TULARE COUNTY REGIONAL TRANSIT AGENCY

APPLICATION FOR
CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

INSTRUCTION SHEET

Paratransit is specialized transportation services for persons who are unable to independently use Fixed Route, due to a disability or health related condition some or all of the time. Paratransit is provided by public transportation systems as part of the requirements of the Americans with Disabilities Act (ADA).

In order to use ADA Paratransit services, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

1. Complete and sign the front of the application in blue ink.
2. Have your licensed professional, who is treating you for the qualified disability, complete the specified section of the application.

Return Application (ORIGINAL ONLY), with Licensed Professional's Statement of Medical Disability Eligibility, by Mail or Drop off to:

Tulare County Regional Transit Agency
200 E. Center Ave.
Visalia, CA 93291
(559) 972-2467

NOTIFICATION OF APPROVAL

TCRTA will notify you if your application is approved within 21 days of receiving your application and provide you an appointment date and time for your photo ID picture to be taken. If you cannot make that appointment date and time, please call the Transit Coordinator to reschedule your appointment at (**559) 972-2467. Your certification is not final until you have completed this step.**

A TCRTA Paratransit bus will transport you to this appointment free of charge, but you must make your own reservations by calling **(559) 372-2290 to schedule your pick-up.**

TCRTA reserves the right to make the final determination of eligibility of ADA certification. Applications are for internal use only and will not be subject to public review. Should an application be denied, an appeal may be filed with the Tulare County Regional Transit Agency, or you may resubmit your application.

If TCRTA is unable to make a determination within 21 days, an applicant will receive presumptive, temporary certification beginning on the 22nd day and continuing until official determination and written notice can be provided.

Inaccurate or incomplete information on the application, failure to provide required identification, or inability to verify licensed professional's certification may result in the inability to issue the TCRTA ADA Card within the 21 days.

BRING THE FOLLOWING WHEN YOU COME IN FOR YOUR APPOINTMENT

1. Your current state or government–issued photo ID that shows your date of birth (state driver's license, state ID card, or passport). **Photocopies will NOT be accepted**.

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ADA REGULATORY CERTIFICATION REQUIREMENTS

1. Any person with a disability who can use an accessible vehicle, but for whom any desired trip cannot be made because the fixed route service they need to use is not accessible, is deemed eligible.
2. Individuals who because of the nature of their disabilities, cannot navigate a transit system that is otherwise accessible.
   A. Individuals, who because of their disability cannot independently board, ride and/or disembark from any accessible vehicle.
   B. Individuals who have impairment-related conditions that prevent them from getting to or from a boarding or disembarking location. (Bus stops)
   C. Individuals who have been ADA certified by another transit provider.
   D. A person traveling as a companion of a person who is ADA Paratransit eligible is deemed eligible for that trip.

EXAMPLES/GUIDELINES FOR CERTIFICATION TYPE

The following examples are provided as a guideline only to assist the licensed professional in his/her determination of the type of ADA Eligibility Certification appropriate for his/her patient:

- **Permanent Eligibility**: Any impairment which would cause the individual to become disoriented, confused, or otherwise incapable of navigating without the assistance of another person, and/or inability to physically reach a fixed boarding/disembarking location, or to physically board/disembark from a regular fixed route bus which is otherwise accessible.

- **Temporary Eligibility**: Any temporary impairment (for a specified period of time renders the person disabled) which would cause the individual to become disorientated, confused, or otherwise incapable of navigating without the assistance of another person, and/or inability to physically reach a fixed boarding/disembarking location, or to physically board and/or disembark from a regular fixed route bus which is otherwise accessible.

- **Conditional Eligibility:** Any impairment that, dependent upon environmental conditions, terrain, vehicle accessibility, and/or facility accessibility, makes it impossible for the individual to independently board/disembark from any fixed route location. (This category is distinguished from the first category in that the degree of disability of individuals in the first category prohibit them from using the fixed route system, while individuals in this category can use the fixed route system within certain parameters).

Appointment Date: _____ Appointment Time: _____ AM / PM Renewal: Yes / No

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FOR OFFICE USE ONLY	
Received:	_____/_____/_____
Issued:	_____/_____/_____
Expires:	_____/_____/_____

( ) Mr. ( ) Mrs. ( ) Ms.

_____

First Name Last Name Middle Initial Date of Birth

Physical Address: _____

Number Street Name Apt. # City Sate Zip Code

Mailing Address: _____

P.O. Box Number City Sate Zip Code

Phone: (_____) _____ - _____ TDD? ( ) YES ( ) NO Email: _____

Primary Language (Please Check): ( ) English ( ) Other (Specify) _____

What is the nearest street intersection to your home? (Example: Mooney & Tulare)

_____

Please list the person to be contacted in an emergency

Name: _____Relationship: _____

Address: _____

City, Sate, ZIP: _____ Phone: (_____) _____-_____

If someone has assisted with this application, please provide the following information:

Name: _____ Agency/Relationship: _____

Address: _____City_____ State ____ Phone: (____) _____-_____

Please select all that apply to your situation:

( ) Support Cane	( ) Manual Wheelchair	( ) Trained Service Animal
( ) Crutches	( ) Electric Wheelchair	( ) Communication Device
( ) Leg Brace(s)	( ) Electric Scooter	( ) "White Cane"
( ) Aluminum "Walker"	( ) Portable Oxygen	( ) NONE

( ) Other (describe): _____

Name: _____ Eligibility Conditions: _____ ADA ID #: _____

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1. Which disability or health conditions PREVENT you from using regular fixed route service?

_____

_____

_____

2. Can you walk or use your wheelchair or assistive device(s) from your home to the closest intersection without help and without injuring yourself? ( ) YES ( ) NO
3. Can you safely cross a street alone? ( ) YES ( ) NO
4. Can you find your way to a bus stop without getting lost and wait at the stop for the bus to arrive? ( ) YES ( ) NO If no, please explain: _____
5. At a bus stop, how long can you stand and wait for the bus? _____
6. Can you understand bus schedule information? ( ) YES ( ) NO
7. If you were on the bus, could you pay the fare by putting coins or tickets in the fare box, or by showing a pass to the bus driver? ( ) YES ( ) NO
   If no, explain: _____
8. Have you ever received “orientation and mobility training” or “travel training”? ( ) YES ( ) NO
   If no, would you be interested in receiving training? ( ) YES ( ) NO
9. Do you receive dialysis treatment? ( ) Yes ( ) NO
   If yes, where do you receive it? How often and/or which one?
   _____
10. Do you reside at an assisted living facility or at a nursing home? ( ) YES ( ) NO
    If yes, which one? _____
11. Are you able to walk up and down three (3) steps (12” with handrails)? ( ) YES ( ) NO
12. If you use a wheelchair/scooter, can you transfer yourself from the wheelchair/scooter to a seat? ( ) YES ( ) NO
13. Do you require someone to travel with you? ( ) YES ( ) NO
    If yes, why?_____
14. Are you able to independently call and make or cancel trip reservations? ( ) YES ( ) NO
15. Can you wait independently alone at your residence and place to which you travel? ( ) YES ( ) NO
    If no, please explain: _____
16. Are your conditions you described: ( ) Permanent ( ) Temporary

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17. Please add any other information that you would like us to know about your disability or condition:

_____

_____

_____

_____

AGREEMENT AND AUTHORIZATION:

I hereby state that the information I have provided is true and correct. I understand that knowingly falsifying the information will result in denial of service. I understand all information will be kept confidential, and only the information required to provide the service I request will be disclosed to those who perform the service. I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

_____ _____

Applicant's Signature (stamped/copies/faxed signatures **NOT** accepted) Date

I hereby authorize the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to my local public transit agency. This information will be used only to verify my eligibility for paratransit services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

_____ _____

Applicant's Signature (stamped/copies/faxed signatures **NOT** accepted) Date

Name of Licensed Professional who may release my medical information:

Name of Licensed Professional who may release my medical information:

Name: _____

Address: _____

Phone Number: (_____) _____-_____

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LICENSED PROFESSIONAL'S STATEMENT OF ADA ELIGIBILITY

The Americans with Disabilities Act of 1990 requires Local Transit Operators to provide paratransit services to individuals who, because of their medical condition or impairment, are prevented from using fixed route buses. Economic status, and environmental conditions may not be considered "medical" factors in the assessment of paratransit eligibility. The information requested of you in the following sections will be used to determine the applicants' ADA eligibility. It is important that all questions be answered completely and accurately to the best of your knowledge and in accordance with your records. If the information is incomplete or unclear, we may need to contact you for clarification. Thank you for your cooperation.

THIS SECTION TO BE COMPLETED BY ONE OF THE FOLLOWING:

( ) Physician ( ) Chiropractor ( ) Health Care Provider

( ) Physical Therapist ( ) Rehabilitation Counselor ( ) Other Licensed Professional_____

Is the disability permanent? ( ) YES ( ) NO

If **NO, HOW LONG** do you expect disability to last? _____

*** NOTE:** if a disability is temporary, it must last for at least 90 days to be eligible for a reduced fare.

MEDICAL PROVIDER PLEASE ANSWER:

Please provide Formal Medical Diagnosis to describe the applicant's primary impairments or disabling conditions: (NOTE: WITHOUT THIS DIAGNOSIS CERTIFICATION WILL BE DENIED)

_____

_____

Can applicant travel independently from his/her house to the sidewalk? ( ) YES ( ) NO

If "no" or "sometimes" please explain:_____

_____

Assuming the use of a mobility aid, if applicable, and with no major barriers in his/her path, how far can the applicant independently travel without help or significant risk of injury?

( ) less than 1/4 mile ( ) 1/4 mile ( ) 1/2 mile ( ) 3/4 mile ( ) more than 3/4 mile

Does the applicant's disability require him/her to travel with another person who provides personal assistance?

( ) YES ( ) NO ( ) SOMETIMES

Is the applicant wheelchair dependent? ( ) YES ( ) NO

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Can the applicant walk up and down steps (12" rise, each step, with handrails available)?

( ) YES ( ) NO ( ) SOMETIMES

Does the Applicant require a lift-equipped vehicle to board? ( ) YES ( ) NO

Please complete only ONE of the sections below:

APPROVAL FOR PARATRANSIT SERVICES (Please check ALL that apply)

( ) I certify that the applicant "because of their disability, cannot independently board ride and/or disembark from any wheelchair accessible vehicle".

( ) I certify that the applicant has a "disability-related condition(s) that prevents them from getting to or from a boarding or disembarking location".

( ) I certify the applicant requires a personal care attendant (PCA) to accompany them during transportation.

DENIAL OF PARATRANSIT SERVICES

( ) I certify that the applicant has a disability-related condition(s); **however they are able to get to or from a fixed route bus stop, board, ride, and disembark from any accessible fixed route vehicle and do not need Paratransit services at this time.**

I certify that I am a legally licensed professional by the State of California. I am currently treating the client/patient listed on the front of this application for a qualifying disability, the applicant is disabled as defined by the above criteria, and the information I have provided is true and correct under penalty of perjury according to the laws of the State of California.

_____ _____

Licensed Professional's Name **(PRINTED)** Licensed Professional's License # (**REQUIRED**)

_____ _____ _____

Signature **(MUST BE AN ORIGINAL: stamped/copies/faxed NOT ACCEPTED)** Date

_____ (_____)_____

Address/Suite/City, State, Zip Code Phone Number