



# Manatee County Area Transit Handy Bus Application

2411 Tallevast Rd, Sarasota, FL 34243

Effective July 1<sup>st</sup>, 2023

Manatee County Area Transit (MCAT) Handy Bus service provides complementary paratransit service, as mandated by the American with Disabilities Act (ADA) of 1990; as well as other transportation services funded by the Florida Commission for the Transportation Disadvantaged (TD). The Handy Bus is a shared ride, door-to-door service for people who, because of their disability, socioeconomic status, or age (**≥60**), are unable to independently use the regular MCAT fixed route bus system. Applicants may qualify for one or both programs. Please read the ADA and TD program qualifications and service parameters below.

*If you have any questions, or need assistance please call: 941-747-8621 x3567.*

## **ADA Eligibility and Service Delivery Qualifications**

1. ADA eligibility is based on an individual's functional ability to use the MCAT fixed route bus system. Applicants must prove that because of a physical or mental/cognitive impairment, they are unable to independently use the MCAT fixed route bus system. These impairments can be permanent, temporary, or conditional under certain circumstances, and must be verified by an authorized medical professional.
2. ADA Paratransit Handy Bus trips are only available during the same days, hours, and service area locations as the MCAT fixed route bus system. Origin and destination of trips must be within the ADA Complementary Paratransit Service Corridor. **The ADA Complementary Paratransit Service Corridor extends three-quarters ( $\frac{3}{4}$ ) of a mile on either side of an active MCAT fixed bus route.**
3. ADA Paratransit Handy Bus Trips are not subject to prioritization and fares cannot exceed twice that of the base fare of the fixed route bus system.

## **TD Eligibility and Service Delivery Qualifications**

1. Per Florida Statute 427.011, Transportation Disadvantaged individuals are those, who because of a physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation are, therefore, dependent upon others to obtain access to health care, employment, education, or other life-sustaining activities; or are children who are handicapped or high-risk or at-risk as defined in F.S. 411.202.
2. TD eligibility is based on one of the following criteria for Handy Bus service:
  - (a) An individual's functional ability to use the MCAT fixed route bus system. Applicants must prove that because of a physical or mental/cognitive impairment, they are unable to independently use the MCAT fixed route bus system. These impairments can be

permanent, temporary, or conditional under certain circumstances, and must be verified by an authorized medical professional.

- (b) Applicants annual gross household income is at or below 200% of the Federal Poverty Guidelines as defined by the Federal Department of Health and Human Services. Income verification is required for all family members residing in the household.

**Accepted Proof of Income as follows:**

- 1st page of your tax return • DCF Cash Benefit/Child Support Letter • Minimum of (2) most recent pay stubs • Unemployment Compensation Income Verification • Retirement/Pension Statement (Includes VA)
- Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI)

- (c) Applicants age (**≥60**) prevents them from accessing available transportation service.

3. TD Handy Bus trips are available Monday through Saturday between the hours 7:30am - 4:00pm. Trips are reserved for health care, employment, education, or other life-sustaining activities (grocery shopping, etc.).
4. TD trips are prioritized according to trip purpose, days, times, location, and available resources.
5. These restrictions are subject to change in effort to optimize MCAT's service delivery.

## **In-Person Assessment**

Manatee County Area Transit may require an applicant to complete an in-person assessment evaluating functional and cognitive ability to travel on the fixed route bus system. This assessment will be free of charge to the applicant and MCAT will provide transportation to/from the facility.

## **Appeal Process**

If you have been denied ADA or TD eligibility, or have received conditional ADA eligibility, and wish to appeal the decision, you may contact our office and request a copy of the appeal procedures. You will have (60) sixty days to submit the appeal form and supporting documents.

Once all documents have been received and reviewed, the Transit Operations Superintendent will schedule an appeal hearing. Written notice of the appeal hearing will be provided to you (5) five days prior to the date of the hearing by certified mail. A return receipt is requested.

## **Recertification Process**

ADA and TD eligible clients are required to recertify with MCAT every three (3) years, unless otherwise stated on the eligibility letter.

Please check that all information is provided and mail application to:

**Manatee County Area Transit**  
**Attention: Handy Bus**  
**2411 Tallevast Rd**  
**Sarasota, FL 34243**  
**OR Fax to: 941-745-3776**

## **Application for MCAT Handy Bus Transportation**

*Please complete in blue or black ink only*

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

☐ Male ☐ Female

Date of Birth \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of subdivision, building, complex, or additional information needed to find address:

\_\_\_\_\_

Is a gate code required for entry? ☐ Yes ☐ No Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you a United States Veteran? ☐ Yes ☐ No

Are you a Medicaid Recipient? ☐ Yes ☐ No Medicaid #: \_\_\_\_\_

I understand that the information obtained in this application will be used by Manatee County Area Transit (MCAT) to determine my eligibility for paratransit (Handy Bus) services and may be shared with other transit providers 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 MCAT may need to contact an authorized medical professional to verify information given on this application regarding how my disability prevents me from using MCAT's fixed bus route system. I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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

Proxy Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_

## ADA and TD Applicants

1. Have you used or are you currently riding the MCAT fixed route bus? ☐ Yes ☐ No
2. 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

3. MCAT's bus operators call out bus stops at major transfer and destination points, and special stops upon request. With this help, can you recognize the right stop to get off the bus? ☐ Yes ☐ No

4. List the impairments, disabilities, or other conditions that prevent you from using the MCAT fixed route bus service: \_\_\_\_\_

- 
5. How long have you had this condition? \_\_\_\_\_

6. Is your condition permanent? ☐ Yes ☐ No

7. Please indicate below if you use any of the following mobility aids or equipment:

☐ Manual Wheelchair\* ☐ Powered Scooter/Wheelchair\* ☐ Walker ☐ White Cane

☐ Cane/Crutches ☐ Leg Braces ☐ Portable Oxygen ☐ Service Animal

☐ Ramp/Lift ☐ other \_\_\_\_\_ ☐ I do not use any of these aids

**\* Please provide measurements for accessibility and possible equipment limitations.  
MCAT will attempt to board and secure any mobility device.**

Wheelchair/Scooter Dimensions: Length \_\_\_\_\_ Width \_\_\_\_\_

8. Is your residence accessible (ramp, paved walkway, etc.)? ☐ Yes ☐ No

9. With or without the use of a mobility aide, how far are you able to travel?

- ☐ Less than 200ft    ☐ One Block    ☐ Two blocks    ☐ ¼ mile (3 blocks)
- ☐ ½ mile (6 blocks)    ☐ ¾ mile (9 blocks)    ☐ ¾ mile or greater
- ☐ Other\_\_\_\_\_

10. Do you require a Personal Care Attendant (PCA) and/or service animal to travel?

- ☐ Yes    ☐ No

11. How are you currently traveling (grocery, doctor visits, etc)? \_\_\_\_\_

12. MCAT offers free Travel Training. Would you be interested in learning to ride the fixed route bus service?    ☐ Yes    ☐ No

## **Income Verification for TD Applicants**

1. Including yourself, how many family members\* live in the applicant's household? \_\_\_\_\_

**\*Family members include: yourself, spouse, parents, children, step/foster children, siblings, grandparents, and/or grandchildren.**

2. How many personal vehicles are owned or used by members in your household? \_\_\_\_\_

3. Are you able to drive or transport yourself; or do you have a ride available for vital trips (employment, education, medical visits)? ☐ Yes ☐ No

4. Complete the table below for ALL family members living in the household.

5.

<b>Name</b>	<b>Date of Birth</b>	<b>Relation to Applicant</b>	<b>Annual Gross Income*</b>

**\*Gross income is the income before any taxes or withholdings are deducted; and includes wages/salary, Social Security, Disability, Retirement/Pension (including VA), Child Support/Alimony, etc.**

6. Attach proof of income for all family members' income listed above. Please provide copies, as documentation will not be returned.

**Accepted Proof of Income as follows:**

- 1<sup>st</sup> page of your tax return
- Minimum of (2) most recent pay stubs
- Retirement/Pension Statement (Includes VA)
- DCF Cash Benefit/Child Support Letter
- Unemployment Compensation Income
- Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI)

***Please complete the above portion, regardless if you provide proof of income or not.***

## Authorization for Release of Medical Records

I, the undersigned, understand that the medical information requested is confidential and will not be shared with any other person or agency, with possible exception of another transit provider to facilitate travel. I hereby authorize the following named professional to provide information about my disabilities or abilities to Manatee County Area Transit for determination of eligibility for paratransit (Handy Bus) services.

I also understand that verification of a disability by a qualified professional does not guarantee eligibility for paratransit (Handy Bus) services. It is important that any professional verifying an individual's disability be familiar with that particular disability, but also with his/her ability or inability to travel using MCAT's fixed route bus system.

**NOTE:** Manatee County Area Transit may require an applicant to consult another medical professional for verification of disability, or, to complete an in-person assessment evaluating functional ability to travel.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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

Proxy Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_



**NOTE: This portion must be completed by one of the following currently licensed professionals before returning the application to our office.** Accepted medical professionals are, but not limited to, as follows: Physician (MD, DO, etc.), Audiologist, Ophthalmologist, Psychologist, Psychiatrist, Registered Nurse, Occupational Therapist, Physical Therapist, Orientation and Mobility Specialist.

Dear Medical Professional,

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

The applicant has submitted this application to you indicating you can provide information regarding their disability and its impact on their ability to utilize the fixed route bus system. Please review, complete, and sign this application so that the applicant's eligibility may be determined for MCAT's paratransit services. Paratransit service is intended only for those trips that the applicant cannot make on their own or using MCAT's fixed route bus service. This application is intended to help determine when and under what circumstances the applicant can use the fixed route bus service and when they require paratransit services.

**Please note: ALL Manatee County Area Transit buses are fully equipped with wheelchair lifts and kneeling features, bus operators announce major streets and intersections and specific stops upon request, and buses are equipped with automated annunciators, making all MCAT vehicles accessible to people with disabilities. Resources for this program are limited and your evaluation should be based solely on the individual's ability or inability to utilize MCAT's fixed route bus system.**

Thank you for your assistance.



## **Medical Verification for ADA and TD Applicants**

***Completed by Medical Professional Only - Please complete in blue or black ink***

***Please review the information provided by the applicant in Parts I - II of this application and answer the questions in the following section.***

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Does this person have a physical, visual, or cognitive impairment; or another disability preventing use of the MCAT fixed route bus service? ☐ Yes ☐ No

**If yes, please explain in detail, the severity and any restrictions or limitations:**

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

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3. How long have the conditions present? \_\_\_\_\_

4. Is the condition(s) ☐ permanent or ☐ temporary?

5. If the condition is temporary, what is the expected recovery date? \_\_\_\_\_

6. Is the applicant able to recognize destination or landmarks? ☐ Yes ☐ No

7. With **or** without the use of a mobility aide, how far are is the applicant able to travel?

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

☐ ½ mile (6 blocks) ☐ ¾ mile (9 blocks) ☐ ¾ mile or greater

☐ Other \_\_\_\_\_

8. Does the applicant require special assistance or use of a mobility aid? ☐ Yes ☐ No

**If yes, please describe:** \_\_\_\_\_

9. Does the applicant with his/her mobility aid weight more than 600lbs? ☐ Yes ☐ No

**If yes, weight:** \_\_\_\_\_

10. Can the applicant navigate traffic, roadways, and/or crossings safely and independently?

☐ Yes ☐ No

11. Is the applicant able to consistently state his/her name, address, personal or emergency phone number upon request? ☐ Yes ☐ No

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

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

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

13. Is the applicant able to handle unexpected situations or change in routine?

☐ Yes ☐ No **If no, please explain:** \_\_\_\_\_

14. Does the applicant require a Personal Care Attendant (PCA) when traveling? (Note:

PCA's are designated or employed by a person with a disability to assist that person in meeting his/her personal needs and/or to facilitate travel for specific trips.)

☐ Yes ☐ No

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 fixed route bus system. MCAT staff is hereby authorized to contact me or a staff member in my office if necessary to complete the eligibility determination process according to ADA regulations (49CFR Parts 37 and 38). I also agree to provide all documentation deemed necessary by MCAT for eligibility determination or a subsequent appeal.

I certify 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 100001 (1982).

**\*ORIGINAL Medical Professional Signature Required\***

*An original signature is one that is not mechanically or electronically reproduced.*

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

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

Medical License Number: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please check that all information is provided and mail application to:

**Manatee County Area Transit**

**Attention: Handy Bus**

**2411 Tallevast Rd**

**Sarasota, FL 34243**

**OR Fax to: 941-745-3776**

**OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date Received: \_\_\_\_\_ Review Start Date: \_\_\_\_\_

☐ NEW Applicant ☐ Recertification

Currently riding MCAT fixed route? ☐ Yes ☐ No

☐ IN ZONE ☐ OUT OF ZONE Closest Stop: \_\_\_\_\_

Veteran? ☐ Yes ☐ No

Medicaid? ☐ Yes ☐ No Medicaid Number: \_\_\_\_\_

Is the application complete? ☐ Yes ☐ No: \_\_\_\_\_

Comments: \_\_\_\_\_

Initial Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

☐ ADA APPROVED ☐ ADA Denied

Client Contacted: \_\_\_\_\_

☐ TD APPROVED via ☐ Disability ☐ Income ☐ Age

☐ TD Denied

Travel Training? ☐ Yes ☐ No

Reason for Denial/Comments: \_\_\_\_\_

Second Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_