

## REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

### Information Pertaining to the Request for Certification of ADA Paratransit Eligibility for the Mason City Transit System and the Cerro Gordo Public Transit

The Mason City Transit System is involved in the Eligibility Process for paratransit service in compliance with the Americans with Disabilities Act. Persons who currently use or are unable to use the Mason City Transit System due to inaccessible vehicles, may be eligible to use the Cerro Gordo Public Transit Service. This Eligibility process only applies to transportation within the City of Mason City, Iowa, not county-wide service.

**Please complete this form to help the Mason City Transit System determine how it may best meet your transportation needs.** Please type or print the information. 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.

Upon completing the Eligibility request, please mail the form to:

**MASON CITY TRANSIT  
ADA ELIGIBILITY PANEL  
10 1ST ST NW  
MASON CITY, IA 50401**

1. Name _____
2. Address _____
City _____ State _____ Zip _____
3. Telephone Number (Home) _____ Work _____
4. Date of Birth ____ / ____ / ____

5. What is the condition or disability which prevents you from using our fixed route service? _____ _____
Is this condition temporary? _____ If Yes, expected duration until ____ / ____ / ____
6. How does this condition or disability prevent you from using fixed route services? Please explain completely. Use an additional sheet if needed _____ _____ _____ _____
7. Are there any other effects of your condition or disability of which we need to be aware? _____ _____ _____

**The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by the Mason City Transit System.**

8. Do you use any of the following aids for mobility? Check all that apply

Manual wheelchair \_\_\_\_\_ Electric wheelchair \_\_\_\_\_ Powered scooter \_\_\_\_\_ Walker \_\_\_\_\_

Cane \_\_\_\_\_ Crutches \_\_\_\_\_ Personal Care Attendant \_\_\_\_\_ Guide dog \_\_\_\_\_

9. Do you require a Personal Care Attendant when you travel using transit?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Please answer the following questions:

Can you travel 1 block without the assistance of another person?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Can you travel 3 blocks without the assistance of another person?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Can you travel 9 blocks without the assistance of another person?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Can you climb three 12-inch high steps without assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Can you wait outside without support for ten minutes?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

11. I hereby certify that the information given above is correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

12.If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### PHYSICIAN VERIFICATION FORM

In order to allow the Mason City Transit System to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. **THE FOLLOWING INFORMATION AND AUTHORIZATION FORM MUST BE COMPLETED BY THE PERSON REQUESTING CERTIFICATION OR PERSON SO DESIGNATED. IF applicant is unable to sign the medical authorization form, a legal power of attorney (POA) may sign the release.**

The following Physician \_\_\_ Health Care Professional \_\_\_ Rehabilitation Professional \_\_\_ (check one) is familiar with my disability and is authorized to provide information to the Mason City Transit System required to complete this certification. PLEASE PRINT

Name of Professional \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Person Authorizing the Release of Medical Information (Applicant or POA)

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## **Additional Paratransit Information**

Mason City Paratransit (MCP) is proud to provide you with transportation services. We look forward to serving your transportation needs. The Paratransit service is funded by the City of Mason City and provided by Cerro Gordo Public Transit. Hours are: Monday - Friday from 6:30 a.m.- 6:00 p.m.

Once we receive your ADA Application you will be allowed to ride the Paratransit while you wait for the ADA Panel to review your application. **Please call Region 2 Transit to request service at 641-423-2262.**

### **TYPE OF SERVICE**

MCP provides paratransit transportation service open to the public within the Mason City city limits. As a general rule, the service provided is door-to-door. This means service will be provided from outside the door of the origin to the door of the destination. This does not mean to the door of an appointment beyond the entrance door of the building. Drivers are instructed not to close or lock home doors. Passengers should be able to exit on their own or have the appropriate assistance from an aide.

### **FARES**

If your ride is not financially supported by an agency or organization, MCP charges a fare for each one-way trip. Fares, according to your eligibility, shall be paid prior to receiving services: \$1.00 for ADA reduced fare eligible passengers and \$4.00 for non-eligible passengers.

### **RESERVATIONS**

We request that reservations be made at least twenty-four (24) hours in advance of the trip.

Reservations may or may not be accepted for requested service for the same day depending on space availability. Any trip reservation pick-up time may be negotiated up to one hour before or after the requested time. This means if you make a request to be picked up at 8:30 a.m. to be at work by 9:00 a.m. we may request that you be picked up at 7:30 a.m. Likewise, if you are finished working at 3:00 p.m. we may arrange to pick you up at any time before 4:00 p.m.

When you make your reservation, please be sure you have the following information ready:

- The date you wish to ride
- The exact address of where you are to be picked up
- The exact address of your destination
- The time you wish to be picked up and/or the time of your appointment
- Any special equipment that you may use such as a wheelchair, walker, or scooter

### **CHANGES, CANCELLATIONS, NO SHOWS**

We request at least one (1) hour notice of any change or cancellation. Any cancellation received fifty-nine (59) minutes or less from the scheduled pick-up time will be regarded as a no-show, and will be subject to the no-show policy. A no-show is defined as no one boarding the vehicle once it arrives, on time, for a pick-up. After the first no-show, the passenger will be reminded of this policy. Two no-shows in a thirty-day (30) period of time will result in suspension of service for two (2) weeks. If, after being suspended for two weeks, the passenger is again a no-show it will result in a thirty-day (30) suspension.