



APPLICATION FOR THE ADA PARATRANSIT SERVICES

3401 Metro Parkway

Fort Myers, FL 33901

Phone Number: (239) 533-0300

Fax Number: (239) 432-2035

**INTRODUCTION TO LEETRAN PASSPORT ADA SERVICE.
READ THE INFORMATION CAREFULLY AND
PRINT YOUR RESPONSES CLEARLY.**

The information obtained in this certification process will be used only by LeeTran for the determination of eligibility. Incomplete information will be returned and when completed please return the form to the address above. Please wait 2 weeks before inquiring about your application. Please review the application carefully before submitting.

What is ADA transportation?

ADA stands for Americans with Disabilities Act. Lee County Mass Transit's ADA Paratransit Service is offered in strict accordance with the ADA Act of 1990. The ADA service is for persons with physical, cognitive, visual and other disabilities which functionally **prevent** them from using the LeeTran Fixed Route bus system either permanently or under certain conditions. Passport is complimentary service to the Fixed Route system.

What are the ADA eligibility requirements?

Disability alone does not confer or create eligibility for ADA Paratransit. The decision is based solely on the applicant's functional ability to use the Fixed Route buses. Instances where using the Fixed Route buses are viewed as inconvenient or an additional discomfort are not reasons for eligibility. Your disability must actually **prevent** you from using the Fixed Route buses. Eligibility for service is a transportation decision, not a medical determination.

To be considered for the service, the Eligibility Application and Medical Certification form must be thoroughly completed and signed before submitting. **The Medical Certification form must be completed by a Medical Licensed Professional.**

The origin and destination of your trip must be within 3/4 of a mile distance of a Fixed Route for those that qualify for Passport services. Origins or destinations outside of this service area are available under Premium service as long as it meets ADA criteria. You will be required to participate in an in-person, face-to-face assessment in order to determine your eligibility and discuss the program. If you fail to appear or fail to reschedule the in-person interview, LeeTran will retain your submitted information for 60 days. If you do not complete the process within the given time frame, your submitted information will be returned. You may reapply and resubmit a complete application.

There are three categories under which a person can be eligible for demand response service:

Category 1

Eligibility includes those persons, who, because of their disability, cannot independently use a regular, accessible bus.

Category 2

Eligibility is based on the accessibility of vehicles and terminals/stops (i.e., a person is able to use the regular bus, but it is not accessible).

Category 3

Eligibility pertains to situations in which a person cannot travel independently to or from a bus stop.

A person can be given “conditional” eligibility for demand response service if they are able to use the bus under certain conditions, but not others, in those situations, eligibility will be determined according to a particular set of circumstances or conditions which pertain to a person’s disability.

Once you are approved:

You will receive an Eligibility ID Card for ADA Paratransit services and a letter outlining how to use the services. Lee County sponsors the cost of ADA trips, your transportation will cost \$3.00 every time you board the vehicle. Premium service fare is \$6.00 per trip. Reservation of trips: ADA up to 2 weeks in advance. Premium 2 days in advance only. **You must pay the fare to the driver at the time of service, or your trip may be denied.**

If I'm denied, how do I appeal?

Your application may be denied if the information provided in the application or from your physician does not justify eligibility for ADA transportation. The appeal form will be mailed to you along with your denial letter.

If you choose to appeal the decision, **you must make a written request within sixty (60) days of the decision** and send to the address above. You will be contacted to schedule the hearing. For those that reside within the ADA corridor, transportation can be provided to the hearing at no cost to you.

LeeTran is not the Medicaid Transportation Provider. Medicaid clients may receive their Medicaid transportation through Good Wheels or a local Florida Managed Medical Assistance Provider (MMA). Good Wheels is a Medicaid Provider in Lee County as well as the designated Community Transportation Coordinator (CTC), under Florida Statue F.S. 427, for Lee County. Medicaid clients must call the Medicaid Enrollment Help Line for information regarding MMA enrollment, benefits, and Medicaid medical transportation at 1-800-226-6735.

Please contact Good Wheels for information and enrollment for the Transportation Disadvantaged Program. Under this program trips are provided through out Lee County. Social Service Agencies are also required to receive service and coordinate through Good Wheels. To contact Good Wheels, please call 1-800-741-1570 or 239-768-2900. To contact the Florida Commission for the Transportation Disadvantage, please call 1-800-983-2435. It is strongly recommended that applicants call Good Wheels first before proceeding with the LeeTran ADA application.

LeeTran is compliant with Federal and Charter Regulations.

Part 1. APPLICANT INFORMATION

(1) Name: _____
Last Name First Name M.I.

(2) Phone Number: (Home) _____ (Work) _____

(3) Home Address or Pick-Up Address: _____
Street, Apartment No. Development (i.e. Del Tura, Seven Lakes, Palm Harbor Apts.)

_____ City State ZIP

(3a) Gate Code: Yes _____ No _____ GATE# _____

(4) If you are currently staying in a nursing home, please provide the name of the facility: _____

(5) Nursing Home Phone #: _____ Fax# _____

(6) Mailing address (if different): _____

(7a) Date of Birth ____/____/____ (7b) Social Security No. ____ - ____ - ____

(8) Medicaid Number: _____

(9) Medwaiver Program No Yes Agency for Persons with Disabilities (APD) Support Coordinator's Name & Phone #:

Part 2. CURRENT TRAVEL INFORMATION

(1) How do you travel to your Destinations? _____

(2) List your most frequent destinations.

(3) Do you currently use Lee Tran bus services (the city bus)? _____

If yes, what routes do you use and how often? _____

(4) Would you be interested in receiving travel training to use the Lee County Bus system? (i.e. travel/wheelchair training to use the system).

Yes No, please explain _____

Part 3. INFORMATION ABOUT APPLICANT'S DISABILITY and FUNCTIONAL ABILITIES

(1) What types of disabilities prevent you from using the Lee Tran buses or utilizing your own transportation?

Physical Disability Visual Impairment/Blindness
 Developmental Disability Mental Illness
 Other None

(2) Please describe in detail, how your disability prevents you from using the Lee Tran buses. _____

(3) Mobility Aides

Manual Wheelchair Braces Crutches
 Guide Dog/Service Animal Cane Scooter/Electric WC
 Portable Oxygen Walker None of the above

(4) Do you require assistance of a Personal Care Attendant (PCA is someone who must assist you with daily life functions/activities and will be required to assist you with your transportation needs).

Yes I, need assistance with:

Eating Mobility
 Medication Reading
 No Other _____

(5) Using a mobility aid or on your own, how far can you ambulate (use wheelchair)?

I can ambulate (wheelchair) up to 3 blocks (1/4 mile)

6 blocks (1/2 mile)

9 blocks (3/4 mile)

Other _____

(6) Can you wait outside for ten (10) minutes at a bus stop?

Yes

Yes, only if the stop has a bench

No, explain _____

(7) Indicate which boxes apply to your ability to walk outside and to get to and from bus stops on your own.

Yes, I can walk outside.

Most times/sometimes, I can walk outside.

I cannot get to places if there are no curb-cuts.

I get confused and cannot Find my way.

I cannot if the street or sidewalk is too steep.

No, my disability prevents me from walking outdoors.

I cannot cross busy streets and intersections.

I feel unsafe traveling alone.

I cannot travel outside when it is too hot.

I cannot find my way at night because of a vision problem.

(8) Please describe circumstances that limit or prevent walking outside.

(9) Can you climb up to three steps or up a ramp without assistance of another person?

Yes No, please explain _____

Part 4. COGNITIVE ABILITIES

(1) Are you capable of doing the following:

A. Give Name, Address and Phone Number?

Always Sometimes Never Not Sure

B. Recognize destination/landmark or bus stops?

Always Sometimes Never Not Sure

C. Ask for and understand written/oral direction?

Always Sometimes Never Not Sure

D. Able to make a transfer from bus to bus with assistance from a Lee Tran driver?

Always Sometimes Never Not Sure

E. Use the telephone to get information.

Always Sometimes Never Not Sure

Part 5. VERIFICATION

Whoever knowingly and willfully falsifies or conceals a material fact, shall be fined not more than \$10,000 or imprisoned more than five (5) years or both (18 usc Section 1001,1982)

Under penalty of law, I hereby certify that the information given above is correct.

Applicant's Signature: _____

Date: _____

Representative/Power of Attorney: _____

If this application has been completed by someone else other than the person requesting certification, please complete the following:

Name: _____ Relationship to Applicant: _____

Address: _____

City, State, ZIP: _____

Contact Phone Number: _____

Fax Number: _____

ATTENTION: Send original completed application along with the completed Medical Certification Form to:

**Lee Tran Passport Services
3401 Metro Parkway
Fort Myers, FL 33901**

ADDITIONAL COMMENTS
