

Marshalltown Municipal Transit

ADA PARATRANSIT APPLICATION

The Americans with Disabilities Act (ADA) requires public transit agencies that provide fixed-route service to provide complementary Paratransit service to people with disabilities who cannot use the fixed route bus service because of a disability. Paratransit service operates during the same hours as the fixed route bus service.

The purpose of the application is to provide an opportunity for you to describe barriers in the environment or limitations you may have which prevent you from using Marshalltown Municipal Transit (MMT's) fixed route bus system.

Tell us:

- which places you are having trouble getting to
- where you would like to go but cannot
- what prevents you from using the MMT bus for these destinations

Providing as much information as possible will help MMT understand your transportation needs and travel challenges.

If there are questions you cannot answer or you need assistance in completing the application please call Marshalltown Municipal Transit (MMT) 641-754-5719.

In order to be considered complete, every question on the application must be answered.

Please Print

Name (Last) _____ (First) _____

Address _____ APT#/Unit# _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Date of Birth: (Mo/Day/Yr) _____ / _____ / _____

Please describe your current disability or condition. Be specific and list all applicable details.
Please keep in mind that all fixed route MMT buses are wheelchair accessible.

Please attach a doctors' statement/documentation to verify condition.

Is your disability or condition temporary? _____ YES _____ NO

If YES, how long will it last? _____

Is your disability or condition episodic or does it change from day to day? _____ YES _____ NO

If YES, please explain _____

Most often, I use the following mobility aides when I walk:

____ Sighted person (guide)

____ Guide Dog

____ White cane

____ Optical devices

____ Manual Wheelchair

____ Portable Oxygen

____ Electric Wheelchair

____ Scooter

____ Cane

____ Walker

____ Crutches

____ Other _____

If you use a wheelchair or scooter, answer the following question about the dimensions:

Please list the dimension of your wheelchair or scooter. Measure the physical dimension from two inches above the floor, including foot or head extensions.

Note: This information is not used to determine Paratransit eligibility.

A common wheelchair does not exceed 30 inches in width or 48 inches in length and does not weigh more than 600 pounds occupied.

Width _____ inches
(side to side)

Length _____ inches
(front to back)

Height _____ inches
(including head/foot extensions)

Is the combined weight of you and your mobility device more than 600 pounds? ____ YES ____ NO

Occupied weight (if known) _____

Can you walk or use your mobility device outdoors alone? _____ YES _____ NO

If NO, please tell us why not. Check all answers that apply.

____ I have never been taught.

____ My neighborhood is too dangerous.

____ I don't want to go out alone.

____ Environmental barriers (no/poor sidewalks, busy intersections)

____ Other - Please explain _____

How many 7 inch steps can you climb without assistance? _____

How many steps are there at the entrance you use at your residence? _____

How many blocks can you travel or walk by yourself? _____ 0 _____ 1 _____ 3

How long does it take you to walk that far?

____ Less than 5 minutes _____ 5-10 minutes _____ Longer than 10 minutes

If you were waiting for a ride could you stand for 10 minutes? _____ YES _____ NO

If you were waiting for a ride could you sit for 10 minutes? _____ YES _____ NO

Could you wait at a bus stop that does not have a shelter? _____ YES _____ NO

Can you cross the street without help? _____ YES _____ NO

If YES, please answer the following:

I can cross at quiet streets with very little traffic. _____ YES _____ NO

I can cross the street at traffic lights. _____ YES _____ NO

I can cross the street at very busy intersections. _____ YES _____ NO

My vision is normal. _____ YES _____ NO

If NO, please tell us about your condition: _____

My vision condition is: _____ Stable _____ Degenerative _____ Other (please explain)

My vision is worse during these conditions:

Bright sunlight _____ YES _____ NO

Dimly lit or shaded places _____ YES _____ NO

Night time _____ YES _____ NO

I can see steps and curbs. _____ YES _____ NO

I can use the telephone to get information.

____YES ____NO

My hearing is normal.

____YES ____NO

If NO please describe your hearing problems _____

Tell us about your current travel

Please list the five most frequent destinations and how you get there.

	Destination	Frequency	How do you get there?
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Please answer all questions and check all statements that describe your current use of the MMT fixed route bus service by yourself.

Do you currently use the MMT fixed route bus system?

____YES ____NO

If you answered NO –

Why have you not used the fixed route service?

- ____ I have never tried.
- ____ I need someone to show my how
- ____ I have difficulty getting on or off the bus
- ____ I have difficulty traveling to and from the bus stop
- ____ I have an ambulatory disability that prevents me from boarding even a wheelchair accessible MMT fixed route bus without assistance.
- ____ I have a severe medical condition or impairment which makes it impossible for me to use MMT fixed route service.

If you answered YES –

Where do you go on the bus? _____

What is the most difficult part of riding the bus for you? _____

When was the last time you used the fixed route bus service? _____

Where is the closest bus stop to your home? _____

Do changes in weather prevent you from getting to or from the bus stop? ____YES ____NO

If YES, please list specific weather conditions that impact your mobility:

Have you received instruction in bus travel? ____YES ____NO

I can use the fixed route bus on days when I am feeling well. ____YES ____NO

I can make it to the bus stop or use the bus on “bad days”. ____YES ____NO

I have a visual disability which prevents me from finding the bus stop. ____YES ____NO

____I think that with training I can learn. ____I do not feel I can ever learn.

I can see bus route names on the buses ____YES ____NO

I can find my destination without assistance ____YES ____NO

I can recognize my destination and leave the bus without assistance. ____YES ____NO

I can hear the bus routes announced outside of the bus. ____YES ____NO

I can hear the bus routes announced inside the bus. ____YES ____NO

I can hear traffic well enough to cross the street. ____YES ____NO

I can hear the driver announce my stop ____YES ____NO

I ask another passenger to help me find my stop. ____YES ____NO

I can see my stop from inside the bus. ____YES ____NO

I can walk up and down 3 steps, if there are handrails on both sides. ____YES ____NO

I can travel by myself. ____YES ____NO

I can get to the MMT bus stop by myself. ____YES ____NO

I can grip railings and handles. ____YES ____NO

I can handle coins and tickets. ____YES ____NO

I need the assistance of another person to ride the bus. ____YES ____NO

If YES, what do they do to assist you? _____

Please give us a better understanding of your opinions about the MMT fixed route service.

- | | | |
|---|---------|--------|
| • The bus system is too complicated for me to figure out. | ___ YES | ___ NO |
| • I've heard really good stories about MMT bus service. | ___ YES | ___ NO |
| • I have to have a seat on the bus and I'm afraid I won't get one. | ___ YES | ___ NO |
| • Everyone on the bus will be upset if it takes me longer to board. | ___ YES | ___ NO |
| • Riding the bus makes me more vulnerable to crime. | ___ YES | ___ NO |
| • I'm afraid for my safety. | ___ YES | ___ NO |
| • I think my neighborhood has a good bus service. | ___ YES | ___ NO |
| • I'm afraid I'll get off at the wrong stop. | ___ YES | ___ NO |
| • Arriving at my destination on time is important to me. | ___ YES | ___ NO |
| • Taking my trips by bus would take too long. | ___ YES | ___ NO |
| • I'd have to get up earlier in the morning to use the bus. | ___ YES | ___ NO |
| • I'm afraid I'll get on the wrong bus. | ___ YES | ___ NO |
| • If the bus moved before I am seated, I'm afraid I might fall. | ___ YES | ___ NO |

I certify that the information in this application is true and correct.

Signature: _____ Date: _____

Emergency Contact:

May we have the name of someone to contact in case of an emergency?

Please select someone who would not be riding with you.

Name: _____ Relationship: _____

Phone Home _____ Cell _____

Work _____

Did someone help you fill out this application? If so, please fill out the information below.

Name: _____ Daytime phone: _____

Address: _____

City: _____ State/Zip: _____

Signature: _____ Date: _____