



Mildand Odessa Urban Transit District
10300 Younger Road, Midland Texas 79707; 432.561.9990

PARATRANSIT APPLICATION

For Office Use Only

Return application to:

EZ-Rider
P.O Box 60610
Midland, TX. 79711
(432) 561-9990 Office
(432) 561-8056 Fax

I.D.#
EE Initials

SECTION I
Completed by Applicant

Male or Female

Social Security #

Have you ever been certified by EZ-Rider? Yes No Date of Birth

Have you ever applied for this service at EZ-Rider? Yes No Give date

1. Name First Initial Last

2. Home Phone Work Phone

3. Home Address Street or Box City State Zip

Mailing Address (If different) Street or Box City State Zip

4. Language Preference English Spanish Other
Communication Preference Phone Email

5. Emergency Contact Name Relationship Phone #

Address Street or Box City State Zip

6. Assistive device used? Check all that apply:

- Manual Wheelchair Electric Wheelchair Powered Scooter Walker
Crutches Portable Oxygen Cane Prosthesis Mobility/White Cane
Service Animal What service does animal provide?

7. If you use a wheelchair or scooter, does your residence have a wheelchair ramp? Yes No
If No ramp, how many steps? (Driver will not take a wheelchair up or down a step higher than 6" or more than one step.) If needed applicant must provide their own personal care attendant.



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If more than one step, how do you transport your wheelchair to street level?_____

8. If necessary, can you transfer yourself from a wheelchair to a passenger car? Yes No

9. Have you ever used the city bus service? Yes No Have you ever had training to use the city bus service? Yes No

What are you most frequent destinations? List addresses_____

Applicant Signature_____

Date_____

(Note: Once the completed application is received with all required information, processing could take up to 21 days.)



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SECTION II
Completed by Physician

Applicant Name _____ (for fax transmissions)

Date of Birth ____/____/____

Must be completed by Physician – Please type or print

Please remember that the paratransit program is a subsidized shared ride service that provides transportation to persons who have a disability that PREVENTS use of the existing public transit. Also keep in mind that we have a high volume of individuals who are interested in service, but the purpose of paratransit is for those qualified persons whose only option for transportation is paratransit. If you have questions regarding eligibility, please call the EZ-Rider office at 432-275-0495 or 265-0498. All final decisions regarding eligibility are made by the administrative staff at EZ-Rider.

10. What is the medical diagnosis that causes the disability?

(i.e., if mental retardation – list IQ., if seizures – list type, # per month)

Date of diagnosis _____

11. How does the disability prevent the applicant from riding regular city bus service? What are their functional limitations?

List any medications that may impair or aid with mobility _____

Is there any therapy pending? _____ Expected results _____

If the person has a disability affecting mobility, is the person: [check appropriate box(es)]

Able to walk or wheel self without assistance? Yes No (3 blocks = 1/4 mile)
Less than 1 Block 1 Block 3 Blocks 6 Blocks 9 Blocks

Remarks _____

If vision impaired, what is Best Corrected Acuity (Snellen)?

Right eye _____ Left eye _____ Field Restriction: Right _____ Left _____

12. Does this person use any assistive devices? If so, what? _____

Has this person ever had training to use the city bus service? Yes No Don't know

