

Eligibility for ZIPS is a transportation decision, not a medical one

Determinations are based on a person's functional ability to use Fixed Route buses. Eligibility is **not** solely based on disability, age or medical diagnosis.

ZIPS Dial-a-Ride service is available for individuals with disabilities who are unable to ride Rochester Public Transit Fixed Route* buses. This is a shared-ride, door-to-door, Operator-assisted service** which requires advance reservations. Customers must complete the application process before using this service. Accessible formats are available upon request.

Read instructions before completing the enclosed application. If you have questions about ZIPS eligibility or if you need help with the application form, Rochester Public Transit staff is available to assist you. Please call 507-328-2434.

Please fill out the application form as completely and thoroughly as possible. **Incomplete applications will be returned**, delaying the eligibility determination process.

ZIPS Certification is good for 3 years, recertification will be needed after expiration date.

WHEN AND HOW WILL YOU FIND OUT IF YOU ARE ELIGIBLE?

Once the application has been reviewed, Applicants will be notified of eligibility in writing and by phone. Eligibility determinations are made **within 21 days** of the date we receive your application. If a decision is not made within 21 days, we will provide you with ZIPS services until a determination is made.

If you are approved for ZIPS, you will be given a ZIPS Service Guide with information about the service. If it is determined you are able to use Fixed Route buses for some or all of your trips, you will be notified in writing of the reasoning for this decision and information will be provided about how to appeal the determination.

Return completed applications to:

**Zumbro Independent Passenger Service
4300 East River Road NE
Rochester, MN 55906**

Fax: 507.328.2432
Phone: 507.328.2434
Email: rpt@rochestermn.gov

*Large transit buses operated on designated routes by RPT.

**Operators assist passengers through the first door of a building at both their point of origin and their destination. First door is defined as giving inside access to the building

Choose from the reasons below why you are seeking ZIPS eligibility. **Check all that apply.**

- I am able to use Fixed Route buses to go some places, but in other places, I cannot get to or from the bus stop.
- I am able to use Fixed Route buses sometimes, but only if accessible by means of a ramp or lift.
- Because of my disability, I can never use Fixed Route bus service.

First name _____ Last name _____ Middle initial _____

Street address _____ Apt. # _____

City _____ State _____ Zip _____ Date of birth _____

Primary phone number (required) _____

Would you like to sign up for the **RPT Mobile Fare Smartphone App**?

- Yes No

(If yes) please provide an E-mail address _____

What is your preferred language? _____

FOR INTERNAL OFFICE USE ONLY

RECEIVED ON: _____

APPROVED ON: _____

EXPIRES ON: _____

APPROVED BY: _____

What type or types of disabilities prevent you from using Fixed Route buses? Check all that apply.

- Physical disability Visual impairment/blindness Developmental disability Mental illness
- Other None

Is the disability above permanent or temporary?

- Permanent Temporary, I expect it to last for another _____ month's Unknown

Indicate any mobility aids or equipment you use. Check all that apply.

- Cane Manual wheelchair Service animal White cane Powered wheelchair Crutches
- Communication device Walker Powered scooter or cart Portable oxygen Alphabet board
- I do not use a mobility aid or equipment other (please describe) _____

For wheelchairs or scooters, is it - More than 30 inches wide? Yes No

More than 48 inches long? Yes No

For Ramp Capacity:

Total weight of the device and the occupant over 800 pounds? Yes No

For manual wheelchairs, is your combined weight over 350 pounds? Yes No

Does your health condition or disability require you to travel with a personal care attendant (PCA)***?

- Yes No Sometimes

***Person traveling as an aide designated or employed by an individual with disabilities to help them meet personal needs and/or facilitate travel.

SIGNATURE INFORMATION

Please complete Box A *unless* the individual is a minor or has a legal guardian. In that case, your parent or legal guardian should complete Box B.

A. I understand the purpose of this application is to determine Dial-a-Ride eligibility. I certify that the information provided in this application is true and correct. I understand falsification of information could result in a loss of Dial-a-Ride privileges as well as penalties under the law. I agree to notify ZIPS if I no longer need to use Dial-a-Ride services.

Signature of applicant

Date

B. I understand the purpose of this application is to determine Dial-a-Ride eligibility of the Applicant. I certify that the information provided in this application is true and correct. I understand falsification of information could result in a loss of Dial-a-Ride privileges as well as penalties under the law. I agree to notify ZIPS if the Applicant no longer needs to use Dial-a-Ride services.

I consent to the Applicant’s interview and any possible assessment of travel abilities and limitations to determine Dial-a-Ride eligibility.

Signature of parent or legal guardian

Date

Phone

Must provide legal documentation of legal guardianship, Power of Attorney, Conservatorship.

If assisting in the completion this application, please provide the following information.

Name (please print)_____

Relationship to applicant_____

Address_____

Agency_____ Phone _____

Assessing Abilities to Use Fixed Route Transit Services

Please have this section completed by a care professional (Physician, Physician’s Assistant, Advanced Practice Registered Nurse, Chiropractor, Physical Therapist, Case Manager, Personal Care Attendant, etc.)

What is the nature of the applicant’s disability? (Check all that apply).

- The applicant has a **physical disability** that prevents them from traveling to and from the bus or boarding and disembarking from the vehicle.
- The applicant has a **cognitive disability** which prevents them from learning to use regular Rochester Public Transit buses.
- The applicant has a **sensory disability** which prevents them from learning to use regular Rochester Public Transit buses.
- The applicant has a **mental health disability** that prevents them from managing travel situations on regular Rochester Public Transit service.

Is the applicant’s disability:

- Permanent
- Temporary
- Seasonal or conditional

If temporary or seasonal/conditional, please explain the length of time service will be needed or the circumstances under which the applicant needs service.

Title _____ Printed Name _____

Clinic/Agency _____

Address _____

City _____ State _____ Zip code _____ - _____

Telephone (_____) _____ - _____ Email _____ @ _____

I certify by my signature that _____ (**applicant’s name**), in my professional opinion meets the criteria as I have indicated above.

Signature _____ Date ____/____/____