

# Waukesha Metrolift

Effective November 1, 2023



## **What is Waukesha Metrolift?**

Waukesha Metrolift is a paratransit service provided by Waukesha Metro Transit. The purpose is to provide mobility to disabled persons whose disability is of such a nature that they are unable to use fixed route service provided by Waukesha Metro Transit.

## **When and where does Waukesha Metrolift operate?**

Waukesha Metrolift service is provided during the hours of 5:15 a.m. to 11:55 p.m., Monday through Friday, 6:10 a.m. to 11:45 p.m. on Saturday and 7:00 a.m. to 10:15 p.m. on Sunday. Waukesha Metrolift provides paratransit service within the City of Waukesha boundaries and areas within  $\frac{3}{4}$  mile of a Waukesha Metro Transit fixed bus route outside the City of Waukesha. Areas more than  $\frac{3}{4}$  mile from a Waukesha Metro Transit fixed bus route outside the City of Waukesha will not be served by Waukesha Metrolift. To determine if Waukesha Metrolift serves your area, call Metrolift information at 262.524.3636. There is a map of the service area for Metrolift on the Metrolift webpage. It can be found by going to [www.waukeshametro.org](http://www.waukeshametro.org) and clicking on Metrolift.

## **What is the fare?**

The fare for a one-way Waukesha Metrolift ride is \$4.00. An attendant certified to accompany a disabled person may ride free. You may also bring along a companion that may ride with you for the \$4.00 fare.



## Eligibility Criteria

A transportation disability is an incapacity or disability which results in the absolute inability of a person to perform one or more of the following functions for the effective use of regular fixed bus route facilities:

1. If such persons are unable to independently board, ride, or disembark from the buses used to provide the fixed route transit service;
2. If such persons would be capable of using an accessible bus, but accessible fixed route transit service is not available for the trip they desire to make; or
3. If such persons have a disability which prevents them from traveling to or from a boarding or disembarking location on the fixed route transit system.

Incapacities or disabilities which absolutely prohibit the use of fixed bus route service may include (but are not necessarily limited to):

1. Any disability requiring the use of a wheelchair, walkers, or other such devices;
2. One or more missing limbs (or partial limbs);
3. Special sensory disorders such as legal blindness;
4. Cardiovascular or respiratory impairment which severely interferes with coordination, endurance, or strength;
5. Neurological diseases which severely interfere with coordination, strength, or endurance; such as polio, cerebral palsy, multiple sclerosis, or paralysis; or
6. Severe musculoskeletal impairment such as muscular dystrophy or severe rheumatism or arthritis.

### **Exclusions**

A person is not considered as eligible for the Waukesha Metrolift if his/her sole incapacity or disability is:

1. Pregnancy;
2. Obesity;
3. Impairment due to drugs or alcohol;
4. Controlled epilepsy; or
5. Any other mental or physical conditions which would constitute a danger to the cardholders or to other riders.

# Instructions for Completing Paratransit Eligibility Certification Form



These instructions are for completing the Paratransit Eligibility Certification Form for Waukesha Metrolift demand-responsive paratransit services for our customers that are unable, because of disability, to use our fixed-route transit service. This form should not be used for application for reduced-fare on Waukesha Metro Transit.

1. Complete the certification form. Be sure to answer all questions. Be sure you print or type your responses. Forms returned with handwriting that we can not read will be rejected. If you need assistance in completing the form, please contact Waukesha Metro Transit at 262.524.3636.
2. Return the completed form in person or by mail addressed to:  
  
Waukesha Transit Commission  
2311 Badger Drive  
Waukesha, WI 53188-5932
3. When we receive your application, we will determine your eligibility for paratransit services. You will receive our answer regarding your eligibility within 21 days of our receipt of your application. If you are determined to be ineligible, an appeals procedure will accompany your determination letter. You will need to follow that process to appeal the ineligibility decision.
4. If you receive a letter stating that you are eligible for paratransit service, you will need a photo identification card. These cards may be obtained Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m. at the Waukesha Metro Downtown Transit Center, 212 E. St. Paul Ave., Waukesha. You will have to appear in person to have your picture taken for the identification card. Your identification card may not be available immediately, but will be mailed to you within a few days.

# Waukesha Transit Commission Paratransit Eligibility Certification Form

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**Please complete this page and the Emergency Contact Form and have your healthcare provider fill out the Health Care Provider Verification Form. (Print or type information)**

**By submitting this application**, you are confirming that you understand the information obtained in this certification process will only be used by the Waukesha Transit Commission (METRO) for the provision of transportation services. 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. You further confirm understanding that in order to prevent abuse of the Metrolift program, METRO reserves the right and opportunity, at its own expense, to examine any person seeking Metrolift services when and as often as it may reasonably require. Further, it is understood that METRO may require a recertification or updated contact information of individuals periodically.

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Telephone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_
4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

### For Office Use Only

#### Eligibility Type

\_\_\_ ADA Paratransit/Reduced Fare

\_\_\_ Conditional ADA Paratransit/Reduced Fare

Expires: \_\_\_\_\_

\_\_\_ Temporary ADA Paratransit/Reduced Fare

Expires: \_\_\_\_\_

I.D. Number \_\_\_\_\_

Date Issued: \_\_\_\_\_

\_\_\_ Letter Sent

\_\_\_ ID Done

**METROLIFT**  
**EMERGENCY CONTACT FORM**



PASSENGER NAME: \_\_\_\_\_

PASSENGER ADDRESS: \_\_\_\_\_

PASSENGER PHONE #: \_\_\_\_\_

**\*\*\*PLEASE PRINT\*\*\***

**\*\*YOU CAN LIST MORE THAN ONE CONTACT IF NECESSARY\*\***

**DAYTIME EMERGENCY CONTACT**

**(8:00a.m. – 6:00p.m.)**

**NAME(S):** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EARLY MORNING AND LATE NIGHT EMERGENCY CONTACT**

**(Before 8:00a.m. and after 6:00p.m)**

**NAME(S):** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

# Health Care Provider Verification

In order to allow the Waukesha Transit Commission to evaluate your request, it is necessary to contact a physician or other professional to confirm your disability to the Waukesha Transit Commission as required completing this certification. Please have your health care provider complete the following information and authorization: (Please check one)

Physician  Health Care Professional  Rehabilitation Professional

1. What is the disability, which prevents the patient from using our fixed route service?

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2. Is the need for Metrolift temporary?

If Yes, expected duration: \_\_\_/\_\_\_/\_\_\_

3. How does this disability prevent the patient from using fixed route services?

Please explain completely. Use an additional sheet of paper if needed.

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Are there any other effects of the patient's disability of which we need to be aware?

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Does the patient use any of the following aids to mobility? (Check all that apply):

Manual wheelchair  Electric wheelchair  Powered scooter

Cane  Crutches  Service Animal  Walker  Oxygen Tank

\*\*Type of Wheelchair (regular, oversized, etc): \_\_\_\_\_

Section 37.3 of the DOT regulations implementing the Americans with Disabilities Act of 1990 (ADA) (49 CFR Parts 27, 37, and 38) defines a "wheelchair" as a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered. Transportation operators must carry a wheelchair and occupant if the lift and vehicle can physically accommodate them. If a lift has the minimum design load of 600 pounds, there is no requirement for an agency to transport a heavier occupied device. Waukesha Metro Transit's fixed route buses have a design load of 600 pounds. However, if the vehicle lift has a design load of 800 pounds, the agency would need to transport an 800-pound wheelchair/passenger combination, but not a combination exceeding 800 pounds. Waukesha Metrolift vehicles have a design load of 800 pounds. An operator may deny transportation if carrying the wheelchair and its occupant would be inconsistent with legitimate safety requirements, as when, for example, the wheelchair is so large it would block an aisle or would interfere with the safe evacuation of passengers in an emergency.

4. Does the patient require a Personal Care Attendant when you travel using transit?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do any of the following apply to the patient? (Please check all that apply)

Hearing Impaired \_\_\_\_\_ Vision Impaired \_\_\_\_\_

Speech Impaired \_\_\_\_\_ Cognitive Impaired \_\_\_\_\_

6. Please answer the following questions:

Can patient travel 200 feet without the assistance of another person?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Can patient travel  $\frac{1}{4}$  of a mile without the assistance of another person?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Can patient travel  $\frac{3}{4}$  of a mile without the assistance of another person?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Can patient climb three 12-inch steps without assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Can patient wait outside without support for 10 minutes?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Name of Healthcare Professional (Please Print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Professional's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Application must be signed by a physician in order to be processed, application will not be processed until there is a physician signature.**

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**If you have any questions concerning this process, please call us at 262.524.3636.**