

ADA Paratransit Application



The GoRaleigh ACCESS program, a paratransit system operating in accordance with the Americans with Disabilities Act (ADA) of 1990, is designed to serve individuals whose disabling conditions or functional limitations *prevent them from using regular fixed route GoRaleigh*. The ADA program allows paratransit trips to be made at the cost of \$2.50 per trip for eligible users.

WHO IS ELIGIBLE?

Under the ADA regulations, individuals who qualify for paratransit services qualify for at least one of following three categories:

1. The individual is unable, as a result of mental or physical impairment as defined in the ADA, to get on, ride, or get off an accessible vehicle of the GoRaleigh fixed route bus system;
2. The individual needs the assistance of a wheelchair lift or other boarding device and is able, with such assistance, to get on, ride, and get off an accessible vehicle, **BUT** such a vehicle is not available on the route when the person wants to travel;
3. The individual has a specific impairment-related condition (including limitations of vision, hearing or disorientation), which prevents travel to or from a transit station or stop of the GoRaleigh fixed route bus system.

If at least one of the above items applies to you, identify which item number(s) above _____.

ELIGIBILITY: WHAT YOU SHOULD KNOW ABOUT THIS PROGRAM:

- Individuals who can access regular fixed route bus services are not eligible for paratransit service.
- Paratransit service operates only within the Raleigh ADA service area. If you qualify for ADA service, but live outside this area, *you are responsible for any transportation needed to arrive within 3/4 mile of the service route.*
- If the applicant is determined to be eligible for this program, one of two designations may be made: Unconditional or Conditional. **Unconditional eligibility** indicates that the applicant can use paratransit service for all trips within the service area. **Conditional eligibility** indicates that some trips are eligible and some not, based on functional ability to use the GoRaleigh bus system, given the specific environment and demands of each trip.

HOW TO APPLY:

1. Review the GoRaleigh ACCESS brochure and this ADA application. Additional copies are available from the City of Raleigh Transportation Department (996-3459), GoRaleigh, and some Wake County libraries, doctor's offices, and social service agencies.
2. If you believe you qualify for ADA paratransit services, complete part A of this application.
3. Provide the application - **both parts A & B** - to an authorizing professional. Both parts of the application must be completed in order for your application to be considered.
4. Mail the completed application (both parts A & B) to:

City of Raleigh Transportation Department
GoRaleigh ACCESS, Attn. ADA paratransit Eligibility
P.O. Box 590, Raleigh, NC 27602

WHAT HAPPENS AFTER I TURN IN MY APPLICATION?

1. After the City of Raleigh has received your application, you will be contacted by Medical Transportation Management, Inc. (MTM) staff to schedule a functional assessment.
2. A representative of MTM will meet with you to determine your eligibility based on the following factors:
 - a. Information provided on your application.
 - b. Information provided by your authorizing professional.
 - c. Results of a brief assessment of your actual functional abilities.
 - d. A review of available transportation options in the areas in which you desire to travel.

If you have questions or have not been contacted within 21 days of submitting your application, call GoRaleigh ACCESS at (919) 996-3459. If you use a TDD, call 1-800-735-2962 and ask to be connected to (919) 996-3459. If, at that time, a determination of your eligibility has not been made, you will be temporarily eligible for paratransit service until such time as your application can be reviewed.

3. If you are denied paratransit eligibility, you will receive a letter regarding this decision and a copy of the GoRaleigh ACCESS Appeals Process. You have the right to appeal. For more information, contact GoRaleigh ACCESS at (919) 996-3459. If you use a TDD, call 1 (800) 735-2962 and ask to be connected to (919) 996-3459.

This application is available in alternative formats. If you would like additional assistance, please call (919) 996-3459 (TDD users call 1-800-735-2962, and ask to be connected to (919) 996-3459). The information in this application will be used only to determine your eligibility for ADA paratransit services and will be kept confidential.

**GoRaleigh ACCESS
ADA PARATRANSIT APPLICATION - PART A**

Please complete the following information:

Name: _____

Birthdate: ____/____/____

Address: _____

City: _____ State: _____

Zip: _____

Home telephone number: _____

Work/ Other daytime telephone number: _____

If hearing impaired, TDD number: _____

Do you currently use any city transportation, including GoRaleigh, regular fixed-route bus system?

_____ NO _____ YES

If yes, which routes? _____

What is the closest bus stop to your home? _____

Can you get to the bus stop by yourself? _____ YES _____ NO

If no, what limits you from getting there? _____

Name any GoRaleigh routes, which serve your neighborhood:

Language Ability (please check all that apply):

___ English ___ Spanish ___ Other (specify): _____

Please check ONE of the following seven statements, which best defines the nature of the disability or limitation which prevents you from using GoRaleigh fixed route bus service. Describe your specific needs in the space provided:

(MOB)

I have a mobility impairment, which prevents me from getting to and/or getting on a fully accessible vehicle without assistance. Describe the nature of this condition and any environmental obstacles (such as inclines, curbs, and distances) which affect your ability to access public transportation: _____

This condition is: _____temporary _____permanent

(END)

I have an endurance problem, which prevents me from moving the distance needed to get to the bus stop. Please describe the cause and nature of this condition:

This condition is: _____temporary _____permanent

(VIS)

I have a visual impairment that prevents me from finding my way to and from a GoRaleigh bus stop without assistance.

Describe the nature of your condition and your functional level of vision: _____

Please list any specific trips for which you have received travel training and the name of the Orientation and Mobility specialist who provided the training: _____

I have a cognitive disability which prevents me from remembering and understanding information needed to get myself safely to and from the bus stop. Please describe the origin and characteristics of your condition:

(COG)

Are you involved in any programs or training, which will have an impact on your ability to use public transportation? If so, please describe: _____

I have a severe medical condition, which limits my ability to function. Please describe and note whether your condition is temporary or permanent, and if it is episodic in nature (i.e. do you have "good" days or times when you can access transportation, and "bad" days when you cannot?) _____

(OTH)

I am dealing with functional losses due to aging. I feel I am not able to access regular bus service due to the following limitations: _____

(OTH)

Other. My functional limitations do not fit into any of the above categories. I am unable to use regular bus service because: _____

(OTH)

This condition is _____ temporary _____ permanent

Please check any of the following Environmental or Individual Factors which are applicable to your situation:

I. ENVIRONMENT:

If I am waiting outside at a bus stop, I must have:

_____ a bench _____ a shelter _____ nothing additional

When crossing a street, I need:

_____ curb cuts _____ tactile curb warnings _____ audible signals

_____ accessible median strip

_____ no more than (# _____) lanes of traffic

I cannot make my way across ground which is:

_____ paved or sidewalk _____ grassy _____ gravel

_____ hilly

My ability to access transportation is affected by weather which is:

_____ warm (above _____ degrees) _____ cold (below _____ degrees)

_____ rainy _____ icy _____ windy

My ability to access transportation is dependent on the time of day. I

cannot see in: _____ full daylight _____ partial light

_____ darkness/ semi-darkness

My ability to access stairs is as follows. I can manage:

_____ only one or two steps _____ only with a handrail _____ no steps

II. INDIVIDUAL

The distance I can travel to and from bus stops is:

_____ no more than _____ feet _____ at least five blocks

I can wait at a bus stop

_____ no more than (# _____) minutes _____ at least one hour

The bus stops which I can access

_____ must be stops for which I have received formal travel training

_____ must be only in areas familiar to me

I travel: alone both alone and with a companion
 only with an attendant or companion (this does NOT affect eligibility)

If you travel with someone who assists you, does this person assist you in:

- Getting to or from bus stops
- Getting on or off the bus
- To help me where I am going
- Other (describe): _____

I can cross a street with 2-3 lanes 4-6 lanes
 I cannot cross

List your 5-6 most frequent destinations and how you currently get there:

Destination	Frequency of travel	How you get there now:

List places you would like to go but cannot currently access:

Destination	Frequency Desired	Barriers to your access

Which of the following mobility aids do you use? (please check all that apply)

- Cane
- White Cane
- Walker
- Crutches
- Prosthesis
- Other (describe): _____
- Manual Wheelchair
- Powered Wheelchair
- Powered scooter/cart
- Boarding chair
- Transfer board
- Service animal
- Picture board
- Alphabet board
- Portable oxygen
- None of these

If you use a manual or powered wheelchair or scooter, what year, make, and model is it?

Do you use a manual or powered wheelchair or scooter?

Yes No

PART B of this application must be filled out by a health care or human services professional who is familiar with the applicant's disabling condition and/or functional limitation.

Your signature on the application authorizes this professional to provide information to the City of Raleigh regarding your eligibility for ADA services and any needed clarification of functional limitations due to your disabling condition.

In the space provided below, CLEARLY PRINT the name of the professional who will be verifying your application, and specify his/her position.

Name of professional:

Professional affiliation (check the appropriate designation):

- | | |
|------------------------------------|---------------------------------|
| Licensed physician | Licensed physical therapist |
| Licensed occupational therapist | Licensed social worker |
| Nurse (LPN or RN) | Certified psychologist |
| Certified rehabilitation counselor | Speech pathologist |
| Vision specialist | Orientation/mobility specialist |
| Audiologist/ Hearing specialist | MR/DD qualified specialist |

I certify that the information contained in this application is correct and authorize the above-named professional to provide verification of my condition and supporting information as needed:

Applicant's signature:

If the applicant was assisted by someone else to complete this form, please list contact information below:

Name: _____
Daytime telephone #: _____
Address: _____
Relationship to Applicant: _____
SIGNATURE:

Applicant's emergency contact (if different from person assisting with application):

Name _____

Daytime phone: _____

Personal Care Attendant(s):

If you require mobility assistance from one or more Personal Care Attendants, please complete the following information:

Personal Care Attendant Name: _____

Address: _____

City: _____, **State:** _____, **Zip Code:**

Telephone #: _____

**GoRaleigh ACCESS
ADA PARATRANSIT APPLICATION - PART B
Professional ADA Verification**

You are being asked by the applicant named in PART A of this application to provide information regarding his/her ability to use the transit services of the City of Raleigh. The GoRaleigh system provides ADA paratransit services through the GoRaleigh ACCESS program to ADA eligible persons with disabilities who cannot use regular services. The information you provide will allow us to evaluate the request and determine this individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: GoRaleigh fixed route transit services available within the city **are currently accessible** to persons with disabilities who need lift-equipped vehicles, vehicles which kneel to the curb, and/or announcement of bus stops. The individual applying for ADA paratransit service **MUST BE UNABLE TO ACCESS THESE SERVICES** due to:

- Conditions which prevent them from getting to or from a GoRaleigh fixed bus stop, or transferring between vehicles **and/or**
- Conditions which prevent them from being able to get on, ride, or get off a lift-equipped vehicle.

Individuals for whom performing these tasks is inconvenient or uncomfortable are **NOT ELIGIBLE** for services, and you are asked to verify this.

Eligibility for paratransit services, which consists of the use of paratransit vehicles for two times the base fare on GoRaleigh, is determined on a trip-by-trip basis. It is extremely **important** that you provide specific information about the individuals' **functional** limitations, so that these determinations can be made. For example, an individual who can easily and safely get to the bus stop nearest their home may not be able to get to a bus stop at their desired destination and thus would be eligible for a subsidized paratransit ride based on the destination.

PLEASE FOLLOW THESE STEPS TO VERIFY THIS APPLICATION:

1. Read PART A of the application in its entirety
2. Fill out PART B of the application **completely**, using the criteria provided.
3. Return the completed application to the applicant within 7 days of receipt. The applicant is responsible for returning the application to GoRaleigh ACCESS in the City of Raleigh's Transportation Department.
4. Be aware that you may be contacted for further information if questions remain about the applicant's abilities.
5. If you have any questions, contact GoRaleigh ACCESS at (919) 996-3459. If you use a TDD, call 1-800-735-2962 and ask to be connected to (919) 996-3459.

I have read PART A in its entirety: _____ YES _____ NO

I agree with the information provided in PART A:

_____ YES _____ NO

If no, please explain: _____

Please state the condition causing this applicant's disability:

Specify which functional limitations are associated with this condition and be specific when asked to supply additional information:

Mobility impairment

Visual impairment

___total ___partial

Hearing impairment

Compromised endurance

___total ___partial

___muscular ___respiratory

Cognitive impairment

Other (please specify)

(please complete below)

* If this individual has functional limitations due to a cognitive impairment, please indicate any of the following issues that are pertinent to this individual:

_____ Cannot be left alone to wait for transportation.

_____ Displays behavior that is unsafe for self or others using public transportation.

_____ Cannot recognize vehicles that s/he should board.

For any impairments checked above, please note specific precautions that this individual must follow in terms of:

Travel distance limitations:

Limitations regarding time of day to:

Travel _____

Weather conditions: _____

Environmental conditions: _____

What is the severity of this individual's condition?

Mild

Moderate

Severe

Profound/Chronic

What is the expected duration of this individual's condition?

Temporary: Approximate expected duration until

____/____/____

Long-term: Potential for functional improvement or periods of remission.

Permanent: No expectation of functional improvement

Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

This individual should be able to access public transportation successfully.

This individual can use public transportation under certain situations as stated above.

This individual cannot use public transportation due to multiple functional limitations.

PART B - PROFESSIONAL VERIFICATION, continued

Please complete:

SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

TELEPHONE PHONE #: _____

ORGANIZATION / PRACTICE: _____

Thank you for your assistance!!