



# Americans with Disabilities Application Instructions

Issued 3/25/22

## Step 1: Please complete the following forms

**ADA Application** – must be completely filled out by the applicant or an authorized individual. The applicant must sign the release of information so SMART may contact the professional if we need clarification of any information in the application.

**Request for Professional Verification (RPV)** - must be completed and signed by a licensed medical professional, rehabilitation specialist or social worker who has documentation of the applicant's disability.

## Step 2: Submit completed forms:

- |  |  |
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| <p>a. <b>Mail:</b><br/>SMART ADA office<br/>535 Griswold St, Suite 600<br/>Detroit, MI 48226</p> | <p>b. <b>Fax: (248) 244-9040</b><br/>Faxes must ONLY be sent directly from the licensed professional's office and accompanied by a cover sheet.<br/><b>Faxes sent from anywhere else will not be accepted.</b></p> |
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A fully completed application is comprised of both the Americans with Disabilities Act (ADA) Application AND the Request for Professional Verification (RPV). Under the Health Information Privacy Act, your medical information remains confidential. The information obtained in this application will be used by SMART to determine eligibility for ADA Paratransit Service. SMART is required to make a determination of ADA eligibility within 21 calendar days of receiving a completed application. Incomplete applications may take longer to process. If the ADA eligibility determination has not been made within 21 calendar days, the applicant will be notified by mail of a presumptive eligibility.

## Notification of Eligibility

Notification of eligibility is mailed to the applicant in writing. Determination letter, Rider Guidelines and Frequently asked Questions (FAQ) will be included in the welcome packet. Please keep these documents for your records. Expiration reminder letters are currently not issued.

## In-Person Orientation and Assessment

Applicants may be required to participate in an in-person functional assessment of their travel skills, conducted in their neighborhood. This may be necessary to complete the ADA eligibility process.

## Renewals

Please call **313-223-2193** at least 90 days before your expiration date, to inquire about renewing your ADA eligibility. Renewal applications should be submitted at least 30 days prior to the expiration date of the applicant's eligibility period.

## Right to Appeal

Applicants who disagree with the determination of their eligibility may appeal the decision. Appeals must be requested within 60 days of the date on the eligibility letter. Appeal decisions are made within 30 days of the review.

## Visitors

If the applicant is eligible for paratransit services provided by DDOT, AAATA or another transit agency and plans on visiting the SMART service area, please request the certifying transit provider fax the proof of eligibility to SMART at (248) 244-9040. Once documentation is received, the applicant may be given presumptive eligibility to use paratransit services for up to 21 days within a one-year period. The applicant's information may also be shared with other transit providers to help schedule trips within the service area and verify eligibility.

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## What is the ADA

The Americans with Disabilities Act (ADA) of 1990 is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life. Under the ADA, SMART buses are to be the primary means of public transportation for suburban residents of Wayne, Oakland and Macomb counties, including people with disabilities.

The Americans with Disabilities Act (ADA) requires that complementary paratransit service be available to persons who, because of a disability, are unable to use the regular Fixed Route bus system. To qualify for paratransit services, the applicant must be prevented from riding SMART's accessible Fixed Route buses due to the effects of a disability. This does not include persons who find it uncomfortable or difficult to ride the bus. All SMART buses are 100 percent accessible for persons with disabilities.

## Who is eligible?

Eligibility for paratransit service is based upon a person's functional inability to board or ride an accessible regular Fixed Route bus. Categories of eligibility for complementary paratransit service are:

- A person whose disability prevents them from traveling to or from a Fixed Route bus stop.
- A person who is unable, because of a disability, to independently board, ride, and/or disembark from a ramp-equipped bus. This includes persons who are unable to "navigate" the large Fixed Route bus system without assistance of another person.

### *Conditional Eligibility*

Some people with disabilities may be able to use SMART Fixed Route bus service under certain conditions, but not under others. Therefore, eligibility for paratransit for some people will be determined on a trip-by-trip basis. If you need help, travel training is available.

### *Temporary Eligibility*

A person with a temporary disability may be eligible for paratransit service if the disability results in his/her functional inability to use the large Fixed Route bus system as described in the above eligibility categories for at least 6 months or longer.

## ADA Paratransit Service

Service areas, hours of operation and transfer requirements are comparable to Fixed Route bus service. The SMART ADA Paratransit one-way fare is \$3.00, including a transfer. This fare is never discounted. The SMART ADA Paratransit service area includes any address that measures 3/4 of a mile or less from a SMART regular Fixed Route bus stop.

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# ADA Application

## STEP #1: All sections must be completed by applicant, family member, friend or licensed professional.

Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

Primary Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

YES  NO Are there sidewalks by the applicant's residence?

YES  NO Does the applicant reside on a dead-end street?

YES  NO Has the applicant ever used any Fixed Route bus service?

If YES, how long ago? \_\_\_\_\_

YES  NO If the the applicant received travel training on how to use Fixed Route bus service, could they use the service on their own?

### Disability Information

What is the disability or health condition that prevents the applicant from using SMART Fixed Route buses? Please describe all disabilities or health conditions that affect the applicant's travel.

| Disability | Reason/Cause of Disability | Temporary Condition<br><input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, Until When?<br>____/____/____ |
|------------|----------------------------|---|---------------------------------------|
|            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO                        | ____/____/____                        |
|            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO                        | ____/____/____                        |
|            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO                        | ____/____/____                        |
|            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO                        | ____/____/____                        |

## Current Health Status

The following questions pertain to the current health condition of the applicant.

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YES  NO Does the applicant experience any flare ups from any of their disabilities?

If YES, please describe \_\_\_\_\_

YES  NO Has the applicant had a seizure in the past year?

If YES, when was the last seizure \_\_\_/\_\_\_/\_\_\_ and what was the severity?

Mild  Moderate  Severe

YES  NO Is the applicant currently receiving dialysis treatment?

YES  NO Is the applicant currently undergoing cancer treatment?

YES  NO Is the applicant legally blind?

If YES, provide acuity: Left \_\_\_\_\_/\_\_\_\_\_ Right \_\_\_\_\_/\_\_\_\_\_

YES  NO Can the applicant visually recognize familiar places/landmarks/destinations?

Describe the applicant's field of vision: \_\_\_\_\_

## Mobility Aids:

The following questions pertain to the mobility aid(s) used by the applicant.

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Which of the following mobility aids does the applicant use? (check all that apply)

Manual wheelchair

Cane

Power wheelchair

White cane for the blind

Power scooter

Portable oxygen

Crutches

Service animal

Walker

None of the above

If you checked wheelchair or scooter above, please list the manufacturer and model number.

Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_

YES  NO Does the combined weight of the applicant and their wheelchair/scooter exceed 700 pounds?

## Physical and Travel Abilities:

The following questions refer to the applicant's current physical and travel capabilities only.

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Does the applicant require assistance getting to/from or getting on/off the vehicle?

ALWAYS  SOMETIMES  NEVER  NOT SURE

If ALWAYS, what assistance is needed? \_\_\_\_\_

If the weather is good and there are no barriers in the way, what is the farthest the applicant can navigate outdoors on a level sidewalk walking or using a mobility aid (wheelchair, cane, etc?)

The applicant cannot travel outdoors alone  1 block  3 blocks  Not sure  
 Curb in front of their residence  2 blocks  4 blocks

Does the applicant have the ability to access a SMART vehicle using the steps?

ALWAYS  SOMETIMES  NEVER  NOT SURE

If NEVER, lift access will be provided.

Can the applicant travel independently in their community?

ALWAYS  SOMETIMES  NEVER  NOT SURE

Has the applicant ever gotten lost when traveling alone?

ALWAYS  SOMETIMES  NEVER  NOT SURE

Does the applicant have the ability to wait at a transfer point or outside by themselves?

ALWAYS  SOMETIMES  NEVER  NOT SURE

Does the applicant have the ability to wait up to 30 minutes in good weather, outdoors without a place to sit?

ALWAYS  SOMETIMES  NEVER  NOT SURE

Is the applicant sensitive to heat, cold, air quality, etc?

ALWAYS  SOMETIMES  NEVER  NOT SURE

(Please explain) \_\_\_\_\_

Does the applicant have the ability to safely cross the street at a stop sign?

ALWAYS  SOMETIMES  NEVER  NOT SURE

Does the applicant have the ability to safely cross the street at a traffic signal?

ALWAYS  SOMETIMES  NEVER  NOT SURE

(Please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Cognitive Abilities:

The following questions refer to the applicant's current thinking, reasoning and memory capabilities only.

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Does the applicant have the ability to:

- YES  NO Give their name?
- YES  NO Give their address?
- YES  NO Give their phone number?
- YES  NO Give their email?
- YES  NO Safely cross streets and intersections?
- YES  NO Recognize familiar places/destinations/landmarks or bus stops?
- YES  NO Ask for assistance when needed?
- YES  NO Judge whether a situation is safe or unsafe?
- YES  NO Understand written/oral directions?
- YES  NO Manage their money and pay a fare?
- YES  NO Find their way to/from bus stop?
- YES  NO Make a transfer from bus to bus with assistance?
- YES  NO Make a transfer from bus to bus without assistance?
- YES  NO Use a phone to get information?

Additional Comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Release of Information

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The licensed professional who is listed on the Request for Professional Verification page may document, and is familiar with, my disability. I authorize him/her to provide information to SMART in order to complete the ADA Paratransit Certification Process. I also certify that the information given above and in this application is correct.

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

Please mail the completed forms to:

**SMART ADA Office**

Buhl Building • 535 Griswold Street, Suite 600 • Detroit, MI 48226

**Applications will be processed within 21 days of receipt of both the ADA Application and the Request for Professional Verification.** A determination letter will be mailed to you. Applicants may be required to participate in an in-person evaluation to determine eligibility.

Questions? Call the **SMART ADA Office** at (313) 223-2193 or email [ADAinfo@smartbus.org](mailto:ADAinfo@smartbus.org).



# ADA Request for Professional Verification

**STEP #2: This document MUST be completed and submitted by a licensed treating professional listed below and returned by mail or fax.**

The Americans with Disabilities Act requires that SMART provide complementary transportation services to persons who, because of a disability, cannot ride Fixed Route buses or travel to/from bus stops. The individual below has applied to SMART for ADA service and additional information is required to verify their abilities to use Fixed Route service. Please complete all sections that pertain to the applicant's disabilities. Thank you for your cooperation in this matter. **Unreadable or incomplete Requests for Professional Verification (RPV) may take longer to process or may be returned.**

Applicant Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Professional's Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Professional License/ID# **(Required)**: \_\_\_\_\_

Office Address/Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

What is your professional relationship to the applicant?

- Physician - MD, DO    PT / OT    Mobility Specialist    P.A., N.P., D.C.    Social Worker
- Rehabilitation Specialist    Nurse    Counselor    Optometrist

Are you currently overseeing the care of this applicant?  YES  NO

If NO, date last time you saw applicant: \_\_\_\_\_

What is the applicant's disability/diagnosis?

| Disability | Reason/Cause of Disability | Temporary Condition                                      | If YES, Until When? |
|------------|----------------------------|--|---------------------|
|            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO | ____/____/____      |
|            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO | ____/____/____      |
|            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO | ____/____/____      |
|            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO | ____/____/____      |

If the weather is good and there are no barriers in the way, what is the farthest the applicant can navigate outdoors on a level sidewalk, walking or using their mobility aid (wheelchair, cane, etc?)

- Cannot travel outdoors alone    1 block    3 blocks    Not sure
- Curb in front of residence    2 blocks    4 blocks

Does the applicant have the ability to access a SMART vehicle using the steps?  YES  NO  SOMETIMES

(If no, lift access will be provided.)

Does the applicant have the ability to wait up to 30 minutes in good weather, outdoors without a place to sit?

YES  NO  SOMETIMES

Does the applicant experience significantly increasing fatigue throughout the day?  YES  NO

Any environmental issues that may make travel unsafe or risky? (check all that apply)

Extreme Heat / Cold

Poor Air Quality

Ice or Snow

Lack of Sidewalks

Does the applicant require assistance getting to/from or getting on/off the vehicle?  YES  NO

If YES, what assistance is needed? \_\_\_\_\_

## VISUAL IMPAIRMENTS

If vision limits the applicant's independent travel ability, please answer the following:

(If there are no vision impairments, proceed to Cognitive Disability section below.)

1. Prognosis: stable/ degenerative/ other

2. Can the patient recognize familiar places landmarks or destinations?  YES  NO  DON'T KNOW

3. Is the applicant legally blind?  YES  NO  DON'T KNOW

3a. If YES, provide visual acuity: (with best correction)

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both Eyes \_\_\_\_\_

3b. Visual Fields:

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both Eyes \_\_\_\_\_

4. Has the applicant received any travel training?  YES  NO

If YES, when and with whom? \_\_\_\_\_

## COGNITIVE DISABILITY

Is the applicant able to:

Give address / telephone numbers upon request?  YES  NO Recognize destination / landmark?  YES  NO

Judge whether a situation is safe or unsafe?  YES  NO Deal with unexpected change in routine?  YES  NO

Ask for, understand and follow directions?  YES  NO Safely cross major intersections?  YES  NO

Additional Comments? \_\_\_\_\_

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This information is accurate to the best of my knowledge.

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail form to: **SMART ADA Office, Buhl Building, 535 Griswold Street, Suite 600 Detroit, MI 48226**

Fax form to: **(248) 244-9040** (Fax must be sent directly from the professional's office and include a cover sheet.)

Questions? Call the ADA Office @ **(313) 223-2193** or email **ADAInfo@smartbus.org**