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

MATAplus

ADA Paratransit Eligibility Application

Please read the following application thoroughly. Once the application is done, call the number given to schedule a meeting with a MATAplus Compliance Specialist. The onsite visit will also include a functional assessment.

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

MATAplus is a curb-to-curb transportation service for individuals with disabilities who may have difficulty or are unable to use fixed-route services. MATA will use this application along with three other steps to determine if you are eligible for MATAplus (paratransit service). MATA's fixed-route services include bus and trolley transit. If you can't use MATA buses or trolleys, you can apply for MATAplus. For certification, we ask that you complete the application and medical form before the interview and assessment. The steps to **eligibility** certification are:

STEP 1:

- Complete pages 2-3 (your demographic information and information about your disability)
- Have your Physician/Healthcare Service provider complete and return pages 4-6 to you. **The Medical Verification of Disability Form.**

STEP 2:

- Call the Eligibility Center after completing the application and Medical Verification of Disability Form to schedule your interview and functional assessment. **(901) 322-4080.**
- Bring your completed MATAplus application to your scheduled interview and assessment.

STEP 3:

- Participate in a face-to-face interview with the MATAplus 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.
- Within 21 business days, we may grant certification depending on the outcome of the interview and assessment. We will mail the applicant's eligibility outcome status after the interview and functional assessment.

PART I (optional**)—***General information to be completed by you, the applicant, or your representative. The information provided here is not mandatory. This information only distinguishes you from others with identical or similar names.* ***We do not use this information 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** *MM* *DD* *YYYY*

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: _____

If you choose to provide emergency contact information, we will use it only in the event of an emergency. You do not have to provide. ***We do not use this information 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).* ***We do not use this information 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)** _____

PART VI—*Questions about using a fixed-route or trolley-* ***We do not use this information 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. MATA can verify my application and collect the necessary medical details to determine if I qualify for their paratransit service. I agree to an in-person interview and functional assessment to determine if I can use paratransit services (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 specializing in those areas may be used instead of an assessment. However, ask the assessment center for additional clarification about how old and the type of an assessment may be accepted.

MATAplus

Medical Verification of Disability Form

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

DATE: _____

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

Dear Health Care Professional:

Please 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.

Your information is important for MATA to assess your patient's ability to use public transportation. This Form also helps MATA decide when and under what circumstance (s) the applicant can use the fixed-route bus system. We equipped all our vehicles 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 or the applicant's written permission.

PLEASE NOTE: This does not include persons who find getting to and from bus stops difficult or uncomfortable. Provide information solely based on the disability or health condition, not on the applicant's age, transportation, or financial 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

For consideration, please provide the most recent medical/diagnostic information/records that verify the applicant's disability for the following conditions that apply. We may use it instead as 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 use of fixed-route transportation will be temporarily prevented for the applicant because of their disability or health condition.
- The disabled applicant is looking to improve their functional abilities to allow for fixed route use under certain 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 (MATAplus) is not a medical doctor, please provide your area of training/specialization, license number-if applicable, and state that issued your license to practice within the profession below.)*

_____ _____

** Physician/Other Healthcare Provider** Date

_____ _____

License Number State