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 to use Valley Metro bus or light rail services due to a disability. ADA regulations state that individuals must apply for ADA Paratransit Service and be determined ADA eligible in order to be provided ADA Paratransit Service.

Attached is a Valley Metro application for ADA Paratransit Service. When you have completed the application, call the Valley Metro Mobility Center at (602) 716-2100 to schedule your appointment.

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

- **Completed application** - Answer all questions, sign and date
- **A list of current medications** (if any)
- **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
• **Power wheelchair and scooter users** – Please make sure that your battery is fully charged

Please be advised that you could be asked to travel up to three-quarters of a mile during your evaluation and you should wear comfortable clothing and shoes. Be advised that you could be away from home for up to 4 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 should 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.

Valley Metro will complete the determination process within 21 days of your in-person assessment. If that does not happen, you will receive presumptive eligibility and will be allowed to use ADA Paratransit until the process is complete.

If you have any questions prior to your evaluation, please call the Valley Metro Mobility Center at (602) 716-2100.
VALLEY METRO ADA PARATRANSIT APPLICATION

PERSONAL INFORMATION - Print clearly

Last Name______________________First____________________Middle________
☐ Female    ☐ Male      Date of birth____________________________________

HOME ADDRESS
Street________________________City________State____Zip_____
Cell phone______________________Home phone________________________________
TTY    ☐ Yes    ☐ No     Email Address________________________________________

MAILING ADDRESS (if different from above)
Street________________________City________State____Zip_____

EMERGENCY CONTACT
Name______________________________________________
Day phone________________________Relationship________________________

Do you require information in an alternative format?
☐ Yes            ☐ No
If yes, please indicate:    ☐ E-mail________________________________________
☐ Large print    ☐ Braille    ☐ Other________________________________________
Your primary language:
☐ English      ☐ Spanish      ☐ Other________________________________________

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

*DO NOT MAIL*
MOBILITY INFORMATION - Print clearly

What is the disability or health condition that limits or prevents your use of Valley Metro bus and/or light rail service?

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

☐ Support Cane ☐ Crutches ☐ Manual wheelchair
☐ Oxygen tank ☐ Power wheelchair ☐ Scooter
☐ Service animal ☐ Walker ☐ White cane

List your current medications:

________________________________________________________________________
________________________________________________________________________

TREATMENT PLAN - Print clearly

Are you currently receiving any type of treatment or therapy? Please specify below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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*DO NOT MAIL*
BUS AND LIGHT RAIL USAGE - Print clearly

Have you ever received any instruction on how to use the bus or light rail? □ Yes □ No

When was the last time you used the bus or light rail independently?

How frequently do you use the bus or light rail?
□ Daily □ Weekly □ Monthly □ Never tried

What is the distance from your residence to the nearest bus stop or light rail station?
□ Less than ¼ mile □ ¼ mile □ ½ mile □ ¾ mile □ 1 mile or greater

On an average day, are you independently able to walk to and from that transit stop?
□ Yes □ No □ Sometimes

TRAVEL TRAINING - Print clearly

Valley Metro provides free one on one training to use our accessible bus and light rail services. Would you like to learn more about travel training?
□ Yes □ No

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*DO NOT MAIL*
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.

**MEDICAL CONTACT INFORMATION - Print clearly**

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__________

I choose not to provide contact information for a professional familiar with my disability.

Signature_________________________________________________________ Date____________

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

*DO NOT MAIL*
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)

______________________________________________________________

Thank you for taking the time to fill out this form. Please print a copy for your records.

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

*DO NOT MAIL*