

Please call **901-322-4080** to schedule an appointment for an interview and functional assessment **AFTER** the completion of your application. Please **do not drop-off applications without an appointment.**

ADA Paratransit Eligibility Application

MATApplus Eligibility Center - 3033 Airways Blvd. - Memphis, TN 38131
Faxed, emailed, or mailed applications are no longer accepted.

The Memphis Area Transit Authority (MATA) will use this application as **1 of 4 steps** to determine eligibility for MATApplus (paratransit services). MATApplus is a curb-to-curb transportation service for individuals with disabilities who cannot use fixed-route buses. MATA's fixed-route services include bus and trolley transit. MATA bus/trolley services are fully accessible to individuals with disabilities. Individuals that cannot use fixed-route buses or the trolley can apply for MATApplus. **The applicant will need to complete this application and the medical verification form before the in-person interview and functional assessment to be certified. The applicant must complete the certification process (interview & functional assessment) for approval for MATApplus eligibility.** The steps to **eligibility** certification are as follows:

STEP 1:

- Complete pages 2-3 (your demographic information and information about your disability)
- Have your Physician/Healthcare Services Provider complete and return **TO YOU** pages 4-6. **The Medical Verification of Disability Form.**

STEP 2:

- Once you have a completed application, including the **Medical Verification of Disability Form.** call the Eligibility Center to schedule your interview and functional assessment. **(901) 322-4080.**
- Bring your completed MATApplus application to your scheduled interview and assessment.

STEP 3:

- Participate in a face-to-face interview with the MATApplus Compliance Specialist.
- All photos will be taken on the same day and at the same location as the interview and assessment.
- If necessary, undergo a functional assessment (same-day and location).

STEP 4:

- Participate in a functional assessment with the Functional Assessment Specialist.
- Depending on the interview and functional assessment outcome, you may be granted certification within twenty-one (21) days after the assessment. All information will be mailed to the applicant.

PART I (optional) – *General information to be completed by you, the applicant, or your representative. The information provided here is not mandatory. It is used only to distinguish you from others with identical or similar names. **This information is not considered when determining your eligibility.***

Application Type (please check one)

Original Certification

Recertification

First Name: _____ **Last Name** _____ **Middle Initial** _____

How do you identify

Male

Female

Other

Date of Birth

<i>MM</i>	<i>DD</i>	<i>YYYY</i>
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Street Address

City/State/Zip Code

Apartment #

Alternate Street Address

City/State/Zip Code

Phone #

Alternate Phone Number

Email address

Work Phone #

If you already have a MATAplus I.D. Card, please write your I.D. number here: _____

PART II (optional) – *Emergency Contact Information* – This information is only used in the event you experience an emergency. You do not have to provide. **This information is not considered when determining your eligibility.**

First Name: _____ **Last Name** _____ **Middle Initial** _____

Relationship: _____

Day Phone: () _____ **Evening Phone:** () _____

PART III – *Mobility Information (please bring the mobility device you use daily for your scheduled interview and assessment). **This information is not considered when determining your eligibility.***

Do you use a mobility device? Yes No

Please check all that apply

If yes, which of these mobility/communication aids or equipment do you use to help you get where you need to go? (Please check all that apply)

None

Powered wheelchair

Powered scooter/cart

White Cane

Manual wheelchair

Brace

Cane

Crutches

Oxygen (O2)

Walker/Rollator

Alphabet Board

Prosthesis (specify) _____

Picture Board

Service animal

Other (specify) _____

If you use a wheelchair/scooter, is the total combined weight of you and your mobility device more than 600 pounds? _____ What is the date you were last weighed by your doctor/healthcare provider? _____

PART VI—Questions about using a fixed-route or trolley- *This information is not considered when determining your eligibility.*

Are you currently using a MATA fixed-route bus or trolley for transportation?

Yes No

If yes, how often are you using the bus or trolley? Please explain: _____

If yes, please list the routes: _____

Personal Care Attendant (PCA):

Is there a need for the assistance of a PCA? Yes No

PART V – Affidavit:

I verify that all statements are true and correct to the best of my knowledge. I understand that giving false information can disqualify my application and subsequent participation. I authorize MATA to verify any information presented in this application and obtain essential medical information necessary to determine MATA's paratransit eligibility. I agree to participate in an in-person interview and functional assessment to determine paratransit eligibility (MATAplus).

Applicant's Signature

Date

*****PLEASE READ*****

Please bring the most recent medical/diagnostic records or information that verifies your disability related to:

- Vision/Hearing/Speech Condition
- Developmental/ Mental Condition -- (*Voc. Rehab, School IEP & 504 documents accepted*)

Alternate documents from professionals that specialize in those areas may be used instead of an assessment at this time. However, ask the assessment center for additional clarification about how old and the type of an assessment may be accepted.

Medical Verification of Disability Form

*****Please complete this form*****

DATE: _____

Patient (Applicant) Name: _____ **Patient/(Applicant) Date of Birth:** _____

Dear Health Care Professional:

You are asked to provide information regarding this individual's disability. The Federal Law is specific regarding ADA paratransit eligibility. The law restricts eligibility to individuals who:

1. because of their disability, they cannot board, ride, or disembark from a regular fixed-route bus or
2. have a specific impairment-related condition that prevents them from getting to or from a bus stop.

Therefore, the information you provide will help MATA determine your patient's functional and cognitive ability to use public transportation. This Form also helps MATA decide when and under what circumstance (s) the applicant can utilize the fixed-route bus system. All our vehicles are equipped with a wheelchair lift for individuals using a wheelchair or who cannot climb stairs. We encourage you to be as precise as possible in your evaluation. All information on this form will be kept confidential and will not be released without your written-permission.

PLEASE NOTE: This does not include persons who find it difficult or uncomfortable to get to and from bus stops. In providing information, you should consider only the presence of a disability or health condition and not the applicant's age, lack of reliable transportation, or economic status.

Applicant General Health Information:

Name of Healthcare Profession or Agency: _____

Address of Provider's Office: _____ Phone Number(s): _____
Fax Number: _____

How long have you been treating the applicant? _____

What is the nature of the disability or condition that affects the person's ability to use the regular fixed-route bus system? (check all that apply)

- General Medical Condition
- Bone and Joint Condition
- Brain/Nerves/Muscle Condition
- Heart and Circulatory Condition
- Lung and Breathing Conditions

We recommend submitting the most recent medical/diagnostic records or information that verifies the applicant's disability for the following types of conditions from a specialist for consideration. It may be used instead of an assessment.

- Vision/Hearing/Speech Condition
- Developmental/ Mental Condition *(School IEPs & 504 documents accepted)*

Status of applicant's/patient's disability:

The disability/condition that supports the applicant's case in qualifying for paratransit services is:

- Permanent _____
- Temporary _____

If the condition is temporary, estimate the applicant's time for a full recovery and the possible length of time paratransit services will be needed before the applicant can resume normal travel/transportation practices. Check below if:

- The applicant's disability or health condition is only temporarily expected to prevent fixed route use *or*
- The applicant is newly disabled and expects to improve their functional abilities to allow fixed route use under at least some conditions.

If the condition is permanent, please list the condition (s) and date of onset of the condition below:

ICD 10/Diagnosis/Disability:

Date of Onset:

1.

2.

3.

My signature below certifies that the above information is accurate. *(If the verifier of the applicant's/patient's information for qualification for paratransit service (MATApus) is not a medical doctor, please provide your area of training/specialization, license number, and state that issued your license to practice within the profession below.)*

** Physician/Other Healthcare Provider**

Date

License Number

State