

Additional Paratransit Information

Mason City Paratransit (MCP) is proud to provide you with transportation services. We look forward to serving your transportation needs. The Paratransit service is funded by the City of Mason City and provided by Region 2 Transit. Hours are: Monday - Friday from 6:30 a.m.- 6:00 p.m.

Once we receive your ADA Application you will be allowed to ride the Paratransit while you wait for the ADA Panel to review your application. **Please call Region 2 Transit to request service at 641-423-2262.**

TYPE OF SERVICE

MCP provides paratransit transportation service open to the public within the Mason City city limits. As a general rule, the service provided is door-to-door. This means service will be provided from outside the door of the origin to the door of the destination. This does not mean to the door of an appointment beyond the entrance door of the building. Drivers are instructed not to close or lock home doors. Passengers should be able to exit on their own or have the appropriate assistance from an aide.

FARES

If your ride is not financially supported by an agency or organization, MCP charges a fare for each one-way trip. Fares, according to your eligibility, shall be paid prior to receiving services: \$1.00 for ADA reduced fare eligible passengers and \$4.00 for non-eligible passengers.

RESERVATIONS

We request that reservations be made at least twenty-four (24) hours in advance of the trip. Reservations may or may not be accepted for requested service for the same day depending on space availability. Any trip reservation pick-up time may be negotiated up to one hour before or after the requested time. This means if you make a request to be picked up at 8:30 a.m. to be at work by 9:00 a.m. we may request that you be picked up at 7:30 a.m. Likewise, if you are finished working at 3:00 p.m. we may arrange to pick you up at any time before 4:00 p.m.

When you make your reservation, please be sure you have the following information ready:

- The date you wish to ride
- The exact address of where you are to be picked up
- The exact address of your destination
- The time you wish to be picked up and/or the time of your appointment
- Any special equipment that you may use such as a wheelchair, walker, or scooter

CHANGES, CANCELLATIONS, NO SHOWS

We request at least one (1) hour notice of any change or cancellation. Any cancellation received fifty-nine (59) minutes or less from the scheduled pick-up time will be regarded as a no-show, and will be subject to the no-show policy. A no-show is defined as no one boarding the vehicle once it arrives, on time, for a pick-up. After the first no-show, the passenger will be reminded of this policy. Two no-shows in a thirty-day (30) period of time will result in suspension of service for two (2) weeks. If, after being suspended for two weeks, the passenger is again a no-show it will result in a thirty-day (30) suspension.

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

Information Pertaining to the Request for Certification of ADA Paratransit Eligibility for Mason City Public Transit and Region 2 Transit

Mason City Public Transit 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 Mason City Public Transit due to accessibility, may be eligible to use Region 2 Transit. This Eligibility process only applies to transportation within the City of Mason City, Iowa, not county-wide service.

Please complete this form to help Mason City Public Transit 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 mail the form to:

**MASON CITY PUBLIC TRANSIT
ADA ELIGIBILITY PANEL
10 FIRST STREET NW
MASON CITY, IA 50401**

1. Name: _____
2. Address: _____
City: _____ State: _____ Zip: _____
3. Telephone Number: _____
4. Date of Birth: ____/____/____

5. Do you currently have a mental health diagnosis which prevents you from using our fixed-route service? _____

6. Do you currently have a physical condition or disability which prevents you from using our fixed-route service? _____

7. How do these conditions or disabilities prevent you from using fixed-route services? Please explain in detail. Use an additional sheet if needed. _____

8. Are any of these conditions temporary? _____ Recovery date: ____/____/____
Please explain: _____

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 Mason City Public Transit.

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

Manual Wheelchair _____ Electric Wheelchair _____ Powered Scooter _____

Walker _____ Cane _____ Crutches _____ Guide dog _____ None of Above _____

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

Yes _____ No _____

11. Please answer the following questions:

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

Yes _____ No _____ Sometimes _____

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

Yes _____ No _____ Sometimes _____

Can you walk 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 _____

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

Signed _____ Date _____ / _____ / _____

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

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Signed _____ Date _____ / _____ / _____

PHYSICIAN VERIFICATION FORM

In order to allow Mason City Public Transit 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 MUST BE COMPLETED BY THE PERSON REQUESTING CERTIFICATION OR PERSON SO DESIGNATED. IF applicant is unable to sign the medical authorization form, a legal power of attorney (POA) may sign the release.

This section must be completed in order for the ADA panel to review your application

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 Public Transit required to complete this certification. PLEASE PRINT

Name of Professional _____

Name of Medical Facility _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Name of Person Authorizing the Release of Medical Information (Applicant or POA)

Print Name _____

Signed _____ Date _____ / _____ / _____