

VALLEY METRO MOBILITY CENTER

4600 E. WAHINGTON, STE 101

PHOENIX, AZ 85034

602-716-2100

VALLEY METRO ADA PARATRANSIT ("DIAL-A-Ride") PROGRAM

THE "DIAL-A-RIDE" SERVICE HAS TRANSITIONED TO AN IN-PERSON PROGRAM WHICH OFFERS AFFORDABLE AND CONVENIENT PERSONAL TRANSPORTATION FOR NOT ONLY THE DISABLED BUT ALSO FOR THOSE OVER 65 YEARS OF AGE WHO ARE UNABLE TO USE PUBLIC TRANSPORTATION AND MEET THE ELIGIBILITY REQUIREMENTS FOR THE PROGRAM.

THE TYPE OF VEHICLE THAT WILL TRANSPORT YOU IS BASED ON INDIVIDUAL NEED AS DETERMINED BY THE EVALUATION INTERVIEW.

THE ONE WAY FEE (\$4.00) OR ROUND TRIP (\$8.00) WILL BE CHARGED FOR ANY TRIP WITHIN MARICOPA COUNTY. A 1-14 DAY ADVANCE RESERVATION IS REQUIRED BY CALLING (480) 633-0101

TO APPLY FOR THE PROGRAM

1. COMPLETE THE REQUESTED INFORMATION ON THE APPLICATION FORM.
2. INCLUDE ANY PERTINENT INFORMATION ABOUT YOUR PERSONAL SITUATION OR SPECIFIC DISABILITY AND HOW IT PREVENTS YOU FROM USING PUBLIC TRANSPORTATION
3. GATHER ALL THE REQUIRED DOCUMENTS: IDENTIFICATION WITH YOUR PHOTO (ie DRIVER'S LICENSE, PASSPORT OR OTHER OFFICIAL GOVERNMENT DOCUMENT WITH YOUR PHOTO) ALSO INCLUDE ANY APPLICABLE DOCTOR REPORTS AND MEDICATION LIST ETC. (SEE APPLICATION INSTRUCTIONS)
4. ONCE THE DOCUMENTS ARE COMPLETED CALL VALLEY METRO AT 602-716-2100, OPTION 2 TO SCHEDULE YOUR EVALUATION APPOINTMENT WHICH WILL DETERMINE YOUR NEEDS AND ELIGIBILITY.
5. IF YOU REQUIRE A RIDE TO THE APPOINTMENT ONE WILL BE PROVIDED
6. ONCE THE EVALUATION PROCESS IS COMPLETE WITHIN 21 DAYS YOU WILL RECEIVE NOTIFICATION FROM VALLEY METRO DETERMINING YOUR ELIGIBILITY FOR THE PROGRAM.

TO OBTAIN AN APPLICATION GO TO [WWW.VALLEYMETRO.ORG](http://WWW.VALLEYMETRO.ORG) OR CONTACT THE OFFICE (480)802-4901 FOR A FORM.



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## **VALLEY METRO ADA PARATRANSIT APPLICATION OVERVIEW AND INSTRUCTIONS**

The Americans with Disabilities Act (ADA) requires that ADA Paratransit Service be provided as an alternative mode of transportation for qualified persons who are unable to use Valley Metro bus or light rail services due to a disability. ADA regulations state that individuals must apply for ADA Paratransit Service and be determined ADA eligible in order to be provided ADA Paratransit Service.

Following is a Valley Metro application for ADA Paratransit Service. When you have completed the application, call the Valley Metro Mobility Center at 602.716.2100, option 2 to schedule your appointment.

On the day of your appointment, please bring the following:

- **Completed application** - Please answer all questions, sign and date
- **A list of your current medications** (if any)
- **Supporting documentation regarding your disability** (if any)
- **Proof of identity** - State ID, Driver's license, Birth certificate, etc.

- **Equipment** - Any necessary equipment that you use in normal travel or would need to use when traveling on transit services
- **Power wheelchair and scooter users** - Please make sure that your battery is fully charged

Please be advised that you could be asked to travel up to 3/4 of a mile during your evaluation and you should wear comfortable clothing and shoes. Be advised that you could be away from home for up to two hours. Please bring a small snack or drink, medications, sufficient oxygen, etc. should you need them while you are away. You may bring someone with you if you need assistance. It is important to bring someone with you if you require assistance in translating English to another language. Please avoid bringing children or additional person(s) who are not needed to assist you.

Valley Metro will complete the determination process within 21 days of your in-person assessment. If that does not happen, you will receive presumptive eligibility and will be allowed to use ADA Dial-a-Ride until the process is complete.

If you have any questions prior to your evaluation, feel free to call our office at 602.716.2100.

Sincerely,

Valley Metro Mobility Center  
4600 E. Washington St., Suite 102  
Phoenix, AZ 85034



## VALLEY METRO ADA PARATRANSIT APPLICATION

### PERSONAL INFORMATION - Print clearly

Last name \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Female  Male Date of birth \_\_\_\_\_

### HOME ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_ State AZ Zip \_\_\_\_\_

Day phone \_\_\_\_\_

Evening phone \_\_\_\_\_

TDD  Yes  No

### MAILING ADDRESS (If different from above)

Street \_\_\_\_\_

City \_\_\_\_\_ State AZ Zip \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_

Day phone \_\_\_\_\_

Relationship \_\_\_\_\_

Do you require information in an alternate format?  Yes  No

If yes, please indicate:  Braille  Large print

Other \_\_\_\_\_

Your primary language:  English  Spanish

Other \_\_\_\_\_

## MOBILITY INFORMATION - Print clearly

What is your disability/medical condition/diagnosis?

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Which of the following mobility aids or equipment do you use?

- Cane                       Crutches                       Manual wheelchair
- Oxygen tank               Power wheelchair               Scooter
- Service animal               Walker                       White cane

List your current medications:

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

Please call 602.716.2100, option 2 to schedule an appointment.  
You must bring a valid photo identification and this completed ADA  
paratransit service application to your in-person assessment  
appointment.

Valley Metro may need to contact your rehabilitation professionals or healthcare providers for additional information on how your disability prevents you from using bus or light rail service. Please list licensed or certified rehabilitation or health professionals who can provide information about your abilities. All information will be confidential and only utilized to determine eligibility for ADA Paratransit Service.

**MEDICAL CONTACT INFORMATION - Print clearly**

Physician or other professional \_\_\_\_\_

Name of office \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician or other professional \_\_\_\_\_

Name of Office: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CERTIFICATION AND AUTHORIZATION

I certify that the information provided in the application is true and correct. I understand that falsification of information may result in denial of service. I authorize the professionals listed above to release to Valley Metro information about my disability and its effect on my ability to travel on the bus or light rail service. Unless earlier revoked, this form permits the professional listed to release information up to 90 days from the date below.

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

Print name \_\_\_\_\_

Signature of person assisting applicant (if any)

\_\_\_\_\_

I choose not to provide contact information for a professional familiar with my disability.

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

Please call 602.716.2100, option 2 to schedule an appointment. You must bring a valid photo identification and this completed ADA paratransit service application to your in-person assessment appointment.

**\*DO NOT MAIL\***

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