



# ADA Complementary Paratransit Services

Detroit Department of Transportation • 1301 East Warren Avenue Detroit, MI 48207

General Information: (313) 933-1300 • Toll Free: 1 (800) DDOT-BUS • Michigan Voice Relay: 1 (800) 649-3777

<http://www.ci.detroit.mi.us/ddot>

## What is the ADA Complementary Paratransit Service?

It is a paratransit service provided by the Detroit Department of Transportation (DDOT). Its primary purpose is to provide individuals determined as ADA Paratransit-Eligible with transportation when they are unable to use regular fixed route buses to meet their needs. This service is available through other transit systems nationwide. Once determined eligible by DDOT, under certain conditions your eligibility may be used on other ADA Complementary Paratransit Transit Systems.

DDOT provides its Paratransit Service through the **Detroit MetroLift**. Vehicles provided for this Paratransit Service are designed to better meet the needs of physically disabled passengers, as the buses are smaller than buses used on regular fixed route service. Paratransit Service is unique in that it caters to passenger's travel needs. As an ADA Paratransit-Eligible Passenger, one is able to request a Paratransit bus pick-up from a location and request transport to a desired destination. Because of this uniqueness, this service falls outside of the character of DDOT's Fixed-Route Service. As a result, eligibility not only determines if one is eligible, but also when and under what conditions they are qualified for standard and/or door-to-door service.

The attached application is designed to help DDOT determine an applicant's eligibility and any conditions. The information obtained specific to this application will be used only by the Department of Transportation and the Federal Transit Administration, or its agent, for the provision of public transit services. This information will be kept confidential and will not be provided to any other person or agency.

Please make sure the application is completed in its entirety before submitting. ***\*Failure to complete each section in its entirety could result in the applicant being denied eligibility.*** All incomplete applications will be returned for completion. Upon receiving a completed application, DDOT will record it as "received"; at which time a 21-day processing period begins. This period is the amount of time DDOT has to review and determine your eligibility. If eligibility is undetermined within the 21-day period, the applicant will automatically receive Temporary ADA Paratransit-Eligibility Status. This will allow the applicant temporary eligibility until a final decision is made on your application.

Once DDOT makes a determination on eligibility, the applicant will be notified in writing to the address on the application. If the application is certified as "Eligible," the applicant will receive an eligibility approval letter along with instructions on completing the eligibility process. If the application for certification is denied, the applicant will receive a denial letter along with instruction on accessing the Eligibility Appeal Process.



**Detroit Department of Transportation**  
**Application to Determine ADA Paratransit Eligibility**

Please send completed applications to the following address for processing:

**Detroit Department of Transportation**  
**Special Fares Division**  
**Attn: Paratransit Eligibility**  
**1301 East Warren Avenue**  
**Detroit, MI 48207**

Please feel free to give us a call with any questions at (313) 933-1300 or respond in writing to the above address.

Sincerely,  
**The Detroit Department of Transportation**





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## PART II: DISABILITY INFORMATION

**\*\*Failure to complete each section in its entirety could result in the application being denied eligibility\*\***

The applicant's eligibility is based primarily upon the information provided in the following 4 categories.

**A. Visual Impairments**

*Please enter an "X" in each box that describes your impairment(s):*

- |   |  |
|---|--|
| <input type="checkbox"/> Totally Blind            | <input type="checkbox"/> Mildly Blurred/Distorted Vision |
| <input type="checkbox"/> Light Perception         | <input type="checkbox"/> Tunnel Vision                   |
| <input type="checkbox"/> Night Blindness          | <input type="checkbox"/> Half-Field Losses               |
| <input type="checkbox"/> Severe Glare Sensitivity | <input type="checkbox"/> Other                           |

**B. Mobility Impairments**

**Please answer each of the following questions**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you use a walker or cane when traveling outdoors?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you use a wheelchair (power or manual) or scooter when traveling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can you pull open a door and go through?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Can you raise a cup of water to your mouth without spilling any?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**C. Cognitive Impairments**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you require help to communicate with people?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. How do you get information on how to ride the bus? _____<br>_____<br>_____  |                              |                             |
| 3. Do you get the information without any assistance from anyone?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you read and understand the information you receive without any assistance?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. How do you pay your fare when you ride the bus? _____<br>_____  |                              |                             |
| 6. If you were riding the bus and forgot where you were supposed to get off for your destination, or to transfer to another bus, would you ask the driver to help you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Would you ask a passenger for help?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. How do you get to your bus stop: _____<br>_____<br>_____  |                              |                             |



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9. What is the name or number of the bus route you use most often?

Route # \_\_\_\_\_ Route Name \_\_\_\_\_

10. On the bus route that you take most often, from what locations do you get on and off the bus?

On at: \_\_\_\_\_ Off at: \_\_\_\_\_

11. What other bus routes might you take? \_\_\_\_\_

\_\_\_\_\_

12. Do you understand the route information that is shown on the front and over the doors of the Public Transit Vehicles?  Yes  Yes, with assistance  No

13. Based on the displayed route information, can you tell which bus you should ride and identify the pick-up location for that bus route?

14. Do you wear a watch?  Yes  No

15. Do you ever look at your watch to see if the bus is on time?  Yes  No

16. If you had to cross a busy intersection, and the traffic lights were not working, what would you do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Have you ever changed buses or gotten off the bus in a busy downtown area?

Yes  No

18. If yes, were you able to find your way back to your bus stop or station on your way back from the busy downtown area?  Yes  Yes, with assistance  No

19. If you could not find your way, what did you do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Have you gotten off at the wrong stop?  Yes  No

21. If you realized that you were at the wrong place, what did you do?

\_\_\_\_\_

\_\_\_\_\_

**D. Other Medical Conditions**

Please explain your medical condition in detail

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## PART III: PRESENT MEANS OF TRAVEL

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1. Do you currently use Detroit Department of Transportation (DDOT) or the Detroit People Mover services?  
 Yes  No
- a. If yes, what type of public transportation do you currently use? Check all that apply
- Accessible (Wheelchair Lift-Equipped) Large Bus Regular Fixed Routes
  - Detroit MetroLift Paratransit Service
  - Detroit People Mover
  - Human Services Agency Transportation (Senior Center, MCB, etc.)
- b. If no, what kind of transportation do you currently use? (Check all that apply)
- Friend/relative drives me  Private tax, car, or van service
  - Drive myself  Walking
  - School Bus  Other
2. Do you receive a fare or voucher from a human service agency for your transportation?  
 Yes  No
3. Which trips listed below describe your most frequently made trip (check only one)
- Home to work (& return)  Home to shopping (& return)
  - Home to health care (& return)  Home to recreation (& return)
  - Home to school (& return)  Home to personal business
  - Dialysis appointments (& return)  Other: \_\_\_\_\_
4. How long does it take you to reach your destination during your most frequently made trip? \_\_\_\_\_  
\_\_\_\_\_
5. What assistance is required while traveling? Check all that apply.
- Support Cane  Crutches  Other: \_\_\_\_\_
  - Long Cane (White)  Service Animal (Guide Dog) \_\_\_\_\_
  - Scooter  Electronic Travel Aid
  - Wheelchair (Manual)  Wheelchair (Power)
  - Personal Care Attendant  Walker



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## PART IV: CERTIFICATION

**1. Applicant's Signature**

I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in the denial of service. I understand all information will be kept confidential, and only the information required to provide the service that I request will be disclosed to those who preform those services.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***\*\*Applicant must be 18 years of age to sign independently; otherwise, the signature of the guardian is required.***

**2. Applicant's Representative**

ONLY IF PERSON COMPLETING THE FORM IS SOMEONE OTHER THAN THE APPLICANT

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

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

Exceptions or Additions: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This completes the applicant's portion of the Application to Determine ADA Paratransit Eligibility. The following section must be completed and signed by a Health Care Professional. Please refer to the following section, "Part V: Medical Verification, Professional Credentials," to determine those who qualify are Health Care Professions.**



# PART V: MEDICAL VERIFICATION

The Americans with Disabilities Act of 1990 (ADA) requires that DDOT provide Paratransit Services (i.e. small bus, van/ sedan) in the following situations: 1) the individual has a qualifying disability and is unable to use DDOT's regular fixed route lift-equipped buses; 2) and the individual is traveling within DDOT's Bus Service Area. The above applicant is requesting this service of DDOT based upon their current disability. Please understand that the ADA Paratransit Service is intended ONLY for those trips that the individual cannot make on DDOT's regular Fixed Route Bus System.

The information requested below is intended to determine when and under what circumstances, it is feasible for the applicant to use DDOT's Fixed Route Service; as well as to determine when the individual will require Paratransit services.

**A. Professional Credentials:**

THIS PAGE MUST BE COMPLETED BY ONE OF THE FOLLOWING CURRENTLY LICENSED, CERTIFIED, OR REGISTERED HEALTH CARE PROFESSIONALS:

- Vocational Rehabilitation Counselor
- Special Education Teacher
- Social Worker
- Registered Nurse
- Psychologist
- Recreation Therapist (employed by a medical facility)
- Orientation & Mobility Instructor of the Blind
- Travel Trainer
- Physician's Assistant
- Physician
- Physical Therapist
- Occupational Therapist
- Nurse Practitioner
- Mental Health Counselor
- Chiropractor

**B. Professional Opinion:**

Please carefully review the information provided by the application in Parts II and III of the application. Please use the reviewed information to answer the following questions. Your answers should include more than the "medical diagnosis."

1. Please describe the applicant's physical and/or mental conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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2. Does this disability functionally prevent the applicant from using regular DDOT Lift-Equipped bus service?  
 Please note exceptions or additions below?  Yes  No

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3. Is this condition temporary?  Yes  No

a. If yes, how many months? \_\_\_\_\_

4. Does the client require door-to-door assistance?  Yes  No

a. If yes, please explain why. \_\_\_\_\_

5. To the best of your knowledge, is the information provided in parts II and III of this application true and correct?

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**C. Professional's Signature:**

I certify that the statements contained in Part V of this application are true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

State of Michigan License, Certification, or Registration Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If necessary, please continue your description of the applicant's ability to function below:

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