

During the second phase of Metro's Platform Improvement Project, four outdoor stations on the Orange Line will undergo platform reconstruction: Vienna, Dunn Loring, West Falls Church and East Falls Church.

All nine Orange and Silver line stations west of Ballston-MU will be closed beginning Saturday, May 23. The station closures are part of Metro's multi-year Platform Improvement Project (PIP) that will completely reconstruct the outdoor platforms at 20 Metrorail stations, making platforms safer and more accessible for customers with disabilities, while also addressing safety concerns and longstanding structural issues.

To best handle the station closures, commuters should prepare and educate themselves by knowing their transportation options.

Information about free shuttles and convenient bus options is available at www.wmata.com/platforms to help customers plan their travel options. ADA shuttles are provided during the shutdown for those with disabilities. If you have a disability and are having difficulties using the free, accessible shuttle service, you may qualify for MetroAccess for the duration of phase two of the Platform Improvement Project.

To apply for this short-term service, you must complete the attached application. Electronic and copies of signature are accepted during this time.

Customers can email their completed application (both parts A and B) and a copy of their photo ID to eligibility@wmata.com. Customers without email access can call (202) 962-2700 for alternative ways to submit the application.

MetroAccess is a door-to-door, shared ride, public paratransit service for people with disabilities who are unable to use accessible Metrobus and Metrorail for some or all of their public transportation trips due to a disability. The Americans with Disabilities Act (ADA) outlines specific criteria to determine eligibility for paratransit service. MetroAccess operates throughout the metropolitan area where there is regular bus and/or rail service. Service is provided in Washington, DC; Montgomery County and Prince George's County in Maryland; Arlington County, Fairfax County, City of Alexandria, City of Fairfax, and City of Falls Church in Virginia.

2020 Platform Improvement Project
APPLICATION FOR TEMPORARY METROACCESS PARATRANSIT SERVICES

Part A: Applicant Information and Release

MetroAccess Customer ID Number (if previous customer): _____

Last Name _____ First Name _____

DOB: _____

Street Address: _____ Apartment #: _____

City, State, Zip: _____ County or City: _____

E-mail: _____ Phone number: _____

☐ Home ☐ Cell Phone ☐ Work

Mobility Devices:

Do you require the use of a mobility device when traveling? ☐ No ☐ Yes

Check all that apply: ☐ Manual Wheelchair ☐ Support Cane ☐ Portable Oxygen

☐ Power Wheelchair or Scooter up to 48" x 30"

☐ Crutches ☐ Walker ☐ White Cane (blind/low vision) ☐ Other: _____

Do you use a service animal? ☐ No ☐ Yes ☐ Sometimes

If yes, please describe the type of animal and what service(s) the animal performs:

I certify that all information contained in part above was completed by me or my appointed representative are true. I further authorize my healthcare provider to release to the Washington Metropolitan Area Transit Authority (Metro) any protected health information about my disability for the purpose of verifying my eligibility for Metro Services for People with Disabilities. I also authorize the release of further information should it be needed for this application for a period of 60 days from the date of my signature on part A of this application.

Applicant Signature: _____

Date: _____

Part B: Disability Certification

You are applying for short-term MetroAccess services. MetroAccess is a door-to-door, shared ride paratransit service for people whose disability(ies) prevent them from riding the accessible fixed route Metrobus or Metrorail systems, all or part of the time. **NOTE:** MetroAccess is not specialized medical transportation.

To assist us in the process we ask that you complete the following questions as they pertain to your functionality to use the accessible Metrobus or Metrorail systems.

1. Name of Health Care Provider (Please Print):

2. Phone: _____ **3. License Number/State Issued:** _____

4. Street Address & Suite #: _____

5. City, State, Zip: _____

6. Specialization: _____

7. Written Diagnosis: _____ **ICD 10 Code:** _____

Written Diagnosis: _____ **ICD 10 Code:** _____

Written Diagnosis: _____ **ICD 10 Code:** _____

8. How does your disability prevent or significantly reduce your ability to
independently use the accessible Metrobus or Metrorail systems? _____

9. Additional Comments: _____

I certify that I have completed the questions in Part B and that the information provided is correct.

Customer Signature: _____

Printed Name _____ **Date:** _____