

**MIDLAND-ODESSA URBAN TRANSIT DISTRICT  
ADA PARATRANSIT APPLICATION**

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

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

The applicant (or someone assisting the applicant) must complete **PARTS 1-7**. A licensed professional must complete and sign **PART 8 - PROFESSIONAL VERIFICATION**, pages 7-8.

All applicants, whether new or being re-certified, must complete a new application. The ADA Complementary Paratransit certification process may involve a personal Functional Assessment to determine if the applicant can use the regular fixed-route bus service. MOUSD will pay for the functional assessment as well as provide transportation to and from the evaluation, if necessary. **All questions must be answered. Incomplete applications will be returned.** If you have any questions or need assistance in completing this application, please call MOUSD at (432) 561-9990.

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

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

Midland-Odessa Urban Transit District  
8007 E. Highway 80  
Odessa, Texas 79765

**DO NOT WRITE IN THIS SPACE**

New Application: _____	Re-certification: _____
Date Received: _____	Approved: _____ Date: _____
Reviewed By: _____	Denied: _____ Date: _____
Bill Code: _____	Third Party Review: _____ Date: _____
PCA Needed: _____	ADA I.D. Number: _____

**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: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
If someone is assisting you in completing this application, please identify him/her:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Please give us the name and telephone number of someone we can contact in an emergency:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**PART 2 - ABILITY TO USE MOUTD FIXED-ROUTE BUSES**

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

- I can use MOUTD fixed-route buses to go some places, but in other places I cannot get to and from the bus stops.
- I can use MOUTD fixed-route buses, but only if they are equipped with wheelchair lifts or ramps.
- Because of my disability, I can never use MOUTD fixed-route buses.

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

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

1. What types of disabilities prevent you from using MOULD fixed-route buses?  
(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
<input type="checkbox"/> Service animal (describe) _____	
<input type="checkbox"/> Other (describe) _____	
<input type="checkbox"/> I do not use any of the above aids or equipment	

**NOTE: We may not be able to accommodate you if your wheelchair or scooter is longer than 48 inches, wider than 32 inches, or if the total weight (including the wheelchair) is more than 600 pounds.**

4. Do you receive Medicaid?

Yes  
 No

5. 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 FIXED-ROUTE BUSES**

1. Have you ever used MOUTD fixed-route buses?

- Yes, I typically use MOUTD fixed-route buses \_\_\_\_\_ times a week
- Yes, I used MOUTD fixed-route buses but stopped because \_\_\_\_\_
- No, I never use MOUTD fixed-route buses because \_\_\_\_\_

2. What might help you ride MOUTD fixed-route buses? (Check all that apply)

- Route and schedule information
- Being able to get MOUTD fixed-route buses with wheelchair lifts or ramps
- A communication aid ( i.e., TDD, schedules in accessible formats)
- Learning to use MOUTD fixed-route buses with travel training
- If bus stops were closer to where I live and where I need to go
- Other (please describe) \_\_\_\_\_
- None of these would help

3. Can you ask for and follow written or oral instructions to use MOUTD fixed-route buses?

- 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) \_\_\_\_\_

4. 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) \_\_\_\_\_
- 

5. 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

6. Can you wait up to 30 minutes for a MOULD fixed-route bus at a bus stop?

- Yes
  - Yes, if the bus stop has a bus bench or shelter
  - No (please explain) \_\_\_\_\_
- 

7. Are there any other conditions that limit your ability to use MOULD fixed-route buses?

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

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No

**PART 5 - CURRENT TRAVEL INFORMATION**

1. Please list the trips you will make most frequently using ADA Complementary Paratransit Service.

<b>EXAMPLE</b>	
<b>FROM:</b> 35 Palm Dr.	<b>TO:</b> Publix, 150 Main St.

FROM:	TO:
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____

**PART 6 - INFORMATION ABOUT TRAVEL TRAINING**

**NOTE: Travel Training** is personalized (individual or group) instruction that teaches the skills necessary to use MOUTD fixed-route bus service.

1. Have you ever had any personal instruction on how to use MOUTD fixed-route bus service?

\_\_\_\_\_ No, I have never received any Travel Training

\_\_\_\_\_ Yes, I have received personal Travel Training instruction through an agency

Name of Agency: \_\_\_\_\_

If you selected YES, please indicate below the skills you learned:

\_\_\_\_\_ To travel to and from bus stops

\_\_\_\_\_ To cross streets

\_\_\_\_\_ To read bus schedules and plan trips

\_\_\_\_\_ To ride the following routes:

Route # \_\_\_\_\_ Route # \_\_\_\_\_ Route # \_\_\_\_\_ Route # \_\_\_\_\_

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you complete the above training?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

2. If MOUSD offers free Travel Training to anyone interested in learning how to ride the fixed-route bus service, would you be interested in getting information about this training?

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

**PART 7 – APPLICANT’S CERTIFICATION**

I understand the purpose of this application is to determine if there are times when I cannot use MOUSD fixed-route bus service and must therefore use the ADA Complementary 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 authorize the licensed professional who provided professional verification to release information relating to my disability to MOUSD in order to assess eligibility determinations.

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

**THIS CONCLUDES THE PORTION OF THE APPLICATION TO BE COMPLETED BY APPLICANT.**

**THE LAST SECTION (PAGES 7-8) OF THIS APPLICATION MUST BE COMPLETED SIGNED BY A QUALIFIED AND LICENSED PROFESSIONAL.**

**EXAMPLES OF QUALIFIED 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

**PART 8 – PROFESSIONAL VERIFICATION**

Applicant's Name: \_\_\_\_\_

**TO BE COMPLETED BY A LICENSED PROFESSIONAL**

The Americans with Disabilities Act (ADA) of 1990 requires Midland-Odessa Urban Transit District (MOUSD) to provide **ADA Complementary Paratransit Service** to anyone who cannot use MOUSD fixed-route bus service because of a disability. ADA Complementary Paratransit Service is provided in an area contiguous to MOUSD fixed-route bus service. The applicant who has asked you to review and sign this application is applying to MOUSD to be considered eligible for the ADA Complementary Paratransit Service, which is intended only for those trips that the applicant cannot make on MOUSD fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use MOUSD fixed-route bus service and when he/she requires ADA Complementary Paratransit Service.

Please review the information provided by the applicant in **PARTS 2-4** of this application and then answer the questions below:

A. Has the applicant been diagnosed with a physical, mental, cognitive, or other disability?

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

Diagnosis & onset: \_\_\_\_\_  
ICD – 9 codes: \_\_\_\_\_  
DSM – IV codes: \_\_\_\_\_  
OS – visual acuity & field: \_\_\_\_\_  
OD – visual acuity & field: \_\_\_\_\_

B. The applicant's disability is:

\_\_\_\_\_ Permanent      \_\_\_\_\_ Temporary – until when? \_\_\_\_\_

C. Please describe all conditions (physical, mental, cognitive, other) that functionally prevent the applicant from using MOUSD fixed-route buses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Does the applicant require the assistance of a Personal Care Attendant (PCA) when traveling on a public vehicle?

Yes  
 No

E. To the best of your knowledge, is the information provided in **PARTS 2-4** of this application true and correct?

Yes  
 No  
 Do not know

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

Print or Type Name: \_\_\_\_\_

Title: \_\_\_\_\_

State of Texas License Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**For more information, please call:**

**Midland-Odessa Urban Transit District**

**Phone: (432) 561-9990**