



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

The Duluth Transit Authority provides STRIDE paratransit services in compliance with the Americans with Disabilities Act. 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.
- Those looking to book a ride can do so up to seven days in advance, and can book service for the next day during the previous day. Same day bookings are subject to availability.
- Service does not limit a person to medical transportation.

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):

- As a result of a disability are unable to board, ride, or disembark from any regular route bus without assistance of another individual.
- 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 Professional form to individual chosen
- 3) Have your chosen professional mail both forms to the STRIDE Office
- 4) You will be notified by STRIDE by mail 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 as processable. 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 _____

What type of STRIDE services are you applying for?

Standard approval

Temporary approval

How many months are you looking for approval? _____

Are you a Veteran?

Yes

No

Guardianship Information

Check if not applicable

Name _____ Phone number _____

Disability Information

Please describe the disability that does not allow you to use the fixed route bus.

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

Yes No

If yes, please explain: _____

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

- Manual Wheelchair
- Powered Wheelchair
- Walker
- Cane
- Service Animal
- Oxygen/Respirator
- Scooter
- Communication Device
- White Cane
- Crutches
- Other _____

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 to assist you when you use STRIDE?

Yes, sometimes Yes, always No

Do you currently use the fixed route bus?

Yes No

If yes, please describe how you use the bus.

- I use the bus only to get to a few known locations
- I use the bus to get to new locations with unfamiliar routes

Does the weather affect your ability to use the fixed route bus?

Yes No

If yes, please explain: _____

Have you fallen in the last year?

Yes, how many times _____ No

How long are you able to wait at a bus stop?

0-15 minutes 15-30 minutes Only when there is a bench/seat

How far are you able to transport yourself?

0-1 Block 2-4 Blocks 5-10 Blocks

Are you able to step over curbs?

Yes No, I would need a curb cut

Do you ever go into the community alone without family or staff with you?

Yes No

If yes, are there any restrictions _____

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 fixed 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 fixed 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 fixed route buses are operating.

(Signature of Applicant or Guardian)

Date

To the Applicant – Please have this page completed by a professional who is knowledgeable about your disability that does not allow you to use the regular bus. Examples of appropriate professionals to complete this document: a doctor, social worker, therapist, psychologist, or other professional who is knowledgeable of your disability and ability to ride the bus. Please have this section completed before returning it to STRIDE to avoid delays in processing your application.

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 the fixed route bus which has accessible buses. 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 fixed route bus.

Name of Applicant _____ DOB _____

Describe the disabilities that you currently are treating the individual for OR how you support the individual based on their disabilities

When was the last time you met with the individual in person or virtually? _____

Does the individual use a mobility aid?

Yes, describe the device _____

Does the individual experience any physical symptoms that would impair their ability to use the fixed route bus system?

Yes No

If yes, please describe _____

Does this individual have visual impairments?

Yes No

If yes, please describe _____

Is the individual legally blind?

Yes No

Does the individual experience seizures?

Yes No

Yes, in what frequency do they occur? _____

When was the last time they experienced a seizure? _____

Does the individual experience auras or warnings before the seizures occur? Yes No

How long does it take for the individual to recover to base line functioning after a seizure?

Does the individual experience any of the following mental health symptoms that might impair their ability to ride the regular bus?

Hallucinations Delusions Panic Attacks Severe Anxiety

Other _____

Please describe how the individual experiences these symptoms and their frequency?

Does the individual display any inappropriate behaviors either social or physical?

Yes No

If yes, please describe how this would impact the individual riding the fixed route bus.

Has the individual ever had a TBI or Stroke?

Yes No

Please describe how they are impacted by this including memory, cognition, judgment, and physical impairment.

Does this individual have any cognitive impairments that would affect the individual from riding the fixed route bus?

Yes No

If yes please describe, please include any IQ scores, ability/inability to navigate new or familiar areas, problem solve, pay fares, track time and dates, and memory issues.

Is there anything else that you feel would be important for STRIDE to know to determine eligibility for Para Transit.

I hereby certify that the information I have supplied is true and correct. I understand that false certification may be reported to the proper authorities.

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