



1900 Main  
P.O.Box 61429  
Houston, TX 77208-1429

Client ID # _____
Date Entered _____
Processed by _____

## Application for METROLift Service

Instructions: On pages 1 – 4 of this application, METROLift is asking for information about you and your ability to use METRO bus service. Please take the time to answer ALL questions carefully and completely. A friend, guardian, caregiver, agency service representative or family member may help you complete your portion of the application, pages 1- 4. Accurate information is required about you, your medical impairment, and your functional capacity. Pages 5 - 6 must be completed and certified by a physician/certified health professional who is familiar with your impairment or condition. Both the eligibility form and the doctor's additional signature must be submitted to METROLift for processing. Failure to do so will delay the processing of your application.

If you have questions, please call METROLift Customer Service at 713-225-0119.

Have you ever applied for METROLift?                      No                         Yes  

### TO BE COMPLETED BY APPLICANT

Name of Applicant Nombre de solicitante		Last/Apellido		First/Nombre		Middle/Inicial Nombre de solicitante	
Address/Street / Dirección/Calle			Apartment Numero de Apatamento	City/Ciudad		Zip Code/Codigo Postal	
Date of Birth/Fecha de Nacimiento		Home Phone Number/En Casa Número de Teléfono			Other Phone/Otro Teléfono		
Apartment Complex Name/Nombre de Apartamentos						Gate Code/Codigo de Cochera	
Mailing Address/Dirección de Envío If different from home address/Si diferente de domicilio			City/Ciudad		State/Estado		Zip Code/Codigo Postal
Applicant Signature (required) Firma					Date/Fecha		
X _____					_____		

Name of Emergency Contact/Contacto de Emergencia                      Relationship/Relación                      Emergency Phone/Numero de Emergencia

# INDIVIDUAL AND MOBILITY INFORMATION

1. Please state your disability(s).

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2. What assistive device(s) do you use when traveling? (Please check all that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Support Cane           | <input type="checkbox"/> Manual wheelchair  | <input type="checkbox"/> Trained service animal |
| <input type="checkbox"/> Crutches               | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Communications device  |
| <input type="checkbox"/> Walker                 | <input type="checkbox"/> Power scooter      | <input type="checkbox"/> "White cane"           |
| <input type="checkbox"/> Leg brace(s)           | <input type="checkbox"/> Portable oxygen    | <input type="checkbox"/> None                   |
| <input type="checkbox"/> Other (describe) _____ |   |   |

3. What is the nearest street intersection to your home? (Example: Polk & Wayside)

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4. Can you walk or use your wheelchair or assistive device(s) from your home to that intersection without assistance?  Yes  No

If "no," please explain. \_\_\_\_\_

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5. Can you find your way to a bus stop without getting lost?  Yes  No

If "no," please explain. \_\_\_\_\_

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6. How long can you stand and wait for a bus?

- 15 minutes  10 minutes  5 minutes  Less than 5 minutes

7. All buses have a "destination sign" in front, which shows the route name and number.

Can you read a bus destination sign? Yes  No

Can you ask the driver where the bus is going? Yes  No

Can you give or write a note to the driver? Yes  No

Can you understand the driver's answer? Yes  No

If "no" to any questions, please explain.

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8. If you were on the bus, could you pay the fare by putting money in the fare box, or by tapping the METRO Q Card on the Q box?  Yes  No

If "no" please explain \_\_\_\_\_

\_\_\_\_\_

9. If you were on the bus, could you recognize the place where you wanted to get off the bus?  
Yes  No

If "no," please explain. \_\_\_\_\_

\_\_\_\_\_

10. Please tell us about the times when you can use METRO's local fixed-route bus service?  
(Example: if short distance to bus stop; take attendant; need to get somewhere.)

\_\_\_\_\_

\_\_\_\_\_

11. Have you ever received "orientation and mobility training" or "travel training?" Yes  No

If "yes," please list any METRO bus routes on which you can travel:

\_\_\_\_\_

\_\_\_\_\_

12. Please tell us the reasons you feel you cannot use METRO's local fixed-route bus service for some or all trips.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. How do you currently travel (self, family, friends, bus, rail, METROLift, etc.)?

Please explain. \_\_\_\_\_

\_\_\_\_\_

14. Do you require someone to travel with you? Yes  No

If "yes," please explain \_\_\_\_\_

\_\_\_\_\_

15. Can you wait independently alone at your residence and places to which you travel?

Yes  No

If "no," please explain. \_\_\_\_\_

\_\_\_\_\_

# AGREEMENT AND AUTHORIZATION:

I state that the information I have provided is true and accurate.

I authorize the release of diagnostic and functional information as requested on pages 5 and 6 to METRO for the sole purpose of making a determination regarding my eligibility for paratransit service (METROLift) and understand that personal and medical information will be kept confidential.

I understand that intentionally providing false or misleading information or refusal to undergo an in-person interview assessment is grounds for denial of METROLift services.

If approved, I agree to follow the rules and guidelines established by METROLift and to promptly inform METROLift of any changes in my residence, phone number and, if applicable, my representative's name and phone number; and any significant change in my condition that would affect my level of mobility.

I understand that failure to follow proper procedures or cooperate with METROLift staff, demonstrating illegal or disruptive behavior or, if my condition at any time poses a direct threat to the health or safety of others, such situations may result in either suspension and/or termination of service.

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**Applicant's Signature:**

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**Date:**

If someone other than the applicant is preparing this form, please provide the following information about the preparer:

Name: (please print) \_\_\_\_\_

Day Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_