

## **STANDING ORDER REQUEST FORM**

Metro Mobility/ADA Standing Order Request Form (Instructions on back)	
1. Passenger Information (Please type or print)	
Last Name First Name Metro Mobility ID	Middle Initial
<ul> <li>2. Transportation Needs:</li> <li>Will you be traveling with a personal care assista</li> <li>Will you be traveling with a wheelchair or scoote</li> </ul>	
3. Days of the Week: Please check the day(s) of the	e week that you would like a standing order:
SunMonTuesWed	ThursFriSat
4. Go Ride: Trip Information Pickup: Address:	Unit/Apt:
City:	Phone:
Requested Pickup Time:	AMPM
Drop Off: Address:	Unit/Apt:
City:	Phone:
Requested Appointment Time:	AMPM
5. Return Ride: Trip Information Pickup: Address:	Unit/Apt:
City:	
Requested Pickup Time: A	M PM
Drop Off: Address:	Unit/Apt:
City:	Phone:
6. Contact Information: The person to contact with	questions regarding this request.
Name:	
RETURN FORM via Mail, Email or Fax to Mail: Metro Mobility 390 N. Robert St. Saint Paul, MN 55101	
	,

Email: metromobility@metc.state.mn.us Fax: 651.602.1660

## Instructions for Making a Standing Order

- 1. Passenger Information: Please fill out all of the information listed in this section.
- **2. Transportation Needs**: This information helps us appropriately assess your transportation needs in placing the standing order.
- **3. Days of the Week:** Circle the days of the week that you need the standing order. You must use the standing order for the same days every week.
- 4. "Go Ride" Trip (your ride destination): Provide the complete address and telephone numbers for both the pickup and drop-off locations.
- 5. Requested Time: This is the time you would like to get picked up. If you have a time when you must arrive at your destination, please enter it as an "appointment time." (For example, a work start time or medical appointment.)

**Note:** An appointment time means we will do our best to make sure you arrive at your destination NO LATER than that time. Please allow yourself time to get from the front door of your pickup location to your final destination within the building.

**Example:** If your start time for work is 8 a.m., you may want to put a 7:45 a.m. appointment time to give yourself time to get in and settled before 8 a.m.

**6. Return Ride Trip**: Provide the complete address and telephone numbers for your drop-off location. The requested time is the time that you want to be picked up at your destination.

Once you've filled out the form, send it to Metro Mobility Customer Service by mail, email or fax.

Mail: Metro Mobility, 390 N. Robert St., Saint Paul, MN 55101

Email: metromobility@metc.state.mn.us z

Fax: 651.602.1660

You can send your standing order application to Metro Mobility Customer Service anytime during the year, but we will fill standing order requests only one time each month.

If you want to start your standing order next month, please submit your request by the third Friday of the month. Your standing-order rides would begin the first Monday of the following month.

Standing order requests that are not wholly within the ADA service area will be considered only if: 1) the trip is for life-sustaining medical appointments; 2) for work or school purposes; or 3) the customer has full eligibility. You can determine if your trip is wholly within the ADA service area by using the lookup form at <u>MetroMobility.org</u>.

We may not be able to fill your standing order the first time you submit it. In that case, we will return it to you. But you can resubmit a standing order for the next month. If you do, please make sure the information is current on the resubmitted form.

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

If you have questions about completing the Standing Order Request Form, call Metro Mobility Customer Service at 651.602.1111 or 651.221.9886 TTY. If you have questions about the status of a submitted request, contact your provider.