

CITY OF MUSCATINE RESIDENTS ONLY

Request for Certification of ADA Paratransit Eligibility – MuscaBus

The information obtained in this certification will be used by MuscaBus only for the determination of eligibility for the provision of paratransit (aka shuttle) service.

Please print or type this form. **All** sections must be filled out for this to be considered a complete application.

Once a completed application is received in our office, you will be given a 21-day grace period in which you will be allowed to ride MuscaBus' ParaTransit bus while we process your application. The 21-day grace period will not be granted until we receive a *completed* application.

1. Name: _____
2. Address: _____

Street

City of Muscatine
State
Zip
3. Telephone Number: (Home)_____ (Work) _____ Date of Birth: _____
4. Emergency Contact Person: _____ Date of Birth: _____
5. Explain why you are to be certified for the MuscaBus ParaTransit service. Explain why you are not able to use the regular transit bus. Tell us if you are able to use the regular transit bus only sometimes and when you can use it. _____

Please check YES or NO or SOMETIMES for each activity:	YES	NO	SOME- TIMES
A. Can you walk outdoors unaided? (Without cane, walker or person to assist you.)	_____	_____	_____
B. Can you walk to the nearest bus stop from your home?	_____	_____	_____
C. Can you tell when to get off the bus?	_____	_____	_____
D. Can you walk from the regular bus stop to your destination?	_____	_____	_____

E. Do you require a mechanical lift to board or deboard a transit vehicle? _____

F. Can you step up and down one 15-inch step and two 10-inch steps? _____

G. Can you locate a bus stop and the correct bus to board without any help? _____

6. Will your current mobility restrictions be temporary or permanent? Temporary Permanent
If temporary, for how long? _____

7. Do you use any of the following mobility aids when you travel on ParaTransit? (Check all that apply)

- Manual Wheelchair
- Electric Wheelchair
- Crutches
- Power Scooter
- Cane
- Walker
- Personal Care Attendant
- Guide Dog
- Other _____

8. Do you require a Personal Care Attendant (PCA) when you travel using fixed route transit?
 Yes No

9. What additional information can you provide about why you would qualify for ParaTransit service?

10. **I hereby certify that the information furnished above is correct.**

Signed: _____ Date: _____

11. If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name _____

Address _____

_____ State _____ Zip _____

Daytime Phone _____

Signed _____ Date: _____

12. **You must complete this section in order to be considered for eligibility.** In order to allow MuscaBus to evaluate your request, it will be necessary for us to contact a physician or case worker to confirm the information you have provided. Please complete the following information and authorization form.

“The following Physician or case worker is familiar with my disability and is authorized to provide information to MuscaBus as a requirement for the completion of this certification.”

Print Doctor’s or Case Worker’s Name _____

Title _____

Address _____

_____ State _____ Zip _____

Phone # _____ Fax # _____

Print Applicant’s Name _____

Applicant’s Signature _____

Date _____

RETURN THIS COMPLETED FORM TO:

MuscaBus
1459 Washington Street
Muscatine, IA 52761