



MICHIGAN CITY TRANSIT PARATRANSIT ELIGIBILITY DETERMINATION

Dear Applicant,

Thank you for inquiring about applying for Michigan City Transit's Paratransit eligibility. The following pages is the required application for Certification of ADA Paratransit Eligibility.

Please read the attached material carefully before completing the application.

ADA Paratransit service at Michigan City Transit provides service to individuals who are unable to use the fixed-route bus service because of a disability. An inability to use fixed route bus service may include being unable to travel to and from bus stops, board or exit busses, or understand how to ride and use the bus system.

MCT Paratransit provides shared ride, curb to curb service to persons determined to be "ADA eligible" for those trips that cannot be made using the fixed route service. You may, for example, be able to use fixed-route service for some trips if stops are nearby and there are no barriers that prevent you from getting to and from the bus. At other times, you may not be able to use the bus, MCT Paratransit service is meant to assist you at those times.

To enable us to accurately determine your eligibility for this service, please complete the enclosed application as accurately as possible. The questions are meant to determine the circumstances under which you can use fixed route or Paratransit services.

If you need assistance completing the form or have questions, please contact our office at 219-873-1502. This letter and application are available in alternate formats.

After you have completed the application information, please have a licensed health care professional or disability case worker who is familiar with your health condition or disability and your functional abilities and limitations complete the health care professional information. The information you provide in this application is confidential.

Please mail your completed application to:

Michigan City Transit
1801 Kentucky Street
Michigan City, Indiana 46360

Completed applications will be processed with-in twenty-one days of receipt. You will then be notified in writing of your eligibility status. If additional time is required to complete the evaluation and determination you will be given temporary eligibility until the process is completed.

If we determine that you are able to use MCT's fixed-route service, and therefore in-eligible for Paratransit service we will notify you of the reason (s) for this determination. Denied applicants have 60 days to file a written appeal with the Superintendent of Michigan City Central Services, 1801 Kentucky Street Michigan City, IN 46360. The Superintendent of Central Services will have 30 days to review the case and make a determination. All decisions made by the Superintendent of Central Services are final. If a decision is not made within 30 days of completing the appeal process, transportation is provided until and unless a decision to deny the appeal is issued.



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The purpose of the application is to provide an opportunity for you to provide the information required by the ADA of 1990 and the Federal Transit Administration to determine eligibility for use of Paratransit services. The application has 4 Parts, all parts must be completed in their entirety and submitted together. Incomplete application will result in a delay in determining eligibility for the Michigan City Transit.

If you have any questions, need assistance in completing the application, or require this information in another form please call MCT at 219-873-1502

PART 1		Information about you. Please print or type the following	
Last Name		First Name	Middle Name
Address:			
City		State	Zip Code
Home Phone Number		Work Phone Number	
In case of emergency who should we contact?		Name	Phone
Relationship to you:			
This section to be completed if the applicant was helped by another person in the completion of this application			
Last Name		First Name	Middle Name
Address:			
Relationship		Date	Signature
I certify that the information I have provided in this application is true and correct. Incorrect information can void the application			
Signature		Date	



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PART 2	Your relationship to Fixed-Routes		
<p>Please read the following statements and circle those which best describe what you believe is your ability to use the MCT Fixed-Route Bus Service <u>by yourself</u>. You may select more than one:</p>			
<ol style="list-style-type: none"> 1. I can use MCT Fixed-Route Bus service sometimes, but for certain trips either I have not been trained, or there are other barriers present. 2. I have a temporary disability which prevents me from getting to the bus stop. I will need Dial-A-Ride only until I recover. 3. I have an ambulatory disability which prevents me from boarding any MCT bus which is not accessible. 4. I have an ambulatory disability which prevents me from boarding even an accessible MCT Bus without assistance. 5. I can never get to the bus stop by myself. 6. I have a cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from the bus stop and ride the bus. I don't feel that I can ever learn. 7. I have a cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from the bus stop, and ride the bus. I think that with training I can learn, but I don't know how right now. 8. I have a visual disability which prevents me from finding my way to and from the bus stop. I think that with training I can learn, but I don't know how right now. 9. I have a visual disability which prevents me from getting to and from the bus stop. I don't feel that I can ever learn. 10. I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use MCT Fixed-Route Service. 11. I have an episodic disability. I can use the bus on those days when I am feeling well, but "bad days", I cannot make it to the bus stop, or even get on the bus. 			
<p>If you use the MCT Fixed-Route Service now, do you need assistance of another person?</p>			
<p>(Circle One)</p>	<p>Always</p>	<p>Sometimes</p>	<p>Never</p>
<p>If you ever need another person's assistance, what does that person do for you?</p>			

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PART 3		YOUR DISABILITY		
What is the specific condition of YOUR disability which prevents you from using the bus? (Ex: I am sensitive to extremely cold weather, etc.):				
Is your disability permanent?		Yes	No	
If not, how long do you expect to have a disability?				
Please designate any mobility aids you use (Check all that apply)				
	Manual Wheelchair		Motorized Wheelchair	
	Walker		Crutches	
	Cane		Braces	
	White Cane		Dog Guide	
	Prosthesis		Other	
YOUR FUNCTIONAL ABILITY				
Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, circle one answer. Your answer should be based on how you feel most of the time, under normal circumstances, and whether you can perform this activity independently. CAN YOU				
Walk up and down three steps if there are handrails on both sides?	Always	Sometimes	Never	Not Sure
Use the telephone to get information?	Always	Sometimes	Never	Not Sure
Travel one level block on the sidewalk if the weather is good?	Always	Sometimes	Never	Not Sure
If you are able to do this, how long does it take you?	Less than 5 minutes	Five to Ten minutes	More than Ten minutes	Not sure
Cross the street if there are curb cuts?	Always	Sometimes	Never	Not Sure

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When the weather is good, travel three level blocks on the sidewalk?	Always	Sometimes	Never	Not Sure
If you are able to do this, how long does it take you?	Less than Ten minutes	Ten to Fifteen minutes	Longer Than 15 minutes	Not Sure
Wait ten (10) minutes at a bus stop that does not have a seat and a shelter?	Always	Sometimes	Never	Not Sure
Travel up or down a gradual hill on the sidewalk, if the weather is good?	Always	Sometimes	Never	Not Sure
Find you own way to the bus stop, if someone shows you the way once?	Always	Sometimes	Never	Not Sure
Are you currently able to travel by yourself?	Always	Sometimes	Never	Not Sure
Does weather affect your ability to use MCT Fixed-Route Bus Service?	Yes		No	
If you answered yes, please explain how:				
Please use the space to tell us anything else you would like us to know about your travel challenges and your ability to use MCT Fixed-Route Bus Service.				

- Did you require any assistance to complete this form? _____ Yes _____ No
- If yes, how did that person assist you? _____



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Please review the application to make sure that you have answered all of the questions to the best of your ability. Applications will not be considered unless they are complete.

AUTHORIZATION RELEASE FORM

Name of Applicant: _____
(Please Print)

I authorize the following professional to release to Michigan City Transit specific information as requested. It is my understanding that the information released will be used solely to determine my ADA Paratransit eligibility. I understand that I may revoke this authorization at any time. Unless revoked, this form will allow that professional listed below to release information described for six months after the date appearing below.

The person listed below is familiar with my disability and is authorized to provide information to Michigan City Transit to determine my qualifications for special transportation services.

**FILL IN THE FOLLOWING INFORMATION ABOUT A PHYSICIAN OR PROFESSIONAL WHO IS FAMILIAR WITH YOUR DISABILITY-
Please Print**

The individual listed below is a:

- ___ Licensed Physician ___ Certified Psychologist ___ Licensed Physician Assistant
- ___ Certified Psychiatrist ___ Licensed Ophthalmologist ___ Certified Audiologist
- ___ Nurse (RN) ___ Respiratory Therapist ___ Certified Rehabilitation Specialist
- ___ Licensed Social Worker ___ Mental Health Counselor ___ Registered Occupational Therapist
- ___ Licensed Physical Therapist ___ Other (Specify) _____

Physician or Professional's Name _____

Clinic or Business Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (Work) _____

Signature of Applicant:

_____ Date ____/____/____

NOTE: Any medical fees associated with providing this information is the responsibility of the applicant and not the City of Michigan City or Michigan City Transit.

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PROFESSIONAL CERTIFICATION FOLLOWS**



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PARATRANSIT ELIGIBILITY APPLICATION CERTIFICATION OF HEALTH CARE PROVIDER

You are being asked by the applicant named in Part 1 of this application to provide information regarding his/her ability to use the regular fixed-route services provided by the transit system of Michigan City. For those persons who are not able to use the regular fixed-route services, with the accommodations provided, the transit system may allow them to use paratransit services. The information you provide will allow us to evaluate the request and determine this individual's specific needs. Thank you for your cooperation in this matter.

Please note: The Americans with Disabilities Act of 1990 (ADA) requires public transit agencies to provide paratransit service to people whose disabilities prevent them from using a bus some or all of the time. Disability alone and distance to and from a bus stop **DO NOT** by themselves, qualify a person for ADA Paratransit service. Inconvenience and/or decreased comfort **ARE NOT** a basis for qualification. The client's condition must **PREVENT** travel by bus. The information you provide will enable us to make an appropriate determination for this applicant. All information will be kept confidential. Thank you for your assistance.

Please follow these steps to verify this application.

1. Read the applicant's statements provided in Parts 1-3 in their entirety.
2. Fill out Part 4 completely using the criteria provided.
3. Return completed application to applicant to within 7 days of receipt (applicant is responsible for returning application to Michigan City Transit).
4. Be aware that you may be contacted for further information about applicant's abilities.
5. If you have questions, contact Michigan City Transit at: 219-873-1502.



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PROFESSIONAL VERIFICATION

Part 4

Please complete this professional verification form as thoroughly as possible. Should you have any additional questions, please do not hesitate to call.

Applicant's Name: _____ Address: _____

1. A. In what capacity do you know this individual? _____

B. How long have you known this individual? _____

2. What was the last date of face to face contact (by you or your agency) with this individual?

3. Based on your knowledge of the patient's condition, is the information provided on the previous pages a reasonable representation of his/her condition? _____ Yes _____ No.

4. Specify which functional limitations are associated with this applicant's condition:

____ Mobility impairment

____ Cognitive Impairment

____ Compromised endurance (____ muscular ____ respiratory)

____ Visual Impairment

____ Hearing Impairment

5. What is individual's diagnosis? _____

For Cognitive _____ DSM-IV GAF _____

6. Date of onset? _____

7. What is the prognosis? _____

8. Does the applicant have any other medical condition of which Michigan City Transit should be aware of? _____ Yes _____ No If yes, please describe:

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9. What is the expected duration of this individual's condition?

- Temporary: Approximate expected duration until ____/____/____
 Long Term: Potential for functional improvement or periods of remission
 Permanent: No expectation of functional improvement.

Section A Mobility Impairment

1. How far can the applicant walk without assistance? Please check the appropriate answer

- a. Cannot walk up to 300 feet
b. Can walk 300 feet (Football field)
c. Can walk up to 500 feet (one city block)
d. Can walk up to 600 feet (Football field and back)
e. Can walk up to 1, 320 feet (One lap around a track)

2. Does the applicant use a mobility device? Please check all that apply

- Cane Extra-large Wheelchair Prosthesis
 Long white cane Power Wheelchair Communication Board
 Portable Oxygen Manual Wheelchair Other _____
 Walker Power Scooter/cart None
 Crutches Service Animal

3. How far can the applicant travel using a mobility device?

- a. Cannot travel up to 300 feet
b. Can travel 300 feet (Football field)
c. Can travel to 500 feet (one city block)
d. Can travel up to 600 feet (Football field and back)
e. Can travel up to 1, 320 feet (One lap around a track)

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4. Does the disability/condition prevent the applicant from getting to or from a bus stop?

- a. Yes
- b. No
- c. Sometimes ***If yes or sometimes, please explain***

5. Can the individual climb a 12-inch step? Yes No Sometimes describe _____

6. Does the disability/condition prevent the applicant from waiting at a bus stop?

- a. Yes
 - b. No
- How long could the applicant wait, if sitting? _____ Minutes.
- How long could the applicant wait, if standing? _____ Minutes.
- How long could the applicant wait, using mobility device? _____ Minutes.

7. Does the disability/condition prevent the applicant from riding a wheelchair accessible bus?

- a. Yes
- b. No
- c. Sometimes ***If yes or sometimes, please explain***

8. Does the weather affect the applicant's ability to travel?

- a. Yes
- b. No
- c. Sometimes ***If sometimes, please explain***

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9. Does the applicant have medically defined cold sensitivity?

a. Yes Condition _____

b. No

Above or below what temperatures? _____ if "Yes" please explain

10. Does the applicant have medically defined heat sensitivity?

c. Yes Condition _____

d. No

Above or below what temperatures? _____ if "Yes" please explain

11. Does the applicant require a Personal Care Attendant/Assistant when traveling?

a. Yes

b. No

A Personal Care Attendant (PCA) is not a companion or escort, but someone who will be help to the client with his/her mobility assistance, personal care, communication, transportation, sign language, interpretation, providing services as a reader, etc., as the client makes his/her trip.

Section B Cognitive Impairment

1. Is the person taking psychotropic, antidepressant, or other medication? Yes No

2. Do you deem the individual to be compliant in taking medication? Yes No

3. When taking medication compliantly, will the individual be able to travel independently in the community? Yes No

4. Does the individual currently experience either auditory or visual hallucinations? Yes No

5. Is the individual's disability the same every day? Yes No

a. What is a "good" day like? _____

b. What is the individual able to do on a "good day"? _____

c. What is a "bad" day like? _____

d. How many "good/bad" days has the individual had in the last month? _____ Good _____ Bad

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e. Does anything trigger a “bad” day? Yes No Explain _____

6. Are any of the following affected by the individual’s disability? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Monitoring Time |
| <input type="checkbox"/> Problem-Solving | <input type="checkbox"/> Judgment |
| <input type="checkbox"/> Short term memory | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Long term memory | <input type="checkbox"/> Inconsistent performance |
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Coping skills |
| <input type="checkbox"/> Gait or balance | <input type="checkbox"/> Inappropriate social behavior |
| <input type="checkbox"/> Other | (<input type="checkbox"/> aggressive <input type="checkbox"/> sexual <input type="checkbox"/> over-friendly) |

7. Please explain how the above interferes with safe community travel.

8. Does the individual demonstrate inappropriate social behavior? Yes No

If yes, please describe: _____

9. Describe how the individual’s disability affects his/her ability to complete the following tasks:

- Traveling alone outside: _____
- Leaving the house on time: _____
- Seeking and acting on directions: _____
- Finding way to/from bus stop: _____
- Crossing streets: _____
- Waiting for bus: _____
- Riding on bus: _____
- Transferring to a second bus or exiting at the correct destination: _____
- Monitoring time: _____



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10. Would "Ride" training be appropriate for this individual? Yes No

If no, why? _____

**Section C
Visual Impairment**

1. Please describe the applicant's disability. _____
2. What is the applicant's best corrected vision in each eye? Right eye: 20/____ Left eye: 20/____
3. How long has the applicant had this impairment? _____
4. Is the applicant's visual impairment permanent? Yes No
5. Is the applicant's visual impairment affected by various lighting conditions? Yes No
If yes, please describe: _____
6. Is the visual impairment affected by weather? Yes No
If yes, please describe: _____

**Section D
Hearing Impairment**

1. Please describe the applicant's disability/condition. _____
2. If hearing impaired: what is the degree of discrimination of conventional speech?
Without hearing aid (s) [R] _____ [L] _____ With hearing aid (s) [R] _____ [L] _____

I certify that this information is true and correct to the best of my knowledge.

Signature _____ Title _____

Print Name _____ Date: _____ Agency _____

Name _____ Contact Phone # _____



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Michigan City Transit Office Use Only

Applicant Information

Applicant Name _____ Address _____ Phone _____

Review & Certification Information

Date Application Rec'd _____ Rec'd By _____ Submission Date _____

Review Start _____ Review By _____ Review Complete _____

Eligibility: Unconditional Eligibility _____ Conditional Eligibility _____ Temporary Eligibility _____

Conditions: _____

Date Certification Denied _____

Reason for Denial: _____

Determination made by _____ Signature _____

Processing & Notification Information

Notification Date _____ Processed Date _____ Processed By _____

Appeal Information

Date Appeal Rec'd _____ SSC Appeal Decision _____

Appeal Decision Date _____ Signature _____