



**Application for  
ADA Paratransit  
Service**

## **ADA Paratransit Services Need to Know**

Reservations must be made by 5:00 pm one day in advance of the trip. EZ-Rider accepts reservations by phone during regular business hours of 8:00 a.m. to 5:00 p.m. Monday through Friday, and Saturdays from 8:00 am to 4:00 pm. Reservation requests left on the EZ-Rider voicemail system outside of office hours or made through the Ecolane self-serve portal are honored in keeping with this reservation policy.

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.

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.” Accumulation of multiple “No Shows” may result in suspension from the service (see EZ-Rider’s No Show and Late Cancellation Policy).

Fare is \$2.50 per ride within the service area and \$5 per ride for extended trips. 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). PCAs are responsible for assisting clients with all personal needs. There is no fare charged for the PCA to accompany the client on paratransit trips; a companion must pay the regular fare.

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.

Clients are expected to be courteous to drivers and other passengers. Disruptive or threatening language or behavior may result in suspension from the service.

## ADA PARATRANSIT APPLICATION

In compliance with the Americans with Disabilities Act (ADA) of 1990, MOUTD/EZ-Rider provides ADA Paratransit Service to individuals with a disability who are traveling in an area served by the MOUTD/EZ-Rider but who cannot use the regular route bus service. This application is intended to determine when and under what circumstances the applicant can use the regular route bus service and when ADA Paratransit Service is required.

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

All applicants must complete an application. **All questions must be answered. Incomplete applications will be returned.** If you have any questions or need assistance in completing this application, please call MOUTD/EZ-Rider at (432) 561-9990.

**NOTE: PROCESSING OF THIS APPLICATION MAY TAKE UP TO 21 DAYS**

### WHEN COMPLETED, PLEASE RETURN THIS APPLICATION TO:

MAIL TO: MOUTD/EZ-Rider  
10300 Younger Road  
Midland, TX 79706

EMAIL TO: [mjimenez@ez-rider.org](mailto:mjimenez@ez-rider.org)

FAX TO: (432) 400-0808

#### DO NOT WRITE IN THIS SPACE

Date Received: \_\_\_\_\_

Approved

Denied

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

**PART 1 – GENERAL INFORMATION**

**PLEASE PRINT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

Building Complex or Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If someone is assisting you in completing this application, please identify him/her:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Please give us the name and telephone number of someone we can contact in an emergency:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**PART 2 – ABILITY TO USE MOUTD/EZ-RIDER ROUTES**

Please indicate below the reasons you are applying for ADA Paratransit Eligibility.  
(Check all that apply)

\_\_\_\_\_ I can use the MOUTD/EZ-Rider route buses to go some places, but in other places I cannot get to and from the bus stops.

\_\_\_\_\_ Because of my disability, I can never use the MOUTD/EZ-Rider route buses.

\_\_\_\_\_ Other reasons (please explain): \_\_\_\_\_

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**PART 3 – INFORMATION ABOUT THE APPLICANT’S DISABILITY**

1. What disabilities prevent you from riding MOUTD/EZ-Rider routes?  
(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Physical disability      | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Mental disability |
| <input type="checkbox"/> Cognitive disability     | <input type="checkbox"/> Other             |

If **Other**, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the disability described above temporary or permanent?

- Temporary, I expect it to last for another \_\_\_\_\_ months.
- Permanent
- I don't know

3. Please indicate below if you use any of the following mobility aids or equipment.

- |  |   |
|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Powered scooter   | <input type="checkbox"/> Long white cane    |
| <input type="checkbox"/> Leg braces        | <input type="checkbox"/> Walker             |
| <input type="checkbox"/> Cane              | <input type="checkbox"/> Crutches           |
- Service animal (describe) \_\_\_\_\_
- Other (describe) \_\_\_\_\_
- I do not use any of the above aids or equipment.

**NOTE:** EZ-Rider will make every attempt to comply with the ADA requirements to accommodate wheelchairs and mobility aids. The transit provider will carry any wheelchair and occupant, regardless of size or weight, if the lift and the vehicle can physically accommodate them, unless doing is inconsistent with “legitimate safety requirements.” Legitimate safety requirements include such circumstances as a wheelchair of such size or weight that it would block an aisle or would damage the wheelchair lift. This will be determined by the transit driver.

4. Do you require the assistance of a Personal Care Attendant (someone who must assist you with daily life functions)?

\_\_\_\_\_ Yes, I need assistance when I travel.

\_\_\_\_\_ No, I do not require assistance when I travel.

**PART 4 – QUESTIONS ABOUT USING MOUTD/EZ-RIDER ROUTES**

1. Can you ask for and follow written or oral instructions to use the MOUTD/EZ-Rider routes?

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

If you selected **NO** or **SOMETIMES**, please check all that apply:

\_\_\_\_\_ I get confused and might get lost.

\_\_\_\_\_ Other people cannot understand me.

\_\_\_\_\_ I probably could with instructions.

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

2. Are you able to get to and from bus stops on your own?

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

If you selected **NO** or **SOMETIMES**, please check all that apply:

\_\_\_\_\_ I cannot get places if there are no curb cuts.

\_\_\_\_\_ I cannot if the streets or sidewalks are too steep.

\_\_\_\_\_ I cannot cross busy streets and intersections.

\_\_\_\_\_ I cannot travel outside when it is too hot.

\_\_\_\_\_ I cannot find my way at night because of my limited vision.

\_\_\_\_\_ I probably could with travel training.

\_\_\_\_\_ I feel unsafe traveling alone.

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

\_\_\_\_\_



3. Using a mobility aid or on your own, how far can you walk or operate your wheelchair or scooter?

\_\_\_\_\_ I cannot walk outside my house or apartment.

\_\_\_\_\_ I can get to the curb in front of my house or apartment.

\_\_\_\_\_ I can walk or use my wheelchair up to 3 blocks.

\_\_\_\_\_ I can walk or use my wheelchair up to 6 blocks.

\_\_\_\_\_ I can walk or use my wheelchair up to 9 blocks.

4. Can you wait up to 30 minutes for a MOUTD/EZ-Rider bus at a bus stop?

\_\_\_\_\_ Yes

\_\_\_\_\_ Yes, if the bus stop has a bus bench or shelter

\_\_\_\_\_ No (please explain) \_\_\_\_\_

\_\_\_\_\_

5. Are there any other conditions that limit your ability to ride the MOUTD/EZ-Rider routes?

\_\_\_\_\_ Yes (please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ No

**PART 5 – CURRENT TRAVEL INFORMATION**

Please list the trips you will make most frequently using ADA Paratransit Service. We will enter them into our scheduling and dispatching software.

**EXAMPLE**

**FROM:**

**TO:**

35 Palm Dr.

Public, 150 Main St.

**FROM:**

**TO:**

(1) \_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(street address)

(2) \_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(street address)

(3) \_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(street address)

(4) \_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(street address)

**PART 6 – PHYSICIAN OR OTHER TREATING PROFESSIONAL**

**THIS SECTION MUST BE COMPLETED WITH INFORMATION OF AT LEAST ONE TREATING PROFESSIONAL (MUST BE LICENSED/CERTIFIED) AND SIGNED TO ALLOW EZ-RIDER TO RECEIVE INFORMATION ABOUT YOUR DISABILITY THAT IS RELEVANT TO THIS APPLICATION.**

Examples of treating professionals include:

- |                                     |                               |
|-------------------------------------|-------------------------------|
| Physician ( M.D. or D.O.)           | Independent Living Specialist |
| Physical Therapist                  | Rehabilitation Specialist     |
| Occupational Therapist              | Licensed Social Worker        |
| Orientation and Mobility Instructor | Optometrist                   |
| Registered Nurse                    | Psychologist                  |

Name (please print) \_\_\_\_\_

Clinic or Agency \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_

Name (please print) \_\_\_\_\_

Clinic or Agency \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_

Name (please print) \_\_\_\_\_

Clinic or Agency \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_

**PART 7 – APPLICANT’S CERTIFICATION**

I understand the purpose of this application is to determine if there are times when I cannot ride the MOUSD/EZ-Rider routes and must therefore use the ADA Paratransit Service. I understand the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this application is true and correct. I understand the providing false or misleading information could result in my eligibility status being terminated.

I acknowledge that I have received a copy of the EZ-Rider Paratransit Rules of Ridership. I understand that failure to comply with the policies and procedures, including the Rules of Ridership, will be grounds for suspending or revoking my use of EZ-Rider services.

I authorize the licensed professionals listed in **Part 6** of this application to provide verification and to release information relating to my disability to MOUSD/EZ-Rider in order to assess eligibility determinations.

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If form has been completed by person other than Applicant (check one):**

\_\_\_\_\_ I certify that the information in this application is true and correct based upon the information provided to me by the applicant.

\_\_\_\_\_ I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant’s health condition or disability and I have legal authority to complete this application

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

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Day Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Agency Name (if applicable) \_\_\_\_\_