



ADA Eligibility Application for Certification City of Duluth, Minnesota & Superior, Wisconsin

The Duluth Transit Authority provides ADA Paratransit (STRIDE) service through a third-party operator and in compliance with the Americans with Disabilities Act service criteria, established by the federal government. STRIDE is a shared ride, advanced reservation, origin-to-destination service for persons with disabilities that prevent them from boarding, riding on, or disembarking regular route accessible DTA buses. Service is provided only to individuals found eligible by the DTA's STRIDE Office and operates under the following ADA guidelines:

- STRIDE can only make pick-ups and drop-offs at places within the City of Duluth or that are within three-quarters of a mile of regular route service in Superior, WI and Proctor, MN.
- Service is provided only during the hours and days when regular route service operates.
- Rides must be reserved at least 24 hours in advance and no more than 7 days in advance.
- Service is provided for all types of trips that within the service area.

ADA Definition of Disability

- a) any person with a disability who is unable, as a result of a physical or mental impairment, and without the assistance of another individual (except for the bus operator of a lift or other boarding device), to board, ride or disembark from any regular route bus, or
- b) any person with a disability who has a specific impairment-related condition which prevents them from traveling to or from a bus stop on a regular route.

The information obtained through the certification process will only be used by staff to determine eligibility status and to provide transportation services, if eligible. The following steps outline the application process:

- 1) Fill out the Individual Applicant Certification form
- 2) Send completed form and attached Health Care Professional form to your physician
- 3) Have your Health Care Professional mail both forms to the STRIDE Office
- 4) You will be notified by STRIDE about your eligibility
 - a) If you have not been notified within 21 days of your submittal, please call STRIDE at 218-722-3327. If a determination has not yet been made, you will be temporarily eligible for paratransit service.
 - b) If you are denied eligibility, you have the right to appeal. A written letter of your decision to appeal must be sent to the STRIDE office within 180 days of your eligibility decision.

STRIDE Office: 2402 W Michigan St, Duluth MN 55806

Individual Applicant Certification Form

Please complete ALL sections of this form. An incomplete application will be returned. The information you provide will help determine eligibility and transportation service needed. **All information will be kept confidential.**

Personal Information

First Name _____ Middle Initial _____

Last Name _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____ County _____

Home Address _____

(If different from mailing address)

City _____ State _____ Zip _____ County _____

Phone (daytime) _____ (evening) _____

Email address *(if available)* _____

Date of Birth ____ / ____ / ____ Check one: New Application Recertification
Month Day Year

Additional Contact Information

Emergency Contact Name _____

Relationship _____ Phone number _____

If someone assisted you in completing this form please provide the following information:

Name _____

Relationship _____ Phone number _____

General Information

Do you need ADA service information in an accessible format? Yes No

If "yes" please indicate which format would be helpful:

Large Print Audio Recording Braille Other: _____

Travel Information

How do you travel now? Please check all that apply to you:

- Walk Drive a car Taxi Bicycle DTA Regular Bus

Other: _____

Do you ride the DTA regular route bus? Yes No

If you don't use the regular route bus service, please explain why:

What is the closest regular route bus stop to your home? Please give the location (ex. Corner of 1st Street and 6th Avenue West)

Can you get to this bus stop by yourself? Yes No Sometimes

If no, why not? _____

Using a mobility aid or on your own, how far are you able to travel?

- I am unable to walk or transport myself outside my home or apartment
- I can walk or transport myself less than one block
- I can walk or transport myself up to ¼ mile (3 blocks)
- I can walk or transport myself up to ½ mile (6 blocks)
- I can walk or transport myself up to ¾ mile (9 blocks)
- I can walk or transport myself more than ¾ mile

Travel training is a free service that teaches people how to use the regular route bus service. Would you be interested in receiving information about travel training?

- Yes No

Disability Information

Do you have a cognitive or physical disability that, some or all the time, causes you to be unable to get on, ride or get off the regular route bus by yourself, without the help of another person? Yes (if yes, explain below) No

Please list by name what disabilities or health related conditions prevent you from using the regular route bus:

When was your disability diagnosed? _____

Is your disability considered Stable or Progressive? Stable Progressive

Is your disability temporary? Yes, I expect it to last ___ months No Unsure

Does your health condition or disability change from day to day in a way that affects your ability to use the regular route bus?

Yes No Sometimes

If "yes" please explain: _____

If you use a wheelchair or scooter, DTA will need to verify that the combined weight of you and your wheelchair is less than 600 lbs.

Which of these mobility aids do you currently use when traveling? Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Manual Wheelchair* | <input type="checkbox"/> Powered Wheelchair* |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Communication Device |
| <input type="checkbox"/> Oxygen/Respirator | <input type="checkbox"/> Other: _____ |

**Wheelchair means a three or more wheeled mobility device*

If you checked wheelchair or scooter please provide the following information:

What is the total combined weight of you and your wheelchair or scooter? _____ lbs.

What is the width of your wheelchair or scooter? _____ inches

What is the length of your wheelchair or scooter? _____ inches

STRIDE Operators are unable to perform the duties of Personal Care Attendants (PCA).

Will you need to travel with a PCA or someone to assist you when you use STRIDE?

- Yes, sometimes Yes, always No

Functional Ability

What best describes your functional ability to use the regular route bus on your own?

Please check all that apply:

- I can get to and from a bus stop if the distance is less than one block
- I can get to and from a bus stop only if there are curb-cuts and level sidewalks
- I can use the regular route bus if I am going someplace I go all the time
- I cannot climb stairs to get on and off a regular route bus
- I have difficulty understanding or remembering all the things I would have to do to use a regular route bus
- I cannot use the regular route bus by myself

Can you find your way to a bus stop if someone shows you once? Yes No

Can you walk up/down a gradual hill? Yes No

Can you see/detect curbs, ramps and other drop off areas? Yes No

Can you get on and off a regular bus? Yes No

Can you ask for, understand and follow travel directions? Yes No

If you answered "no" to any of the previous questions please provide further explanation:

Certification of Applicant

I understand the information I provided on this application is true and correct to the best of my knowledge. The purpose of this application is to determine if I am eligible to use STRIDE services, or if at times I can ride the regular route bus. I understand that falsification of information could result in a loss of STRIDE services.

I also understand that STRIDE is a shared service and operates alongside the regular route bus. This means trips can occur only within the city of Duluth and within a ¾ mile radius of routes in Superior, Wisconsin and Proctor, Minnesota. Additionally, STRIDE vehicles can only operate during times the regular route buses are operating.

(Signature of Applicant or Guardian) **Date**

Person completing application IF NOT the applicant:

Name _____ Relationship _____

Signature _____ Date _____

Phone _____

FOR OFFICE USE ONLY	
Date Received: _____	Initials _____
Date Returned: _____	Initials _____
Application Date Complete: _____	Initials _____
Final Eligibility Letter Sent: _____	

Release of Information

Disability verification by a qualified professional does not guarantee eligibility for STRIDE service but it can play a major role in the eligibility determination process. This application requires you to contact your physician and have them submit your application along with the completed Healthcare Professional Form. However, once your application is received, additional information may be required for the DTA to make a final eligibility decision.

This form is used to release your protected health information as required by federal and state privacy laws. **Your authorization allows the DTA to contact your healthcare professional ONLY IF additional information is needed to determine eligibility.** You can revoke this authorization at any time by submitting a written request to the DTA. Revoking this authorization will not affect any action taken prior to receipt of your written request.

Statement of Release

I understand that the medical information requested is confidential and will not be shared with any other person or agency, with the possible exception of another transit provider or transportation program to facilitate travel. I authorize the release of any and all medical records and/or information by the professional listed below to the Duluth Transit Authority for the express purpose of determining my eligibility for STRIDE service.

(Authorization Signature of Applicant or Guardian)

Date

Printed Name _____

Name of Professional _____

Address _____

City _____ State _____ Zip _____ County _____

Phone Number _____

This authorization expires one year from date of authorization

Healthcare Professional Form

To the Applicant – Please have this page completed by your physician before mailing your application to the DTA. If this page is not completed and signed by a professional the application will be returned to you and processing will be delayed. It is important to note that the professional should be familiar with your disability AND your ability or inability to travel on a DTA regular route bus.

To the Professional – ADA regulations state that persons are eligible for paratransit service if, because of a disability or medical condition, they are physically or cognitively unable to independently use accessible public transit service. ADA paratransit eligibility is not based on the person’s lack of knowledge of bus service, distance from bus service, ability to drive, language ability or age. By providing this information you confirm that you are familiar with the applicant’s disability AND their ability or inability to travel on a DTA regular route bus.

Name of Applicant _____ DOB _____

Please describe the medical diagnosis, physical or cognitive disability which **PREVENTS** the applicant from using a regular route accessible bus service. Explain in what ways it prevents the use of a regular route bus.

Is this condition temporary? No Yes; for: 4 mos 6 mos 12 mos

Last date of face-to-face contact with this applicant was _____

I hereby certify that the information I have supplied is true and correct. I understand that false certification may be reported. I also understand that I may be contacted by the DTA if more information is needed to make a final eligibility decision for this applicant.

Signature _____ Date _____

Printed Name _____ Phone _____

Clinic/Agency _____ Address _____

City _____ State _____ Zip _____ County _____