

PARATRANSIT APPLICATION

For Office Use Only

Return application to:

EZ-Rider
P.O Box 60808
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.***

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.)

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 = ¼ 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

Could this person use regular city bus service? **Never** **sometimes** **always** **If wheelchair accessible** _____

Could this person benefit from Bus Route training? Yes No

13. Is disability Permanent Temporary

If temporary, how long will applicant need service? _____

14. All certified applicants are allowed to take a guest with them. Is the applicant required to have a personal care attendant to administer assistance with them? Yes No *If needed, applicant must provide their own attendant.*

Physician Information

Verifying Physician Name Area Code Phone Fax#

Address City State Zip

15. I (Print Name) _____ certify that the above information is true and correct.

Signature of Verifying Physician _____ Date _____

Please attach any additional information. Thank you for taking the time to complete this application.



ADA Paratransit Services Rules of Ridership

Reservations are made within a one-hour window of the intended drop-off or pick-up. It is the responsibility of the client to be ready for pick-up any time within that window.

Reservations are accepted during EZ-Rider business office hours from 8:00 a.m. to 5:00 p.m. Monday through Friday. Reservations must be made no later than 5:00 p.m. one day in advance. Monday trips should be scheduled no later than Sunday at 5:00 pm. Reservation requests left on the EZ-Rider voicemail system outside of office hours will be accommodated in keeping with this reservation policy. Reservations made through the Ecolane self-serve portal will also be subject to this reservation policy.

Cancellations must be made at least (1) hour in advance. Failure to cancel at least (1) hour in advance will be counted as a “No Show.”

The driver shall only wait 5 minutes after (s)he arrives to pick up a client. After 5 minutes, the driver must mark the trip as a “No Show” and continue to his/her next stop.

Accumulation of multiple “No Shows” will result in action outlined in the EZ-Rider No Show and Late Cancellation Policy.

It is the responsibility of the client to advise EZ-Rider if a trip was missed for reasons beyond the client’s control.

Clients must present full fare or a pre-purchased ticket when boarding. When paying with cash, clients should have the exact fare amount. Drivers do not make change.

A client may be accompanied by a companion and a Personal Care Attendant (PCA). There is no fare charged for the PCA to accompany the client on paratransit trips; a companion must pay the regular fare. Additional companions may be accommodated based on a space available basis.

PCAs are responsible for assisting clients with all personal needs.

Items brought on the bus are limited to what the client can carry aboard without making additional trips.

Back-to-back trips must be scheduled at least (30) minutes apart.

Eating, drinking, and smoking on the bus are prohibited at all times.

Wheelchairs are required to be secured for transport.

Service animals are allowed in vehicles and facilities when kept under control of the passenger. “Comfort animals” and other small pets must be contained in a carrier and not present a danger or be offensive to other passengers or EZ-Rider personnel.

Client Statement

I have read and understand the above stated rules for the use of ADA Complementary Paratransit Services.

Printed Name: _____

Signature: _____

Date: _____