



APPLICATION FOR REDUCED FARE & PARATRANSIT SERVICES

Paratransit Services (e.g., off-route deviation, door-to-door service, etc.) are specialized transportation services for persons who are unable to independently use regular bus route service due to a disability or health related condition. Paratransit services are provided by public transportation systems as part of the requirements of Americans with Disabilities Act (ADA).

In order to use paratransit services or receive a discounted pass, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

Application Instructions

1. Please answer fully all of the questions on the form and return it to Shawnee Mass Transit District. Incomplete applications will not be processed and will be returned to you for completion.
2. SMTD will review the application and an eligibility determination will be made within twenty-one (21) days of receipt of a complete application. The review will be based on your ability to use regular bus route service, and may require additional information, such as a phone call, personal interview, or consultation with the your doctor or therapist. SMTD will notify you of the decision by telephone and in writing.
3. Applicants may receive temporary eligibility during the certification process by contacting SMTD ADA Officer at (866) 577-6278. Applicants who have been granted temporary eligibility must return their completed Application within fifteen (15) business days (excluding Saturdays, Sundays and holidays) or their temporary eligibility may be revoked.
4. **Eligibility Classifications:**
 - Full Eligibility: You are eligible for paratransit service on all deviated-fixed routes and will be eligible to purchase discounted shuttle passes on all intracity and applicable intercity shuttles.
 - Temporary Eligibility: You are temporarily eligible for paratransit service and/or reduced fare.
 - Conditional Eligibility: The nature of your particular disability qualifies you for paratransit service on some of your trips (e.g. inclement weather)
 - Reduced Fare: Your particular disability does not qualify you for paratransit service but you are eligible for a discounted pass.
5. Please note that if your functional abilities change, your eligibility status may also change. If you do not agree with the decision on your eligibility, you may appeal. Information on how to file an appeal will be included with your notice of eligibility.

Your answers to the following questions will help determine your eligibility. ALL questions must be thoroughly answered or the application will be considered incomplete. An incomplete application will be returned and will delay the eligibility determination process. Please print or type.

Personal Contact Information

Name (first, middle, last): _____

Home Address: _____ Apt. # _____

City: _____ Zip: _____

Mailing Address (if different from home): _____

City: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Birth Date: ____ / ____ / ____ Male Female

Primary Language: English Other (specify) _____

Did someone help you fill out this form? Yes No

Should this person be contacted if Additional information is needed? Yes No

If yes, Name: _____ Phone: (____) _____

Relationship: _____

Emergency Contact:

Name: _____ Day Phone: (____) _____

Relationship: _____ Evening Phone: (____) _____

Please answer the following questions in detail - your specific answers to the questions will help us in determining your eligibility.

Description of Your Condition or Disability

1a. What is your disability or health related condition that prevents you from using regular bus route service?

1b. Explain how this condition/disability prevents you from independently using public transit.

1c. Are the conditions you described:

- Permanent Temporary I Don't know

If temporary, how long do you expect your condition to continue?

1d. Does your condition change from time to time due to medications, medical treatments, other? (If Yes or Sometimes, please explain.)

- Yes No Sometimes

1d. Are there other effects of your condition/disability which we should be aware of?

2. Do you travel with the assistance of another person?

Always Sometimes Never

If so, what type of assistance do they provide?

3a. Do you use any of the following mobility aids / equipment? (Check all that apply):

Cane Power Chair Speech / Communication Aid
 Walker Large Power Chair Service Animal
 Leg Braces Manual Chair Respirator
 Crutches Power Scooter Portable Oxygen
 Other Aid: _____

3b. Is your mobility device oversized? Yes No

If yes, please explain: _____

Does your mobility device weigh less than 600 lbs when occupied? Yes No

For questions 4 through 10, please indicate whether you are independently able to perform the following functions. All “no” and “sometimes” answers must be accompanied by an explanation or the application will be considered incomplete.

Tell Us About Your Capabilities

4. Are you able to understand and remember directions well enough to complete a public transit trip? (This doesn't refer to being unaccustomed to the English Language)

Yes No Sometimes

5. How far are you able to walk, or travel with a mobility aid, without the help of another person?

6. Is your ability to use public transit affected by weather, environmental or architectural barriers that block your path of travel? (e.g., temperature extremes, no sidewalks, lack of signal lights at a busy intersection, etc.)

Yes No (If Yes, please explain why)

7. Are you able to wait 15 minutes at a public transit stop or park-and-ride facility?

Yes No Sometimes I Don't Know

8. Can you independently get on and off a lift-equipped bus?

Yes No Sometimes I Don't Know

9. Are you able to grasp handles or railings, coins or tickets while boarding or exiting the transit vehicle?

Yes No Sometimes I Don't Know

10. Are you able to maintain balance and tolerate the movement of a public transit vehicle when seated?

Yes No Sometimes I Don't Know

**Have you answered all the questions and provided explanations where required?
INCOMPLETE APPLICATIONS WILL BE RETURNED**

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

I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

Applicant's Signature: _____ **Date:** _____

Authorization to Release Medical Information

(to be completed by applicant)

I hereby authorize the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to Shawnee Mass Transit District. This information will be used only to verify my eligibility for reduced fare and off-route deviation services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

Name of Professional Who May Release My Medical Information:

Address: _____

Applicant's Signature: _____ **Date:** _____

RETURN TO:

Shawnee Mass Transit District
ADA Officer
100 Smart Drive
Vienna, IL 62995