

**CITY OF LA CROSSE, WISCONSIN
MUNICIPAL TRANSIT UTILITY
COMPLEMENTARY PARATRANSIT SERVICE
ADA DISABILITY CERTIFICATION**

GENERAL INFORMATION

Any person with qualifying disabilities may use complementary paratransit service as a means of transportation within the service area of the La Crosse Municipal Transit Utility. A person will be qualified in one of the three categories of disability status. Information provided by the applicant will be kept confidential to the extent provided by law.

GENERAL PARATRANSIT ELIGIBILITY STANDARDS:

To be eligible, an individual must have a disability that inhibits his/her ability to use the MTU fixed route transportation system in one or more of the following areas:

1. Getting on or off of the fixed route bus service.
2. Waiting or standing for extended periods of time.
3. Reading and/or comprehending information signs, brochures, schedules or maps.
4. Hearing and/or comprehending verbal information provided by fixed route personnel.

CATEGORIES OF ELIGIBILITY:

Category 1 – Any individual who is unable, as a result of a physical or mental disability and without the assistance of another individual (except bus driver), to board, ride or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.

Example – Individuals who cannot board, ride, or disembark a lift-equipped bus.

Category 2 – Any individual with a disability who needs the assistance of an accessible vehicle/bus (a wheelchair lift), but for whom any desired trip is not accessible, will be eligible.

Example – Inaccessible vehicles and/or routes.

Category 3 – Any individual with a disability who has a specific disability which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

Example – Individuals prevented from getting to a bus stop.

Note: Conditions such as distance, terrain, and weather do not, when considered alone, confer eligibility.

INFORMATIONAL INSERT

This informational insert is to help further define those individuals who are eligible for Paratransit Service. The following definitions which more clearly state who is, and who is not, eligible for complementary paratransit service are taken from the Federal Register Volume 56, No 173, Part 37.3, Definitions.

DISABILITY: means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

(1) The phrase 'physical or mental impairment' means-

- (i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine;
- (ii) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities;
- (iii) The term 'physical or mental impairment' includes, but is not limited to, such contagious or noncontagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease, tuberculosis, drug addition and alcoholism...

PARATRANSIT: means comparable transportation service required by the ADA for individuals with disabilities who are unable to use the fixed route transportation system.

All manual and electric wheelchairs, power scooters and other mobility aids must be able to fit on a vehicle lift platform which has a minimum clear width of 28.5 inches at the platform, and a minimum clear width of 30 inches when measured from 2 inches above the platform surface to 30 inches above the platform surface, and a minimum clear length of 48 inches when measured from 2 inches above the surface of the platform to 30 inches above the surface of the platform. Our fleet of fixed route buses is equipped with either a ramp or platform lift that is rated to handle a maximum load of 600 pounds based on manufacturers testing and certification.

Thus, in order to be eligible for complementary paratransit service, an individual must be disabled as defined by ADA and their disability does not allow them to use fixed route bus service. Please refer to the three (3) categories of eligibility listed on the front page of the Complementary Paratransit Service ADA Disability Certification Form under General Information. Visitor Status of 21 days is conveyed onto any individual that presents certification of Paratransit Eligibility from another jurisdiction or upon their own certification of inability to utilize fixed route system.

GENERAL INFORMATION:

Any individual wishing to be certified as eligible for complementary paratransit service shall complete the attached application form and return it to: La Crosse Municipal Transit Utility, 2000 Marco Drive, La Crosse, Wisconsin 54601.

Additional application forms are available at the La Crosse MTU office at 2000 Marco Drive, La Crosse, Wisconsin 54601 or by calling the MTU office at 789-7350 between 8:00 am and 5:00 pm, Monday – Friday.

A person, whose behavior threatens or has threatened the safety of paratransit personnel or other customers, may be denied service. Additionally, persons who demonstrate a consistent pattern of missing scheduled paratransit trips, “No Shows”, may lose their eligibility for a reasonable and specific period of time. Such temporary suspensions of eligibility because of violent or threatening behavior may be appealed.

APPEALING PROCEDURE FOR NON-ELIGIBLE AND SUSPENSION/DENIAL OF SERVICE

1. All paratransit applicants who are deemed not eligible for paratransit service will be sent a notice listing the reasons for the denial. Once a denial notice has been sent, the applicant has 60 days in which to appeal.
2. If the applicant wishes to appeal their non-eligibility or suspension/denial status, they must contact the: La Crosse Municipal Transit Board, 400 La Crosse Street, La Crosse, Wisconsin 54601, in writing. Your written appeal must state your reasons why you feel that the determination of ineligibility was unjust. The individual filing the appeal may be represented by a person of their choice.
3. No service will be provided while the appeal is being heard. However, if the appeal has not been decided within 30 days after the appeal was made known, presumptive eligibility applies until the final decision is reached.
4. The determination to the appeal will be in writing (or appropriate medium) and will state the basis of the determination.



Application for ADA Paratransit Service Certification

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that bans discrimination against people with disabilities.

If you have a disability which **prevents** you from using a lift-equipped MTU bus some or all of the time, you may be eligible for ADA Paratransit Service some or all of the time. This service is called MTU Mobility Plus.

MTU considers all information provided confidential. MTU will not share you answers with any other person or company unless authorized or legally required.

It is important that **all parts** of this form are completed. Incomplete applications will not be processed. If the application is not complete, it will be returned to you. Please note that Part C, PROFESSIONAL VERIFICATION of this application must be completed by one of the Professionals indicated.

Please use the envelope provided or return to:

LA CROSSE MTU ADPE
2000 MARCO DR
LA CROSSE WI 54601-5200

If you have any questions, please call 789-7350.

TTY Users: MTU encourages the use of the Wisconsin Relay System. This system uses Communication Assistants to voice everything typed by the TTY users and type everything said by the telephone user for the TTY user to read. To use this service please call: TTY/VCO/HCO: 1-800-947-3529.

A. IDENTIFICATION INFORMATION

PLEASE PRINT

Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth (m/d/y): _____

Male Female

Home phone number: _____

B. MOBILITY INFORMATION

1. Which of these mobility aids or equipment do you use to help you get to where you need to go? [Please check all that apply to you]

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Service dog |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Portable O2 |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Powered scooter/cart | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Other _____ | | |

2. Using mobility aids, how many blocks can you travel on level ground without the assistance of another person?

- less than 1 1 to 3 more than 3

3. Have you ever used the regular,  city bus service (MTU)?

3. Brain/Nerves/Muscle Conditions: None

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Hemiplegia | <input type="checkbox"/> Post-polio |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Huntington's Chorea | <input type="checkbox"/> Quadraplegia |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Paraplegia | <input type="checkbox"/> Vertigo |
| <input type="checkbox"/> Guillian-Barre | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Other _____ |

4. Heart and Circulatory Conditions: None

- | | |
|---|--|
| <input type="checkbox"/> Angina | <input type="checkbox"/> Heart Surgery |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Peripheral Vascular Disease |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Other _____ |

5. Lung and Breathing Conditions: None

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Pulmonary Dis. (COPD) | <input type="checkbox"/> Lung Cancer |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chronic Obstructive | <input type="checkbox"/> Emphysema | |

6. Vision/Hearing/Speech Conditions: None

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Aphasia | <input type="checkbox"/> Diabetic Retinopathy | <input type="checkbox"/> Night Blindness |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Part. Sighted |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Visual Field |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Legally Blind | <input type="checkbox"/> Other _____ |

7. Developmental/Mental Conditions: None

Autism

Developmental Disability

 Mild Moderate Severe

Dwarfism.

Mental Retardation Mild Moderate Severe

8. Is your health condition or disability temporary?

Yes How long do you expect it to last? _____

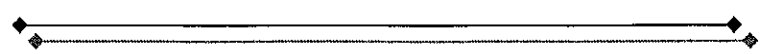
No How long have you had this condition or disability?
 Since birth or # of years _____

I don't know Please describe:

9. Does your disability or health condition change from time to time in ways which affect your ability to use the bus?

Yes Please describe:

 No



I hereby certify that the above information is true and correct. I understand further that the MTU reserves the right to request additional information at its discretion.

Signature of applicant or proxy: _____ Date: _____

Daytime phone# (if proxy): _____

D. PROFESSIONAL VERIFICATION

NOTE: THIS PORTION MUST BE COMPLETED BY ONE OF THE FOLLOWING CURRENTLY LICENSED INDIVIDUALS: Registered nurse, physician, social worker, psychologist, physical therapist, chiropractor, occupational therapist, speech pathologist, nurse practitioner, physician's assistant, mental health counselor, respiratory therapist, vocational rehabilitation counselor, or recreation therapist employed by a medical facility.

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that bans discrimination against people with disabilities. To meet their needs, public bus companies must provide a variety of services.

The applicant may be found: 1. Eligible for paratransit van services for all trips he/she requests. 2. Eligible (based on functional ability) for some trip requests and not for others. 3. Capable of using the regular bus service.

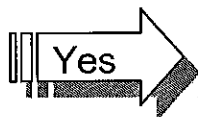
NOTE: ALL MTU BUSES ARE EQUIPPED WITH LIFTS FOR WHEELCHAIR PASSENGERS OR INDIVIDUALS WHO CANNOT CLIMB STAIRS.

The purpose of this form is not to verify the applicant's medical condition, but to verify the impact of the medical condition of his/her ability to get around on his/her own. All questions must be answered for this form to be considered complete. All information will be kept confidential. Thank you for your assistance.

1. **Capacity in which you know the applicant:**

2. How does the disability cause a functional limitation that impacts the person's mobility? Please explain the worse case scenario and be specific:

3. Is the condition temporary?

Yes 

No

What is anticipated duration?

4. If the applicant has a disability impacting mobility, answer the following:

Using mobility aids, how many blocks can applicant travel on level ground without assistance?

Less than 1

1 to 3

more than 3

5. How many minutes can this person wait independently at a bus stop?

Less than 5

5 to 10

10+ minutes

6. If the applicant has any cognitive disabilities, can the person:

6a. Give his/her address and telephone number upon request?

Yes No

6b. Deal with unexpected situations or changes in routines?

Yes No

6c. Ask for, understand and follow directions?

Yes No

6d. Recognize a destination or landmark?

Yes No

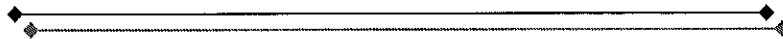
7. If using a lift-equipped bus, would this person still require assistance when traveling on public transit?

Yes

No

 Sometimes

Please explain:



Professional information:

Name: _____

Title: _____

Employer: _____

Office Address: _____

Office Telephone: _____

Signature: _____

Date: _____