

**STEP #1: This section may be completed by applicant, family member, friend or licensed professional.**

## Americans With Disabilities Act (ADA) Eligibility Package

Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ email \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. What is the nature of your disability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is this disability temporary?

Yes  No

If YES, expected duration until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Do you travel with a personal care attendant?

Always  Sometimes  Never

4. Do you have the ability to safely cross a street at a traffic signal?

Yes  No

5. How does this disability prevent you from getting to a Fixed Route bus stop, waiting at a Fixed Route bus stop or riding a regularly scheduled Fixed Route bus?

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6. Would you be interested in learning how to ride SMART's Fixed Route buses?

Yes  No

7. Are there any other effects of your disability that we should know about? \_\_\_\_\_

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8. Please check the mobility aid(s) that you use.

<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Other Type of Cane	<input type="checkbox"/> Crutches
<input type="checkbox"/> Powered Chair/Scooter	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Braces
<input type="checkbox"/> Cane for the Blind	<input type="checkbox"/> Walker	<input type="checkbox"/> None

9. How many blocks are you able to walk?

Please check number of blocks:  4 or more  3  2  1  Less than 1

## Release of Information

The licensed professional who is listed on the REQUEST FOR PROFESSIONAL VERIFICATION page may document, and is familiar with, my disability. I authorize him/her to provide information to SMART in order to complete the **ADA Paratransit Certification Process**.

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**I also certify that the information given above and in this application is correct.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this Application to:

**SMART ADA Department**  
Buhl Building  
535 Griswold Street, Suite 600  
Detroit, MI 48226

Questions?

Call the ADA Clerk @  
**(313) 223-2305**

**STEP #2: This section MUST be completed by a licensed professional.**

## Request for Professional Verification

Federal law requires that SMART provide parallel transportation services to persons who cannot use available Fixed Route bus service. The information provided will allow SMART to make an appropriate evaluation of this request and its application to specific trip requests. Please fill in all sections that pertain to the applicant's disabilities as they relate to using public transportation. Thank you for your cooperation in this matter. **Unreadable or incomplete applications will be returned.**

**Professional's Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Professional License / ID# (Required):** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

What is your professional relationship to the applicant?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Physician - MD, DO | <input type="checkbox"/> PT / OT       | <input type="checkbox"/> Mobility Specialist       |
| <input type="checkbox"/> P.A., N.P., D.C.   | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Rehabilitation Specialist |
| <input type="checkbox"/> Nurse              | <input type="checkbox"/> Counselor     | <input type="checkbox"/> Optometrist               |

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**Applicant Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Male  Female

1. What is/are the applicant's disabilities/diagnosis? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is this disability temporary?  
 Yes  No If Yes, expected duration until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. How many blocks is the applicant able to walk?  
Please check number of blocks:  4 or more  3  2  1  Less than 1

4. Please check the mobility aid(s) that the applicant uses.
- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Manual Wheelchair     | <input type="checkbox"/> Other Type of Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Powered Chair/Scooter | <input type="checkbox"/> Service Animal     | <input type="checkbox"/> Braces   |
| <input type="checkbox"/> Cane for the Blind    | <input type="checkbox"/> Walker             | <input type="checkbox"/> None     |
5. Please indicate the applicant's level of independence (CHECK ONLY ONE).
- Is able to get to a bus stop as long as there is a sidewalk.
- Can independently get to the street for curb-to-curb service.
- Can get to the street only with the help of a personal care attendant.
- Totally dependent. Requires door-to-door assistance.
6. If the applicant is legally blind, provide acuity? \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_
7. Does the applicant have a cognitive disability?  Yes  No
8. Does the applicant's weight exceed 300 pounds?  Yes  No
9. Is the applicant sensitive to heat, cold, the sun, etc.?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Is the applicant able to:
- |  |                              |                             |                                    |
|--|------------------------------|-----------------------------|------------------------------------|
| Give address and telephone numbers upon request? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Recognize a destination or landmark?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Deal with unexpected change in routine?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Ask for, understand and follow directions?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |

11. Please explain any **Sometimes** responses from question #10 above or describe any other effects of the disability not already provided elsewhere on this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This information is accurate to the best of my knowledge.*

**Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail this form along with the Application for ADA Paratransit Certification to:

<p><b>SMART ADA Department</b>          Buhl Building          535 Griswold Street, Suite 600          Detroit, MI 48226</p>	<p>Questions?          Call the ADA Clerk @  <b>(313) 223-2305</b></p>
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## Americans With Disabilities Act (ADA) Application Instructions

An application is necessary to determine eligibility for **SMART's ADA Paratransit (Parallel Transportation) Service** within Wayne, Oakland and Macomb counties and Lake Erie Transit in Monroe County. This is **NOT** an application for a Reduced Fare ID card. To apply for that card, please submit a Reduced Fare ID Application.

ADA Paratransit Service is an advanced reservation, curb-to-curb service that is provided for persons who are unable to use SMART's or Lake Erie Transit's Fixed Route regular bus service because of a disability. In special circumstances, a driver will provide door-to-door assistance. Details, including Applications and Ridership Guidelines, are available at [smartbus.org](http://smartbus.org). Click the **SERVICES** tab; then click the **ADA** link.

### What is the ADA

The Americans with Disabilities Act (ADA) is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life. Under the ADA, SMART buses are to be the primary means of public transportation for suburban residents of Wayne, Oakland and Macomb counties, including people with disabilities.

The Americans with Disabilities Act requires that complementary paratransit service be available to persons who, because of a disability, are unable to use the regular Fixed Route bus system.

*To qualify for paratransit services, the applicant must be prevented from riding SMART's accessible Fixed Route buses due to the effects of a disability. This does not include persons who find it uncomfortable or difficult to ride the bus. All SMART buses are 100% accessible for persons with disabilities.*

### Who is eligible?

Eligibility for paratransit service is based upon a person's **functional inability** to board or ride an accessible regular bus. Categories of eligibility for complementary paratransit service are:

- A person whose disability **prevents** them from travelling to or from a Fixed Route bus stop.
- A person who is unable, because of a disability, to **independently** board, ride, and/or disembark from a ramp-equipped bus. This includes persons who are unable to "navigate" the large Fixed Route bus system without assistance of another person.

### Conditional Eligibility

Some people with disabilities may be able to use SMART's Fixed Route regular bus service under certain conditions, but not under others. Therefore, eligibility for paratransit for some people will be determined on a trip-by-trip basis.

### Temporary Eligibility

A person with a temporary disability may be eligible for paratransit service if the disability results in his/her functional inability to use the large Fixed Route bus system as described in the above eligibility categories for at least 6 months or longer.

## ADA Paratransit Service

Service areas, hours of operation and transfer requirements are comparable to Fixed Route bus service. **The SMART ADA Paratransit one-way fare is \$3.00, including a transfer.** This fare is never discounted. The SMART ADA Paratransit service area includes any address that measures  $\frac{3}{4}$  of a mile or less from a SMART regular Fixed Route bus stop.

## How to apply

The **Application for ADA Paratransit Certification** may be filled out by you or an authorized individual. You sign the release of information so SMART may contact the professional if we need clarification of any information in the application. The **Request for Professional Verification** page must only be completed and signed by a licensed medical professional, rehabilitation specialist or social worker who has documentation of your disability. Applications and information are available at **www.smartbus.org** or by calling **(866) 962-5515**, then press **2** for Customer Service. Under the **Health Information Privacy Act**, your medical information remains confidential.

The information obtained in this application will be used by SMART to determine eligibility for **ADA Paratransit Service**. This information may be shared with other transit providers to help schedule trips within their service area and verify eligibility.

## APPLICATIONS

- Eligibility determinations are made within 21 days.
- Notifications of eligibility are mailed to the applicant in writing.
- Incomplete applications may take longer to process or may be returned.

### In-Person Orientation and Assessment

Applicants may be required to participate in an in-person evaluation to determine eligibility. In this event, the applicant will be notified and if needed, transportation will be provided.

### Renewals

Eligibility may be granted for up to three years. Renewal applications should be submitted at least 30 days prior to the expiration date of the applicant's eligibility period.

### Right to Appeal

Persons who disagree with the determination of their eligibility may appeal the decision.

**Informal appeals** may be requested within 30 days of the eligibility notice. **Formal appeals** must be requested within 60 days of the eligibility notice. Appeal decisions are made within 30 days of the review.

### Visitors

If you are eligible for paratransit services by DDOT, AAATA or another transit agency and plan on visiting our area, you may be given **presumptive** eligibility to use paratransit services for up to 21 days within a one-year period.

Please mail the completed forms to:

**SMART ADA Office** • Buhl Building • 535 Griswold Street, Suite 600 • Detroit, MI 48226

Applications will be processed within 21 days of receipt. A determination letter will be mailed to you.

Questions? Call the ADA clerk at **(313) 223-2305**.