WAVE TRANSIT SYSTEM

M.A.P.

MOBILITY ASSISTANCE PROGRAM

Application

Applicant Name: _____

Date Received: _____

Approve by: _____

Date Approved: _____

The Wave Transit System
1224 West I-65 Service Road South • Mobile, AL 36609
Phone: (251) 344-5656 • 251-344-9328 (TDD & TDD/Voice)
www.thewavetransit.com

TRANSIT SYSTEM

Mobility Assistance Program

If you have a physical or functional disability, as defined by American's with Disability Act (ADA), which limits you from using The Wave's fixed route accessible buses, you may be eligible for the Mobility Assistance Program (MAP). MAP provides curb-to-curb transportation services for qualified individuals.

The information obtained in this certification process will be used by The Wave Transit System to determine your eligibility. The information may be shared with other transportation providers to facilitate your travel needs.

This application must be filled out completely, including the verification of eligibility by a qualified licensed professional. Incomplete applications will be returned to the applicant. If you have any questions, please call the Brokered Transportation Department at 251-344-5656 or 251-344-9328 (TDD & TDD/Voice) between 8:00 a.m. and 5:00 p.m., Monday - Friday.

Step 1. All areas of application must be completed.
Step 2. An in-person assessment is required prior to approval.

* Disability alone does not determine paratransit eligibility.

When completed, please return this application to

The Wave Transit System
Attn: MAP
1224 West I-65 Service Road South
Mobile, AL 36609

FAX COPIES WILL NOT BE ACCEPTED!

GENERAL INFORMATION

PLEASE PRINT

Name: _____
First Middle Last

Birth Date: _____
Month / Day / Year

Home Address: _____
Street Apt. No.

_____
City State Zip Code

Applicant's Telephone No.: _____

Apartment Complex Name: _____
Bldg No. / Letter

Mailing Address: _____
Street Apt. No. City State Zip

Person To Contact In Case Of Emergency:

_____
Name Phone Number Relationship

CURRENT TRANSPORTATION

Do you use The Wave's bus system now?

☐ Yes If yes what Routes:_____ _____ _____ _____ _____

☐ No

☐ Sometimes

If no or sometimes, please explain: _____

_____

_____

Can you get to the bus stop by yourself?

☐ Yes

☐ No

If no please explain: _____

_____

Can you board the bus by yourself?

☐ Yes

☐ No

If no please explain: _____

_____

Have you received any training to use the fixed route bus service?

☐ Yes If yes by who: _____

☐ No

If you are found eligible for MAP Services, will you?

☐ Be able to meet the van at the curb

☐ Do you need assistance from your door

☐ Do you need assistance from the van to the door to your destination

Please check the reason you are applying for the Mobility Assistance Program (MAP)?

A. ☐ Because of my disability, I can never use The Wave's fixed route buses.
Please explain why your disability prohibits you from using fixed route buses: _____

_____

If you picked box A you do not need to answer question B.

B. ☐ I can use The Wave's fixed route buses to go to some places, but in other places I cannot get to and from the bus stops. Please list other locations (complete address) and reason you can not use fixed route buses to get to those locations: _____

_____

ASSISTIVE DEVICES USED

- ☐ Manual Wheelchair
- ☐ Electric Wheelchair
- ☐ Powered Scooter
- ☐ Walker (foldable)
- ☐ Walker (non-foldable)
- ☐ Oxygen Tank
- ☐ Prosthetics
- ☐ Crutches
- ☐ Leg Braces
- ☐ Cane
- ☐ Communication device
- ☐ Service Animal
- ☐ Other: _____

The weight capacity for client and wheelchair/scooter is 600 pounds. Wheelchair/scooter cannot exceed 30 inches wide, 48 inches long.

Do you meet this requirement?

- ☐ Yes
- ☐ No

If No, The Wave Transit will be unable to transport you.

INFORMATION ABOUT DISABILITY

What type of disability prevents you from using The Wave's fixed route buses?

- ☐ Physical Disability
- ☐ Visual Disability
- ☐ Mental Disability
- ☐ Developmental Disability
- ☐ Cognitive Disability

For each disability checked please explain:

_____

_____

_____

Is the disability you described above temporary or permanent?

- ☐ Temporary
- ☐ Permanent
- ☐ If Temporary, expected duration-until: _____
  Date of Duration

Do you require the assistance of Personal Care Attendant (someone who must assist you with daily life functions)?

- ☐ Yes
- ☐ No

VERIFICATION OF ELIGIBILITY

This page and the following pages *must be completed by qualified licensed professional*.

PLEASE PRINT

Person Completing Application: _____

Professional Title: _____ Agency/Affiliation: _____

Business Address: _____
Street Apt. No. City State Zip

Business Phone: _____ Fax: _____

State of Alabama Professional License/Certification Number ***(REQUIRED)***: _____

If you mark NO to any of the numbered items below, please explain.

1. What is the medical diagnosis that caused the disability (e.g. Mental Retardation, epilepsy)?

_____

_____

Is applicant's condition temporary?

☐ Yes
☐ No If YES, expected duration-until: _____
Date of Duration

2. Does the applicant's disability require that he or she travel with an attendant?

☐ Yes
☐ No

3. Is there any other medical information The Wave should know in the event of an emergency (e.g. Hepatitis, Tuberculosis)?

_____

_____

DISABILITY AFFECTING MOBILITY

4. Is Applicant able to:

A. Travel a distance of 200 feet without assistance?

☐ Yes
☐ No Explain: _____

APPLICANT'S AGREEMENT

I understand the purpose of this application is to determine if there are times when I cannot use The Wave's fixed route service and must therefore use the Mobility Assistance Program (MAP).

I understand the information about my disability contained in this application will be confidential and shared only with professionals involved in evaluating my eligibility.

I certify that the information in this application is true and correct.

I authorize the licensed professional to provide verification to release information related to my disability to The Wave Transit System in order to assess my eligibility.

I agree that if I am certified for MAP, I will pay exact fare in the form of a **TICKET** for each trip. I agree to notify The Wave Transit System of any changes in my status, which may affect my eligibility to use the service. I also understand that failure to adhere to policies and procedures will be grounds for revoking or suspending my application and the right to participate in the program.

_____ _____

Signature Date

The following information is to be completed if a person other than the applicant completed the application.

Name: _____ Day Time Phone: _____

Address: _____

Street Apt. No. City State Zip

_____ _____

Signature Date

B. Travel a distance of one block (1/4 mile) without assistance over different types of terrain?

☐ Yes
☐ No Explain: _____

Able to climb three 12-inch steps without assistance?

☐ Yes
☐ No Explain: _____

Able to wait outside without support for 15-30 minutes in all weather conditions?

☐ Yes
☐ No Explain: _____

VISION IMPAIRED

5. Is Applicant able to:

Travel a distance of 200 feet without assistance?

☐ Yes
☐ No Explain: _____

Travel a distance of one block (1/4 mile) without assistance over different types of terrain?

☐ Yes
☐ No Explain: _____

Climb three 12-inch steps without assistance?

☐ Yes
☐ No Explain: _____

Wait outside without support for 15-30 minutes in all weather conditions?

☐ Yes
☐ No Explain: _____

COGNITIVE DISABILITY

6. Is Applicant able to:

Give name, address and telephone numbers upon request?

☐ Yes
☐ No Explain: _____

☐ Sometimes Explain: _____

Recognize a destination or landmark?

☐ Yes
☐ No Explain: _____

☐ Sometimes Explain: _____

Deal with unexpected situations or unexpected changes in routine?

☐ Yes
☐ No Explain: _____
☐ Sometimes Explain: _____

Ask for, understand, and follow directions?

☐ Yes
☐ No Explain: _____
☐ Sometimes Explain: _____

Please describe any other functional limitation(s) affecting mobility not described above. Please be specific

_____

_____

_____

SPEECH IMPAIRED

7. Is Applicant able to:

Communicate verbally?

☐ Yes
☐ No Explain: _____
☐ Sometimes Explain: _____

Communicate in writing?

☐ Yes
☐ No Explain: _____
☐ Sometimes Explain: _____

Communicate over telephone?

☐ Yes
☐ No Explain: _____
☐ Sometimes Explain: _____

SIGNATURE OF QUALIFIED LICENSED PROFESSIONAL

I HEREBY CERTIFY under penalty of perjury under the laws of the State of Alabama that the information provided above for verification of eligibility is true and correct.

_____ _____

Signature of Qualified Licensed Professional Date