



## APPLICATION FOR ADA PARATRANSIT SERVICE ELIGIBILITY COUNTY OF MAUI DEPARTMENT OF TRANSPORTATION (MDOT)

The Federal Americans with Disabilities Act (ADA) requires comparable public transportation services for persons with disabilities who are unable, because of their disability to use a regular fixed route Maui Bus service.

**If you believe you have a disability that prevents you from using the regular Maui Bus fixed route service, please complete this application and return it to the address below to determine your eligibility.**

It is important to note that all parts of this application must be completed, including the sections required by the Health Care Professional. **You as an applicant are responsible for the completion of this entire application form.**

MDOT will review your application and follow-up as necessary to determine your eligibility for paratransit service. MDOT will notify you within 21 days of receiving your **completed application** regarding your eligibility for paratransit service.

If you have not heard about your eligibility status within 21 days of submitting your application, please call (808) 270-7511. If a determination has not been made yet, you will be temporarily eligible.

If you are denied eligibility, you have a right to appeal the eligibility decision. Please contact MDOT on the appeals process.

PLEASE SEND COMPLETED APPLICATION TO:

County of Maui Department of Transportation  
ADA Paratransit Service  
110 Ala'ihi Street, Suite #210  
Kahului, HI 96732

**For questions regarding the ADA  
Paratransit Service, please contact us at:**

**Telephone: (808) 270-7511**

**Email: [public.transit@mauicounty.gov](mailto:public.transit@mauicounty.gov)**



**SECTION II  
MOBILITY INFORMATION**

**Mobility Status: (Please check all that apply)**

Uses Cane     Uses Walker     Uses Crutches     Service Animal     Need to use lift instead of steps

Requires Portable Oxygen     Requires Personal Care Attendant     Other: \_\_\_\_\_

Manual Wheelchair    Length: \_\_\_\_\_    Width: \_\_\_\_\_

Motorized Wheelchair    Length: \_\_\_\_\_    Width: \_\_\_\_\_

3-Wheel Scooter    Length: \_\_\_\_\_    Width: \_\_\_\_\_

**\*\*Common wheelchair/scooters cannot exceed 48" in length and 30" in width and 600 pounds when occupied.**

4. Using a mobility aid or on your own, how many blocks can you walk on level ground (1 block = 500 feet)?

Number of Blocks: \_\_\_\_\_

5. Do you require a Personal Care Attendant (PCA) or escort to accompany you when you travel?

Yes     No

If you checked **YES**, please list the name(s) of your PCA (agency) or escort:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

6. Where is the nearest bus stop to your home? (Example: Papa Ave. & Laau St.)

\_\_\_\_\_

Does your disability prevent you from getting to or from the bus stop?

Yes     No    If **YES**, please explain \_\_\_\_\_

\_\_\_\_\_

7. Can you climb three (3) steps without assistance?

Yes     No    If **NO**, please explain \_\_\_\_\_

\_\_\_\_\_

8. Is your ability to travel or wait outdoors affected by extreme hot or cold weather conditions?  
 Yes  No If **YES**, please describe conditions you cannot tolerate.  
\_\_\_\_\_
9. Are you able to board or disembark from a Maui Bus with a wheelchair lift?  
 Yes  No If **NO**, please explain \_\_\_\_\_  
\_\_\_\_\_
10. Are you able to get around independently without assistance?  
 Yes  No If **NO**, please explain \_\_\_\_\_  
\_\_\_\_\_
11. Are you able to ask for, understand and follow directions?  
 Yes  No If **NO**, please explain \_\_\_\_\_  
\_\_\_\_\_

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In order for the County of Maui Department of Transportation (MDOT) to evaluate your application, it is necessary to contact a health care professional to verify the information that you have provided. Your signature on the following page will provide that authorization.

Please list the names of a health care professional (licensed physician, therapist, social worker, or nurse, or certified or registered specialist) designated by the applicant, who may be contacted by MDOT.

Name of Health Care Professional: \_\_\_\_\_

Office/Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

I hereby certify that the information provided in this application is correct. I authorize the release of information and photos to County of Maui Department of Transportation (MDOT). I also authorize MDOT to contact the health care professional who completed Section III of this application to release information regarding my disability to MDOT. The information about my disability will be used solely to determine my eligibility for paratransit services.

Applicant's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**If you are not the applicant but have completed this application on the applicant's behalf, you must provide the following information:**

Full Name (Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Daytime Phone \_\_\_\_\_

I hereby certify that to the best of my knowledge the information given above is correct and can be verified by the applicant's health care professional.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***You have now completed the applicant section of the ADA Paratransit Eligibility Form. Please give this entire Application to the Health Care Professional most familiar with your abilities and disabilities.***



## VERIFICATION OF PARATRANSIT ELIGIBILITY

### Health Care Professional Verification of Applicant's Disability and Functional Capabilities

***This portion of the application form is to be completed by the Health Care Professional, most familiar with the applicant's abilities and disabilities, as they relate to their using the regular fixed route Maui Bus Service.***

The attached applicant has applied for ADA paratransit service with the County of Maui Department of Transportation (MDOT). You are being asked to provide information regarding this applicant's disability **as it affects their ability to use the regular fixed route public transportation (Maui Bus) service**. Please note that all of our buses are lift-equipped for individuals who use wheelchairs/scooters and who are unable to use the bus steps.

The County of Maui Department of Transportation provides paratransit (Curb-to-Curb) service to persons who cannot use the Maui Bus.

- Not all persons with disabilities qualify for paratransit service
- Only those persons who cannot ride the Maui Bus will qualify for paratransit service

To assist our office in determining eligibility status, please review the enclosed application as completed by the applicant and complete the attached verification of paratransit eligibility form.

**Please note:** Your certification should consider only the presence of a disabling condition(s) and its affect(s) upon the applicant's ability to use the Maui Bus. A person does not qualify for ADA paratransit service if they find it difficult or uncomfortable to travel to or from bus stops. They must be unable to independently get to or from bus stops, ride the Maui Bus, and/or navigate (find their way) the system. This verification is one step in determining an applicant's eligibility for paratransit service. Final approval of eligibility is made by the County of Maui Department of Transportation.

Should you have any questions regarding ADA Paratransit eligibility, please contact the County of Maui Department of Transportation at 270-7511.

I have reviewed the enclosed application and agree with the information provided for:

\_\_\_\_\_  
(Applicant's Name)

Yes       No    If **NO**, please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant is unable to use the Maui Bus because:

\_\_\_\_\_

(Print diagnosis of disability above)

Temporary: Expected duration until \_\_\_/\_\_\_/\_\_\_\_\_

Long Term: Conditions with potential for improvement or long periods of remission.

Permanent: Condition with no expectation of improvement. (Maximum of 4-year ADA paratransit eligibility card will be issued)

I hereby certify that the above information is true. False verification may result in the disqualification of the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

**PLEASE SEND COMPLETED APPLICATION TO:**

**COUNTY OF MAUI DEPARTMENT OF TRANSPORTATION  
ADA PARATRANSIT SERVICE  
110 ALA'IHI STREET, SUITE #210  
KAHULUI, HI 96732**