

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.

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 21 days during any 365 day period beginning with the visitor’s first use of the service during such 365 day period. 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.

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:

Category 1

Category 2

Category 3

Unable to independently

Eligible where service
travel to/from bus stop.

Can't

Ride accessible service.

Is in accessible.

1. Qualifying inabilities

1. Can't use in access

1. Disability prevents travel?

Wait

Yes (Can't use)

Get on/off

Yes (short dist. Ideal circ.)

No (can use)

Keep balance

Yes (certain
circumstances)

Get to seat

No

Grasp

2. Uses wheelchair?

Identify bus

Yes No

Get off at right place

2. Conditions

None

a. Ride lift standing?

Terrain

Yes No

Weather

2. Conditions

b. Can use lift buses?

Variable Health

Weather

Yes No

Distance over:

Variable health

Exceptional trips

Crowds

c. Oversize wheelchair?

Night

Yes No

Busy intersections

3. Determination

3. Determination

3. Determination

Full (any item 1)

Full (1=1st Yes)

Situational (any item 2)

Situational (1=2nd Yes)

Not Eligible

Not eligible (1=No)

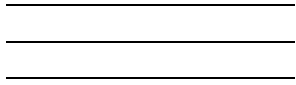
Conditions:

If in access. Bus or stop
(Yes to a or b)

Conditions:

If no Wheelchair
(No to a, b, or c)

Not eligible
(No to 1 or Yes to c)



**THE TRANSIT AUTHORITY
DIAL-A-RIDE**

Please Complete:

PART -A- APPLICANT

And

PART – B

REQUEST FOR PROFESSIONAL VERIFICATION

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 you eligibility status within 21 days of submitting your application, please call (304) 529-7700. If a determination has not yet been made, you will temporarily eligible.

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

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)?

- | | |
|---|---|
| <input type="checkbox"/> Manual Wheelchair* | <input type="checkbox"/> Electric Wheelchair* |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Guide Dog | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Hearing-aid | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Power Scooter* | <input type="checkbox"/> Boarding Chair |
| <input type="checkbox"/> Communications Board | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Oxygen Bottle |
| <input type="checkbox"/> 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 <input type="checkbox"/> | Seizures |
| Paralysis <input type="checkbox"/> | Need for catheter |
| Shortness of Breath <input type="checkbox"/> | 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.

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 person 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 your 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 Ambulation requiring:
Specify Mobility Aid
3. Arthritis
Specify Extremity
4. Amputation
Specify Extremity
5. Cerebrovascular Accident
6. Pulmonary Illness
Does applicant use a Portable Oxygen Tank? YES NO
7. Neurological Disease
8. Cardiac Illness
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

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