



Dear Metro Mobility Applicant,

Thank you for your inquiry regarding Americans with Disabilities Act (ADA) eligibility for Metro Mobility paratransit service. Metro Mobility is an ADA complementary paratransit service provided for individuals who, due to their disability, are unable to use Mountain Metropolitan Transit fixed route bus service some or all of the time. Difficulty or inconvenience with using fixed route bus service is not necessarily an indicator of whether or not you are eligible for Metro Mobility complementary paratransit service. Eligibility is determined by application and an in-person or over the phone evaluation.

The accompanying application is designed to gather information regarding your disability and how it prevents you from using fixed route bus service. Your assessment of your environment and functional ability to use fixed route buses is a vital component in this process. Additional professional information (e.g., medical doctor or therapist letter, etc.) included with the application is incredibly helpful; however, it is not required. A Paratransit Eligibility Professional Verification form is included in this application package and can be used to provide that additional information.

The ADA paratransit eligibility evaluation is designed to determine your ability to use fixed route bus service. The guidelines for eligibility are:

1. If you cannot independently negotiate the fixed route bus system due to a disability.
2. If fixed route buses are not accessible to you and the equipment you use due to a disability.
3. If you are unable to travel to or from a bus stop or wait a reasonable period of time at a bus stop due to a disability.

Applications are reviewed by Metro Mobility eligibility staff. Incomplete applications may be returned to you for additional information. Within three business days of receiving your application, a Metro Mobility eligibility staff will telephone you, or your representative, to schedule an evaluation. If completing an in-person evaluation and you are within the Metro Mobility service area, a Metro Mobility bus will provide transportation to/from the Metro Mobility eligibility office free of charge. In-person evaluations are scheduled for twenty minutes.

Please note that ADA eligibility is a transportation decision, not a medical decision. Eligibility is not based on a letter from the Social Security Administration, your age, financial resources, an inability to drive or access to a vehicle, or convenience. Disability alone does not guarantee eligibility.

Eligibility determination outcomes can either be conditional or unconditional, temporary (less than three years) or a three-year certification term, or a denial of eligibility and service. The determination outcomes will be explained to you at the conclusion of the evaluation and listed in your ADA eligibility determination letter. If you are eligible you are required to re-certify prior to the end of your certification term. A recertification reminder letter will be sent to you approximately two months prior to your certification expiration.

You may expect up to 21 days from the time a completed application is submitted to complete the rest of the eligibility process. If Metro Mobility eligibility staff cannot make an eligibility determination within 21 days, through no fault of your own, you will be given presumptive eligibility until a determination is made.

Thank you for your interest in Metro Mobility paratransit service. We look forward to meeting with you.



Office Use Only  
Date Received:

## **Application for Metro Mobility ADA Complementary Paratransit Service**

**APPLICANTS:** All questions must be filled out COMPLETELY.

Please read the instructions carefully. Print legibly. SIGN and DATE this application on page 4.

Name:

(Last)

(First)

(Middle)

Address:

Number and Street

City

Zip Code

Phone:

Cell Phone:

Email:

Date of Birth (Optional):

Did you complete this application yourself?

Yes

No (If no, the person helping you must complete the application  
must complete Part B on Page 4.)

*If different from the applicant, provide the name and phone number of the person who can arrange an interview and/or evaluation appointment for the applicant.*

Name:

Daytime Phone:

List a person living locally who could be contacted in an emergency:

Name:

Relationship:

Daytime Phone:

Evening Phone:

Attach all relevant information identifying your disability and include any appropriate documentation to this application. (Use extra pages, if necessary.)

**Include a letter from your doctor, agency, or professional that can verify your functional ability as it relates to using the fixed-route bus service.**

1. Describe the disability or condition which you believe may qualify you eligible for Metro Mobility ADA complementary paratransit service.

2. Explain how your disability or condition prevents you from using the fixed-route bus service:

3. A. What mobility aid or equipment do you use when you travel? (Check all that apply.)

Wheelchair Walker Portable Oxygen

Cane Leg Braces Service Animal

Other (please specify):

*If you use a wheelchair, please answer 3B through 3D.*

B. What type of wheelchair is it?

Manual Power Scooter

C. What is the combined weight of you and your wheelchair?

Under 600 pounds Over 600 pounds

D. What are the approximate dimensions, make, and model of your wheelchair?:

Length (in inches):

Width (in inches):

Make/Model:

4. Do you require the assistance of a personal care attendant?

Yes No

5. Can you travel to and from the curb in front of your residence without assistance?

Yes No

6. Are there any physical or terrain barriers (i.e. streets, lack of sidewalks, or curbs) that prevent you from getting to or from a bus stop?

Yes

No

If yes, please describe what type of barriers you face and how they prevent you from reaching a bus stop:

7. How far is the nearest bus stop to your residence?

8. What bus route(s) is nearest to your residence?

9. When riding the fixed-route bus:

Are you able to ask a bus driver for assistance?

Yes

No

Can you grasp railings to get on and off a bus?

Yes

No

Can you pull cords, or push the bell strip in order to let the driver know you want to get off a bus?

Yes

No

Are you able to count out a fare and deposit it into a farebox?

Yes

No

10. If you were provided with travel training and given information about fixed-route bus service and routes, do you think you would be able to use the bus independently or with assistance?

Yes

No

Sometimes

11. Provide any other information which will assist Mountain Metropolitan Transit in understanding your level of mobility:

12. Do you need bus information provided in an alternate format?

Yes

No

If yes, check all formats that you can use:

Braille

Large Print

Other (please specify):

**Review your application to make sure every question is answered. Once you have done so, please sign and date the application on the next page.**

**In signing this application, the applicant agrees to the following conditions:**

1. An interview is required in addition to a completed application.
2. If at any time the applicant no longer has the disability as described, their eligibility for ADA complementary paratransit services automatically ceases and the applicant is no longer eligible to use Metro Mobility service.
3. Falsification of information in this application or interview will result in a denial of eligibility and service.
4. All information provided in this application is confidential. Only the information required to provide service is disclosed to those performing the services.
5. An applicant who is found ineligible for Metro Mobility service may appeal the decision within 60 days of a written determination. Applicants are advised of the appeals process.

**A. Applicant Signature**

I certify the information given in this application is true and correct. I authorize Metro Mobility to contact by phone or by letter any agency or professional that I have indicated on this application in order to verify documentation of my functional ability.

Applicant Signature:

Date:

**Person completing application if other than applicant (check one):**

I certify the information provided in this application is true and correct based upon information given to me by the applicant.

I certify the information provided in this application is true and correct based upon my knowledge of the applicant's health condition or disability.

Name:

Relationship:

Phone:

Signature:

Date:

**Please return this application in one of the following ways:**

**Mail:** 1070 Transit Drive, Colorado Springs, Colorado 80903

**Email:** [metrocertifications@coloradosprings.gov](mailto:metrocertifications@coloradosprings.gov)

**Fax:** 719-385-5419