

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.

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)

☐ Physical Disability

☐ Mental Illness

☐ Developmental Disability

☐ Diagnosis of Alzheimer Disease or related dementias

☐ Visual impairment/blindness*

☐ 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?

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

**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 (3/4 mile)

☐ 3 blocks (1/4 mile)

☐ More than 9 blocks

☐ 6 blocks (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 your disability.

The Americans with Disabilities Act of 1990 (ADA) requires that Martin County provide a "paratransit" service to anyone who lives within 3/4\$ of a mile of a fixed bus route and cannot use Martin County Public Transit fixed-route bus service because of a disability. Paratransit services are provided in an area parallel to Martin County Public Transit fixed-route bus service. 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.

This application form is intended to determine when and under what circumstances the applicant can use Martin County Public Transit fixed-route bus service and when they require shared-ride service.

Please, carefully review the information provided by the applicant in Parts 2-4 of this form and then answer the questions below.

1.) Please describe all conditions (physical, cognitive and other) which functionally prevent the applicant from using Martin County Public Transit fixed-route bus service.

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2.) Applicants claiming visual disabilities must provide their most recent visual status:

Test Date: _____ Best Corrected Visual Acuity: _____

Is applicant totally blind with NO light perception?

() Yes () No

3.) How does this condition PREVENT the applicant from using Martin County Public Transit fixed-route bus service?

4.) To the best of your professional knowledge, is the information provided by the applicant in Parts 2-4 of this application true and correct?

() Yes () No () Do Not Know

Physician Information (PLEASE PRINT CLEARLY IN ALL SECTIONS)

Signature: _____ Date: _____

Print Name and Title: _____

State of Florida License #: _____

Phone: _____

Business Address: _____

City _____ State _____ Zip _____