SALISBURY TRANSIT APPLICATION FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

Dear Customer:

Thank you for inquiring about applying for Salisbury Transit System ADA Paratransit eligibility. If you have a disability or health condition that prevents you from sometimes or always using Salisbury Transit fixed route bus service, you may be eligible for ADA Paratransit. Enclosed is a copy of an Application for Certification of ADA Paratransit Eligibility, as well as information outlining the certification process.

Please read these enclosed materials carefully before completing the application.

The Americans with Disabilities Act (ADA) of 1990 requires public transit agencies to provide Paratransit service to people with disabilities who cannot access the regular fixed route bus service due to their disability or functional limitation. All of Salisbury Transit buses are equipped with ramps and are accessible to individuals with disabilities.

ADA Paratransit is a service provided to individuals who are unable to use fixed-route bus service because of a disability or functional limitation. An inability to use fixed-route bus service may include being unable to travel to or from bus stops, board or exit buses or understand how to ride and use the bus system.

A disability does not guarantee eligibility for ADA Paratransit. Your disability must impact you ability to board, ride and exit a fixed route bus.

There are three types of eligibility:
Conditional Temporary: You are able to use the fixed route bus sometimes and need Paratransit sometimes. The functional limitation is expected to improve.

Conditional Permanent: you are able to use the fixed route bus sometimes and need Paratransit sometimes. The functional limitation will not improve and may become worse.

Unconditional: You cannot use the fixed route bus due to functional limitation.

To enable us to accurately determine your eligibility for this service, **please complete the enclosed application as completely and accurately as possible**. The questions are meant to determine the circumstances under which you can use fixed route or Paratransit services.

If you need assistance completing the form, or have any questions, please contact the ***Salisbury Transit office at 704-638-5252***. Upon request, this letter and application is available in large print, and other alternative formats.

After you have completed "Part A" of this application, please have a licensed health care or rehabilitation professional complete "Part B" of this application and sign the last page. **If any sections are left blank, the application will be returned to you.** The information you provide in this application is confidential.

Please do not attach medical documentation or information to this application. You may bring the medical information with you when you have your interview.

Within a few days of receiving your completed application; you will be contacted by telephone to schedule an in-person interview to determine your abilities to use Salisbury Transit fixed-route service. If you need transportation to the interview, we will provide transportation at no cost.

Completed application will be processed within 21 days of receipt. You will then be notified in writing of your eligibility status. If additional time is required to complete the evaluation and determination, you will be given temporary eligibility.

If we determine that you are able to use Salisbury Transit fixed route bus service, and are therefore ineligible for ADA Paratransit, we will notify you of the reason(s) for this determination. You may appeal this decision in writing. Appeals will be accepted within 60 days from the date on the eligibility determination letter.

However, ADA Paratransit service will not be provided during the appeal process, unless the appeal process cannot be concluded within 30 days. Eligibility for ADA Paratransit is granted for a period up to three (3) years, regardless of the permanence or temporary nature of the functional limitations.

City of Salisbury
Transit Division
PO Box 479
Salisbury, NC 28145
(704) 638-5252

APPLICATION FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

Date Received_____
Date Certified_____
Date Mailed_____
Date Completed_____

This application should only be completed if you have a disability or health condition that prevents you from sometimes or always using Salisbury Transit fixed route bus service. Persons completing this application will be considered for ADA Paratransit. Information about disability or health condition will be kept strictly confidential.

--- PLEASE PRINT---

Part A (This part must be completed by all applicants)

First Name_____Middle Initial_____

Last Name_____

Street Address_____Apt #_____

Mailing Address (if different) _____

City_____ State_____ Zip_____

Phone (daytime) _____ (evening)_____

Date of Birth (month/day/year)_____Sex (M/F)_____

If someone assisted in completing this application, please provide the following information:

Print name_____

Relationship to applicant_____

Address_____

Agency_____Phone_____

*****FORMS MAY NOT BE COPIED*****

In case of emergency: Please provide pertinent information for two people ADA Paratransit can contact. This can be a friend, relative or support professional familiar with your disability.

Name_____ Relationship_____
Address_____
Work Phone#_____ Home Phone #_____

Name_____ Relationship_____
Address_____
Work Phone#_____ Home Phone #_____

1. **What is the disability or health condition that prevents you from using Salisbury Transit fixed route buses? Please describe all disabilities or health conditions that affect your travel.**

   _____
   _____
   _____

2. **How does this disability or health condition prevents you from using Salisbury Transit fixed route service? Please explain completely. Use additional sheets if needed.**

   _____
   _____
   _____

3. **Do you use any of the following mobility aids? (check all that apply)**

   O Manual wheelchair O Electrical Wheelchair O Powered Scooter

   O Cane O Walker O Crutches O Braces

   O Service Animal (describe) _____

   O Other (describe) _____

   O No I do not use any mobility aids

4. **Do you ever need to bring someone else with you to help you when you travel ("a personal assistant" or "personal attendant")?**

   O No O Yes, Always O Yes, Sometimes

If “Yes, Always” or “Yes, Sometimes”, provide assistant/attendant name, address & telephone #:_____

_____

5. **<u>Without</u> the help of someone else can you…**

Request and understand written or spoken instructions

O Always O Sometimes O Never O Not Sure

Cross streets and intersections

O Always O Sometimes O Never O Not Sure

Stand for 10 minutes if there is no place to sit?

O Always O Sometimes O Never O Not Sure

Step on and off a sidewalk from the curb

O Always O Sometimes O Never O Not Sure

Find your own way to the bus stop if someone shows you the way once?

O Always O Sometimes O Never O Not sure

Walk up and down three steps if there is a handrail?

O Always O Sometimes O Never O Not sure

Stand on a moving bus holding onto a handrail?

O Always O Sometimes O Never O Not sure

Transfer from one fixed route bus to another?

O Always O Sometimes O Never O Not Sure

Ride fixed route buses if there were a seat or shelter at bus stops?

O Always O Sometimes O Never O Not Sure

6. **Under the best conditions, what is the farthest you can walk (or travel using your mobility aid) without the help of another person?**

O Less than 1 block O 1 block O 2 blocks (1/4 mile)

O 4 blocks (1/2 mile) O 6 blocks (3/4 mile) O more than 6 blocks

O I cannot travel alone at all

7. **If Salisbury Transit offered free instructions on learning how to ride the fixed route buses, would you be interested in this type of training?**
   O Yes O No (please explain) _____
   _____

8. **Do you use wheelchair or scooter?** O Yes O No
   If yes, how wide is it? _____inches
   How heavy is it when occupied? _____pounds.

   This information is not used to determine ADA Paratransit eligibility. It is the applicant's responsibility to know the dimensions of their mobility device and whether it exceeds the definition of a common wheelchair.

The Americans with Disabilities Act of 1990 defines a common wheelchair as no more than 30 inches wide, 48 inches long and 600 pounds when occupied. If your mobility device exceeds these dimensions, the ADA does not guarantee Paratransit service because of legitimate safety requirements.

9. **List your 4 most frequent destinations and how you currently get there:**

Destination	How you get there now:

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

Destination	Barriers to your access

11. **Is there anything else you want to tell us about your disability or health condition that might help us to better understand your travel abilities and limitations?**

_____

_____

Authorization for Release of Information

I authorize the professional who has completed Part B of this application to release to Salisbury Transit information about my disability or health condition and its effect on my ability to travel on the Salisbury Transit bus service. I understand that I may revoke this authorization at any time.

I, the applicant, understand that the purpose of this application is to determine my eligibility to use ADA Paratransit. I agree to release the information requested to SalisburyTransit System, and any eligibility review panel, and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that Salisbury Transit reserves the right to request additional information at its discretion. I agree to notify Salisbury Transit of any changes in the status of my disability that affects my ability to use ADA Paratransit service. I also understand that this may affect my eligibility as a rider.

I understand that the purpose of this form is to determine if I am eligible to use ADA Paratransit Services. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a review of my eligibility and possible loss of ADA Paratransit Services.

I agree to notify Salisbury Transit if I no longer need to use ADA Paratransit Services.

_____Date_____

(**Signature of Applicant or Responsible Party)**

Thank you for completing this application.

You will be notified in writing within 21 days of the receipt of this application of the determination that has been made and the reason(s) for that determination.

Any person denied eligibility or granted conditional eligibility may file a written request for an appeal within 60 days from the date on the eligibility determination letter. ADA Paratransit service will not be provided during the appeal process, unless the appeal process cannot be concluded within 30 days. Eligibility for ADA Paratransit is granted for a period of up to three (3) years, regardless of the permanence or temporary nature of the functional limitations.

----INCOMPLETE APPLICATIONS WILL BE RETURNED----

Part B

This part must be completed by a licensed health care or rehabilitation professional familiar with your disability or health condition and your functional abilities.

You are being asked by the applicant named in PART A of this application to provide information regarding his/her ability to use Salisbury Transit fixed route transit services. SalisburyTransit system may provide ADA Paratransit services to individuals who have a disability or health condition that prevents him/her from sometimes or always using Salisbury Transit fixed route bus service. An inability to use fixed-route bus service may include being unable to travel to or from bus stops, board or exit buses or understand how to ride and use the bus system. 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: Salisbury Transit fixed route bus service is available in Salisbury, Spencer, and East Spencer and are **currently accessible** to persons with disabilities who need ramps to board and exit the bus, vehicles which kneel to the curb, and/or announcement of bus stops. The individual applying for ADA Paratransit **MUST BE UNABLE TO ACCESS THESE SERVICES** due to:

- Conditions which prevent them from getting to or from a Salisbury Transit fixed route bus stop, or transferring between vehicles **and/or**
- Conditions which prevent them from being able to get on, ride, or get off a bus with a ramp.

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

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 Salisbury Transit in the City of Salisbury's Public Services Department.
4. You may be contacted for additional information if questions remain about the applicant's abilities.
5. If you have any questions, contact Salisbury Transit at (704) 638-5252.

I have read PART A in its entirety: _____ YES _____NO
If no, please explain: _____

I agree with the information provided in PART A: _____YES _____NO
If no, please explain: _____

1. Name of applicant:_____
2. Capacity in which you know the applicant:_____
   _____
3. When was the applicant last treated or seen by you? _____
4. On average, how frequently is the applicant seen by you? _____
5. Has the applicant been diagnosed with physical, cognitive, mental, or other disability that would prevent him or her from using Salisbury Transit fixed route bus service?
   - No
   - Yes

   Diagnosis and date of Onset: _____
   _____
   _____

6. The applicant's disability is:

   O Permanent O Temporary (until when) _____

7. Do the applicant's functional abilities to travel change due to medical treatments, environmental conditions (heat, humidity, cold, ice and snow) or other related factors?
   - No
   - Yes (explain): _____
     _____
8. Additional comments (prognosis, functional abilities, etc.):_____
   _____

9. 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 the fixed-route bus service successfully.
    - This individual can use the fixed-route bus service under certain situations as stated above.
    - This individual cannot use the fixed-route bus service due to multiple functional limitations.

Professional's Name and Title (Print): _____

License, or Certificate #:_____

Signature: _____

Company or Agency Name: _____

Address: _____

Phone #:_____ Fax #: _____

Completion of this application by any other profession will not be accepted.
Professional affiliation (check the appropriate designation):

☐ Licensed physician ☐ Licensed physical therapist

☐ Licensed occupational therapist ☐ Certified rehabilitation counselor

☐ Certified psychologist / psychiatrist ☐ Certified orientation/mobility specialist

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OFFICE USE ONLY

I have viewed official documentation of eligibility as follows:

O N.C. Drivers License O Professional Signature Verification

O Other (explain) _____

Approval: Yes__ No__ Issued By: _____

Issue Date: _____ Expiration Date: _____

REVISED June 12, 2017