

Application for Metro Services For People with Disabilities

Transit Accessibility Center
600 5th Street, NW
Washington, DC 20001
(202) 962-2700
TTY (202) 962-2033

Thank you for your interest in Metro services for people with disabilities. The following services are available based on Metro's determination of your eligibility:

Reduced Fare Program for People with Disabilities – Eligible people with disabilities travel on accessible Metrobus and Metrorail for half the regular (rush hour) fare at all times. This program is available for people with disabilities who need to use accessible bus and rail public transportation. If you wish to be considered for the Reduced Fare Program **ONLY**, check the box at the top of Page 3 and complete the application. You automatically qualify and do not need to complete Part B of the application if you are a Medicare ID cardholder or a disabled veteran who has been granted a 60% or greater disability rating by the Department of Veterans Affairs. Medicare ID cardholders or disabled veteran applicants must appear in person at the Metro Transit Accessibility Center with a valid photo ID and either an original valid Medicare card or an original letter of disability rating issued by the Department of Veterans Affairs.

Free Metro System Orientations (Travel Training) – Metro provides free individualized training to help people with disabilities learn how to use the Metro bus and rail systems for safe and independent travel around the region.

MetroAccess – Door to door, shared ride paratransit service for people with disabilities who are unable to use regular accessible bus and rail public transportation. The Americans with Disabilities Act (ADA) outlines specific criteria to determine eligibility for paratransit service. An in-person assessment is required. MetroAccess operates throughout the metropolitan area where there is regular bus and/or rail service. Service is provided in Washington, DC; Montgomery County and Prince George's County in Maryland; Arlington County, Fairfax County, City of Alexandria, City of Fairfax, and City of Falls Church in Virginia.



Instructions

1. Read the entire application and complete Part A.
2. Read **Accessible Transportation Options for People with Disabilities and Senior Citizens in the Washington, DC Metropolitan Area**, included with this application packet or also available at wmata.com/accessibility/doc/Accessible_Transportation_Options.pdf
3. Take the entire application to a **health care professional holding active licensure or credentials in the area of the applicant's disability** to complete Part B. One of the following health care professionals must certify the application: Physician, Physician's Assistant, Nurse Practitioner, Audiologist, Optometrist, Podiatrist, Licensed Clinical Psychologist or Certified School Psychologist. It is the applicant's responsibility to ensure the application is received by the Metro Transit Accessibility Center within 60 days of the health care professional's signature.
4. Upon completion of the application, contact the Transit Accessibility Center at 202-962-2700 (TTY 202-962-2033) to conduct a pre-assessment interview. At that time, a determination will be made as to the type of appointment and/or assessment that will be required, and an appointment will be made for you. **You will be instructed to bring your completed original application with you to the appointment.** **If you miss or cancel two appointments, your application will be pulled from the system and you will have to reapply.**

Copies, faxes, and scans will not be accepted. Applications with missing information will not be accepted and will be returned to the applicant without processing. Applications that are mailed will be returned to the applicant with instructions to contact the Transit Accessibility Center at 202-962-2700 (TTY 202-962-2033).

5. Metro will determine your eligibility based on how your disability impacts your use of accessible bus and rail public transportation. The assessment will take place at the Metro Transit Accessibility Center. If you use a mobility aid, you must bring it with you to the assessment. If transportation is needed, advise the Metro Transit Accessibility Center representative at the time of your telephone interview.

If you have questions or need additional information, please contact the Metro Transit Accessibility Center at 202-962-2700 (TTY 202-962-2033) or e-mail eligibility@wmata.com. The office is open Monday through Friday 8 a.m. - 4 p.m. Hours are subject to change without notice. Please call in advance.

Application for Metro Services for People with Disabilities

- I wish to be considered for the Reduced Fare Program for People with Disabilities ONLY
- I am a current MetroAccess customer. MetroAccess ID Card # _____
- I am a current Reduced Fare customer. Reduced Fare ID Card # _____

Part A: APPLICANT INFORMATION AND RELEASE (Copies, faxes or scans will not be accepted.)

Last Name _____ First Name _____ MI _____

Street address _____ Apartment # _____

City/State/Zip _____ County or City _____

E-mail _____ Date of Birth ____ / ____ / ____ Gender Male Female

Primary phone _____ Home Cell Work

Secondary phone _____ Home Cell Work

Emergency Contact Name _____

Relationship _____ Phone number _____

Do you require the use of a mobility device when traveling? No Yes

Check all that apply. Manual Wheelchair Support Cane Portable Oxygen

Power Wheelchair or Scooter (up to 48" x 30" and no more than 600 pounds when occupied)

Crutches Walker White Cane Other _____

Do you use a service animal? No Yes Sometimes

If yes, please describe the type of animal and what service(s) the animal performs.

Please list the two trips that you make most frequently.

From (Place and Address) _____ To (Place and Address) _____

1. _____

2. _____

What barrier(s) prevent you from using public transportation?

- Lack of accessible path to bus stop
- Lack of curb cut
- Lack of sidewalk
- Lack of a bus shelter
- Lack of a bench
- Lack of audible pedestrian signal
- Lack of Braille or tactile marking to identify bus stop
- Cars parked in bus stop
- Other _____
- None. I am able to independently use public transportation.

Location/address of barrier(s) _____

I authorize the health care professional completing this application to release to the Washington Metropolitan Area Transit Authority (Metro) any protected health information about my disability in order to verify my eligibility for Metro services for people with disabilities.

To the best of my knowledge, I certify that the information provided in this application is correct.

Original Signature of Applicant _____

(Under 18, signature of parent or guardian) **Date** _____

- I certify that I have the legal authority to complete this application or that I have the applicant's permission.

A copy of the power of attorney or other authorizing document is attached.

Printed Name _____

Relationship to Applicant _____

Signature _____

Phone _____

Street address _____

City/State/Zip _____

Part B: HEALTH CARE PROFESSIONAL CERTIFICATION

A health care professional holding active licensure or credentials in the area of the applicant’s disability as outlined on Page 2 must complete Part B.

_____ (Applicant’s name) is being referred for a brief functional assessment to determine eligibility for Metro services for people with disabilities.

Name of Health Care Professional (please print) _____

Phone _____ License Number/State Issued _____

Street address and suite # _____

City/State/Zip _____

Specialization _____

Specific diagnosis, including DSM or ICD Code(s) _____

In your opinion, how does the disability or health condition impact the applicant’s ability to travel independently from one location to another?

HYPERTENSION: Eligibility for service is determined by a functional assessment, which is conducted by a certified/ licensed therapist with the Transit Accessibility Center. Applicants may be required to walk/travel up to ½ mile. In order to ensure the safety of the applicant, a blood pressure (B/P) reading is taken prior to starting the assessment. If the applicant’s resting B/P is 140/90 or higher, the assessment will be suspended pending certification by the health care professional that the applicant can complete the assessment. If you are currently treating the applicant for hypertension and certify that he/she is cleared to complete the functional assessment, we may proceed without referring the applicant back to you for evaluation and certification.

Are you currently treating this applicant for hypertension? No Yes

Can this applicant proceed with the functional assessment as described above? No Yes

Applicant’s current resting B/P _____

Does the applicant require a Personal Care Attendant (PCA)? No Yes Sometimes

Does the applicant require any of the following mobility aids? No Yes Sometimes

Check all that apply: Manual Wheelchair Support Cane Portable Oxygen

Power Wheelchair or Scooter Crutches Walker White Cane

Other _____

How long do you anticipate this applicant needing paratransit service?

Temporarily Please check one: 3 months 6 months 9 months 1 year

Normal duration (3 years)

I certify that the information provided in this application is correct.

Original Signature of Physician _____ **Date** _____

False certification may be reported to the licensing agency under District of Columbia Code Annotated, Section 2-3305.15, Code of Virginia 54.1-2915, or Maryland Health Occupations Code Annotated 14-404 or appropriate code for state of license. Metro reserves the right to: (1) verify the validity of the license of the health care professional providing the certification, (2) make the final determination on an applicant’s eligibility for Metro services for people with disabilities, and (3) retain a copy of this application.