



## 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 as well as Hermantown, Rice Lake 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.

### WHO QUALIFIES

The American Disabilities Act (ADA) set rules for certification. Under these rules there are two basic categories of people who are eligible for paratransit services. Any person with a disability is eligible **if** (Check all that apply to you):

- You as a result of your disability are unable to board, ride, or disembark from any regular route bus without assistance of another individual (except for the bus operator of a lift or other boarding device).
- You have a specific impairment related condition that **prevents** you from traveling to or from **any** 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) \_\_\_\_\_

Check one:  New Application  Recertification

### 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 \_\_\_\_\_

### Travel Information

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

If no, why not? \_\_\_\_\_

### 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

No

(If yes, explain below)

---

---

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, you 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:

Manual Wheelchair\*

Powered Wheelchair\*

Walker

Scooter

Cane

Crutches

Service Animal

Communication Device

Oxygen/Respirator

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 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 3/4 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 \_\_\_\_\_

**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.

It is my professional opinion that the applicant, \_\_\_\_\_ has a disability and the applicant: (Check all that apply)

- A. Has a specific impairment related condition which prevents the applicant from traveling to and from any DTA bus stops?  Yes  No
- B. If the person were at a bus stop, would they with the help of the operator be able to board, ride on, and disembark an accessible bus?  Yes  No
- C. The person, as a result of a physical (including a vision impairment) or mental impairment, is unable to get on a bus; ride on a bus; or get off buses which are accessible and useable by individuals without such disabilities and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device).  
 Yes  No

**If the person uses a wheelchair, what is combined weight (in pounds) of the person and wheelchair? \_\_\_\_\_ If it is a non-motorized chair can they propel themselves up an ADA ramp that is under eight (8) feet in length? Yes No**

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 \_\_\_\_\_

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