



Monroe Transit System Paratransit Eligibility Application

Introduction

The Monroe Transit System (MTS) has updated its Paratransit eligibility application process. The process requires submitting a completed application. Healthcare professional authorization may be requested if needed to help determine eligibility.

The MTS Paratransit Eligibility Application will be used to determine which MTS service best meets your needs. Some individuals with disabilities will be able to use fixed route transit as a result of new accessible features offered by Monroe Transit fixed route buses:

- All buses are equipped with lifts and an announcement system that identifies major bus stops.
- All buses offer priority seating areas for seniors and persons with disabilities, and two wheelchair positions with seatbelts.
- Many buses offer a kneeling feature, making stepping onto the bus easier

Other persons will require Paratransit services for some or all of their transportation needs. Paratransit service is a shared-ride public transportation service. Assistance beyond the curb, up to and including origin-to-destination service, is provided when necessary to accommodate an individual's disability.

Instructions

Application

The first step in the evolution process is to submit the Paratransit Eligibility Application form (pages 4-11). The applicant must complete and sign the entire evaluation form. A Healthcare Professional Authorization Release Form may be requested if additional information is needed to determine eligibility.

The application must be complete before MTS can proceed with the review process. If more information is needed, MTS will contact the applicant to gather the required details. The 21-day determination period will start once all necessary information has been received.

If you need assistance completing the application or require it in an alternative format, please call MTS at 318-329-2506, and we will be happy to assist you. Applications must be mailed to:

Monroe Transit: Paratransit Program
700 Washington Street
Monroe, La 71201

MTS is not responsible for applications sent to any other address or faxed.

MTS will review the completed application to determine eligibility.

Healthcare Professional Authorization (If needed)

If additional information is required to determine eligibility, MTS may request verification from a healthcare or allied health professional familiar with the applicant's transit-related functional abilities.

Eligibility Certification

MTS will determine which transit service the applicant is eligible to receive and notify the applicant within 21 days of receiving a completed application. If you do not receive a decision on your application within 21 days, you are automatically certified for transportation until a determination is made.

Privacy Statement

The information obtained by MTS in the application process will only be used by MTS and the Federal Transit Administration for provision of public transit services. The information will be kept confidential and will not be provided to any other persons or agencies.

**Monroe Transit System
Paratransit Eligibility Application**

Part 1 General Information

Do you need the application and future written information from MTS provided in an accessible format? Yes _____ No _____

If yes, specify the format you prefer: _____

It is important to complete all parts of this form. Please type or print clearly. If additional information is needed to process your application, MTS will contact you.

Name: _____
 First Middle Last

Date of Birth: _____

Home Address: _____
 Street Apt#

Home City: _____
 City State Zip

Applicant's Phone: Daytime: _____ Evening _____

Closest Cross Street(s): _____

Closest Bus Stop(s): _____

Mailing Address (if not home): _____

City: _____ State: _____ Zip: _____

Frequent Destination(s)	Closest Bus Stop(s)
_____	_____
_____	_____

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Emergency Contact Name: _____ Relation: _____

Work Phone: _____ Home Phone: _____ Cell: _____

If assistance was provided in filling out this form, please indicate by whom:

Name: _____ Day Phone: _____ Relation: _____

Is this the person to contact if additional information is needed? Yes _____ No _____

Part 2- Transit Needs Evaluation

1. Are you able to ride an ADA accessible fixed route bus?
Yes _____ No _____ Sometimes _____ I don't know _____

a. If your answer is not YES, WHAT functional limitation(s) or health – related condition might impede or prevent you from using fixed route transit?

b. Explain HOW your functional limitation(s) or health-related condition might prevent you from using the fixed route transit services.

c. Are the limitations/conditions you described permanent _____ or temporary _____? Eligibility may be unconditional, conditional, or temporary.

d. Does your health condition or transportation- related disability change from day to day in a way that affects your ability to use fixed route buses?

Yes _____ No _____ Don't Know _____

If yes or don't know is selected, explain why: _____

2. How do you currently travel to your most frequent destinations? Check all that apply:

Fixed route buses _____ Paratransit _____ Medicaid _____ Taxi _____
Someone drives me _____ Drive myself _____ Other (specify) _____

For questions 3 through 12, please indicate whether you are independently able to perform the following functions. When answering "No" or "Sometimes", an explanation is required, or the application will be considered incomplete.

3. Are you able to understand directions needed to complete a trip? (This does not include being unaccustomed to the English language.)

Yes _____ No _____ Sometimes _____ If "No" or "Sometimes", explain:

4. Are you able to identify the correct bus stop?

Yes _____ No _____ Sometimes _____ If "No" or "Sometimes", explain:

5. Are you able to identify the correct public transit vehicle (bus)?

Yes _____ No _____ Sometimes _____ If "No" or "Sometimes", explain:

6. Are you able to get to and from the nearest bus stop?
Yes _____ No _____ Sometimes _____ If "No" or "Sometimes", explain:

7. On a good day, how many city blocks can you travel
without a mobility aid? _____
with a mobility aid? _____

8. Are you able to wait at least 15 minutes?
Yes _____ No _____ Sometimes _____ If "No" or "Sometimes", explain:

Could you wait if there was a bench of bus shelter?
Yes _____ No _____ Sometimes _____ If "No" or "Sometimes", explain:

9. Are you able to get on or off a bus with a lift or when the bus is lowered?
Yes _____ No _____ Sometimes _____ If "No" or "Sometimes", explain:

10. Are you able to grasp handles or railings, coins or tickets while boarding or
exiting a bus?

11. Are you able to maintain your balance when seated on the bus?
Yes ___ No ___ Sometimes ___ If "No" or "Sometimes", explain:

12. Have you ever had training or instruction on how to use Paratransit service?

Yes ___ No ___

a. If Yes, what person or agency provided the training? _____

b. If no, do you want or need training? Yes ___ No ___

13. Can you transfer from your wheelchair to a seat in a vehicle? Yes ___ No ___

14. Do you use any of the following mobility aids or equipment?

___ Cane ___ Power Wheelchair ___ Communication Board

___ White Cane ___ Larger Power Wheelchair ___ Service Animal

___ Walker ___ Power Scooter (3-wheels) ___ Leg Braces

___ Crutches ___ Manual Wheelchair ___ Other _____

15. Does a personal care attendant (PCA) accompany you when you travel outside your home (i.e., to push your wheelchair, carry oxygen, etc.)?

Yes ___ No ___ Sometimes ___ If "Yes" or "Sometimes", explain:

16. Do you currently use Paratransit Service?

Yes ___ No ___ Sometimes ___

If "Yes" or "Sometimes" is selected, when do you use Paratransit Service?

Please give Paratransit provider's name: _____

17. For your Paratransit needs, do you require to be picked up at your door instead of the curb?

Yes _____ No _____ Sometimes _____

If "Sometimes" is selected, please explain _____

Optional Information

The following information may be used to secure funding from other sources

Are you participating in or plan to participate in a WIA (Workforce Investment Act) Training program? Yes _____ No _____

If YES, please give the name of your WIA contact and phone number:

Contact Name _____ Phone : _____

Are you participating in or plan to participate in an LRS (Louisiana Rehabilitation Service), Veterans Administration, or Federal Vocational Rehabilitation training program? Yes _____ No _____

If YES, please give the name of your counselor and phone number:

Counselor Name _____ Phone: _____

Do you currently use Medicaid? Yes _____ No _____

What are your primary transportation needs? Please check all that apply.

Work _____ Medical Appointments _____

Banking/Legal _____ Shopping _____

Education _____ Entertainment _____

Day Care _____ Address _____

Dialysis _____ Address _____

Applicant Certification (REQUIRED)

I certify that the information in this application is true and correct. I understand that falsifying information may result in the denial of certain MTS services and/or discounts. I understand that all information will be kept confidential and that only the information required to provide the services for which I am eligible will be disclosed to those who perform the services. I understand that it may be necessary to contact a licensed/certified healthcare or allied health professional familiar with functional abilities and health-related conditions to assist with an accurate application review. I acknowledge receipt of the MTS Paratransit Ride Guide and agree to comply with all MTS rules and regulations.

Applicant's signature _____ Date : _____

Signature of person assisting in completing application _____ Date: _____

If your application is denied or conditioned, you have the right to appeal the decision in accordance with MTS procedures.



**Monroe Transit System
Healthcare Professional Authorization Release Form**

This form is required only if MTS determines that additional professional verification is necessary.

I hereby authorize _____
(Print name of licensed physician, licensed nurse practitioner, or state-licensed or nationally certified allied health /rehabilitation professional familiar with your transit-related limitations or health-related condition)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

To release to Monroe Transit System the necessary information about my functional limitation(s) and/or health-related condition that affects my ability to use public transit. This information, combined with my application, will be used to determine the type(s) of public transportation I am eligible for.

- All released information will be kept confidential and must be disclosed only on a need-to-know basis.
- I have the right to receive a copy of this authorization.
- I understand that I may revoke this authorization at any time.

Name of applicant (print)

Date Signed

Applicant's Signature

