

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.

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:

___ Sighted person (guide)

___ Electric Wheelchair

___ Guide Dog

___ Scooter

___ White cane

___ Cane

___ Optical devices

___ Walker

___ Manual Wheelchair

___ Crutches

___ Portable Oxygen

___ 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
(side to side)

Length _____ inches
(front to back)

Height _____ inches
(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? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can use the fixed route bus on days when I am feeling well. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can make it to the bus stop or use the bus on "bad days". | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I have a visual disability which prevents me from finding the bus stop. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| <input type="checkbox"/> I think that with training I can learn. | <input type="checkbox"/> | I do not feel I can ever learn. | | |
| I can see bus route names on the buses | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can find my destination without assistance | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can recognize my destination and leave the bus without assistance. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can hear the bus routes announced outside of the bus. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can hear the bus routes announced inside the bus. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can hear traffic well enough to cross the street. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can hear the driver announce my stop | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I ask another passenger to help me find my stop. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can see my stop from inside the bus. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can walk up and down 3 steps, if there are handrails on both sides. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can travel by myself. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can get to the MMT bus stop by myself. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can grip railings and handles. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I can handle coins and tickets. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I need the assistance of another person to ride the bus. | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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: _____