

Department of Transportation and Public Works
701 NW 1ST CT, Suite 131
Miami, FL 33136
Phone: (786) 469-5000
Fax: (786) 469-5610
Email: Paratransit@miamidade.gov



**VERIFICATION OF ADA ELIGIBILITY
VISITOR REQUEST**

Dear Out-of-Town Applicant:

To obtain ADA paratransit services as a visitor, please complete Section I of this form along with the required back up documentation from Section II. All visitor requests will be processed no later than one business day after submission.

SECTION I

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ TELEPHONE: _____

E-Mail: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

MEDICAL VERIFICATION (PRIMARY DISABILITY):

Please describe the type and nature of the applicant's disability(ies) or impairment- related condition(s). Please be as specific as possible.

MOBILITY AID:

☐ Wheelchair ☐ Walker ☐ Crutches ☐ Service Animal ☐ Cane

☐ Braces ☐ Other: _____

If Wheelchair user type: ☐ Manual ☐ Motorized ☐ Scooter (Three wheeled)

Indicate the type of transportation required by the applicant, based on his/her functional ability:

☐ Ambulatory (sedan/van with steps) ☐ Wheelchair (van with a lift)

Based on the applicant's disability, do you recommend him/her to bring a Personal Care Attendance (PCA) on each trip? ☐ Yes ☐ No

SECTION II

REQUIRED DOCUMENTATION:

A. For individuals who are ADA Paratransit eligible in another jurisdiction, please provide proof of ADA paratransit eligibility. Submit one of the following:

1. APPROVAL LETTER
2. I.D. CARD
3. VERIFICATION OF ADA ELIGIBILITY FROM YOUR JURISDICTION

B. For individuals who are **NOT** ADA Paratransit eligible in another jurisdiction but are eligible for Paratransit services based on a functional disability which impedes the ability to use fixed-route transportation services, please submit one of the following:

1. LETTER FROM DOCTOR STATING DISABILITY
2. LETTER FROM VETERANS' ADMINISTRATION
3. LETTER FROM SSDI OR SSI THAT STATES INDIVIDUAL HAS A DISABILITY
4. LETTER FROM DIVISION OF BLIND SERVICES
5. LETTER FROM VOCATIONAL REHABILITATION
6. LETTER FROM OTHER AGENCY STATING INDIVIDUAL'S DISABILITY.

If possible, please provide the address and telephone number of the place where you will be staying during your visit to Miami-Dade County:

Address: _____

City: _____ Zip Code: _____

Telephone: _____

Submit completed Visitor Request to the Paratransit Certification Office along with the required documents stated in Section II to one of the following.

- **Fax: 786-469-5033**
- **Email: paratransit@miamidade.gov**
- **US Mail: 701 NW 1st Court, Suite 131
Miami, Florida 33136**

Sincerely,



Aleida Fuentes
Paratransit Eligibility Supervisor