



*Access*

## ***MARTY Access Services Application***

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**

All applicants seeking eligibility for the ADA Paratransit Service must go through an eligibility determination process. The ADA Paratransit eligibility application process includes, but 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 and a functional assessment.

## **INSTRUCTIONS FOR COMPLETING THIS FORM:**

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

(772) 288-5460  
(772) 286-2486 TDD

### **WHEN COMPLETED SEND COMPLETED APPLICATION**

#### **PREFERRED METHODS (1 OR 2)**

##### **(1) YOU MAY FAX APPLICATION TO:**

(772) 320-3004 FAX

##### **(2) YOU MAY MAIL APPLICATION TO:**

**NO DROP OFF APPLICATIONS WILL BE ACCEPTED AT THIS LOCATION**

Marty Headquarters  
2401 SE Monterey Road  
Transit – 2<sup>nd</sup> Floor  
Stuart, Florida 34996

### **IF YOU ARE UNABLE TO SEND APPLICATION VIA THE PREFERRED METHODS**

#### **DROP OFF APPLICATION TO:**

Marty's Customer Service Center  
3091 SE Waaler Street  
Stuart, Florida 34997

**Part 1. General Information**

**PLEASE PRINT**

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

Street Address: \_\_\_\_\_ Bldg.: \_\_\_\_\_ Apt.: \_\_\_\_\_

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*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: \_\_\_\_\_

**Are you currently receiving Medicaid? If so, list the Medicaid number:**

\_\_\_\_\_.

## Part 2. Applicant's Certification

**Please indicate below the reason why you are seeking paratransit eligibility.**

- 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.

I understand that 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
- Visual impairment/blindness\*
- Developmental Disability
- Mental Illness
- Diagnosis of Alzheimer Disease or related dementias
- Multiple Severe Disabilities

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

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**\*Applicants claiming visual disabilities must have their doctor provide their most recent visual acuity on page 12 section question 2 of this application.**

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

- Temporary, I expect it to last for another \_\_\_\_\_ months.
- Permanent
- I don't know

**3. Please indicate below if you use any of the following mobility aids or equipment**

- |  |  |
|--|--|
| <input type="checkbox"/> Cane  | <input type="checkbox"/> Manual Wheelchair     |
| <input type="checkbox"/> Crutches  | <input type="checkbox"/> Powered Wheelchair    |
| <input type="checkbox"/> Leg braces  | <input type="checkbox"/> Powered Scooter/Cart  |
| <input type="checkbox"/> Walker  | <input type="checkbox"/> White Cane (blind)    |
| <input type="checkbox"/> Sighted (person) Guide                                    | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Optical Devices (telescope, light, special glasses, etc.) |  |
| <input type="checkbox"/> Portable Medical Equipment (oxygen tank, etc.)            |  |
| <input type="checkbox"/> 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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**8. When was the last time you used the Martin County Public Transit fixed-route bus service?**

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**9. When are you UNABLE to use the Martin County Public Transit fixed-route bus? (please indicate below the following situations that apply to you)**

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 incimate 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**

Route and schedule information

Buses with ramps or lifts

Bus stops closer to where I live

A communication aid

Bus stops closer to the places I need to go

Learning to use the bus with Travel Training

None of these would help

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

Other (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:*** \_\_\_\_\_

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**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, please explain: \_\_\_\_\_

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**16. How would you describe the terrain where you live?**

Flat

Sidewalks

No sidewalks

Uneven sidewalks

Steps

**Part 5. Current Travel Information**

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

**SAMPLE**

From:	To: Place and address
(1) <u>35 Palm Drive</u>	<u>Publix, 150 Main</u>

From:	To: Place and address
(1) _____	_____
(2) _____	_____

**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.

\_\_\_\_\_

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

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

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

State of Florida License #: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**PLEASE PRINT CLEARLY IN ALL SECTIONS**

For more information contact: Martin County Public Transit (772) 463-2860

This document will be made available in an alternative format upon request

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