



## Program Application

This application serves as the application for RideKC Freedom ADA and non-ADA services throughout the Kansas City region. You can apply on paper or use the online MTM Access portal at <https://ada.mtm-inc.net> to complete your application.

### ADA Complementary Paratransit

Americans with Disabilities Act (ADA) paratransit services are available to anyone with a documented disability no matter where the individual lives. The service is available within  $\frac{3}{4}$  mile of any local bus route offered by RideKC Bus in KCMO, KCKS and Independence, MO. **When applying for these services be sure to complete the entire application, including the section on documenting a disability.**

### Non-ADA Demand Response Service

Non-ADA demand response services are offered in KCMO, KCKS, Independence, MO and Johnson County Kansas. Each area has its own residence requirement, service area and pricing. That information is provided upon approval for a service, within a ride guide.

- If you are 65 or older and/or have a disability AND live in Kansas City, MO or Kansas City, KS **you may** be eligible for non-ADA service in these areas.
- If you are 60 or older AND live in Independence, MO, **you may** be eligible for the non-ADA service.
- If you are 65 or older, have a disability, and/or qualify for low-income assistance, **AND** live in Johnson County, KS, **you may** be eligible for Johnson County Transit's Special Edition or SWIFT services.

The information obtained in the application will be used to determine your eligibility using the standards established by the ADA and other programs. Your information may be shared with a third party eligibility source or travel training service.

It is important that you read and complete the application accurately. Incomplete or illegible applications will be returned and will delay your eligibility.

You will be notified by letter of your eligibility for the service that you are applying for. **Please note: Per federal guidelines, it may take up to 21 days of receipt of a completed ADA application to determine whether you are eligible for these services.** If you have applied for ADA service and have not heard from us in 21 days, please call and we will provide you with service until your application is processed.

In some instances, we **may** not be able to determine your eligibility based solely on the information provided. We may schedule an in-person or telephone interview, or call your health care professional to gather more information to assist in making an eligibility determination.

Questions? Call 816-842-9070 and press the Eligibility option or email [eligibility@kcata.org](mailto:eligibility@kcata.org)

If you are eligible for service, you will receive a letter communicating the decision along with a Ride Guide. The Ride Guide will provide you with information on how to use the program you applied for. The type of eligibility granted to you will depend solely on your ability to ride the bus, and is intended to identify only those trips or circumstances that would require you to use paratransit services. This program grants the following types of eligibility for ADA paratransit:

- **Unconditional:** This eligibility is granted if your disability prevents you from using fixed route bus service for any trips that you might need.
- **Conditional:** This eligibility is granted if you can ride the fixed route bus under certain circumstances, but need paratransit services for certain trips.
- **Temporary:** This eligibility is granted if you are deemed to only need paratransit service temporarily.

If it is determined that you are not eligible for the program you have applied to, you will be notified in writing of the exact reasons for the determination. You may appeal the decision. Information relating to the appeal process will be included with your letter.

#### **Free Fare on Local Fixed Route Buses- Pilot Program**

Approved ADA paratransit participants may also ride the RideKC local fixed route buses for free. Once approved, if you are interested in free bus fare, a RideKC picture identification card will be issued to you to swipe on our local buses.

Please check here if you are interested in this program:

**A 2 inch by 2 inch passport type photo is required for the electronic fare cards (selfies are acceptable).** To obtain an identification card if you are deemed eligible for ADA service, complete ONE of the following:

1. Email your photo to: [eligibility@kcata.org](mailto:eligibility@kcata.org)
2. Mail your photo to: RideKC, Attn: Eligibility, 1200 E 18th St, Kansas City, MO 64108
3. Have your photo taken in the RideKC lobby on Monday through Friday. The best time to come in for a photo is between 10:00AM – 4:30PM. Lobby hours are Monday through Friday 8:00AM to 5:00PM. The address is: KCATA Breen Building, 1200 E 18th St, Kansas City, MO 64108

Do you want to participate, but need help learning how to ride our local buses? Free Travel Training is provided for those who do not know how to ride the local fixed route bus. Please call our travel training staff at 816-346-0809 if interested.

Questions? Call 816-842-9070 and press the Eligibility option or email [eligibility@kcata.org](mailto:eligibility@kcata.org)

**Return your completed application via fax to 844-239-5975 or via mail to:**

**RideKC – Breen Building  
Attn: Eligibility  
1200 E 18th St  
Kansas City, MO 64108**

**Section A: Applicant Information (please type or print)**

New Application \_\_\_\_\_ or Recertification - ID# \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 digits-SSN: \_\_\_\_ Sex: Male Female

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Ethnicity – please circle :

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Hispanic or Latino

Other

Prefer not to say

Primary Language Spoken: \_\_\_\_\_

Veteran Status:  I am a Veteran  I am not a Veteran

Note if you need written information sent in an alternate format:

Large Print  Electronic Format  Other: \_\_\_\_\_

Are you interested in receiving travel training services to learn how to ride the fixed route bus service?

Yes  No

Please provide the name of a local contact that can be reached in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have a disability or health condition that prevents you from using fixed route buses?

No, I am applying based **only on my age.**

**\*\*Stop here – you do not need to complete the rest of the application. You must attach a copy of documentation of your age. Return this form to the address listed above.**

Yes, I am applying for ADA Paratransit service. **Please continue. You must complete the entire application.**

**Section B: Disability and Limitations**

1. What is the nature of the disability (ies) which prevent(s) you from riding fixed route bus service? Check all that apply.

- Mobility                       Visual  
 Cognitive                       Sensory  
 Auditory                       Other: \_\_\_\_\_

2. Is the condition(s) temporary?     Yes             No  
If yes, what is the expected duration of the condition(s)? \_\_\_\_\_

3. Is the condition(s) seasonal or affected by weather changes?     Yes             No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Please explain how each disability prevents you from independently using the fixed route bus service. Please be specific. \_\_\_\_\_  
\_\_\_\_\_

5. Are there any other effects of your disability of which RideKC needs to be aware?     Yes             No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Does your health condition/disability require you to travel with someone to assist you?  
 Yes, always             Yes, sometimes             No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Section C: Current Transportation Use**

1. How do you travel now? (Check all that apply)  
 Bus                       Taxi                       Walk                       Paratransit  
 Drive                       Bicycle                       Other \_\_\_\_\_

If you currently ride the bus, which route(s) do you use? \_\_\_\_\_

Currently, RideKC offers free travel training services for anyone who needs assistance learning to use regular fixed route buses and/or planning a trip on the bus. A travel trainer works with you either one-on-one or in a group to teach you how to use fixed route bus services.

2. Have you received travel training?     Yes             No             In Process  
If yes, when did your travel training take place? \_\_\_\_\_

3. Are you interested in receiving free travel training services?  Yes  No
4. Is there something that might help you to ride the regular fixed- route bus system? Please check all that apply:
- Yes, if somebody taught me to understand the route, schedule, and fare information.
  - Yes, if somebody were to show me how to ride the bus.
  - Yes, if somebody showed me how to use the accessibility features of the bus (lift/ramp, etc.)
  - Yes, if the bus were to come closer to where I lived and to my destination.
  - No, none of these would help.
5. Please complete the following questions. If you answer "no" or "sometimes," please explain the reason. If more paper is needed to provide a thorough answer, please attach the paper to the application.

Are you able to obtain bus information through the phone or internet?

- Yes  No  Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to understand and remember spoken or written directions needed to complete a trip?

- Yes  No  Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to identify the correct public transit stop?

- Yes  No  Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to communicate with spoken words or auditory devices?

- Yes  No  Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to give or display addresses, telephone numbers, or names upon request?

- Yes  No  Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to recognize landmarks, street names, buildings, etc.?

- Yes  No  Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to negotiate new surroundings for safe travel?

Yes       No       Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to deal with unexpected situations or changes in routine?

Yes       No       Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to cross the street independently?

Yes       No       Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to signal when your stop approaches?

Yes       No       Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to transfer between buses?

Yes       No       Sometimes

Please explain: \_\_\_\_\_

\_\_\_\_\_

6. List your common trips and the places you most often travel in the spaces indicated below.

Trip Destination A:

Building / Location / Name: \_\_\_\_\_

Address: \_\_\_\_\_

Trip Destination B:

Building / Location / Name: \_\_\_\_\_

Address: \_\_\_\_\_

Trip Destination C:

Building / Location / Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Section D: Mobility Information**

1. Which of these Mobility Aids do you use? Check all that apply to you.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> White Cane                    | <input type="checkbox"/> 3 Wheel Scooter/Cart | <input type="checkbox"/> Leg Brace       |
| <input type="checkbox"/> Support Cane                  | <input type="checkbox"/> Walker               | <input type="checkbox"/> Service Animal  |
| <input type="checkbox"/> Manual Wheelchair             | <input type="checkbox"/> Crutches             | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Power Wheelchair              | <input type="checkbox"/> Prosthesis           |  |
| <input type="checkbox"/> Other (please specify): _____ |   |  |

If you use a manual wheelchair, can you self-propel?  Yes  No

Please provide the dimensions of your mobility aid:

Width: \_\_\_\_\_ Length: \_\_\_\_\_ Total weight when occupied: \_\_\_\_\_

2. How far are you able to walk or travel (with or without a mobility aid) without assistance from another person?

- ½ block  1 block  5 blocks  10 blocks  Greater than 10 blocks

3. How long are you able to stand at a bus stop?

- Less than 5 minutes  5 minutes  15 minutes  
 30 minutes  More than 30 minutes

4. How long are you able to sit at a bus stop?

- Less than 5 minutes  5 minutes  15 minutes  
 30 minutes  More than 30 minutes

5. Are you able to make your way across ground which is: (please check all that apply)

- Paved  Gravel  Hilly  Uneven surface  
 Sidewalk  No sidewalk

6. Can you walk up and down steps independently?  Yes  No

If no, please explain: \_\_\_\_\_

7. Are you able to board the bus? Note that all buses have a lift and a ramp, and the front of the bus can be lowered.  Yes  No

If no, please explain: \_\_\_\_\_

8. Are you able to exit the bus? Note that all buses have a lift and a ramp, and the front of the bus can be lowered.  Yes  No

If no, please explain: \_\_\_\_\_

9. Are you able to use the fare box while boarding the bus?  Yes  No

If no, please explain: \_\_\_\_\_

10. Are you able to maintain balance and tolerate vehicle movement if seated?  Yes  No

If no, please explain: \_\_\_\_\_

11. Are you able to maintain balance and tolerate vehicle movement if standing?  Yes  No

If no, please explain: \_\_\_\_\_

**Section E: Certification of Application –Please sign all applicant signature lines**

I understand the information provided on this application is true and correct to the best of my knowledge. The purpose of this application is to determine if I am eligible to use these services. I understand falsification of information could result in loss of paratransit services, as well as penalty under law.

I also understand that, at no expense to me, the transit agency may require that I participate in an in-person functional evaluation of my travel skills and agree to such a functional evaluation if one is necessary.

I agree to notify the transit agency should my condition change, if my mobility device has changed or been replaced, if I have a new mobility device, or if I no longer need paratransit service.

**Applicant's Signature:** \_\_\_\_\_

**If this application has been completed by someone other than the person requesting certification, the person completing the application must provide the following:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Authorization for Release of Information**

I authorize the professional who has completed the healthcare provider certification to release to the eligibility organization information about my disability or health condition and its effect on my ability to travel on the fixed route system. I understand that I may revoke this authorization at any time. I understand that all medical information which is provided about my disability or health condition will be kept strictly confidential.

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



# Healthcare Provider Certification

## (to be completed by a healthcare professional only)

**\*\*A healthcare provider holding active licensure or credentials in the area of the applicant's disability or the applicant's primary care provider must complete this section\*\***

Your patient has requested eligibility for paratransit service. Paratransit service is a shared ride service for people whose disability(ies) prevent them from riding the fixed route bus services all or part of the time. As the applicant's healthcare provider, you are uniquely qualified to clarify his or her functional abilities and limitations to ride the accessible fixed- route bus service. In order to determine this applicant's functional abilities, we require that you complete and certify the following questions as part of the application process. Please detail how the applicant's disability(ies) impact their ability to board, navigate, and travel independently on the accessible fixed route bus system. Please be as specific as possible. For questions please call 816-842-9070.

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

Health Care Providers can also enter this information online: <https://ada.mtm-inc.net> or fax to 844-239-5975

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Please type/print:

Name of Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

License Number/State Issued: \_\_\_\_\_

Street Address & Suite #: \_\_\_\_\_

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

Specialization: \_\_\_\_\_

1. Written Diagnosis(es): \_\_\_\_\_

2. ICD-9CM Codes: \_\_\_\_\_

3. DSMCode(s): \_\_\_\_\_

4. If the applicant has a visual disability, what is their visual acuity in each eye:

Left Eye: \_\_\_\_\_ Right Eye: \_\_\_\_\_

5. How long have you worked with this patient? \_\_\_\_\_

6. Is disability:  Temporary  Permanent

If temporary, please give best estimate of rate of recovery: \_\_\_\_\_

If permanent, is disability progressive?  Yes  No

7. How does the applicant's disability or health condition impact their ability to travel independently on the accessible fixed route bus system? \_\_\_\_\_

\_\_\_\_\_

8. Does your client require any medications/medical treatment that will impair his/her ability to ride the fixed route services?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

9. Does your client have a compromised immune system?  Yes  No

If yes, please explain: \_\_\_\_\_

10. Does your client require a personal care attendant?  Yes  Sometimes  No

If yes or sometimes, please explain: \_\_\_\_\_

11. What is the greatest distance your patient can ambulate/wheel without the assistance of another person?

½ block or less  1 block  5 blocks  10 blocks  Greater than 10 blocks

12. Check the mobility aids that the applicant requires. (check all that apply)

<input type="checkbox"/> White Cane	<input type="checkbox"/> 3 Wheel Scooter/Cart	<input type="checkbox"/> Leg Brace
<input type="checkbox"/> Support Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Service Animal
<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Crutches	<input type="checkbox"/> Portable Oxygen
<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Prosthesis	

Other (please specify): \_\_\_\_\_

13. To your knowledge, does judgment and inhibition impairment prevent your client from independently traveling outside the home or immediate environment?  Yes  No

If yes, please explain: \_\_\_\_\_

14. To your knowledge, does your client have any short- term or long- term memory problems?

Yes  No

If yes, please explain: \_\_\_\_\_

15. Would extremes in temperature affect this applicant's ability to ride the accessible fixed route system?

Yes  No

If yes, please explain: \_\_\_\_\_

16. Would ice and/or snow affect this applicant's ability to ride the accessible fixed route system?

Yes  No

If yes, please explain: \_\_\_\_\_

17. In your medical opinion, what other factors related to the applicants disability (ies) affect his/her ability to ride the accessible fixed route bus system? \_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the above information is true and correct.**

Signature: (can be electronic): \_\_\_\_\_

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