



Spec-Tran ADA Paratransit Application

Spec-Tran provides curb-to-curb public transportation for people who cannot use the fixed-route bus system for some or all of their trips due to a physical or mental disability. This service, operated by the Capital Area Transportation Authority (CATA), is intended only for those trips that the person cannot make on the fixed-route bus system. Completing this application will help determine when and under what circumstances the applicant can use fixed-route bus service and when Spec-Tran paratransit service is needed.

INSTRUCTIONS FOR COMPLETING THIS FORM:

The applicant (or someone assisting them) must complete the entire packet except for the Medical Verification section. A licensed physician or other medical professional must complete and sign the Medical Verification page.

All questions must be answered. Incomplete forms will be returned.

If you need assistance in completing the form, or have any questions about ADA service and eligibility, please feel free to contact Disability Network Capital Area (DNCAP).

Tel: (517) 999-2760
Toll Free: 1 (877) 652-0403
TDD/TYY Michigan Relay: Dial 711

When completed, please return the form to the following agency:

**Disability Network Capital Area
901 E. Mount Hope Avenue
Lansing, MI. 48910
Fax: (517) 999-2767**

Dear Applicant:

There are two ADA paratransit eligibility standards that apply to Spec-Tran:

1. Your disability prevents you from navigating the fixed-route bus system (i.e. getting on, riding, or getting off the bus) with or without the assistance of another individual. Please note that all CATA fixed-route buses meet ADA accessibility standards and are ramp equipped.
2. Your disability prevents you from traveling to or from a fixed-route bus stop location.

If, after reviewing the above, you feel that you may qualify to use Spec-Tran service based on these standards, please continue with this application. If you do not meet at least one of these criteria, please contact CATA at (517) 394-CATA (2282) for information on fixed-route bus service.

There are three types of ADA paratransit eligibility:

1. Unconditional - this eligibility is granted if your disability prevents you from using CATA fixed-route bus service for any trips that you might need to make.
2. Conditional - this eligibility is granted if you can use buses some of the time, but need Spec-Tran service under certain circumstances, such as poor weather conditions.
3. Temporary - this eligibility is granted for individuals with temporary conditions that require Spec-Tran service for less than a year.

The information you provide about your disability is confidential. Completed applications will be processed within 21 days of receipt of your completed application. If you have not heard from us within 21 days, you are eligible to use Spec-Tran until your application is processed and a determination is made.

In some instances, we may need more information from you in order to make a decision. If so, we will contact you to schedule an in-person interview. Applicants will be notified in writing of the approval or denial of eligibility, and in the case of denial, the reason(s) for the decision. In the event that eligibility is denied, information on the appeals process will be included with the written determination.

If we determine that you are eligible for Spec-Tran service, you will receive a Spec-Tran Rider's Guide and an ADA identification card in the mail.

Section 1

1. Name: _____

2. Address: _____

Please insert facility name if applicable

City: _____ State: _____ Zip: _____

3. Telephone number (best number to reach you): (_____) _____

4. Email address: _____

5. Date of birth: _____ / _____ / _____

6. Gender: Male Female

Please answer the following questions in detail. Specific answers help us determine your eligibility. Incomplete applications will be returned to the applicant.

7. What is the disability that prevents you from using CATA fixed-route service? Fixed-Route service is what most people are familiar with – large buses traveling regular routes at scheduled times.

a) Is this condition temporary? Yes No

b) If yes, please estimate the date the condition is expected to improve: _____ / _____ / _____

8. Please answer all of the following questions about your mobility, including while using mobility device:

a) Can you travel from your residence to the curb or roadside without assistance?

Yes No Sometimes _____

b) Can you travel one block without the assistance of another person?

Yes No Sometimes _____

c) Can you travel ¼ mile (2-4 city blocks) without the assistance of another person?

Yes No Sometimes _____

d) Can you travel ¼ mile (6-8 city blocks) without the assistance of another person?

Yes No Sometimes _____

e) Can you wait outside without support from another person for 10-20 minutes?

Yes No Sometimes _____

f) Can you make your way to a bus stop?

Yes No – Check all that apply:

I cannot find the stop because I get confused.

I cannot travel to the bus stop without assistance from another person.

I cannot cross the street.

Heavy rain/snow makes it impossible for me to get there.

Other: _____

9. Please answer all of the following questions about your abilities:

a) Are you able to give your address, destination, and phone number upon request if needed?

Yes No Sometimes _____

b) Are you able to recognize a destination or landmark?

Yes No Sometimes _____

c) Are you able to ask for, understand, and follow directions?

Yes No Sometimes _____

d) Do you use a communication aid?

Yes No If "YES" please specify: _____

10. How does your disability/health condition prevent you from using fixed-route buses?

Please be as specific as possible (attach additional information if necessary).

11. How do you currently travel to your frequent destinations? (Check *all that apply*):

Drive myself Someone drives me CATA fixed-route buses Taxi

Other (please explain) _____

12. Have you ever used CATA fixed-route buses?

- Yes No – Please explain why not:

13. Are you currently able to use CATA fixed-route buses for any of your transportation needs?

- Yes No I don't know – Please explain:

14. If provided with the appropriate training and practice, would you be able to use CATA fixed-route bus service?

- Yes No Sometimes – Please explain:

SECTION TWO

1. When you travel, do you require the assistance of another person?

- Always Sometimes Never

2. What type of assistance do you need when traveling (please check all that apply)?

- Traveling from the bus to my destination Communication
 Medication/Equipment Assistance Transferring out of my mobility device
 Other: _____

If you require an attendant, that person, referred to as a Personal Care Attendant (PCA), is able to ride paratransit with you at no extra charge. A PCA must get on and off the bus at the same locations as the Spec-Tran customer.

3. Which, if any, of the following mobility aids do you use (please check all that apply)?

- Manual Wheelchair Walker Cane
 Electric Wheelchair Service Animal Crutches
 Electric Scooter Oxygen

4. If you use an oversized wheelchair or electric scooter, please provide the following information:

Make/Model _____ Size of device: Length _____ Width _____

Does the total weight of your wheelchair or scooter and yourself exceed 800 pounds?

Yes

No

Note: Spec-Tran will make every attempt to accommodate your mobility device as long as it is safe

Please list the names of two people that can be contacted in case of an emergency:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Do you require information and material be sent to you in any of the following ways (please check all that apply)?

Large Print Audio Tape Other: _____

Please proceed to Certification Statement and Release of Medical Information Authorization.

Certification Statement and Release of Medical Information Authorization (Applicant)

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the fixed-route bus service provided by CATA and must use Spec-Tran paratransit service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-examined.

I hereby authorize the professional named on the Medical Verification page to provide the required information to CATA and/or the Disability Network Capital Area (DNCAP). I certify that the information here and on the preceding pages is correct.

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____

Applicant's signature or authorized representative (required)

_____ Date _____

Please mail or fax this COMPLETED application form to:

**Disability Network Capital Area
901 E. Mount Hope Avenue
Lansing, MI. 48910
Fax: (517) 999-2767**

This ends the portion of the form to be completed by the applicant or his/her representative. The last section (on the following page) must be completed and signed by a licensed physician or other medical professional.

MEDICAL VERIFICATION: must be completed by a licensed physician or other licensed medical professional.

Spec-Tran paratransit service, operated by the Capital Area Transportation Authority (CATA), provides curb-to-curb public transportation for people who are unable to ride a fixed-route bus due to a disability. The applicant who has asked you to review and sign this form is applying to be considered eligible for this service. Spec-Tran paratransit service is intended only for those trips that the person cannot make on the fixed-route bus system.

This application form is intended to determine *when, and under what circumstances, the applicant can use CATA fixed-route buses and when they require Spec-Tran paratransit service.*

Please carefully review the information provided by the applicant and answer the following questions.

a) Please describe the physical and/or cognitive condition which functionally prevents the applicant from using standard CATA bus service (please note that CATA buses are equipped with wheelchair ramps).

b) To the best of your knowledge, is the information provided by the applicant true and correct?

Yes No - Note any exceptions below:

Name and Title (Please Print): _____

Signature: _____ Date _____ / _____ / _____

Business Name: _____

Street Address: _____

City / State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

PERSONAL CARE ASSISTANT REQUEST FORM
Information requested is for the Spec-Tran rider, not the PCA

NAME _____

ADDRESS (street, city, state, zip code) _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

DISABILITY (Medical Diagnosis) _____

MOBILITY DEVICES (Wheelchair, Walker, Cane, Service Animal, Oxygen, etc.) _____

REQUEST FOR PERSONAL CARE ASSISTANT (When would you need the assistance of a Personal Care Assistant?) _____

What types of duties does this person provide for you? _____

Is your Personal Care Assistant needed on all trips, or only on certain trips?

Please Explain _____

If further information is needed to process your request, we may need a letter from your physician and/or to schedule a face-to-face meeting.

If you have any questions regarding this form, please call the Disability Network Capital Area (formerly CACIL) at 517-999-2760.

SIGN _____ **DATE** _____

PHYSICIAN _____ **DATE** _____

Based on your diagnosis is a PCA required? Yes _____ No _____



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