

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 _____ Middle Initial _____

Metro Mobility ID _____

2. Transportation Needs:

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

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

Sun Mon Tues Wed Thurs Fri Sat

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: _____

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

Name: _____ Phone: _____

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 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
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 3rd Friday of the month. Your standing-order rides would begin the first Monday of the following month.

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.

