AMERICANS WITH DISABILITIES ACT (ADA) COMPLEMENTARY PROGRAM
Dear Applicant,

Thank you for requesting an application for MCAT’s Demand Response Transportation, which is known locally as “Handy Bus service.” Handy Bus service is a shared ride, door-to-door service for people who, because of their disability, are unable to independently use the regular MCAT fixed route accessible buses. The MCAT Handy Bus eligibility process complies with Federal implementing regulations for Americans with Disabilities Act (ADA) complementary paratransit service.

The MCAT Demand Response Transportation service is much more expensive than MCAT’s fixed route bus service; therefore, the MCAT ADA application process ensures that only those who truly need the door-to-door transportation are approved.

Please complete pages three (3) through eight (8) of the enclosed application, and your designated professional needs to complete pages ten (10) through thirteen (13). It is very important that you remember to sign your application on pages three (3) and eight (8). Unsigned applications and incomplete information will only delay the process. Mail your complete application to: Manatee County Area Transit-2411 Tallevast Rd, Sarasota, FL 34243.

Once the application is processed, applicants typically participate in a one-on-one assessment with a MCAT staff member to help determine eligibility. If an in-person assessment is required, MCAT will make travel arrangements for you to meet with assessment staff at our facility.

Handy Bus ADA service is only provided during the same service hours as MCAT’s regular bus service and serves locations within (3/4) of a mile of a local bus route.

Please understand that MCAT’s regular buses are all equipped with wheelchair lifts or ramps and have kneeling devices to make boarding easier, as well as concrete boarding pads and accessible seating at bus stops. The MCAT system of bus routes provides more independence and travel flexibility, and will also save the passengers money, since reduced bus fare is available for seniors and those with qualifying disabilities. Riding the bus is easy and MCAT offers free travel training. Please call 941-747-8621 x3567 about bus service and to schedule travel training.

If you have any questions about MCAT’s ADA Handy Bus application or service, please call the main office at 941-747-8621 x3567.

Sincerely,

Manatee County Area Transit
DEMAND RESPONSE TRANSPORTATION
Manatee County Area Transit (MCAT)

ADA Complementary Paratransit Service Application

Application Instructions:

- One person only per application
- Original applications only, copies are not accepted
- Incomplete or illegible forms will be returned, which will delay the eligibility determination process.
- Provide all information requested on page (3). Answer all questions on pages four (4) through seven (7). Your signature is also required on pages (3) and (8).
- Deliver this entire application to the qualified licensed professional. Ask him/her to answer all questions on pages ten (10) - twelve (12) and sign on page (13).
- Once the application is complete, mail the entire packet to:

  Manatee County Area Transit (MCAT)
  Attn: Customer Service Team Supervisor
  2411 Tallevast Rd
  Sarasota, FL 34243
  941-747-8621 X3567
APPLICATION FOR DEMAND RESPONSE TRANSPORTATION
This section to be filled out by the Applicant. Please Print.

Mr./Mrs./Ms. First Name __________________ Last Name __________________
Address ____________________________________________________________

City __________________ State _______ Zip Code ________________________

Name of Condo/Subdivision/Mobile Home Park ____________________________

Closest Major Intersection ____________________________

Telephone (Home) __________________ (Cell) ____________________________

Date of Birth _____/_____/____

I understand that the information obtained in this Americans with Disabilities Act (ADA) certification process will only be used by Manatee County Area Transit (MCAT) to determine my eligibility for Demand Response transportation services and that this information will only be shared with other Transit Providers or transportation programs to facilitate travel and/or coordinate services. **This information will be kept confidential and will not be used for any other purpose, unless authorized in writing by me, the applicant.** I understand MCAT may need to contact an authorized professional to verify information on this application regarding how my disability prevents me from using MCAT’s regular bus system.

I hereby certify that the information given in this application is truthful and accurate to the best of my knowledge and is provided to MCAT for the purpose of evaluating my eligibility to participate in the ADA Demand Response transportation program. I agree to notify MCAT immediately of any changes in my disability status and understand that this may affect my eligibility to use these services.

*Applicant’s Signature __________________________ Date _______________________

Print Name ____________________________________________

If applicant is unable to sign this form, he/she may have someone sign and certify on applicants behalf.

Address ____________________________________________________________

City __________________ State __________________ Zip Code ________________

Daytime Telephone __________________ Relationship to Applicant ____________

*Proxy Signature __________________________ Date _______________________

Print Name ____________________________________________

*Applicant/Proxy Signature Required*
1. Have you used, or attempted to use, the regular MCAT bus system within the past three (3) months? □ Yes □ No
   If Yes, which route(s)?

2. If you answered “No” to question 1, have you ever ridden a regular transit bus?
   □ Yes □ No
   If Yes, when and where did you last ride?

3. Some bus trips may require you to get off one bus and onto another to complete your trip. Can you do this on your own? □ Yes □ No □ Sometimes
   If No or Sometimes, please explain _________________________________

4. Have you ever received training to learn how to use the regular bus system? □ Yes □ No
   If No could you learn, with a travel trainer’s assistance? __________________________

5. Describe your disability (health impairment). When was this condition diagnosed? (If you have a visual impairment, provide your visual perception with best correction, i.e. 20/200 both eyes.)
   _________________________________
   _________________________________

6. Is your condition or disability temporary? □ Yes □ No
   If Yes, expected recovery _____ / _____ / _____ (____ months)
7. If you are NOT currently riding MCAT buses, please check all the reason that apply:

☐ I don’t know how to ride the regular bus system, it is too confusing.
☐ I’m afraid to ride the regular bus system.
☐ I don’t want to ride the regular bus system.
☐ It is too far to get to a regular bus stop.
☐ The regular bus system doesn’t go where I want to go.
☐ The ground is too uneven or too steep for me to get to the bus stop.
☐ There are no sidewalks where I live.
☐ My disability prevents me from getting to/from the bus stop.
☐ I cannot safely and effectively travel through crowded or complex facilities.
☐ I cannot wait at a bus stop unless there is a bench or shelter.
☐ I cannot travel in areas without curb-cuts or sidewalks.
☐ I cannot travel at night due to night blindness.
☐ I cannot recognize a destination or landmark.
☐ Very hot or cold weather is extremely hazardous to my health (i.e. temperature sensitivity).
☐ Other (please explain) ________________________________

8. Are you able to handle unexpected situations or changes in routine?
☐ Yes ☐ No ☐ Sometimes

If No or Sometimes, please explain ________________________________

9. Can you use the telephone or TDD/relay service to get information about MCAT’s regular bus service? ☐ Yes ☐ No ☐ Sometimes

If No or Sometimes, please explain ________________________________

10. Can you wait outside at the curb without assistance for ten (10) minutes until your transportation arrives? ☐ Yes ☐ No ☐ Sometimes

If No or Sometimes, please explain ________________________________
11. Please list three (3) trips you take, and how you are getting there now.

*Note: Information regarding your trip making needs will only be used to determine the eligibility of specific trip requests. These determinations are based upon your functional ability to complete certain trips using the regular fixed route bus system, accessibility features, and environmental factors.*

<table>
<thead>
<tr>
<th>Origin</th>
<th>Destination</th>
<th>Frequency</th>
<th>How do you get there now?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Demand Response/Handy Bus □ MCAT/Regular/Fixed Route Bus □ Other</td>
</tr>
</tbody>
</table>

2. Origin

<table>
<thead>
<tr>
<th>Destination</th>
<th>Frequency</th>
<th>How do you get there now?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Demand Response/Handy Bus □ MCAT/Regular/Fixed Route Bus □ Other</td>
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<tbody>
<tr>
<td></td>
<td></td>
<td>□ Demand Response/Handy Bus □ MCAT/Regular/Fixed Route Bus □ Other</td>
</tr>
</tbody>
</table>
12. MCAT’s regular Bus Operators call out bus stops at major transfer and destination points and all major intersections. They will also call out special stops upon request. With this help, can you recognize the right stop and get off the bus when you need to?

☐ Yes ☐ No ☐ Sometimes

If No or Sometimes, please explain __________________________

13. Please check any mobility aids or equipment that you currently use:

☐ Manual Wheelchair* ☐ Cane ☐ Cue Cards ☐ Leg Braces
☐ Crutches ☐ Personal ID ☐ Powered Scooter* ☐ Prosthesis
☐ White Cane ☐ Walker ☐ Electric Wheelchair* ☐ Portable Oxygen
☐ Guide Dog/Service Animal
☐ Other __________________________

______________________________

*WHEELCHAIR/SCOOTER DIMENSIONS* Length Width

(Please provide length and width measured 2 inches above the ground including foot rests. These measurements are required for accessibility purposes and board MCAT equipment.

14. Using a mobility aid, or on your own, how far are you able to travel without the assistance of another person?

☐ Less than 200ft ☐ One Block ☐ Two Blocks ☐ ¼ Mile (3 blocks)
☐ ½ Mile (6 blocks) ☐ ¾ Mile (9 blocks) ☐ More than 3/4 Mile ☐ Other______________

15. Are you able to easily transfer from your wheelchair to a Vehicle? ☐ Yes ☐ No ☐ Not Applicable

16. Do you require a Personal Care Attendant (PCA) and/or a service animal to travel? (Note: A PCA is someone who is designated or employed by a person with a disability to assist that person in meeting his or her personal needs and/or to facilitate travel for a specific trip. A service animal is trained to provide assistance and is not a pet.)

☐ Yes ☐ No ☐ Sometimes

If Yes or Sometimes, please provide the name of the PCA and/or the type of service animal: __________________________
AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS
(Must be completed by Applicant)

Disability verification by a qualified professional does not guarantee eligibility for Demand Response transportation, but it can play a major role in the eligibility determination process. While verification by a physician is not required, it is important that any professional that verifies an individual’s disability be familiar not only with that person’s particular disability, but also with his/her ability or inability to travel on MCAT’s regular bus system.

AUTHORIZING PROFESSIONAL EVALUATION
I, the undersigned, understand that the medical information requested is confidential and will not be shared with any other person or agency, with the possible exception of another transit provider or transportation program to facilitate travel. I hereby authorize the following named professional to provide information about my disability and abilities to travel to Manatee County Area Transit and/or persons assisting Manatee County Area Transit to determine my eligibility for ADA Paratransit service. I understand that this information will be used solely for the purpose of determining my eligibility for ADA Paratransit service and that all medical information about my disability will be kept confidential.

I also understand that at no expense to me, Manatee County Area Transit may require that I see another professional of their choosing for an in-person evaluation of my travel skills and I agree to such an evaluation if one is necessary.

*Applicant’s Name:  
(Please Print)

Applicant’s Signature:  
(Required)

Date:  

Proxy Name  
(Please Print)

Date:  

*Proxy’s Signature:  
(Required)

Relationship to the applicant  

*Applicant/Proxy Signature Required*
Dear Medical Professional:

The Americans with Disabilities Act (ADA) of 1990 requires that Manatee County Area Transit (MCAT) provide Paratransit Service to anyone who cannot use the regular MCAT fixed-route bus service because of a disability.

The applicant has submitted this application to you indicating you can provide information regarding his/her disability and its impact upon his/her ability to utilize the public transit system. Please review and sign this application so the applicant applying to MCAT can be considered eligible for the ADA Paratransit Service. The ADA service is intended only for those trips that the applicant cannot make on MCAT’s fixed-route bus service. This application form is intended to help determine when and under what circumstances the applicant can use MCAT’s fixed-route buses and when they require Paratransit service.

All Manatee County Area Transit buses are fully equipped with wheelchair lifts and kneeling features, bus operators announce major streets and intersections, and/or all vehicles are equipped with automated annunciators, making them accessible to people with disabilities.

Please note resources for this program are limited and your evaluation of each person must be based solely upon the individual’s ability to use regular MCAT’s fixed-route bus service. Your verification should consider only the presence of a disabling condition, not the applicant’s age or those who find it uncomfortable or difficult to get to and from a fixed-route bus stop.

Thank you for your assistance.
Must be completed by Qualified Medical Professional Only

Please describe your professional status (i.e., Licensed Physician, Physical Therapist, Occupational Therapist, etc.) and your methods of evaluating the applicant’s disability.

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Please describe the applicant’s current disabling condition.

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

What normal life functions are prevented or hindered by the disability?

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Please describe any other medical conditions this person has at this time and severity, in detail, including any restrictions, limitation, and prognosis:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

How long have these conditions been present? ______ and expected recovery? ______ months

☐ Permanent or ☐ Temporary
Visual Disabilities

If the applicant has a visual impairment, please provide his/her visual acuity with best correction:

Right Eye ___________ Left Eye ___________ Both Eyes ___________

Visual Fields:

Right Eye ___________ Left Eye ___________ Both Eyes ___________

Physical Disabilities

1. Using a mobility aid, or on his/her own, how far is the applicant able to travel without the assistance of another person?

☐ Less than 200ft ☐ One Block ☐ Two Blocks ☐ ¼ Mile (3 blocks)

☐ ½ Mile (6 blocks) ☐ ¾ Mile (9 blocks) ☐ More than ¾ Mile ☐ Other ____________

2. Can the applicant wait outside without support or supervision for (10) minutes?

☐ Yes ☐ No ☐ Sometimes

3. Does the applicant require special assistance and/or the use of any mobility aids?

☐ Yes ☐ No ☐ Sometimes

Please describe _________________________________________________________

4. Does the applicant with his/her mobility unit weigh more than 600lbs?

☐ Yes ☐ No ☐ Weight __________ lbs.

5. Can the applicant ride a regular wheelchair accessible MCAT bus?

☐ Yes ☐ No ☐ Sometimes

6. If the applicant falls, can he/she get up independently?

☐ Yes ☐ No ☐ Sometimes

7. Can the applicant negotiate traffic safely and independently

☐ Yes ☐ No ☐ Sometimes
Cognitive Disabilities

1. Is the applicant able to consistently state his/her name, home, address, and home or emergency telephone upon request?  □ Yes □ No (If No, please explain.)

2. Is the applicant able to recognize a destination or landmark?  □ Yes □ No

3. Is the applicant able to handle unexpected situation or an unexpected change in routine?  □ Yes □ No (If No, please explain)

4. Is the applicant able to ask for, understand, and follow directions?  □ Yes □ No

5. Is the applicant able to safely and effectively travel through crowded and/or complex facilities?  □ Yes □ N

6. Can the applicant negotiate roadway crossings safely and independently?  □ Yes □ No (If No, please explain)

7. Please describe any other functional limitation(s) with respect to bus travel. (Please be specific).

8. Does the applicant require a Personal Care Attendant (PCA) when traveling? (Note: A PCA is someone who is designated or employed by a person with a disability to assist that person in meeting his or her personal needs and/or to facilitate travel for a specific trip.)  □ Yes □ No □ Sometimes (If Sometimes, please explain)

9. Please identify any special requirement of the applicant, particularly the need to travel with a respirator or portable oxygen supply.
The information obtained in this Americans with Disabilities Act (ADA) certification process will only be used by Manatee County Area Transit (MCAT) to determine the applicant’s eligibility for Demand Response transportation services and will only be shared with other transit providers or transportation programs to facilitate travel and/or coordinate services. This information will be kept confidential and will not be used for any other purpose, unless authorized in writing by the applicant.

I understand that disability verification by a qualified professional does not guarantee eligibility, but it can play a major role in the eligibility determination process. **Therefore, I hereby certify that I am familiar with the applicant’s particular disability and with the applicant’s ability or inability to travel on MCAT’s regular bus system.**

MCAT staff is hereby authorized to contact me or staff member in my office if necessary, to complete the eligibility determination process according to ADA implementing regulations (i.e., 49CFR Parts 37 and 38). I also agree to provide any and all evidence or documentation deemed necessary by MCAT for a final eligibility determination for Demand Response transportation service or a subsequent appeal.

I certify that the statements I have made herein are true and correct, and understand that false or fraudulent statements and certifications are punishable by law under 18 U.S.C.Subsection 10001 (1982).

**Medical Professional Only Information:**

Print Name ___________________________ Title ___________________________

Signature * ___________________________ Date ___________________________

Medical License No. ___________________________

Phone Number ___________________________ Fax Number __________________

Please check that all information is provided and return the completed Medical Verification Form to the applicant/customer.

*Medical Professional Signature Required*
OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Received: _______________       Review Start Date: _______________

Currently riding the MCAT Fixed route bus? □ YES □ NO       Contact Date: _______________

□ TD Bus Pass

Closest Bus Stop: _______________

Pick-up Location: _______________

□ Travel Trainer Required: □ YES □ NO       Date: _______________

□ Escort/PCA Needed: □ YES □ NO       Date: _______________

□ Incomplete/Illegible?       Date: _______________

□ Re-certification:       Date: _______________

□ New Application: □ Approved:       Date: _______________

□ Denied:       Date: _______________

Reason for Denial: _______________

Initial Reviewer: _______________       Date: _______________

Approved Funding Source: □ ADA □ TD □ Prepaid: □ YES □ NO

Second Reviewer: _______________       Date: _______________

Comments: _______________

Appeal received Date: _______________       Reviewed by: _______________

Appeal Action: _______________