

MST

MONTEREY-SALINAS TRANSIT

**INSTRUCTIONS FOR APPLYING TO
MONTEREY – SALINAS TRANSIT (MST),
RIDES ADA PARATRANSIT PROGRAM.**

STEP 1

Please complete pages 1-6 of the application form.

Please be sure that:

- ✓ You have answered all questions legibly.
- ✓ You have included the name, phone number, & fax number of the licensed professional who is familiar with your disability or health related condition.
- ✓ You have signed the professional authorization on page 6.

Incomplete applications will be returned, which will delay your certification process.

Please print clearly in ink or type your answers. If you do not understand a question, do not leave it blank; answer it as best you can.

STEP 2

Please submit the completed application form by mail or in person to the following address: (Please, no faxes)

**RIDES Certification Office
Monterey – Salinas Transit
150 Del Monte Avenue
Monterey, CA 93940**

Once the application has been received, MST may require additional information to determine your eligibility for the program. An MST Eligibility Specialist may:

1. Contact you or a licensed professional who is familiar with your disability.
2. Request that you submit to an in-person assessment. (*Courtesy transportation will be provided by MST RIDES for all in-person assessments.*)

THE ELIGIBILITY DETERMINATION PROCESS

Once it has been determined that your disability prevents you from independently using MST's regular fixed route bus service, a **Determination of**

Eligibility will be made. Eligibility is based on one or more of the following criteria as mandated by Federal law, (the Americans with Disabilities Act, (The ADA).)

Category 1: Inability of individual to independently use the fixed route bus system.

Category 2: The fixed route bus or bus stop serving the location to which the individual wishes to travel is not yet accessible.

Category 3: Inability of individual to get to or from the bus stop due to a physical barrier.

If you are determined to be **ELIGIBLE** for MST RIDES paratransit services, you will receive a letter notifying you of approval. If we are unable to determine your eligibility to use the MST RIDES Program within 21 days of receipt of your application, presumptive eligibility will be granted until such time as your eligibility can be determined.

If you are determined to not be eligible under any of the three ADA criteria, you will receive a letter explaining the reasons for the determination of ineligibility. This letter will outline the specific reasons why your application for ADA paratransit services was found to be ineligible. The letter will also include detailed information on the appeals process should you disagree with the decision concerning your eligibility.

GENERAL INFORMATION

The MST RIDES Certification office is open Monday through Friday, from 8:00 a.m. to 5:00 p.m. and is located at 150 Del Monte Avenue, Monterey, CA 93940. For MST RIDES eligibility information, please call (831) 393-8157.

MST services are wheelchair accessible.

If assistance was provided in filling out this form, please indicate by whom:

Name: _____ Phone: () _____

Relationship: _____

Please indicate if this person should be contacted directly if additional information is requested. Yes No

Emergency Contact Person:

Name: _____ Day Phone: (_____)

Relationship: _____ Eve. Phone: (_____)

Tell Us About Your Disability/Health Related Condition

1 a. What is your **DISABILITY** or **HEALTH CONDITION** that **prevents** you from using public transit?

b. Explain **HOW** your disability or health related condition **prevents** you from independently using the public transit fixed route bus service.

c. Please read the following statements and check the one that best describes your disability.

- I have a temporary disability; will only need MST RIDES service until I recover.
- I have difficulty remembering all of the things I have to do to use MST fixed-route buses.
- I am able to ride MST fixed-route buses independently.
- I have a visual disability, which prevents me from using MST fixed-route buses.
- I have a disability(s) that causes me to have a Good day(s)/Bad day(s).
- I can never use MST fixed-route buses by myself.
- I can use MST fixed-route for some trips but not others.
- I believe I can learn to ride MST fixed-route if someone taught me.

d. Are you currently receiving any treatment?

Yes No

If yes, how long will you be receiving treatment?

- 1-3 months 3-6 months 6-9 months
- 9-12 months over a year

e. What treatment are you receiving?

- None Physical therapy
- Chemotherapy Radiation
- Dialysis Psychotherapy
- Non-Weight-Bearing Immobilization
- Surgery
- Weight-Bearing Immobilization
- Travel Training Rehabilitation
- Convalescence

- New Medication Medication
 Other

Tell Us About Your Capabilities And Your Travel Needs

2. How do you currently travel to your most frequent destinations? Check all that apply:
 Public Buses Someone drives me
 Drive myself Taxi Other:
3. Can you find your way to and from the regular bus stop without someone's help? Yes No (check all that apply)
 I get confused or can't remember where I'm going
 I need someone to help me get to and from the bus stop
 I need someone to help me transfer to another bus
 Other:
-

Note how many city blocks you can travel with your usual mobility aid and without the help of another person: _____

4. Are you able to identify the correct public transit stop?

Yes No Sometimes, If **no or sometimes is selected, explain why:**

5. Would you be able to get to and from the public transit stop nearest your home? Yes No Sometimes. If no or sometimes, explain why:

6. Are you able to identify the correct public transit vehicle? Yes No Sometimes, If **no or sometimes is selected, explain why:**

7. Are you able to wait at least 15 minutes?
 Yes No Sometimes, If **no or sometimes** is selected, explain why:

8. Are you able to get on and off the following public transit vehicle(s) without assistance?

Public Bus	Taxi
Yes	Yes
No	No
Sometimes	Sometimes

If no or sometimes is selected, explain why:

9. Are you able to get on or off a public transit bus if it has a lift or if the front of the bus is lowered?
 Yes No Sometimes Don't know, never tried it. **If no or sometimes is selected, explain why:**

10. Are you able to grasp handles or railings, coins or tickets while boarding or exiting the transit vehicle?

Yes ___ No ___ Sometimes ___

If no or sometimes is selected, explain why:

11. Are you able to maintain balance and tolerate public transit vehicle movement when seated? ___ Yes

No ___ Sometimes ___

If no or sometimes is selected, explain why:

12. Have you ever had any training or instruction to learn how to use the public transit? (bus)

Yes ___ No ___

If yes is selected, where and when did you receive this training?

If no, would you like more information about

free training? Yes_ No_

13. Is the public transit you need accessible? ___ Yes
___ No ___ Sometime ___ Don't know, never tried it.

If no or sometimes is selected, explain in what way is it not accessible.

14. Do you use any of the following mobility aids or specialized equipment? Check all that apply:

[] Power Chair _____ Width Length _____
 _____ Weight (lbs)

[] Lg Pwr Chair _____ Width Length _____
 _____ Weight (lbs)

[] Pwr Scooter _____ Width Length _____
 _____ Weight (lbs) (3-Wheeler)

[] Manual Chair _____ Width Length _____
 _____ Weight (lbs)

*** Note: Any wheelchair/scooter exceeding 30" in width, 48" in length measured 2" above ground or 600 lbs in weight when occupied may not be transported by MST RIDES vehicles.**

[] Cane [] Communication Board

[] Leg Braces [] White Cane

[] Service Animal [] Walker

[] Other Aid _____

a) If you use a manual wheelchair, are you able to self-propel? ___yes

How far? _____

___no Please explain

why: _____

15. Do you travel with the help of another person
(Personal Care Attendant)?

always sometimes never

**Note: when approved your PCA must be registered
with MST RIDES.**

I certify that the information in this application is **true**
and **correct**. I understand that falsification of the
information may result in denial of service. I understand
all information will be kept confidential, and only the
information required to provide the service will be
disclosed to Monterey-Salinas Transit, it's
subcontractor(s), and to Paratransit providers. **I**
understand that it may be necessary to contact a
professional who is familiar with my functional
abilities to use public transit in order to assist in
the determination of eligibility.

Applicant's signature _____ Date _____

Applicant Designated Power of Attorney
 Legal Guardian

PROFESSIONAL AUTHORIZATION

This is a permission slip for your licensed professional to be contacted, you do not need to take this to them and have it filled out. Just fill out the information completely including the fax number and sign the bottom so that we may contact them for confirmation of your disability.

Licensed Medical or Mental Health Professional Verification

Please check that applies:

- Medical Doctor Optometrist Psychologist (Ph.D)
 Physician Assistant Chiropractor Masters in Social
Work/LMSW
 Nurse Practitioner Recreational, Physical or
Occupational Therapist
 MDS Nurse (Skilled Nursing Facility)

I hereby authorize _____
Name of licensed professional familiar with your disability or health relate condition

Address

phone number

Fax number



To release to Monterey-Salinas Transit any necessary information concerning my functional abilities in order to verify my eligibility for paratransit services. The information released will be used solely to determine my eligibility. I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at anytime.

Name of applicant (please print)

Date signed

Applicant's Signature