



Application

If you have a **physical or functional disability, as defined by the Americans with Disabilities Act (ADA), which limits you from using Capital Metro's fixed-route accessible buses**, you may be eligible for **MetroAccess**. The information obtained in this certification process may be shared with other transit providers to facilitate your travel in other areas.

This application must be **filled out completely**, including the verification of eligibility by a qualified professional. Incomplete applications will be returned to applicants.

First Name :	MI:	Last Name:
Birth Date:		

Home Address

Street:	Apt#:	
City:	State:	Zip:
Apartment Complex Name:	Building #/Letter:	
Security Gate Code (if applicable):		
Home Phone:	Work Phone:	

Mailing Address

Street:	Apt#:	
City:	State:	Zip:

Neighborhood Environment

How would you describe the area where you live (e.g., very steep hill; long, gradual hill; flat; etc?)
Are there sidewalks at your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a ramp at your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Is one needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many steps are there at the entrance to your residence?

Current Transportation

Do you use the regular Capital Metro buses now? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
If no or sometimes, what limits or prevents you from using the buses? (e.g. no sidewalks)
What is the most difficult part of riding the bus for you?
What bus routes serve your neighborhood?
What is the closest bus stop to your home? (Please give location).
Can you get to this bus stop by yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
If not, why not?
Can you board the bus by yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
If not, why not?
Have you ever received any training to use the fixed route bus service? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, would you like to participate in training? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you do not ride Capital Metro buses, how do you currently travel? (For example, family, friends)

Assistive Devices Used (Check all that Apply)

Manual Wheelchair (Check One)		
<input type="checkbox"/> Foldable; passenger must be able to transfer to a 4-door sedan without driver assistance.	<input type="checkbox"/> Passenger is not able to transfer to a 4-door sedan without driver assistance.	
<input type="checkbox"/> High Wheelchair	<input type="checkbox"/> Cane/White Cane	<input type="checkbox"/> Walker (Foldable)
<input type="checkbox"/> Long Wheelchair	<input type="checkbox"/> Crutches	<input type="checkbox"/> Walker (non-foldable)
<input type="checkbox"/> Electric Wheelchair	<input type="checkbox"/> Wide Wheelchair	<input type="checkbox"/> Oxygen Tank
<input type="checkbox"/> Stroller-Type Chair	<input type="checkbox"/> Power Scooter	<input type="checkbox"/> Other:
<input type="checkbox"/> Certified Service Animal	<input type="checkbox"/> Braces	
<input type="checkbox"/> Communication Device	<input type="checkbox"/> Prosthetics	

Preferred Media/Communication Type

<input type="checkbox"/> Regular Print	<input type="checkbox"/> Large Print	<input type="checkbox"/> Braille
<input type="checkbox"/> Cassette Tape	<input type="checkbox"/> Computer Diskette	<input type="checkbox"/> TDD/Texas Relay
<input type="checkbox"/> Other (Please specify)		
<input type="checkbox"/> Email (please give address)		

MetroAccess Applicant Agreement

I agree that if I am certified for **MetroAccess**, I will pay the exact fare, if required, for each trip. I agree to notify the MetroAccess office of any changes in my status which may affect my eligibility to use the service. I also understand that failure to adhere to the **MetroAccess** policies and procedures will be grounds for revoking my application and the right to participate in the program.

I understand and agree to hold **MetroAccess** harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to equip or maintain the safety of adaptive equipment or certified guide/service animal that I require for mobility. I have read and fully understand the conditions for service outlined in the MetroAccess Policies & Procedures and agree to abide by them.

I hereby authorize the release of verification information and any additional information to Capital Metro for the purpose of evaluating my eligibility to participate in the **MetroAccess** program.

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

Signature: _____

Date: _____

The following Information is to be filled out if the application was completed by a person other than the applicant:

Name:	Daytime Phone:	
Mailing Address		
Street:	Apt#:	
City:	State:	Zip:

Emergency Contact

Name:	Phone:	
Relationship:		
Street:	Apt#:	
City:	State:	Zip:

This page and the following 2 pages must be completed by a **qualified professional** (PLEASE PRINT).

METROACCESS
Verification of Eligibility

Please note: All information for verification of eligibility must be provided by a **qualified professional**. Examples of qualified professionals are:

Caseworker	Chiropractor	Optometrist	Physician
Psychiatrist	Psychologist	Registered Nurse	Social Worker
Licensed Medical Professional		Mental Retardation Professional	
Orientation & Mobility Specialist		Counselor from an Established Agency	

Person Completing Verification:		
Professional Title:		
Agency/Affiliation:		
State of Texas Certification ID#:		
Business Address		
Street:		Apt#:
City:	State:	Zip:
Business Telephone:		

If you mark NO or SOMETIMES to any item below, please explain.

1. What is the medical diagnosis that causes the disability (e.g., mental retardation, epilepsy)?
Is this condition temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, expected duration-until:

2. Does the applicant's disability require that he or she travel with an attendant?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:

3. Is there any other medical information MetroAccess should know in the event of an emergency (e.g. Hepatitis, Tuberculosis):
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4. If the client has a disability affecting mobility, is he or she: able to travel a distance of 200 feet without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
able to travel a distance of 3 blocks (1/4 mile) without assistance over different types of terrain? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
able to climb three 12-inch steps without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
able to wait outside without support for 15-30 minutes in different weather conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
able to cross <input type="checkbox"/> 2-way stop <input type="checkbox"/> 4-way stop
able to cross traffic light-controlled intersection in the following areas: <input type="checkbox"/> Residential <input type="checkbox"/> Semi-business <input type="checkbox"/> Business

5. If vision-impaired, what is the Best Corrected Acuity? Right: Left:
Field Restriction: Right: Left:
If legally blind is he or she:
able to travel a distance of 200 feet without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
able to travel a distance of 3 blocks (1/4 mile) without assistance over different types of terrain? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
able to climb three 12-inch steps without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
able to wait outside without support for 15-30 minutes in different weather conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
able to cross <input type="checkbox"/> 2-way stop <input type="checkbox"/> 4-way stop
able to cross traffic light-controlled intersection in the following areas: <input type="checkbox"/> Residential <input type="checkbox"/> Semi-business <input type="checkbox"/> Business

6. If the person has a cognitive disability, is he or she able to:
give name, address, and telephone numbers upon request? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
able to recognize a destination or landmark? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
deal with unexpected situations or unexpected changes in routine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
ask for, understand, and follow directions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
safely and effectively travel through crowded and/or complex facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:

7. If the person is speech impaired, is he or she able to:
communicate verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
communicate with an augmentative device? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
communicate in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:
communicate over the telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Explain:

I verify that the information provided above for verification is true and correct to the best of my knowledge.

Signature of Qualified Professional

Date