

**Information Pertaining to the Request for Certification of ADA
Paratransit Eligibility for the Mason City Transit System and the
Cerro Gordo Public Transit**

The Mason City Transit System is involved in the Eligibility Process for paratransit service in compliance with the Americans with Disabilities Act. Persons who currently use or are unable to use the Mason City Transit system due to inaccessible vehicles, may be eligible to use the Cerro Gordo Public Transit service. This Eligibility process only applies to transportation service within the City of Mason City, Iowa, not county-wide service.

Please complete this form to help the Mason City Transit System determine how it may best meet your transportation needs. Please type or print the information. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Upon completing the Eligibility request, please send the form to:

**MASON CITY TRANSIT
ADA ELIGIBILITY PANEL
10 1st St. N.W.
MASON CITY, IA 50401**

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

1. Name	
2. Address	
	State _____ Zip _____
3. Telephone Number (Home)	(Work) _____
4. Date of Birth	____/____/____

5. What is the condition or disability which prevents you from using our fixed route service?	
Is this condition temporary?	_____
	If Yes, expected duration until ____/____/____

6. How does this condition or disability prevent you from using fixed route services? Please explain completely. Use an additional sheet if needed.	
7. Are there any other effects of your condition or disability of which we need to be aware?	

THE FOLLOWING INFORMATION WILL BE USED TO ENSURE THAT AN APPROPRIATE VEHICLE IS UTILIZED TO PROVIDE YOUR TRANSPORTATION AND THAT AN ACCURATE ANALYSIS OF YOUR TRIP REQUESTS CAN BE MADE BY THE MASON CITY TRANSIT SYSTEM.

8. Do you use any of the following aids for mobility? (Check all that apply)

Manual wheelchair _____ Electric wheelchair _____ Powered scooter _____ Walker _____
Cane _____ Crutches _____ Personal care attendant _____ Guide dog _____

9. Do you require a Personal Care Attendant when you travel using transit?

Yes _____ No _____

10. Please Answer the following questions:

Can you travel 1 block without the assistance of another person?

Yes _____ No _____ Sometimes _____

Can you travel 3 blocks without the assistance of another person?

Yes _____ No _____ Sometimes _____

Can you travel 9 blocks without the assistance of another person?

Yes _____ No _____ Sometimes _____

Can you climb three 12-inch high steps without assistance?

Yes _____ No _____ Sometimes _____

Can you wait outside without support for ten minutes?

Yes _____ No _____ Sometimes _____

11. I hereby certify that the information given above is correct.

Signed _____

Date ____/____/____

12. If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name _____

Address _____

_____ State _____ Zip _____

Daytime Phone _____

Signed _____ Date ____/____/____

PHYSICIAN VERIFICATION RELEASE FORM

In order to allow the Mason City Transit System to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. ***The following information and authorization form is to be completed by person requesting certification or person so designated.***

The following Physician _____ Health Care Professional _____ Rehabilitation Professional _____ (check one) is familiar with my disability and is authorized to provide information to the Mason City Transit System required to complete this certification.

PLEASE PRINT

Name of Professional _____

Address _____

State _____ Zip _____

Phone Number _____

Name of Person Authorizing Releasing Information

Signed _____ Date ____/____/____