

Metro Mobility/ADA Standing Order Request Form 2008
(Instructions on back)

1. Passenger Information (Please Type or Print)

Last Name _____ First Name _____ Middle Int _____
Metro Mobility ID _____

2. Transportation Needs:

- Will you be traveling with a personal care attendant? Yes No
- Will you be traveling with a wheelchair or scooter? Yes No

3. Days of the Week: Please circle the day(s) of the week that you would like a standing order:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

4. Go Ride: Trip Information

Pickup: Address: _____ Unit/Apt: _____
City: _____ Phone: (____) _____
Requested Pickup Time: _____ AM / PM

Drop Off: Address: _____ Unit/Apt: _____
City: _____ Phone: (____) _____
Requested Appointment Time: _____ AM / PM

5. Return Ride: Trip Information

Pickup: Address: _____ Unit/Apt: _____
City: _____ Phone: (____) _____
Requested Pickup Time: _____ AM / PM

Drop Off: Address: _____ Unit/Apt: _____
City: _____ Phone: (____) _____

7. Contact Information: The person to contact with questions regarding this request.

Name: _____ Phone: _____

RETURN FORM via mail or Fax to

Metro Mobility 390 N. Robert St. Saint Paul, MN 55101	Fax 651-602-1660
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This form should be use for **NEW** standing orders only.

A standing order is a trip that goes from the same pickup address to the same drop-off address at the same time, on the same days each week.

INSTRUCTIONS

1. **Passenger Information:** Please fill out all of the information listed in this section.
2. **Transportation Needs:** These questions are designed to assist us in appropriately assessing your transportation needs to place the standing order.
3. **Days of the Week.** Circle the days of the week that the standing order is needed. The standing order must be used for the same days every week.
4. **Trip information: Go Ride.** Provide the complete address and telephone numbers for both the pickup and drop off locations. Requested Time: This is the time you would like to get picked up. If you have a time which you must arrive at your destination by, please enter it as an appointment time. (Example: Work start time or doctors appointment.)

NOTE: An appointment time means we will do our best to ensure that you arrive at your destination **NO LATER** than that time. Please allow yourself time to get from the front door to your final destination within the building. **EXAMPLE:** If your start time for work is 8:00am you may want to put a 7:45 appointment time to give yourself time to in and settled before 8:00am.

5. **Return Ride.** Please complete this portion with complete address and telephone numbers. The requested time is the time that you wish to be picked up at your destination.

NOTE: When filling your standing order request Metro Mobility providers may negotiate with you to establish a pickup time that is different than your requested time. This will be done to accommodate appointment times and other riders needs on our shared ride service.

2008 Standing Order Schedule

The MMSC accepts Standing Order applications anytime throughout the year but will fill standing order requests **ONLY** one time per month.

Deadline to Submit Requests	Standing Order Start Date
The 3 rd Friday of each month	The First Monday of each month

If we are unable to fill your standing order it will be returned to you and may be resubmitted for the next quarter. Please ensure that the information is correct and has not changed prior to resubmitting your form.

If you have questions about completing the Standing Order Request Form, call Customer Services at (651)602-1111 or (651)221-9886 TTY.