correct. **I understand that falsification of information could result in the denial of ADA Paratransit or the Senior Van services as well as a penalty under the law.** I agree to notify Mountain Line if my circumstances change and I no longer need to use ADA Paratransit Services. I understand that I am responsible for authorizing a Professional Verification of my condition(s). I also understand that a follow-up conversation, an informational meeting or functional assessment by a professional selected by Mountain Line may be requested.

Applicant Signature: _____

Date: _____

Please print the name of person completing the application, if someone other than the applicant:

Name: _____

Phone Number: _____

Signature _____ Date _____

Please return this application to:

Mountain Line ADA Paratransit Service
1221 Shakespeare
Missoula, MT 59802

Phone: (406) 721-2848