Macomb Academy

39092 Garfield Rd.
Clinton Twp., MI 48038
(586) 228-2201
macombacademy@macombacademy.net

Hello Students, Families, and Guardians,

Welcome to Macomb Academy! If you are planning to utilize the SMART Connector service for your student's daily transportation to and from school, please follow the simple application steps below to establish your route:

- **Step 1 (Parent/Student):** Fill out **Part 1** of the attached SMART Connector application.
- **Step 2 (Parent/Student):** Return the completed application to the school main office as soon as possible.
- **Step 3:** Our office will complete and attach **Part 2** of the application. We will then submit the entire packet directly to SMART on your behalf.
- **Step 4:** If you have not heard back from a SMART representative within 3 weeks, please contact them at 313-223-2193 to verify your student's eligibility and establish your official route pick-up and drop-off times.

Please note that routes and times are determined entirely by SMART after processing. We encourage you to submit your paperwork early to ensure transportation is set up before the student's first day.
If you have any questions, please contact the main office at 586-228-2201 or macombacademy@macombacademy.net

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Sincerely,

Mikelle Hillewaere
Administrator

SMART ADA Application

STEP #1: All sections must be completed by applicant, family member, friend or licensed professional.

Name:_____ ❑ Male ❑ Female

Date of Birth: _____/_____/_____ Email _____

Primary Address:_____ Apt. _____

City: _____State: _____ Zip:_____

Mailing Address (If different):_____

Primary Phone: _____ Alternate phone: _____

Emergency Contact Name: _____Phone: _____

❑ YES ❑ NO Would you like to receive SMS notifications? Provide Number _____

❑ YES ❑ NO Is the applicant a Military Veteran?

❑ YES ❑ NO Has the applicant ever used any Fixed Route bus service?

If YES, where and how long ago?_____

❑ YES ❑ NO SMART employs a Certified Orientation & Mobility Specialist who conducts free individualized Travel Training that teaches riders how to use the Fixed Route system. Would you be interested in Travel Training?

Disability Information

What is the disability or health condition that **prevents** the applicant from using SMART Fixed Route buses? Please describe all disabilities or health conditions that affect the applicant's travel.

Disability	Reason/Cause of Disability	Temporary Condition	If YES, Until When?
		❑ YES ❑ NO	___/___/___
		❑ YES ❑ NO	___/___/___
		❑ YES ❑ NO	___/___/___
		❑ YES ❑ NO	___/___/___

Revised 7/30/25

Current Health Status

The following questions pertain to the current health condition of the applicant.

❑ YES ❑ NO Does the applicant experience any flare ups from any of their disabilities?

If YES, please describe _____

❑ YES ❑ NO Has the applicant had a seizure in the past year?

If YES, when was the last seizure ____/____/_____and what was the severity?
❑ Mild ❑ Moderate ❑ Severe

❑ YES ❑ NO Is the applicant currently receiving dialysis treatment?

❑ YES ❑ NO Is the applicant currently undergoing cancer treatment?

❑ YES ❑ NO Is the applicant legally blind?

If YES, provide acuity: Left _____/_____ Right _____/_____

❑ YES ❑ NO Can the applicant visually recognize familiar places/landmarks/destinations?

Describe the applicant's field of vision: _____

Mobility Aids:

The following questions pertain to the mobility aid(s) used by the applicant.

Which of the following mobility aids does the applicant use? (check all that apply)

- ❑ Manual wheelchair
- ❑ Power wheelchair
- ❑ Power scooter
- ❑ Crutches
- ❑ Walker
- ❑ Cane
- ❑ White cane for the blind
- ❑ Portable oxygen
- ❑ Service animal
- ❑ Other - Please explain:

_____

_____

If you checked wheelchair or scooter above, please list the manufacturer and model number.

Manufacturer:_____Model Number: _____

❑ YES ❑ NO Does the combined weight of the applicant and their wheelchair/scooter exceed 700 pounds? If YES, documentation of the current combined weight is required.

Does the applicant travel with a personal care attendant (PCA)?
❑ ALWAYS ❑ SOMETIMES ❑ NEVER

Travel Abilities:

The following questions refer to the applicant's current physical and travel capabilities only.

Does the applicant require assistance getting to/from or getting on/off the vehicle?

❑ ALWAYS ❑ SOMETIMES ❑ NEVER ❑ NOT SURE

If ALWAYS, what assistance is needed? _____

If the weather is good and there are no barriers in the way, what is the farthest the applicant can independently navigate outdoors on a level sidewalk walking or using a mobility aid?

❑ The applicant cannot travel outdoors alone ❑ 1 block ❑ 3 blocks ❑ Not sure

❑ Curb in front of their residence ❑ 2 blocks ❑ 4 or more blocks

Is the applicant's disability impacted by environmental factors such as heat, cold, air quality, etc?

❑ ALWAYS ❑ SOMETIMES ❑ NEVER ❑ NOT SURE

(Please explain) _____

_____

_____

Does the applicant have the ability to:

❑ YES ❑ NO Access SMART vehicle using steps?

❑ YES ❑ NO Travel independently in their community?

❑ YES ❑ NO Make a transfer from bus to bus with assistance?

❑ YES ❑ NO Make a transfer from bus to bus without assistance?

❑ YES ❑ NO Wait at a transfer point alone for 30 minutes?

❑ YES ❑ NO Wait up to 30 minutes in good weather, outdoors without a place to sit?

❑ YES ❑ NO Recognize familiar places/destinations/landmarks or bus stops?

❑ YES ❑ NO Find their way to/from a bus stop?

❑ YES ❑ NO Safely cross residential streets?

❑ YES ❑ NO Safely cross at a stop sign controlled intersection?

❑ YES ❑ NO Safely cross yield controlled intersections?

❑ YES ❑ NO Press the pedestrian button to safely cross light controlled intersections?

❑ YES ❑ NO Manage their money and pay a fare?

❑ YES ❑ NO Understand written/oral directions?

❑ YES ❑ NO Ask for assistance when needed?

❑ YES ❑ NO Judge whether a situation is safe or unsafe?

❑ YES ❑ NO Use a phone to get information?

Release of Information

The licensed professional who is listed on the Request for Professional Verification page may document, and is familiar with, my disability. I authorize him/her to provide information to SMART in order to complete the ADA Paratransit Certification Process. I also certify that the information given above and in this application is correct.

Applicant Signature:_____Date:_____

Please mail the completed forms to:

SMART ADA Office
Oakland Terminal • 2021 Barrett St. • Troy, MI 48084

Applications will be processed within 21 days of receipt of both the ADA Application and the Request for Professional Verification. Unreadable or incomplete documents may take longer to process or may be returned. A determination letter will be mailed to you. Applicants may be required to participate in an in-person evaluation to determine eligibility.

Questions? Call the **SMART ADA Office** at **(313) 223-2193** or email **ADAinfo@smartbus.org**.