Metro Area Public Transit System
123 S. Main Street
Joplin, Missouri 64801
417-626-8607
MAPS-Dispatch-Center@joplinmo.org

Instruction Sheet

Attached is an application to request certification of ADA Para-Transit eligibility. When the application is complete and you have a letter from a medical professional, please forward to:

City of Joplin
Attn: MAPS Department
123 S. Main St
Joplin, MO 64801

When a completed application is received by MAPS, the ADA Coordinator reviews the documentation. If he/she determines a meeting is required, it will be scheduled with a representative from MAPS in order to furnish information concerning the Para-Transit Service. Complimentary transportation will be provided to and from the meeting if needed. If you have any questions or would like assistance completing the form, please feel free to contact MAPS at (417) 626-8607. If an individual is determined to be non-eligible for Para-Transit service, an appeal of the decision can be made to the Transportation Coordinator. The period for appealing a decision will be limited to 60 days after non-eligibility is determined. If after 30 days, the appeal has not been decided, the individual will be presumed eligible until a final decision is reached. 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 must be made in writing and submitted to the Transportation Coordinator. Please include your name, address, telephone number, and a brief explanation of the basis for your appeal. You are welcome to appear in person to present your appeal. If you plan to appear in person, please state if you have any special requirements, such as a sign language interpreter, so CTA can make the appropriate arrangements when scheduling your appointment. Appeals should be addressed to:

City of Joplin
Attn: Transit Coordinator
123 S. Main St
Joplin, MO 64801

Metro Area Public Transit System
123 S. Main Street
Joplin, Missouri 64801
417-626-8607
MAPS-Dispatch-Center@joplinmo.org

Request for Certification of ADA Para-Transit Eligibility The information obtained in this certification process will only be used by Metro Area Public Transit System for the sole provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Name (First, Middle, Last) _____

Date of Birth (MM/DD/YY) _____ Male_____ Female_____

Physical Address _____ Apt # _____

City: _____ State _____ Zip _____

Daytime Phone #: (____) _____ Evening Phone #: (____) _____

Mailing Address (if different from physical address):

Address _____ Apt # _____

City: _____ State _____ Zip _____

In case of emergency, whom should we contact:

Name: _____

Relationship: _____

Phone #: (____) _____

Metro Area Public Transit System
123 S. Main Street
Joplin, Missouri 64801
417-626-8607
MAPS-Dispatch-Center@joplinmo.org

Please answer the following questions in detail – your specific answers to the questions will help us in determining your eligibility.

1. Which disability or health related condition(s) PREVENT you from using the Fixed Route Bus Service without the help of another person?

_____

_____

_____

_____

_____

2. Briefly explain HOW your condition prevents you from using the Fixed Route Bus Service without the help of another person.

_____

_____

_____

_____

_____

3. When did you first experience the conditions, you described above?

____0-1 year ago ____1-5 years ago ____Longer than 5 years ago

Metro Area Public Transit System
123 S. Main Street
Joplin, Missouri 64801
417-626-8607
MAPS-Dispatch-Center@joplinmo.org

4. Do the conditions you described change from day to day in a way that affects your ability to use the Fixed Route Bus Service?

____Yes, good on some days, bad on others. ____No, it doesn't change. ____I don't know.

5. Are the conditions you described:

____Permanent ____Temporary ____Don't Know

If temporary, how long do you expect the condition to continue? Please explain.

_____

_____

_____

_____

_____

6. Do you use any of the following mobility aids or specialized equipment?

(Check all that apply):

____Cane Power ____Wheelchair ____Communication Devices

____White Cane ____Service Animal ____Walker

____Power Scooter ____Crutches ____Manual Wheelchair

____Leg Braces ____Portable Oxygen ____Other: _____

Metro Area Public Transit System
123 S. Main Street
Joplin, Missouri 64801
417-626-8607
MAPS-Dispatch-Center@joplinmo.org

If you use a wheelchair, what are the physical dimensions of the chair including foot or head extensions (in inches)? _____ Wide _____ High _____ Long

7. Are you legally blind? ____Yes ____No

8. Do you have limited vision? ____Yes ____No

9. Please check the box that best describes your current living situation:

____24-hour care or Skilled Nursing Facility

____Assisted Living facility

____I receive assistance from someone that comes to my home to help with daily living activities

____I live with family members who help me

____I live independently (without the assistance of another person)

10. How many city blocks can you travel with your usual mobility aid and without the help of another person? _____

11. Which of the following statements best describes you if you had to wait outside for a ride? (Check only one response.):

____I could wait by myself for ten to fifteen minutes

____I could wait by myself for ten to fifteen minutes only if I had a seat and shelter

____I would need someone to wait with me because:

_____

_____

_____

Metro Area Public Transit System
123 S. Main Street
Joplin, Missouri 64801
417-626-8607
MAPS-Dispatch-Center@joplinmo.org

12. How do you currently travel to your frequent destinations?

(Check all that apply):

____Buses ____Drive myself ____Taxi (On-demand service)

____Someone drives me Other: _____

13. Do you travel with the help of another person?

____Always ____Sometimes ____Never

If “Always” or “Sometimes”, what type of help are you provided with?

_____

_____

_____

14. Would you be able to get to and from the public transit stop nearest your home?

____Yes ____No ____Sometimes

If “No” or “Sometimes”, please explain?

_____

_____

15. Would you be able to grasp handles or railings, coins or tickets while boarding or exiting a transit vehicle?

____Yes ____No ____Sometimes ____Don’t know, never tried it.

If “No” or “Sometimes”, please explain?

_____

_____

Metro Area Public Transit System
123 S. Main Street
Joplin, Missouri 64801
417-626-8607
MAPS-Dispatch-Center@joplinmo.org

16. Would you be able to maintain balance and tolerate movement of a public transit vehicle when seated?

____Yes ____No ____Sometimes ____Don't know, never tried it.

If "No" or "Sometimes", please explain?

_____

_____

17. Would you be able to get on or off a public transit bus if it has either a lift or a ramp?

____Yes ____No ____Sometimes ____Don't know, never tried it.

If "No" or "Sometimes", please explain?

_____

_____

_____

18. Please add any other information that you would like us to know.

_____

_____

_____

_____

_____

**Have you answered all the questions and provided explanations where required? **

**INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL DELAY THE APPROVAL PROCESS. **