
**MARSHALLTOWN MUNICIPAL TRANSIT
PARATRANSIT SERVICE ELIGIBILITY APPLICATION**

If you have a disability which prevents you from using the accessible Marshalltown Municipal Transit fixed route bus system some or all of the time, you may be eligible for paratransit service some or all of the time.

All application information will be kept confidential. Your answers will not be shared with any other person or company, besides Peoplerides and Marshalltown Municipal Transit.

It is important that all parts of this form are completed. If your application is not complete, it will be returned to you and that will delay application processing.

Please return the application to:
PeopleRides
905 E. Main Street, Suite A
Marshalltown, IA 50158
641-752-6202

Written materials will be mailed confirming or denying your paratransit eligibility after we process your application. Note that you will be presumed eligible for 21 calendar days after your initial call. If your application is received after the 21 days expire, your service will likely discontinue.

PLEASE PRINT ALL APPLICATION INFORMATION

PARATRANSIT APPLICANT	
NAME: _____	
ADDRESS: _____	
TELEPHONE NUMBER (HOME) _____	(WORK) _____
DATE OF BIRTH ____/____/____ SOCIAL SECURITY # _____	

1. What is/are your disabling condition (s) which prevent you from using the MMT fixed route bus system:

2. Please explain how your disability (s) prevent you from using the MMT fixed route bus system (be specific but concise):

3. Does the weather ever keep you from using fixed route buses?

No

Yes. Please tell us how the weather affects your ability to use or access the MMT fixed route system:



4. Can you wait outside at a MMT fixed route bus stop?

Yes

No

5. Does your disability or health condition change from time to time in ways that affect your ability to use the MMT bus system?

Yes, please describe

No

6. Is your health condition or disability temporary?

I don't know

Yes, for how long: _____

No

7. Can you put your fare in the farebox on the MMT fixed route bus or retain a monthly bus pass to show the MMT driver

Yes

No

8. Which of these mobility aids or equipment do you use to help you get where you need to go?

Cane

Manual Wheelchair

Service animal

Walker

Power Wheelchair

Other (list): _____

Crutches

Powered scooter/cart

9. If you use mobility aids on your own, how many blocks (assume 450' per block) can you travel? _____ blocks

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

11. Do you require a personal care assistant/aid to accompany you when you travel by MMT fixed route or paratransit service?

Yes

No

12. Can you independently recognize your destination on a fixed route and leave the vehicle?

Yes

No, if no please check all that apply

I get confused or can't remember where I am going

I don't know where the bus stop is

13. Are you able to signal the driver to get off the bus where you need to go?

- Yes
- No

14. From where the fixed route bus stops to let you get off, can you make your way to the place you need to go? (check all that apply)

- Yes
- No, please check all that apply
- I get confused or can't remember where I'm going
- I need someone to help me get there
- I feel unsafe
- I don't want to ride the fixed route bus
- The ground is too uneven or steep for me to get there
- I can't walk that far

15. Are there any other conditions which limit your ability to use the MMT fixed route system?

16. If you are eligible for paratransit services, will you (check those that apply):

- Be able to meet the vehicle at the curb
- Need driver assistance from your door
- Need driver assistance from the vehicle to the door of your destination

OFFICE USE ONLY
APPLICATION CERTIFICATION CATEGORY

- Unable to ride the MMT fixed route bus without the assistance of someone else.
- Specific physical or mental impairment-related condition (e.g. ambulatory problems, arthritis, cardiac condition, pulmonary condition, chronic fatigue, heat sensitivity, cognitive or developmental disability, visual impairment, hearing impairment, speech impairment, psychiatric disability, motor function problem) which **prevents** the applicant from traveling to a fixed route location or disembarking at a fixed route location.
- Able to ride the MMT fixed route bus system.

Authorized signatory: _____ Date

Expiration date: _____

Date application received: _____

REQUIRED SIGNATURE

I, hereby, certify that the information I provided on this application is true and correct. I understand that falsification of information may result in the denial of service. I understand that it may be necessary for me to participate in an in-person evaluation to determine my eligibility for paratransit services.

Applicant signature _____ Date _____

<p>Person completing the form if other than applicant (please check one):</p> <p><input type="checkbox"/> I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.</p> <p><input type="checkbox"/> I certify that the information provided in this application is true and correct based upon my own knowledge or the applicant's health condition or disability, with the following exceptions or additions:</p> <p>_____</p> <p>Signature of person completing form _____</p> <p>Relationship to Applicant _____</p> <p>Phone _____</p>
