DIAL-A-RIDE PARATRANSIT SERVICE
Eligibility Information Sheet

The Americans with Disabilities Act (ADA) requires that para-transit (curb-to-curb) service be available to persons who, because of a disability, are unable to use the regular fixed route system.

ELIGIBILITY

Eligibility for para-transit service is based upon a person’s functional inability to use regular TTA bus service. Three categories of persons who are eligible for para-transit are established by the ADA.

Category 1

Any person who is unable, because of a disability, to independently board, ride, and/or disembark from a lift equipped bus. This includes persons who are unable to “navigate” the TTA bus system without the assistance of another person.

For example, individual is unable to:

• board or disembark from an accessible vehicle without assistance
• maintain balance while seated on a moving bus
• identify correct bus or stop
• understand transfer directions needed to complete the trip

Category 2

Any Person with a disability who is able to use a lift or ramp equipped bus, but for whom any desired trip cannot be made because the fixed route he/she wants to ride is not operated by a lift equipped bus.

Category 3

Any person with a disability who has a specific impairment-related condition which prevents him or her from traveling to or from a boarding or disembarking location.

A. Only a specific impairment-related condition which prevents the individual from traveling to or from a bus stop is a basis for eligibility under this category. A condition which makes traveling to or from a bus stop difficult, but does not prevent the travel, is not a basis for eligibility under this paragraph.

B. Architectural barriers not under the control of TTA and environmental barriers (e.g., distance, terrain, weather) do not alone form a basis for eligibility. However, the environment of such barriers with an individual’s impairment-related condition may form a basis for eligibility if the effect is to prevent the individual from traveling to or from a bus stop.
REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

THE TRANSIT AUTHORITY
DIAL-A-RIDE

The Americans with Disabilities Act (ADA) requires that disabled individuals be guaranteed access to transportation services. Dial-A-Ride’s paratransit services are provided for disabled persons unable to use fixed route services.

HOW TO APPLY FOR DIAL-A-RIDE PARATRANSIT ELIGIBILITY:

1. Fill out PART A of this application.

2. Take or send the application to your health care professional to have PART B completed.

3. Mail the completed application to The Transit Authority, 1120 Virginia Avenue West, Huntington, WV 25704.

4. Dial-A-Ride will notify you as to your eligibility status.

5. If you have not heard about your eligibility status within 30 days of submitting your application, please call (304) 529-7700. If a determination has not yet been made, you will temporarily eligible.
THE TRANSIT AUTHORITY
DIAL-A-RIDE

Please Complete:

PART -A- APPLICANT

And

PART – B

REQUEST FOR PROFESSIONAL VERIFICATION
PART -A- APPLICANT

1. NAME OF APPLICANT

2. ADDRESS
   CITY ______________ STATE ___________ ZIP

   If address is a P.O. Box or RD #, please give street address, road number and etc.:

3. TELEPHONE NUMBER (Home) (___)

   Other Daytime Telephone Number (___)

4. DATE OF BIRTH /___/___

5. MALE ____    FEMALE

6. In case of an emergency, is there someone in the local area who should be notified?
   YES     NO

   NAME

   ADDRESS

   PHONE NUMBER (___)

   RELATIONSHIP
If you have completed this application for another person, you must provide the following information:

YOUR NAME

ADDRESS

CITY __________________STATE _______ ZIP

DAYTIME PHONE ( )

SIGNED ________________ DATE

I hereby certify that the information given above is correct.

APPLICANT SIGNATURE

DATE
PART – B

REQUEST FOR PROFESSIONAL VERIFICATION

Dear Health Care Professional:

You are being asked by _______________ (Applicant) to provide information regarding his/her ability to use our transit services. Federal law requires that Dial-A-Ride provide paratransit services to persons who cannot use fixed-route transit service. The information you provide will allow us to evaluate this request and its application to specific trip requests. Thank you for your cooperation in this matter.

To qualify for Dial-A-Ride paratransit service, a person must be unable to use regular fixed route public transit due to a physical or mental disability. Individuals qualify if:

1. As the result of their disability, they cannot board, ride, or disembark from Transit Authority bus; or

2. They have a specific impairment-related condition which prevents them from getting to or from a bus stop.

PLEASE NOTE: This does not include persons who find it uncomfortable or difficult to get to and from bus stops.

Resources for this program are limited and you evaluation of each person must be based solely upon the individual’s ability to use regular transit. Your verification should consider only the presence of a disabling condition, not the applicant’s age or economic status. Please exercise care in evaluating applicants for this program. False verification could result in travel limitation for persons legitimately qualified to use the program.

CERTIFICATION PROCESS

1. Applicant (or representative) has completed PART A.

2. Health Care Professionals completing PART B must be guided by the criteria explained herein.

3. Dial-A-Ride may contact the certifying health care professional to verify the accuracy of the information.

4. Dial-A-Ride will make the final determination as to the applicant’s eligibility.

5. The application must be filled out COMPLETELY for processing to occur.
DIAL-A-RIDE PARATRANSIT is a limited special service for disabled persons who, because of a mental or physical disability, find it IMPOSSIBLE to use regular public transportation. All parts must be completely filled out by the authorized person who signs below. Incomplete registration forms will be returned to the applicant.

A. Indicate (X) nature of applicant’s disability (check as many items as may apply.)

1. ___ Non-Ambulatory (uses wheelchair for mobility)
2. ___ Impaired or Assisted Abulation requiring:
   Specify Mobility Aid
3. ___ Arthritis
   Specify Extremity
4. ___ Amputation
   Specify Extremity
5. ___ Cerebrovascular Accident
6. ___ Pulmonary Ills
   Does applicant use a Portable Oxygen Tank? YES NO
7. ___ Neurological Disease
8. ___ Cardiac Ills
9. ___ Kidney Disease
   Dialysis
10. ___ Sight Disabilities
    ___ Legally Blind
    ___ Visually Impaired
11. ___ Incoordination
12. ___ Mental Retardation (circle level)
    Moderate Severe Profound
13. ___ Cerebral Palsy
14. ___ Autism
15. ___ Severe Muscle Spasms
16. ___ Seizures
17. ___ Loss of Consciousness
18. ___ Mental Illness - Please specify what it is about this cognitive disability that makes this individual unable to use regular public transit buses:

19. ___ Other (describe)

Describe type and severity of disability in detail and how it prevents use of transit:
B. If the applicant has a disability affecting mobility, answer the following:

1. Assuming the length of a city block is 500 feet, how many blocks can this person walk without assistance?
   - 0 Blocks __
   - 1 Block __
   - 2 Blocks __
   - 3 Blocks __
   - 4 Blocks __
   - 5 Blocks __
   - 6 Blocks __
   - 7 Blocks __
   - 8 Blocks __
   - 9 Blocks __

2. With the use of mobility aid(s), how many blocks can he/she travel independently?
   - 0 Blocks __
   - 1 Blocks __
   - 2 Blocks __
   - 3 Blocks __
   - 4 Blocks __
   - 5 Blocks __
   - 6 Blocks __
   - 7 Blocks __
   - 8 Blocks __
   - 9 Blocks __

3. How many 7-inch steps (average step height) can this person climb without assistance?

4. How many 10-inch steps can this person climb without assistance?

5. How long can this person wait for a bus at a bus stop?
   - ____ 10 minutes
   - ____ 15 minutes
   - ____ 30 minutes
   - ____ Other

6. Is individual able to independently maneuver onto and off of a wheelchair lift with or without a mobility aid?
   - YES
   - NO

7. Does this person require a Personal Attendant / PCA when traveling on public transit?
   - YES
   - NO

The disability is ____ Permanent or ____ Temporary
If temporary, expected duration is ____________ months
Check the category and all criteria that apply:

____ CATEGORY 1

I have physical, mental, or visual disability, or impairment, which **PREVENTS** me from utilizing fixed route busses without an attendant for:

(1) ___ Boarding
(2) ___ Riding
(3) ___ Disembarking
(4) ___ Other (describe):

____ CATEGORY 2

I can use buses with wheelchair lifts, but

(1) ___ Buses with wheelchair lifts are not available in my area.
(2) ___ Wheelchair lifts can not be deployed at my stop(s): List location:

(3) ___ My mobility aid is 30"w x 48"l or less, but the bus will not accommodate it.

____ CATEGORY 3

I can use accessible buses, but have an impairment-related condition which prevents me from traveling to/from a bus boarding location. Describe the impairment or condition:
Do you Use any of the following aids (check all that apply)?

___ Manual Wheelchair*  ___ Electric Wheelchair*

___ Crutches  ___ Cane

___ Guide Dog  ___ White Cane

___ Hearing-aid  ___ Walker

___ Power Scooter*  ___ Boarding Chair

___ Communications Board  ___ Brace

___ Prosthesis  ___ Oxygen Bottle

___ Other

* Please note that your trip origin and destination must be accessible by ramp or lift. **IF NOT ACCESSIBLE, please have someone available to assist you up and down steps. Drivers are not permitted to assist wheelchair customers up or down any steps.

Are there any other effects of your disability that we need to be aware of?

Obesity/Weight ___  Seizures
Paralysis ___  Need for catheter
Shortness of Breath ___  Dizziness

Other, please explain:

Do you require a Personal Care Attendant** when you use Dial-A-Ride (circle one)?

Yes  No  Occasionally

** Personal Care Attendant must be provided by the customer.
C. Check only one:

___ Can use regular public transit buses on a fixed route schedule.
___ Can not use regular public transit at all.
___ Can use regular public transit only to destinations for which travel trained.

D. Your professional area of specialization is:
Check one: ___ Podiatrist
            ___ Optometrist
            ___ Audiologist
            ___ Psychologist
            ___ Physical Therapist
            ___ Physician
            ___ Rehabilitation Specialist
            ___ Independent Living Specialist
            ___ Registered Nurse/Licensed Practical Nurse

YOUR NAME

TITLE ________________ AGENCY/COMPANY NAME

PROFESSIONAL LICENSE # (If applicable)

OFFICE ADDRESS

OFFICE PHONE NUMBER

I hereby certify that the above information is true. Dial-A-Ride will (1) verify the validity of the license of the health professional providing the certification, (2) make the final decision on an applicant’s eligibility for Dial-A-Ride Paratransit Service.

SIGNATURE ___________________ DATE ___________________

THANK YOU FOR YOUR ASSISTANCE
### DIAL-A-RIDE ELIGIBILITY REVIEW

(Dial-A-Ride Use Only)

Name: ______________________ Date Application Reviewed: ____________

Reviewed by: ___________________________

Professional Verification: __Confirms __Contradicts/Modifies __Date: ____________

Action __Permanent __Temporary till: ____________ __Denied __Date:

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
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<tbody>
<tr>
<td>Unable to independantly Ride accessible service.</td>
<td>Eligible where service Is in accessible.</td>
<td>Can’t travel to/from bus stop.</td>
</tr>
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<td></td>
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<tr>
<td><strong>1. Qualifying inabilities</strong></td>
<td><strong>1. Can’t use inaccess</strong></td>
<td><strong>1. Disability prevents travel?</strong></td>
</tr>
<tr>
<td><em>Wait</em></td>
<td>_Yes (Can’t use)</td>
<td>_Yes (short dist. Ideal circ.)</td>
</tr>
<tr>
<td><em>Get on/off</em></td>
<td>_No (can use)</td>
<td>_Yes (certain circumstances)</td>
</tr>
<tr>
<td><em>Keep balance</em></td>
<td></td>
<td>_No</td>
</tr>
<tr>
<td><em>Get to seat</em></td>
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<td></td>
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<tr>
<td><em>Grasp</em></td>
<td><strong>2. Uses wheelchair?</strong></td>
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<tr>
<td><em>Identify bus</em></td>
<td>_Yes _No</td>
<td></td>
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<td><em>Get off at right place</em></td>
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<td><em>None</em></td>
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<td><strong>2. Conditions</strong></td>
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<tr>
<td><em>Weather</em></td>
<td>_Yes _No</td>
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<td><em>Variable health</em></td>
<td>_Yes _No</td>
<td></td>
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<tr>
<td><em>Crowds</em></td>
<td>_Yes _No</td>
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<td><strong>3. Determination</strong></td>
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<td><strong>3. Determination</strong></td>
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<tr>
<td>_Full (any item 1)</td>
<td>_Full (1=1st Yes)</td>
<td>_Full (1=1st Yes)</td>
</tr>
<tr>
<td>_Situational (any item 2)</td>
<td>_Situational (1=2nd Yes)</td>
<td>_Situational (1=2nd Yes)</td>
</tr>
<tr>
<td><em>Not Eligible</em></td>
<td>_Not eligible</td>
<td>_Not eligible</td>
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<td><strong>Conditions:</strong></td>
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Eligibility under Category 3 may be situational under the following conditions:

- Extreme weather conditions interact with the an impairment-related condition
- Variations in the health/functional ability of the individual
- Visual, cognitive or developmental disability prevents travel to or from a stop for Exceptional trips

CONDITIONAL ELIGIBILITY

Some people with disabilities may be able to use regular TTA bus service under certain conditions, but not under others. Eligibility for Para transit for some individuals will be determined on a trip-by-trip basis. Examples of conditional eligibility under each eligibility category are as follows:

Category 1: A person with mental retardation or blindness may have received mobility Training which allows him/her to travel independently to a work site, but is not able to “Navigate” the system to travel to other locations. This person will be eligible for Para transit Only for trips other than work.

Category 2: A person who requires the lift or ramp to board the bus and who’s desired Destination is served by accessible service is not eligible for Para transit for that particular trip. However, if that person desires to travel to a destination that is not served by accessible Buses, he/she will be eligible for Para transit.

Category 3: A person who uses a wheelchair who can travel to the bus stop in good Weather, but is unable to maneuver with snow on the ground, would be eligible only on days Of severe weather conditions.

TEMPORARY ELIGIBILITY

A person with a temporary disability will be eligible for paratransit service if the disability results in his/her functional inability to use the TTA bus system as described in the three eligibility categories.

PERSONAL CARE ATTENDANTS

A personal Care attendant who is accompanying a passenger who requires assistance may travel free.

VISITORS

Persons visiting the TTA service area who provide documentation of ADA paratransit eligibility from another area will automatically be eligible for paratransit service. Persons who
do not possess documentation, but claim their disability prevents them from using the TTA bus system, will be considered "presumptively" eligible for a period not to exceed 30 days. If the individual plans to remain in the area longer, he/she must go through the eligibility process which has been established for residents.

IN-PERSON EVALUATION

It may be necessary for some paratransit applicants to participate in an in-person evaluation to determine eligibility for paratransit services. Notification will be given if this will be required.