



ValleyMetro.org | 4600 E. Washington St. | Suite 102 | Phoenix, AZ 85034  
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## VALLEY METRO ADA PARATRANSIT APPLICATION OVERVIEW AND INSTRUCTIONS

The Americans with Disabilities Act (ADA) requires that complementary ADA Paratransit Service be provided as an alternative mode of transportation for qualified persons who are unable, because of a disability, to use Valley Metro bus or Metro light rail services. ADA regulations state that individuals must apply for ADA Paratransit Service and be determined ADA eligible in order to be provided ADA Paratransit Service.

To apply for ADA Paratransit eligibility, complete the Valley Metro ADA Paratransit Application. When you have completed the application, call the Valley Metro Mobility Center at (602) 716-2100, option 2 to schedule your evaluation for ADA Paratransit Service.

On the day of your evaluation, please bring the following:

- Your **completed application** - Answer all questions, sign and date
- **Supporting documentation regarding your disability** (if any)
- **Proof of identity** - State ID, Driver's license, Birth certificate, etc.
- **Equipment** - Any necessary equipment that you use in normal travel or would need to use when travelling on transit services

Be advised that you could be away from home for up to 2 hours. Bring a small snack or drink, medications, sufficient oxygen, etc. should you need them while you are away. You may bring someone with you if you need assistance. It is important to bring someone with you if you require assistance in translating English to another language. Please avoid bringing children or additional person(s) who are not needed to assist you.

If you have any questions prior to your evaluation, please call the Valley Metro Mobility Center at (602) 716-2100, option 2.



# VALLEY METRO ADA PARATRANSIT APPLICATION

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Female Male Date of Birth \_\_\_\_\_

### HOME ADDRESS

Street \_\_\_\_\_ City \_\_\_\_\_ State AZ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
TDD Yes No

### MAILING ADDRESS (If different from above)

Street \_\_\_\_\_ City \_\_\_\_\_ State AZ Zip \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_  
Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Do you require information in an alternate format? Yes No  
If yes, please indicate: Braille Large Print Other \_\_\_\_\_  
Your primary language: English Spanish Other \_\_\_\_\_

## MOBILITY INFORMATION

What is your Disability/Medical Condition/Diagnosis?

Which of the following mobility aids or equipment do you use?

- |         |                |                   |             |                  |
|---------|----------------|-------------------|-------------|------------------|
| Cane    | Crutches       | Manual Wheelchair | Oxygen Tank | Power Wheelchair |
| Scooter | Service Animal | Walker            | White Cane  |                  |

List your current medications:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please call 602.716.2100, Option 2 to schedule an appointment. You must bring a valid photo identification and this completed ADA paratransit service application to your in-person assessment appointment.

Valley Metro may need to contact your rehabilitation professionals or healthcare providers for additional information on how your disability prevents you from using bus or light rail service. Please list licensed or certified rehabilitation or health professionals who can provide information about your abilities. All information will be confidential and only utilized to determine eligibility for ADA Paratransit Service.

**PROFESSIONAL INFORMATION**

Physician or other professional: \_\_\_\_\_

Name of Office: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician or other professional: \_\_\_\_\_

Name of Office: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION**

I certify that the information provided in the application is true and correct. I understand that falsification of information may result in denial of service. I authorize the professionals listed above to release to Valley Metro information about my disability and its effect on my ability to travel on the bus or light rail service. Unless earlier revoked, this form permits the professional listed to release information up to 90 days from the date below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of person assisting applicant (if any): \_\_\_\_\_

**Please call 602.716.2100, Option 2 to schedule an appointment. You must bring a valid photo identification and this completed ADA paratransit service application to your in-person assessment appointment.**