

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.



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

Rules of Ridership for Paratransit

We offer a **shared ride** service we cannot always pick you up at exactly the time that you request.

The bus may arrive for you up to **one hour** before your scheduled appointment time.

The driver may only wait **5 minutes** after he/she arrive.

Always have correct fare amount, drivers **do not make change**.

All one way trips within $\frac{3}{4}$ mile of a fixed route are \$2.50 for each of his/her guest. All one way trips outside the $\frac{3}{4}$ mile of a fixed route are \$5.00 for each Passenger and for each of his/her guest.

Personal Care Attendants (PCA) ride free.

Drivers can assist with loading and unloading passengers up to the door of residences or the door of your destinations. If you require additional assistance you must have a Personal Care Attendant (PCA).

It is your responsibility to be ready when the bus arrives, if the driver leaves after 5 minutes he/she will not return.

You may not change your destination once you are on the bus. You must make the trip specified or cancel. If your cancellation is not received one hour or more before your scheduled time it will be a late cancellation.

If you accumulate excessive **NO SHOWS** you may be contacted to review for scheduling as changes need to be made.

Excessive cancellations may also result in suspension of service.

Drivers may not wait for you to return to your residence because you forgot your pocketbook etc.

The driver cannot wait for you to conduct your business. There is a **minimum** of thirty (30) minutes between trips for one Person.

If you use our service to do your grocery shopping etc. Please remember that you are only allowed to carry what **you** can carry. Drivers are **not allowed** to carry packages to your door and are **not allowed** to enter your residence.

The cut off time for scheduling is 5:00p.m Mon-Fri. You must schedule by that time the day before your appointment (Friday for Monday trips) **You may leave a message on voicemail over the weekend but it will be Subject to availability.**

Eating, Drinking and Smoking are **Not** allowed on the bus at any time.

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

Print Name: _____ Date: _____

Signature _____