



Todd M Robertson
Chief Executive Officer

STEPHANIE TERRY
Mayor

Jonathan M Siebeking
Director

METS MOBILITY PARATRANSIT SERVICE

Thank you for inquiring about the application process for METS Mobility Service. Our goal at METS is to provide accessible transportation to everyone in need. "ADA Paratransit" service is a service that METS provides to individuals who are unable to use our fixed route bus service due to a disability or a problem with overall mobility. This might include an inability to get to and from bus stops, on and off buses, or an inability to understand how to ride and use the bus system.

METS Mobility offers two paratransit services for persons with disabilities: ADA Paratransit and Convenient service. The two services have different eligibility requirements and different service characteristics (including fares and advanced reservation requirements). METS also offers county service to those who live outside the fixed route service area.

ADA Paratransit: A service provided only to individuals with disabilities who are unable to ride accessible fixed route public bus service because of their disability. ADA Paratransit service is designed to ensure that the civil rights of these individuals are guaranteed as protected under the Americans with Disabilities Act of 1990 (ADA). ADA Paratransit is comparable to METS fixed route bus service in Evansville in terms of service area, days and hours of service.

Convenient Fare: A shared-ride, door-to-door paratransit service for senior citizens and persons with disabilities, who live near a bus route. This eligibility is granted if you can use fixed route service under most circumstance, but feel a need for van service for certain trips.

County Service: A shared-ride, door-to-door paratransit service for persons 65 years or older and/or disabled individuals that live outside $\frac{3}{4}$ miles of the METS fixed route service but within Vanderburgh County.

Phone (812) 435-6166
TTY relay assistance (800)743-3333

601 John Street
Evansville, Indiana 47713

Fax (812) 435-6159
www.evansville.in.gov/METS



Todd M Robertson
Chief Executive Officer

STEPHANIE TERRY
Mayor

Jonathan M Siebeking
Director

METS Mobility hours are Monday- Saturday 6:00 am to 12:00 am (midnight) and Sunday from 6:00 am to 6:00 pm. County service is provided Monday-Friday 8:00 am to 5:00 pm. METS Mobility does not provide county service on Saturday or Sunday.

To help us accurately determine your eligibility for the ADA service, please fill out the enclosed application as completely and thoroughly as possible. The questions are meant to determine the specific limitations you have in using the fixed route bus service. They are also meant to determine when and under what circumstance you can use fixed route service or when van service is required.

For individuals who use mobility aides in transportation (such as canes, crutches, and wheelchairs, e.g.) whether it is permanent or temporary, there are specific guidelines which METS is required to abide. The mobility devices must be in good working condition as to not cause any safety issue for passengers, METS employees, or cause damage to METS vehicles or equipment. Please contact METS Mobility if you have questions or concerns about your mobility devices.

Personal Care Attendant Policy

A Personal Care Attendant (PCA) is someone designated or employed specifically to help an individual with a disability meet his or her personal needs in daily living activities. Passengers needing the assistance of a PCA should indicate this on their ADA Paratransit eligibility application form. A PCA may accompany the ADA passenger free of charge. It is strongly recommended that a person who requires the use of a PCA always travel with their PCA since drivers cannot provide assistance beyond that which is described in the previous section.

Your completed application will be processed within 21 days of receipt. You will be notified by mail of your eligibility for Mobility service. If you have not heard from us within 21 days, please call. If it is determined that your application is incomplete you will be notified by mail and given the opportunity to provide the needed information. If it is decided that you do not qualify for the METS Mobility service you are allowed the opportunity to appeal this decision in person or in writing, if you desire.

Phone (812) 435-6166
TTY relay assistance (800)743-3333

601 John Street
Evansville, Indiana 47713

Fax (812) 435-6159
www.evansville.in.gov/METS



Todd M Robertson
Chief Executive Officer

STEPHANIE TERRY
Mayor

Jonathan M Siebeking
Director

If you need assistance in completing the application form, or have questions about ADA Service and eligibility please feel free to contact:

Calvin Turnley, Mobility Project & Operations Manager

(812)435-6188 or at 601 John St. Evansville, In 47713

www.evansvillegov.org/mets

TTY relay assistance please call 1-800-743-3333

Accessibility of METS information is available in multiple formats. Please contact METS administrative office if needed.

Phone (812) 435-6166
TTY relay assistance (800)743-3333

601 John Street
Evansville, Indiana 47713

Fax (812) 435-6159
www.evansville.in.gov/METS

METS MOBILITY APPLICATION

NEW RECERTIFICATION

PLEASE PRINT CLEARLY

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

Date of Birth (month/day/year) ____/____/____ Male _____ Female _____

Daytime Phone _____ Evening phone _____

E-Mail _____

Language Ability: Do you speak and understand English? Yes _____ No _____

Specify spoken language: _____

Emergency Contact _____

Relationship _____ Phone _____

It is important that all parts of this application are completed. An incomplete Application can be returned to you.

1. Can you ride the fixed route bus without someone else's help?
Yes _____ No _____ Sometimes _____
2. What is your physical, cognitive (thinking reasoning, memory),mental health disability or other health condition(s) that would prevent you from riding the fixed route bus?

3. Explain how your disability prevents you from:
 - a. Getting on or off a ramp-equipped fixed route bus: and/or
 - b. Getting to or from a bus stop: and/or
 - c. Successfully completing a bus trip.Explain as completely as possible. Use an extra page if needed.

4. Is your need for Paratransit van service long term or temporary?
Long Term _____ Temporary _____ How long _____

5. Do your limitations change from time to time because of medical treatment, medications, or for other reason?
No _____ Yes _____ How? _____

6. Because of your disability, do weather conditions (such as heat, cold, rain, snow, or ice) prevent you from using a fixed route bus without someone else's help?
No _____ Yes _____ Which ones? _____

7. Because of your disability, do terrain conditions (such as hills, uneven surfaces, or curbs) prevent you from using the regular bus without someone else's help?
No _____ Yes _____ Which ones? _____
How? _____

8. When you walk outside your home, how far can you walk on your own or with the use of a mobility aid such as a cane or walker? (If you use a scooter or wheelchair skip this question.) Number of blocks _____
Less than a block _____ Not able to walk any distance _____

9. How far is your residence from the nearest bus stop? (For Bus Stop Information, call 812-435-6166) Number of blocks _____ Less than a block _____

10. How many 12-steps can you go up or down without someone's help?
None _____ 1 Step _____ 2 Steps _____ 3 or more _____

11. Yes No Sometimes Please answer the following questions:

_____	_____	_____	Can you stand for 10 minutes while you wait for your ride?
_____	_____	_____	Can you sit for 10 minutes while you wait for your ride?
_____	_____	_____	Can you ask for, understand, and follow directions?
_____	_____	_____	Can you cope with unexpected problems or changes in your routine?
_____	_____	_____	Can you recognize landmarks (i.e. bank, grocery store)?
_____	_____	_____	Can you tell time?
_____	_____	_____	Can you cross a busy street at a crosswalk?
_____	_____	_____	Can you use a telephone to make and receive calls?
_____	_____	_____	Can you see well enough to walk or travel to a bus stop?
_____	_____	_____	Do you use a service animal to assist you?
_____	_____	_____	Do you travel with a portable oxygen?
_____	_____	_____	Do you need a PCA (Personal Care Attendant)?
_____	_____	_____	Do you need to use the lift to board the van?

If you checked "sometimes" on any item, please explain (use back if needed). _____

12. Which of the following mobility aids or equipment do you use when you travel outside your home? Check all that apply.

No Aids _____ White cane _____ Crutches _____ Walker _____
Motorized wheelchair _____ Motorized scooter _____ Manual wheelchair _____

13. If you use a manual wheelchair are you able to self-propel?

Yes _____ How far? _____

No _____ Please Explain: _____

14. If you use a wheelchair or scooter how far are you able to travel outside on your own? # of blocks _____ Less than a block _____

Not able to travel any distance _____

15. Is there any additional information regarding your condition or travel restrictions that has not been addressed?

16. Have you ever used the fixed route bus? Yes _____ No _____

17. Could you ride the fixed route bus if there is a bus stop or bus route near your home? Yes, always _____ Yes, sometimes _____ No _____

18. Do you currently ride the fixed route bus? Yes _____ No _____ (if no check all that apply)

I have difficulty getting on or off the bus. _____

I have difficulty riding specific bus route. _____

I have difficulty traveling to and from the bus stop. _____

I have difficulty recognizing bus stops. _____

19. Can you find your way to and from the fixed route bus stop without someone's help? Yes _____ No _____ (if no, check all that apply):

_____ I get confused.

_____ I can't read bus schedule.

_____ I can't remember where I'm going.

_____ I need someone with me to make sure I get to the stop.

_____ I need someone to help me transfer to another bus.

_____ other please explain:

20. Are you on Disability _____ Medicare _____?

If this application has been completed by someone other than the person requesting certification, please complete the following:

Name _____

Address _____

City/State/Zip _____

Phone _____

Date _____

Relationship _____

Emergency Contact Information:

Name _____

Address _____

City/State/Zip _____

Relationship _____

Phone _____

E-Mail _____