

Marshalltown Municipal Transit

ADA PARATRANSIT APPLICATION

The Americans with Disabilities Act (ADA) requires public transit agencies that provide fixed-route service to provide complementary Paratransit service to people with disabilities who cannot use the fixed route bus service because of a disability. Paratransit service operates during the same hours as the fixed route bus service.

The purpose of the application is to provide an opportunity for you to describe barriers in the environment or limitations you may have which prevent you from using Marshalltown Municipal Transit (MMT's) fixed route bus system.

Tell us:

- which places you are having trouble getting to
- where you would like to go but cannot
- what prevents you from using the MMT bus for these destinations

Providing as much information as possible will help MMT understand your transportation needs and travel challenges.

If there are questions you cannot answer or you need assistance in completing the application please call Marshalltown Municipal Transit (MMT) 641-754-5719.

In order to be considered complete, every question on the application must be answered.

Please Print

Name (Last) _____ (First) _____

Address _____ APT#/Unit# _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Date of Birth: (Mo/Day/Yr) _____ / _____ / _____

Please describe your current disability or condition. Be specific and list all applicable details.
Please keep in mind that all fixed route MMT buses are wheelchair accessible.

Please attach a doctors' statement/documentation to verify condition.

Is your disability or condition temporary? YES NO
If YES, how long will it last? _____

Is your disability or condition episodic or does it change from day to day? YES NO
If YES, please explain _____

Most often, I use the following mobility aides when I walk:

- | | |
|---|--|
| <input type="checkbox"/> Sighted person (guide) | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Guide Dog | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Optical devices | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Other _____ |

If you use a wheelchair or scooter, answer the following question about the dimensions:

Please list the dimension of your wheelchair or scooter. Measure the physical dimension from two inches above the floor, including foot or head extensions.

Note: This information is not used to determine Paratransit eligibility.

A common wheelchair does not exceed 30 inches in width or 48 inches in length and does not weigh more than 600 pounds occupied.

Width _____ inches Length _____ inches Height _____ inches
(side to side) (front to back) (including head/foot extensions)

Is the combined weight of you and your mobility device more than 600 pounds? YES NO

Occupied weight (if known) _____

Can you walk or use your mobility device outdoors alone? _____ YES _____ NO

If NO, please tell us why not. Check all answers that apply.

I have never been taught.

My neighborhood is too dangerous.

I don't want to go out alone.

Environmental barriers (no/poor sidewalks, busy intersections)

Other - Please explain _____

How many 7 inch steps can you climb without assistance? _____

How many steps are there at the entrance you use at your residence? _____

How many blocks can you travel or walk by yourself? _____ 0 _____ 1 _____ 3

How long does it take you to walk that far?

Less than 5 minutes 5-10 minutes Longer than 10 minutes

If you were waiting for a ride could you stand for 10 minutes? _____ YES _____ NO

If you were waiting for a ride could you sit for 10 minutes? _____ YES _____ NO

Could you wait at a bus stop that does not have a shelter? _____ YES _____ NO

Can you cross the street without help? _____ YES _____ NO

If YES, please answer the following:

I can cross at quiet streets with very little traffic. _____ YES _____ NO

I can cross the street at traffic lights. _____ YES _____ NO

I can cross the street at very busy intersections. _____ YES _____ NO

My vision is normal. _____ YES _____ NO

If NO, please tell us about your condition: _____

My vision condition is: Stable Degenerative Other (please explain)

My vision is worse during these conditions:

Bright sunlight _____ YES _____ NO

Dimly lit or shaded places _____ YES _____ NO

Night time _____ YES _____ NO

I can see steps and curbs. _____ YES _____ NO

I can use the telephone to get information. YES NO

My hearing is normal. YES NO
If NO please describe your hearing problems _____

Tell us about your current travel

Please list the five most frequent destinations and how you get there.

	Destination	Frequency	How do you get there?
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Please answer all questions and check all statements that describe your current use of the MMT fixed route bus service by yourself.

Do you currently use the MMT fixed route bus system? YES NO

If you answered NO –

Why have you not used the fixed route service?

- I have never tried.
- I need someone to show my how
- I have difficulty getting on or off the bus
- I have difficulty traveling to and from the bus stop
- I have an ambulatory disability that prevents me from boarding even a wheelchair accessible MMT fixed route bus without assistance.
- I have a severe medical condition or impairment which makes it impossible for me to use MMT fixed route service.

If you answered YES –

Where do you go on the bus? _____

What is the most difficult part of riding the bus for you? _____

When was the last time you used the fixed route bus service? _____

Where is the closest bus stop to your home? _____

Do changes in weather prevent you from getting to or from the bus stop? YES NO

If YES, please list specific weather conditions that impact your mobility:

Have you received instruction in bus travel? YES NO

I can use the fixed route bus on days when I am feeling well. YES NO

I can make it to the bus stop or use the bus on "bad days". YES NO

I have a visual disability which prevents me from finding the bus stop. YES NO

I think that with training I can learn. I do not feel I can ever learn.

I can see bus route names on the buses YES NO

I can find my destination without assistance YES NO

I can recognize my destination and leave the bus without assistance. YES NO

I can hear the bus routes announced outside of the bus. YES NO

I can hear the bus routes announced inside the bus. YES NO

I can hear traffic well enough to cross the street. YES NO

I can hear the driver announce my stop YES NO

I ask another passenger to help me find my stop. YES NO

I can see my stop from inside the bus. YES NO

I can walk up and down 3 steps, if there are handrails on both sides. YES NO

I can travel by myself. YES NO

I can get to the MMT bus stop by myself. YES NO

I can grip railings and handles. YES NO

I can handle coins and tickets. YES NO

I need the assistance of another person to ride the bus. YES NO

If YES, what do they do to assist you? _____

Please give us a better understanding of your opinions about the MMT fixed route service.

- The bus system is too complicated for me to figure out. YES NO
- I've heard really good stories about MMT bus service. YES NO
- I have to have a seat on the bus and I'm afraid I won't get one. YES NO
- Everyone on the bus will be upset if it takes me longer to board. YES NO
- Riding the bus makes me more vulnerable to crime. YES NO
- I'm afraid for my safety. YES NO
- I think my neighborhood has a good bus service. YES NO
- I'm afraid I'll get off at the wrong stop. YES NO
- Arriving at my destination on time is important to me. YES NO
- Taking my trips by bus would take too long. YES NO
- I'd have to get up earlier in the morning to use the bus. YES NO
- I'm afraid I'll get on the wrong bus. YES NO
- If the bus moved before I am seated, I'm afraid I might fall. YES NO

I certify that the information in this application is true and correct.

Signature: _____ Date: _____

Emergency Contact:

May we have the name of someone to contact in case of an emergency?
Please select someone who would not be riding with you.

Name: _____ Relationship: _____

Phone Home _____ Cell _____

Work _____

Did someone help you fill out this application? If so, please fill out the information below.

Name: _____ Daytime phone: _____

Address: _____

City: _____ State/Zip: _____

Signature: _____ Date: _____