

Attached is an application to request certification for ADA paratransit service eligibility. When the application is complete, please forward to:

MAX Transport
ATTN: ADA Assessments
171 Lincoln Ave., Suite 20
Holland, MI 49423
OR EMAIL: paratransit@catchamax.org

Macatawa Area Transportation's (MAX Transit) paratransit service is a shared-ride, door-to-door service for people whose disabilities prevent them from using fixed route bus service. A "reasonable accommodation" request will be reviewed, individually, for persons needing assistance from the entry of a residence to the vehicle and/or vice versa. MAX Transit employees are not authorized and will not enter any residence. MAX Transit provides paratransit service to individuals who are unable to use available fixed route service for some or all of their trips.

When a completed application is received, information will be reviewed for eligibility by MAX's ADA Coordinator in accordance with the criteria outlined in 49 CFR part 37. **For an application to be considered complete both of the attached forms must be filled out completely to the best of the applicant's ability.** If eligibility has not been determined within twenty-one (21) days of receipt, applicants will be "presumed eligible" until a full application review can be completed. Once the application review is complete, applicants will be notified by letter with the level of eligibility and the length of certification.

As part of the application review process, applicant may be asked to attend an in-person interview and/or undergo an evaluation to help determine the applicant's functional abilities to use fixed route buses or if paratransit service is required. There is no charge for this evaluation and transportation to and from the evaluation and/or interview will be provided at no charge. The functional physical evaluation consists of simulated bus travel experience, including boarding, maneuvering a curb and a curb cut, and crossing the street. Skills evaluated include balance, strength, coordination and range of motion. The cognitive functional assessment consists of certain standardized tests designed to measure skills such as memory, attention span and route-finding ability. Functional vision and respiratory considerations may also be reviewed. Additionally, variables in the environment are considered.

If an application for eligibility is denied, an appeal of the decision can be made to the MAX's ADA Coordinator. The request for an appeal must be submitted within sixty (60) days of notification of the eligibility denial. Once the appeal has been submitted in writing to MAX, the Appeals Panel will review all information given. Applicants have the right to be heard in person or to send up additional information at the time of the appeal request. The Appeals Panel may not make a decision on the date of the appeal meeting, and the final findings will be mailed out to the applicant in a timely manner. If after thirty (30) days the appeal has not been decided, applicants will be presumed eligible until a final determination is reached.

PLEASE RETURN COMPLETED APPLICATION TO:
MAX Transit ADA Coordinator
171 Lincoln Ave., Suite 20 • Holland, MI 49423
(616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

The individual making the appeal has the right to be heard in person and to have the necessary support, such as a sign language interpreter. All appeals will be reviewed by the Appeals Panel that will consist of local disability advocates. All requests must be submitted to the ADA Coordinator. Appeals can be submitted by email (paratransit@catchamax.org), by fax (616-928-2497), or in writing (see address below). When requesting an appeal please provide name, address, telephone number, and a brief explanation of the basis for your appeal. Applicants planning to appeal in person should request any special requirements, such as a sign language interpreter, in advance to MAX Transit so that MAX can make the appropriate arrangements when scheduling appointments. Transportation to and from the appeal will be provided at no charge. Written appeals should be addresses to:

MAX Transport
ATTN: ADA Coordinator - Appeal
171 Lincoln Ave., Suite 20
Holland, MI 49423
OR EMAIL: paratransit@catchamax.org

If you have any questions, would like assistance completing the application, or would like to request a hearing or appeal, please feel free to contact MAX Transit at (616) 355-1010.

PLEASE RETURN COMPLETED APPLICATION TO:
MAX Transit ADA Coordinator
171 Lincoln Ave., Suite 20 • Holland, MI 49423
(616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

Macatawa Area Express Transportation

APPLICATION FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

The information obtained in this certification process will only be used by MAX Transit to determine an applicant's eligibility for paratransit service. Information will only be shared with other transit providers to help provide travel if needed.

Applicant Information

Last Name _____ First Name _____ M.I. _____
 Address _____
 City _____ State _____ Zip _____
 Home Ph _____ Work/Cell Ph _____
 Birth Date _____ Gender _____

Internal Use Only

Date Received

Type of Application New Renewal

Determination Long Term Eligibility Permanent Eligibility

Temporary Eligibility Not Eligible

Date of Certification

Expiration Date

Notes/Comments

PLEASE RETURN COMPLETED APPLICATION TO:

MAX Transit ADA Coordinator

171 Lincoln Ave., Suite 20 • Holland, MI 49423

(616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

In the event of an emergency, please provide contact information below:

Name _____ Phone Number _____

Relationship to Applicant _____

Special Instructions, if any

SECTION I – ELIGIBILITY INFORMATION (TO BE COMPLETED BY THE APPLICANT OR THEIR DESIGNEE)

Please answer the questions below regarding general eligibility:

- A. Can you ride on board the MAX Transit fixed route bus system without assistance?
- Always Sometimes Never
- B. Have you received training on using the MAX Transit bus system?
- Yes No
- C. Would you like to learn how to use MAX Transits fixed routes? Yes No
- D. If provided with training on how to use the MAX Transit fixed route bus system, would you be able to successfully complete the following:
1. Safely travel to a nearby bus stop? Yes No Sometimes
 2. Identify the correct bus to board? Yes No Sometimes
 3. Independently maneuver on or off the wheelchair ramp? Yes No Sometimes
 4. Identify the correct stop? Yes No Sometimes
 5. Safely travel to a final destination? Yes No Sometimes
- E. If you answered “No” or “Sometimes” for any of the questions above, please list the disability (disabilities) that prevent you from using the fixed route bus system:

Is this condition temporary? Yes No If yes, expected duration until (date)? ____/____/____

PLEASE RETURN COMPLETED APPLICATION TO:
MAX Transit ADA Coordinator
 171 Lincoln Ave., Suite 20 • Holland, MI 49423
 (616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

F. What symptoms caused by the condition(s) listed previously prevent you from using the fixed route bus system and how?

G. Are there other effects of the disability which may be a factor in your ability to use the shared-ride paratransit service?

H. Are you legally blind? Yes No

(Note: Legally blind is defined as the visual acuity in your best eye with best correction is no better than 20/200 on the Snellen acuity scale, or the vision field of the best eye is constricted to less than 20 degrees.)

If you have a visual impairment, please complete the information below:

Visual Acuity _____ Right Eye _____ Left Eye _____ Field of Vision _____

I. Do you require a Personal Care Attendant (PCA) when traveling? (MAX does not provide PCAs)

Always Never Sometime (please explain those time when you need a PCA below)

J. Do you experience good days and bad days? Y/N

K. If yes, please describe what a bad day looks like for you:

L. How do the symptoms experienced during a bad day limit your ability use the fixed routes?

M. Approximately how many bad days do you experience a month?

PLEASE RETURN COMPLETED APPLICATION TO:
MAX Transit ADA Coordinator
171 Lincoln Ave., Suite 20 • Holland, MI 49423
(616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

SECTION II – APPLICANT MOBILITY (TO BE COMPLETED BY THE APPLICANT OR THEIR DESIGNEE)

Please answer the questions below regarding your mobility:

- A. Do you require the use of a mobility device? Yes No Sometimes

If “Yes” or “Sometimes”, please select the device(s) used most frequently:

- Orthopedic Cane Long, white cane for the blind Walker Crutches
 Manual Wheelchair Powered Wheelchair Powered Scooter

If you selected any of the wheeled devices above, please indicate the physical dimensions:

Width _____ inches Height _____ inches Length _____ inches

Combined weight of passenger and device _____ lbs.

(Note: Vehicle lifts can accommodate a maximum combined weight of 800lbs and mobility device dimensions of 32.5” wide, 48” long, and 56” high.)

- Portable Oxygen Augmentative Communications Devices (picture board, alphabet board, etc.)
 Service Dog Emotional Support Animal

If a service animal was selected, please indicate what task the animal will perform:

- B. Do you require use of a mobility device for a temporary condition? Yes No

If yes, expected duration until (date) ____/____/____

- C. Are you able to grasp railings, handles, and fare payment items (money or pass)? Yes No

- D. Are you able to keep balance while seated on a moving vehicle? Yes No

- E. Please answer the following general mobility questions:

Can you travel 200 feet (approx. ½ block or 5 house width) without the assistance of another person?

- Yes No Sometimes

Can you travel 1/4-mile (approx. 1 ½ blocks) without the assistance of another person?

- Yes No Sometimes

PLEASE RETURN COMPLETED APPLICATION TO:
MAX Transit ADA Coordinator
 171 Lincoln Ave., Suite 20 • Holland, MI 49423
 (616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

Can you travel 3/4-mile (approx. 3 blocks) without the assistance of another person?

Yes No Sometimes

How many blocks would you be able to travel without assistance of another person?

Less than 1 1 2 3 4 or more

Can you climb up to five 12-inch steps without the assistance of another person?

Yes No Sometimes

Can you wait outside for up to 15 minutes? Yes No Sometimes

Can you communicate with a bus driver? Yes No Sometimes

Please indicate what means you use to communicate (verbal, written, communication device, etc.)

Is your ability to perform any of the tasks above impaired by conditions such as terrain, climate, or weather?

Yes No Sometimes If "Yes" or "Sometimes", please explain the conditions:

F. List your four (4) most frequent destinations and how you get there now:

Destination	Frequency of Travel	How You Get There Now

PLEASE RETURN COMPLETED APPLICATION TO:
MAX Transit ADA Coordinator
 171 Lincoln Ave., Suite 20 • Holland, MI 49423
 (616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

G. Have you ever used any fixed route bus service?

Yes (If yes, under what circumstances and explain where and why?)

No (If no, what prevents you from using the fixed route bus service?)

- Bus stop is too far
- Don't know where the bus stop is
- Can't get to and from the bus stop by myself
- I don't want to
- Afraid
- Don't feel safe

Please use the space below to provide any additional information that you feel is important in helping MAX Transit determine your eligibility:

SECTION III – CERTIFICATIONS

APPLICANT CERTIFICATION

I hereby certify that the information provided in this application is true according to the best of my knowledge and belief. I understand that false statements made herein may result in a denial of service. I understand that MAX Transit may contact the health care professional who has completed the professional verification section of this application in order to confirm this information.

Applicant Signed _____ Date ____/____/____

If this application was prepared by someone other than you, please sign above and provide the information below:

Name _____ Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Relationship _____

PLEASE CHOOSE FROM ONE OF THE FOLLOWING PROFESSIONS TO COMPLETE YOUR

MEDICAL CERTIFICATION: registered nurse, physician, psychologist, nurse practitioner, physician's assistant, ophthalmologist, optometrist, certified orientation and mobility specialist, physical therapist or rehabilitation specialist, CMH social worker, or other healthcare professional employed by a medical facility.

You must send the entire application to the medical professional of your choosing. They will need to review the answers to your portion of the application. Do not turn in the application without the medical certification completed.

PLEASE RETURN COMPLETED APPLICATION TO:

MAX Transit ADA Coordinator

171 Lincoln Ave., Suite 20 • Holland, MI 49423
(616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

**THE SECTION BELOW MUST BE COMPLETED
BY A HEALTHCARE PROFESSIONAL ONLY**

PLEASE RETURN COMPLETED APPLICATION TO:
MAX Transit ADA Coordinator
171 Lincoln Ave., Suite 20 • Holland, MI 49423
(616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

HEALTHCARE PROFESSIONAL CERTIFICATION TO BE COMPLETED BY MEDICAL PROFESSIONAL ONLY

You are being asked by the applicant named in Section I of this application to provide information regarding his/her ability to use the regular fixed route services provided by MAX Transit. For those persons who are not able to use the regular fixed route services, with accommodations provided, the transit system may provide paratransit services. The information you provide will allow us to evaluate the request and determine this individual's specific needs. Thank you for your cooperation in this matter.

Please note: All regular fixed route buses by MAX Transit are currently accessible to persons with disabilities who need ramp-equipped vehicles, vehicles which kneel to the curb, and/or announcement of bus stops.

In order to be eligible for the paratransit services, the individual must be **unable** to access these service due to conditions which **prevent** them from getting to or from a fixed route bus stop, or transferring between vehicles, and/or conditions which **prevent** them from being able to get on, ride, or get off a ramp-equipped vehicle. Individuals for whom performing these tasks is inconvenient or uncomfortable are **not eligible** for service, and you are asked to verify this information.

It is extremely important that you provide as much specific information as possible about the **individual's functional limitations** so that eligibility determination can be made. Incomplete, inadequate, or missing information may result in a delay or denial of service for the applicant. If you do not feel like you can complete this verification in its entirety with detailed information, please return this to the applicant and suggest they give to a medical professional who may have the answers to the questions in this certification.

Please follow these steps to verify this application:

1. Read the applicant's statements provided in Section I and II in its entirety.
2. Fill out the Medical Professional Certification completely using the criteria provided.
3. Return completed application to applicant within 7 days of receipt (applicant is responsible for returning application to paratransit provider).
4. Be aware that you may be contacted for further information about applicant's abilities.
5. If you have questions, contact MAX Transit by email (paratransit@catchamax.org) or by phone at (616) 355-1010.

THIS PORTION MUST BE COMPLETED BY ONE OF THE FOLLOWING RECOGNIZED PROFESSIONS: registered nurse, physician, psychologist, nurse practitioner, physician's assistant, ophthalmologist, optometrist, certified orientation and mobility specialist, physical therapist or rehabilitation specialist, CMH social worker, or other healthcare professional employed by a medical facility.

Applicant's may be found eligible for paratransit door-to-door bus services for all trip requests (based on functional ability) or for trips in which conditions exist that **prevent** them from using the fixed route bus service. **All fixed route buses are equipped with a lift or ramp for riders who use a wheelchair or cannot climb stairs.** The information provided will enable MAX Transit to make an appropriate determination for each trip request. All information will be kept confidential. Thank you for your assistance.

PROFESSIONAL VERIFICATION FOR _____

(Print Patient's Name)

**PLEASE RETURN COMPLETED APPLICATION TO:
MAX Transit ADA Coordinator
171 Lincoln Ave., Suite 20 • Holland, MI 49423
(616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org**

MEDICAL PROFESSIONALS MUST FILL OUT THIS PORTION

Required Information: (Failure to provide information may cause a delay in the application process.)

NOTE: DO NOT attach a letter of recommendation or prescription for the Reserve-A-MAX. Passenger Eligibility is based solely on applicant's functional ability and not on diagnosis alone.

A. I have reviewed the information in Section I and II in its entirety and agree with the information provided:

Yes No

If NO, please explain:

B. Please describe the condition causing the applicant's disability:

C. Please specify which functional limitations are associated with this condition. **PLEASE BE AS SPECIFIC AS POSSIBLE.**

Mobility Impairment Visual Impairment _____ Total _____ Partial

Cognitive Impairment Hearing Impairment _____ Total _____ Partial

Endurance Impairment _____ Muscular _____ Respiratory

Other (Please describe below):

D. Please add notes here on applicant's functional ability (cognitive or physical):

PLEASE RETURN COMPLETED APPLICATION TO:

MAX Transit ADA Coordinator

171 Lincoln Ave., Suite 20 • Holland, MI 49423

(616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

MEDICAL PROFESSIONALS MUST FILL OUT THIS PORTION

E. If this individual has functional limitations due to a cognitive impairment, please indicate any of the following issues that are pertinent to this individual:

The applicant requires the use of a Personal Care Attendant when using public transportation (i.e. cannot travel alone under any circumstance).

Cannot communicate independently with the driver

Cannot be left alone to wait for transportation

Cannot recognize vehicles that she/he should board

Displays behavior that is unsafe for self or others using public transportation (If this box is checked, please briefly describe below how their behavior would be unsafe and to whom)

F. What is the expected duration of this individual's conditions?

Temporary – approximate duration until _____

Long term – potential for functional improvement or periods of remission over time

Permanent – no expectation of functional improvement

G. For any impairment checked above, please note specific precautions that individual must follow in terms

of: How far can the applicant walk without assistance: _____ blocks

How far can the applicant travel using a mobility device: _____ blocks

How many 12-inch steps can the applicant climb without assistance: _____ steps

How long can the applicant stand and wait outside without support or sitting: _____ minutes

H. Please explain any other considerations for this applicant that prevent them from using the fixed route bus system:

PLEASE RETURN COMPLETED APPLICATION TO:

MAX Transit ADA Coordinator

171 Lincoln Ave., Suite 20 • Holland, MI 49423

(616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org

MEDICAL PROFESSIONALS MUST FILL OUT THIS PORTION

Medical/Healthcare Professional Contact Information (Please Print):

Hospital/Physician's Office/Agency _____

Name _____

Title _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

- The applicant should be able to access fixed route services successfully and should not be considered for paratransit service
- This individual can access fixed route service only under certain conditions and should be considered for paratransit services during those circumstances described in the sections above
- This individual cannot use fixed route services due to the functional limitations described above and should be considered for paratransit service

Signature below indicates that I certify that I have either assisted with or reviewed the information in this application.

Signed _____ Date ____/____/____

(Must be signed by the physician or recognized professional)

IF AVAILABLE, PLEASE STAMP THE BOX BELOW WITH YOUR CONTACT INFORMATION

PLEASE RETURN COMPLETED APPLICATION TO:

MAX Transit ADA Coordinator

171 Lincoln Ave., Suite 20 • Holland, MI 49423

(616) 355-1010 • Fax – (616) 928-2467 • paratransit@catchamax.org