

## 2019

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

# Americans With Disabilities Act (ADA) Application

Name:			☐ Male ☐ Female
Date of B	Birth:/ email _		
Address:		Apt	
City:		State:	Zip:
Primary F	Phone:	Alternate phone:	
Emergen	cy Contact Name:	Phone:	
1. What	t is the nature of your disability?		
☐ Y	s disability temporary?  es	/	
	ou travel with a personal care attendant?		
•	ou have the ability to safely cross a street	t at a traffic signal?	

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?				
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?				
8.		Type of Cane ce Animal er	☐ Crutches ☐ Braces ☐ None		
9.	How many blocks are you able to walk? Please check number of blocks: ☐ 4 or more	e 🔲 3 🔲 2 🔲 1	Less than 1		
R	elease of Information				
pa	e licensed professional who is listed on the REC ge may document, and is familiar with, my disa IART in order to complete the <b>ADA Paratrans</b> it	bility. I authorize him/he	er to provide information to		
l al	so certify that the information given above a	and in this application	is correct.		
Ар	plicant Signature:	]	Date:		
	Mail this Application to:	Questio	ns?		
	SMART ADA Department Buhl Building 535 Griswold Street, Suite 600	Call the ADA (313) 223			

Detroit, MI 48226



### 2019

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:								
T	Fitle/Position:								
F	Professional License / ID# (Required):								
C	Office Address:								
_	Office Phone:								
V	What is your professional relation Physician - MD, DO P.A., N.P., D.C. Nurse	☐ PT / OT	<ul><li>Mobility Specialist</li><li>Rehabilitation Specialist</li><li>Optometrist</li></ul>						
Арр	licant Name		D.O.B//						
	Male								
What is/are the applicant's disabilities/diagnosis?									
_	s this disability temporary?  Yes No If Yes, expec	ted duration until							
	How many blocks is the applications are check number of blocks		2 1 Less than 1						

4.	Please check the mobility aid(s)	that the applicant uses	6.		
	Manual Wheelchair	Other Type of 0		☐ Crutches	5
	☐ Powered Chair/Scooter	Service Animal		☐ Braces	
	☐ Cane for the Blind	<b>□</b> Walker		■ None	
5.	Please indicate the applicant's le	vel of independence (C	CHECK ONLY	ONE).	
	Is able to get to a bus stop a	s long as there is a sid	ewalk.		
	☐ Can independently get outdo				
	☐ Can get to the street only wit	h the help of a person	al care attenda	ant.	
6.	If the applicant is legally blind, p	rovide acuity:	_/	/	
7.	Does the applicant have a cogni	tive disability?		Yes	☐ No
8.	Does the applicant's weight exc	eed 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:				<b>)</b>
	Give address and telephone nur		☐ Yes ☐ Yes	□ No □	Sometimes Sometimes
	Recognize a destination or lands Deal with unexpected change in		☐ Yes		Sometimes
	Ask for, understand and follow of		☐ Yes		Sometimes
11	Please explain any <b>Sometimes</b>				
	effects of the disability not alrea	•		or describe a	ny otner
	This information is accurate to the besi	t of my knowledge.			
	Professional's Signature:			Date:	
	Mail this form (STEF	1 from applicant, STI	EP 2 from prof	essional) to:	
	SMART ADA Depa	artment	Questio	ns?	
	Buhl Buildin	•	Call the ADA	Clerk @	
	535 Griswold Street,		(313) 223	-2305	

Detroit, MI 48226

1/14/19



## 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**. 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 catagories 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 <sup>3</sup>/<sub>4</sub> 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 calendar days of the date a completed application is received. If it is not, **presumptive eligibility** will be granted.
- 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. Appeals must be requested within 60 days of the date on the eligibility letter. 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, please have your certifying transit provider fax proof of eligibility to SMART at (248) 244-9221. Once documentation is received, or you have an apparent disability, 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.