

Metropolitan Tulsa Transit Authority
“THE LIFT”
APPLICATION FOR PARATRANSIT SERVICES

INSTRUCTIONS FOR APPLYING FOR PARATRANSIT TRANSPORTATION SERVICES:

1. Have your physician/certified health professional complete and sign the medical verification section of the application.
2. Have your physician/certified health professional submit an additional signature on his/her letterhead or prescription note verifying completion of the application form to help us prevent fraudulent applications.
3. Fill out completely and sign the applicant’s portion of the application.
4. Return the completed application form with professional’s letter.

Tulsa Transit has contracted with Ability Resources, an Independent Living Agency, to process your completed application and make a recommendation regarding eligibility within 21 days after a completed application arrives in their office. Tulsa Transit reserves the right to require additional information. Final Decisions will be made by Tulsa Transit.

If the application is denied, the applicant has the right to appeal. An appeal form will be included with the denial letter. If you wish to appeal, complete the form and mail it in a timely manner to the address provided on the form.

NOTE: Tulsa Transit will not transport a mobility aid that exceeds the “common wheelchair” parameters as set forth in the Americans with Disabilities Act (ADA) regulations, including a mobility aid that:

- 1) Is longer than 48 inches, 2) Is wider than 30 inches, both measured 2 inches above the ground; or 3) Weighs more than 600 pounds when occupied.
- (49 C.F.R. Section 37.3 (2001))

The purpose of the application is to determine your transportation needs and abilities. The decision regarding Lift eligibility is a transportation decision, not a medical decision. Information regarding your medical condition will assist in making the determination; but will not be the primary factor.

PERSONAL INFORMATION

PLEASE PRINT:

Name _____
Last First MI

Previous LIFT ID#, if applicable _____

Date of Birth _____ Sex: Male _____ Female _____

Street Address _____
Street Apt/Lot # City State Zip Code

Name of Apartment Complex, if applicable _____

Mailing Address _____
If different from street address City State Zip Code

Phone (Home) _____ (Work) _____ (Cellular) _____

What is your disability? _____
If applicable, attach a Visual Acuity Statement from your eye doctor to verify legal blindness.

B. EMERGENCY CONTACTS

List the name of two individuals who you would like us to contact in case of an emergency. Please select someone who would not be riding in the vehicle with you.

Name _____ Relationship _____

Phone (Home) _____ (Work) _____ (Cellular) _____

Name _____ Relationship _____

Phone (Home) _____ (Work) _____ (Cellular) _____

PERSONAL CARE ATTENDANT CERTIFICATION

A Personal Care Attendant (PCA) is someone designated or employed specifically to assist with the completion of at least one daily activity on a regular basis.

I certify that I will need () will not need () the services of a personal care attendant to travel with me in order to be able to utilize this program.

I certify the information provided in this application is true and correct to the best of my knowledge.

Signature _____ **Date** _____

Witness (if completed by someone else) _____ Date _____

Please review the application to make sure that you have answered all of the questions to the best of your ability. If you have questions regarding the application process, please phone the Tulsa Transit Call Center at 582-2100.

Applications found incomplete will be returned and this could delay the certification process.

Mail Completed Applications to:

**Ability Resources
823 S. Detroit, Ste. 110
Tulsa, OK 74120**

Complete if applicant was helped by another person in the completion of this form.

Name _____ Daytime Phone _____ Date _____

Address _____ Relationship _____

METROPOLITAN TULSA TRANSIT AUTHORITY PARATRANSIT PROGRAM
Application for Certification for Lift Eligibility

Dear Physician/Certified Health Professional:

We are asking your assistance so that we can determine whether the undersigned applicant is eligible for the Tulsa Transit Lift Para Transit services. Tulsa Transit Lift is a curb-to curb bus service for people whose disability prevents them from using the local fixed route bus system for one of the following reasons:

Passenger is unable, without the assistance of another person, to board, ride or disembark from an accessible local fixed route bus. This includes people who, due to a severe impairment, are unable to "navigate" the fixed route system even with medication or corrective lenses.

Passenger is prevented from getting to and from the bus stop, based on a disabling condition. Eligibility is not available on the basis of increased safety, convenience, or based on distance to the bus stop alone (the physical limitation must be the determining factor). Please render judgment whether the applicant, in your professional opinion, can or cannot access an accessible bus due to severe functional disability. We have provided a space below for you to describe in layman terms the applicant's disability, and how their disability prevents use of the local fixed route bus service. Detailed information will help Tulsa Transit make the proper eligibility determination. Thank you.

TO BE COMPLETED BY PHYSICIAN/CERTIFIED HEALTH PROFESSIONAL AFTER READING THE ABOVE LETTER.

IMPORTANT: Please sign the application form below and provide an additional signature on your professional letterhead or prescription note to help us prevent fraudulent applications. The application cannot be processed without all requested information and both signatures.

1. **Patient/Applicant name: (please print or type)**

Describe completely the medical condition: (please print or type)

2. **How does the medical condition prevent local fixed route bus usage? (Please print or type)**

3. **Check One:**

Permanent Temporary – If temporary, please specify how many months _____ Height ____ Weight _____

4. **Does applicant use any of the following aids for mobility?**

Manual Wheelchair Powered Wheelchair Cane Service Animal
 Crutches Powered Scooter Walker Personal Care Attendant

5. **Professional's Name: (Please print or Type)** Telephone: () _____

Office Address: Street City State Zip Code

I hereby certify that I have read and understand the eligibility requirements for Tulsa Transit Lift services as stated in the above letter and certify that my patient cannot ride an accessible local fixed route bus.

6. **Physician/Certified Health Professional Signature**

Date: _____

Signature _____