



ADA Application

STEP #1: All sections must be completed by applicant, family member, friend or licensed professional.

Name: _____ Male Female

Date of Birth: ____/____/____ Email _____

Primary Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate phone: _____

Emergency Contact Name: _____ Phone: _____

Mailing Address (If different): _____

YES NO Are there sidewalks by the applicant's residence?

YES NO Does the applicant reside on a dead-end street?

YES NO Has the applicant ever used any Fixed Route bus service?

If YES, how long ago? _____

YES NO If the the applicant received travel training on how to use Fixed Route bus service, could they use the service on their own?

Disability Information

What is the disability or health condition that prevents the applicant from using SMART Fixed Route buses? Please describe all disabilities or health conditions that affect the applicant's travel.

Disability	Reason/Cause of Disability	Temporary Condition <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Until When? ____/____/____
		<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____
		<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____
		<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____
		<input type="checkbox"/> YES <input type="checkbox"/> NO	____/____/____

Current Health Status

The following questions pertain to the current health condition of the applicant.

YES NO Does the applicant experience any flare ups from any of their disabilities?

If YES, please describe _____

YES NO Has the applicant had a seizure in the past year?

If YES, when was the last seizure ___/___/___ and what was the severity?

Mild Moderate Severe

YES NO Is the applicant currently receiving dialysis treatment?

YES NO Is the applicant currently undergoing cancer treatment?

YES NO Is the applicant legally blind?

If YES, provide acuity: Left _____/_____ Right _____/_____

YES NO Can the applicant visually recognize familiar places/landmarks/destinations?

Describe the applicant's field of vision: _____

Mobility Aids:

The following questions pertain to the mobility aid(s) used by the applicant.

Which of the following mobility aids does the applicant use? (check all that apply)

Manual wheelchair

Cane

Power wheelchair

White cane for the blind

Power scooter

Portable oxygen

Crutches

Service animal

Walker

None of the above

If you checked wheelchair or scooter above, please list the manufacturer and model number.

Manufacturer: _____ Model Number: _____

YES NO Does the combined weight of the applicant and their wheelchair/scooter exceed 700 pounds?

Physical and Travel Abilities:

The following questions refer to the applicant's current physical and travel capabilities only.

Does the applicant require assistance getting to/from or getting on/off the vehicle?

ALWAYS SOMETIMES NEVER NOT SURE

If ALWAYS, what assistance is needed? _____

If the weather is good and there are no barriers in the way, what is the farthest the applicant can navigate outdoors on a level sidewalk walking or using a mobility aid (wheelchair, cane, etc?)

The applicant cannot travel outdoors alone 1 block 3 blocks Not sure
 Curb in front of their residence 2 blocks 4 blocks

Does the applicant have the ability to access a SMART vehicle using the steps?

ALWAYS SOMETIMES NEVER NOT SURE

If NEVER, lift access will be provided.

Can the applicant travel independently in their community?

ALWAYS SOMETIMES NEVER NOT SURE

Has the applicant ever gotten lost when traveling alone?

ALWAYS SOMETIMES NEVER NOT SURE

Does the applicant have the ability to wait at a transfer point or outside by themselves?

ALWAYS SOMETIMES NEVER NOT SURE

Does the applicant have the ability to wait up to 30 minutes in good weather, outdoors without a place to sit?

ALWAYS SOMETIMES NEVER NOT SURE

Is the applicant sensitive to heat, cold, air quality, etc?

ALWAYS SOMETIMES NEVER NOT SURE

(Please explain) _____

Does the applicant have the ability to safely cross the street at a stop sign?

ALWAYS SOMETIMES NEVER NOT SURE

Does the applicant have the ability to safely cross the street at a traffic signal?

ALWAYS SOMETIMES NEVER NOT SURE

(Please explain) _____

Cognitive Abilities:

The following questions refer to the applicant's current thinking, reasoning and memory capabilities only.

Does the applicant have the ability to:

- YES NO Give their name?
- YES NO Give their address?
- YES NO Give their phone number?
- YES NO Give their email?
- YES NO Safely cross streets and intersections?
- YES NO Recognize familiar places/destinations/landmarks or bus stops?
- YES NO Ask for assistance when needed?
- YES NO Judge whether a situation is safe or unsafe?
- YES NO Understand written/oral directions?
- YES NO Manage their money and pay a fare?
- YES NO Find their way to/from bus stop?
- YES NO Make a transfer from bus to bus with assistance?
- YES NO Make a transfer from bus to bus without assistance?
- YES NO Use a phone to get information?

Additional Comments? _____

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

Applicant Signature: _____ Date: _____

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 of both the ADA Application and the Request for Professional Verification. A determination letter will be mailed to you. Applicants may be required to participate in an in-person evaluation to determine eligibility.

Questions? Call the **SMART ADA Office** at (313) 223-2193 or email ADAinfo@smartbus.org.