

# MARTY Access Services Application (ADA Paratransit)

In compliance with the **Americans with Disabilities Act of 1990 (ADA)**, Martin County Public Transit offers paratransit services for persons with physical, cognitive, visual or other disabilities which functionally prevent them from using the fixed-route bus system permanently, temporarily or under certain conditions.

**Disability alone does not create eligibility for ADA Paratransit Service.** The decision is based solely on the applicant's functional ability to use Martin County buses. The Martin County Public Transit fixed-route fleet is fully equipped with wheelchair accessible buses. The unavailability of fixed-route service, difficulties using fixed route or long travel times do not constitute eligibility for paratransit service.

## APPLICATION PROCESS

Applicants must show proof of residence within Martin County or within MARTY's fixed route service area. All applicants seeking eligibility for the ADA Paratransit Service must go through an eligibility determination process. The ADA Paratransit eligibility application process includes, but is not limited to:

- A medical verification of the disability.
- A review of the applicant's own assessment of their ability to use Martin County Public Transit fixed-route buses.
- A functional assessment.

## INSTRUCTIONS FOR COMPLETING THIS FORM

1. The applicant (or someone assisting the applicant) must complete **ALL** questions. Incomplete forms will not be returned.
2. A licensed physician must complete and sign the **MEDICAL VERIFICATION** section.
3. If you have questions or need assistance completing this form, please call: **(772) 463-2822**.

## SEND COMPLETED APPLICATIONS USING METHOD 1 OR 2:

1. **FAX:** Include a cover sheet with senders information to: **(772) 288-5789 FAX**
2. **MAIL or DROP OFF:**
  - Marty Headquarters
  - 2401 SE Monterey Road, Transit 2nd Floor
  - Stuart, Florida 34996

**ALTERNATIVE FORMATS:** This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 320-3131, the County Administration Office (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at [www.martin.fl.us/accessibility-feedback](http://www.martin.fl.us/accessibility-feedback).

## Part 1. General Information

***IMPORTANT – If completing by hand, please print responses***

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

Building.: \_\_\_\_\_ Apartment.: \_\_\_\_\_

Building Complex or Development Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***IMPORTANT - please provide a copy of your driver license or state of Florida photo id and copy of proof of present address.***

If someone assisted you in completing this form, please identify them below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please give us the name and telephone number of someone we can call in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Part 2. Applicant's Certification

Please indicate below the reason why you are seeking paratransit eligibility. (Check one)

I can use Martin County Public Transit fixed-route buses to go some places, but in other places I cannot get to or from the bus stops.

Because of my disability, I can **NEVER** use the Martin County Public Transportation fixed-route bus service.

### I understand that:

- The purpose of this form is to determine if there are times when I cannot use the fixed-route bus service provided by Martin County Public Transit and must therefore use the van/shared-ride paratransit service.
- The information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility.
- I certify that, to the best of my knowledge, the information in this evaluation form is true and correct.
- I authorize the medical doctor who provided medical verification to release information relating to the disability to Martin County Public Transit eligibility department.

Applicant's Signature: \_\_\_\_\_

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

### Part 3. Information About the Applicant's Disability

**1. What types of disabilities prevent you from using Martin County Public Transit fixed route? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Physical Disability          | <input type="checkbox"/> Mental Illness                                      |
| <input type="checkbox"/> Developmental Disability     | <input type="checkbox"/> Diagnosis of Alzheimer Disease or related dementias |
| <input type="checkbox"/> Visual impairment/blindness* | <input type="checkbox"/> Multiple Severe Disabilities                        |

**Please describe your disability in more detail:**

*(For visual disabilities, doctor must provide their most recent visual acuity on page 12 [Part 6], section question 2 of this application.)*

**2. Is the disability described above temporary or permanent?**

- ( ) Temporary
- ( ) Permanent
- ( ) I don't know

If Temporary, expect it to last for another \_\_\_\_\_ months.

**3. Please indicate below if you use any of the following mobility aids or equipment (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Cane              | <input type="checkbox"/> Powered Wheelchair     |
| <input type="checkbox"/> Crutches          | <input type="checkbox"/> Powered Scooter/Cart   |
| <input type="checkbox"/> Leg braces        | <input type="checkbox"/> White Cane (blind)     |
| <input type="checkbox"/> Walker            | <input type="checkbox"/> Sighted (person) Guide |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Other                  |

If Other, please specify: \_\_\_\_\_

- Optical Devices (telescope, light, special glasses, etc.)
- Portable Medical Equipment (oxygen tank, etc.)
- I don't use any of the above mobility aids or equipment

**Note:** *Martin County Public Transit may not be able to accommodate you if your wheelchair/scooter is longer than 48 inches or wider than 30 inches or if your total weight when occupying your wheelchair exceeds 600 pounds.*

**Per the Americans with Disabilities Act (ADA), complementary paratransit is not intended to be a comprehensive system of transportation for individuals with disabilities.**

**4. Do you require the assistance of a Personal Care Attendant (PCA) when you travel outside your home?**

( ) Yes      ( ) No

**5. Do you travel with a service animal (guide dog, etc.)?**

( ) Yes      ( ) No

**Part 4. Functional Abilities**

**6. Do you currently use Martin County Public Transit fixed-route bus service?**

( ) Yes      ( ) No

**7. If you currently use Martin County Public Transit fixed-route bus service, which routes do you use?**

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**When was the last time you used the Martin County Public Transit fixed-route bus service?**

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**When are you UNABLE to use the Martin County Public Transit fixed-route bus?  
(Check all that apply)**

I can use Martin County Public Transit regular bus service for some trips, but other times there are barriers that prevent me from using the bus.

I have difficulty understanding and/or remembering all of the things I would have to do to find my way to and from the bus.

I have difficulty getting to and from bus stops because I become disoriented easily.

I can only get to and from bus stops if the distance is not too great and there are curb cuts and sidewalks on the route.

I can only wait at Martin County Public Transit bus stops if there is a bench or shelter.

The severity of my disability can change from day to day. I can ride the bus only when I am feeling good.

I cannot cross busy streets and intersections.

I have difficulty or cannot climb stairs and can only board a Martin County Public Transit bus if it has a lift or ramp.

I have a health condition and cannot ride the bus if the walk is too far or if there is in climate weather conditions.

I can never use the Martin County Public Transit bus service alone.

**10. Would any of the following aids or enhancements help you to ride the fixed-route buses? (Check all that apply)**

Route and schedule information

Bus stops closer to the places I need to go

Bus stops closer to where I live

Learning to use the bus with Travel Training

Buses with ramps or lifts

A communication aid

None of these would help

If other, please describe: \_\_\_\_\_

**11. Can you ask for and follow written or verbal instructions to use Martin County Public Transit fixed-route buses?**

( ) Yes      ( ) No      ( ) Sometimes

**If you chose either "No" or "Sometimes" please check all those that apply:**

I get confused and might get lost

Other people cannot understand me

I probably could with instructions

If other, please describe: \_\_\_\_\_

**12. Without the help of someone else, are you ABLE to do the following? (Please check all that apply)**

Walk up and down three steps if there are handrails on both sides

Use a telephone to get information

Ask for and follow written or oral instruction

Cross the street if there are curb cuts

Get on and off a Martin County Public Transit bus if it has a wheelchair lift

Wait 30 or more minutes at a bus stop that does not have a bench or shelter

Easily hear the bus drivers' voices when they announce bus routes while you are standing outside or inside the bus

Step on and off a sidewalk that does not have a curb cut

Cross streets and intersections

Hear traffic well enough to safely cross streets consistently

See well enough to walk to a bus stop in the dark

Find your own way to and from the bus stop if someone shows you the way once

**13. Using a mobility aid (wheelchair, etc.) or on your own, how far can you walk or travel?**

- Less than one block                       9 blocks (  $\frac{3}{4}$  mile)
- 3 blocks (  $\frac{1}{4}$  mile)                       More than 9 blocks
- 6 blocks (  $\frac{1}{2}$  mile)

**14. Does the weather affect your ability to travel outside and use the Martin County Public Transit fixed-route bus?**

( ) Yes      ( ) No

If yes, please explain: \_\_\_\_\_

**15. Can you wait up to 30 minutes for the Martin County Public Transit fixed-route bus at a bus stop?**

- ( ) Yes
- ( ) Yes, only if the stop has a bench and shelter
- ( ) Yes, but I don't like to wait that long
- ( ) No

If no, please explain: \_\_\_\_\_

**16. How would you describe the terrain where you live? (Check all that apply)**

- Flat     Steps
- Sidewalks                                       No sidewalks
- Uneven sidewalks

## Part 5. Current Travel Information

**17. Please list trips that you will make most frequently using the van/shared-ride service.**

**Example:**

- **From:** 35 Palm Drive
- **To: Place and address:** Publix, 150 Main

### **Trip 1**

- From: \_\_\_\_\_
- To:
  - Name of the place: \_\_\_\_\_
  - Place's Address: \_\_\_\_\_

### **Trip 2**

- From: \_\_\_\_\_
- To:
  - Name of the place: \_\_\_\_\_
  - Place's Address: \_\_\_\_\_

**Part 6. Medical Verification (To be completed by a LICENSED PHYSICIAN)**

**Please note:** United States Department of Transportation ADA regulations permit the requirement of medical certification in determining ADA paratransit eligibility. Although not mandatory, medical verification will ensure accurate determination of applicant's disability.

The applicant who has asked you to review and sign this form is applying to Martin County Public Transit to be considered eligible for the paratransit service. ADA shared-ride service is intended only for those trips that the person cannot make using Martin County Public Transit fixed-route buses.

**Applicant's Name:**\_\_

**Date of Birth:**\_\_

1. Please state the applicant's condition:

- Physical
- Cognitive
- Other

If other, please explain \_\_\_\_\_

2. Is applicant claiming visual disability?       Yes       No

2A. If yes, please provide Test Date:\_\_

Best Corrected Visual Acuity:\_\_

2B. Is applicant totally blind with no light perception?       Yes       No

3. Check any of the following that pertain to the individual's condition:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Orientation     | <input type="checkbox"/> Coping Skills   | <input type="checkbox"/> Judgement       |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Communication   | <input type="checkbox"/> Gait or Balance |
| <input type="checkbox"/> Concentration   | <input type="checkbox"/> Monitoring time |  |

I certify that the information provided above is correct:

Signature of Licensed Health Care Provider: \_\_

Date: \_\_

Print your contact information below:

Name: \_\_

Title: \_\_

State of Florida License number: \_\_

Phone number: \_\_

Fax number: \_\_

Business Address: \_\_

City: \_\_

State: \_\_

ZIP Code: \_\_