

ADA PARATRANSIT APPLICATION

Dear City of Ashland Bus System Applicant,

Persons with disabilities may be considered eligible to use the City of Ashland Bus System ADA service if they meet the following criteria:

- If the person's disability prevents him/her from getting to and from a station/stop at the point of origin or destination.
- If the person's disability prevents him/her from boarding, utilizing or disembarking from the vehicle at the station/stop, even with the assistance of a lift-equipped bus.
- If the person's disability prevents him or her from recognizing the pick-up point or the destination point once the person is on the vehicle.
- If the person's disability would not allow the person to negotiate transfers or connections if any should exist, on the desired fixed-route path of travel.
- Architectural or environmental barriers not under the control of the City of Ashland Bus System (e.g. distance, terrain, lack of curb cuts, weather) standing alone, do not form a basis for eligibility. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility, if the effect is to prevent the individual from traveling to a boarding location or from a disembarking location.

A determination of your eligibility will be made by the City of Ashland Bus System within 21 days of receipt of the completed application. The City of Ashland Bus System will notify you in writing of the decision about your eligibility for ADA paratransit service. If it is determined that you are able to use the fixed route system and are not eligible for paratransit service, the City of Ashland Bus System will explain the reason for this determination. An opportunity to appeal a City of Ashland Bus System decision will be available. The appeal process will be described in detail in the denial letter.

If your application is approved, you will be given information on how to use the appropriate service(s) and will need to stop by our offices so that an ADA ID card can be issued. If you are considered temporarily disabled by the City of Ashland Bus System then you will be granted TEMPORARY eligibility, which may be renewed (if necessary depending on your medical situation). Your eligibility may be reassessed periodically by our office.



ASSESSING YOUR ELIGIBILITY FOR SERVICES

If you are applying for ADA Paratransit, please complete the ADA Paratransit Application that is attached

Remember, in order to be eligible for this service, you must reside within 3/4 of a mile of our fixed route corridor and the time of your trip must fall within the hours of the closest City of Ashland Bus route. If you do not reside within the 3/4 radius, then you must have a means of getting within our service area before transportation is provided.

Please complete your application as thoroughly as possible. The questions will assist us in determining the specific limitations you have in using our service. It will be necessary for a licensed medical professional (not a relative or friend) that sees you on a professional basis to complete the Medical verification portion of your application. This person may be a registered nurse, social worker, physician, physical therapist, psychologist, occupational therapist, chiropractor, speech pathologist, physician's assistant, nurse practitioner, or mental health counselor employed by a medical facility. Contact our office if assistance is needed in completing your application. Incomplete applications will be returned and not considered until all information (including the medical verification portion) is received.

All applications and certifications will be kept strictly confidential and will not be released. We do reserve the right to verify the information reported on the application by contacting persons noted on the form.

Please return your completed application to:

City of Ashland Bus System

P.O. Box 1839

Ashland, KY 41105

Attn: Paratransit Coordinator

Persons wishing to communicate with the City of Ashland Bus System using a TTY should call our main number at (606) 327-2097.

All information relative to City of Ashland Bus System ADA paratransit program is available (by request) in alternative forms such as Braille, CD, and large print formats.

ADA PARATRANSIT APPLICATION

This application will be used solely to determine ADA eligibility for the City of Ashland Bus System. Transportation is primarily curb-to-curb, however, if needed arrangements may be made for door-to-door service. Please complete this application to the best of your ability. The City of Ashland Bus System's ADA paratransit services are for disabled individuals who are available within 3/4 mile of our fixed route corridor and cannot navigate or access our fixed route service due to their disability. Transportation is provided from your point of origin to your destination point and is available ***only when our regular fixed route buses operate (please refer to the attached fixed route schedule for our service area and route times). The fact that accessing the fixed route is difficult, inconvenient or does not travel near or to your home or point of destination is not sufficient grounds for eligibility.***

ADA service is available on a "next day basis", but costs twice the fare amount of our regular fixed route service.

PLEASE PRINT OR TYPE

LAST NAME: _____ FIRST NAME: _____ MI: _____

STREET ADDRESS: _____ APT. _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY OR TOWN: _____ ZIP: _____

TELEPHONE: _____ DATE OF BIRTH: _____

Please give us the name and telephone number of someone we can call in the event of an emergency.

Name: _____ Telephone: _____

Relationship to you: _____

If this application is being filled out by someone other than the person requesting certification, please complete the following:

Name: _____ Telephone: _____

Relationship to applicant: _____

Signature: _____

1. Please choose what type or types of disabilities prevent you from using our fixed bus route (you may choose more than one).

Physical disability _____ Visual Impairment/blindness _____

Mental impairment _____ Developmental disability _____ Other _____

Please describe your disability/disabilities in more detail:

2. Explain how your disability prevents you from utilizing our fixed bus service:

Is this condition permanent _____ or temporary _____ ?

If temporary, how long do you expect your condition to last? _____

3. Please indicate the use of any of the following mobility aids or equipment*:

cane _____ walker _____ manual wheelchair _____ powered scooter _____

leg braces _____ crutches _____ powered wheelchair _____ walker _____

service animal _____ segway _____ prosthetic device _____ other _____

Do you need to use a wheelchair outside of your residence? Yes ___ No ___

***Please note** that we may not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 30" or if your total weight with your wheelchair/scooter exceeds 600 pounds.

4. Do you need to travel with someone who will assist you with your trip?

Always _____ Sometimes _____ Never _____

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

Getting to or from a bus stop _____

Getting on or off a bus _____

At your home or destination _____

5. Have you ever used the fixed route bus system?

Yes, I use the bus _____ times per week.

Yes, I used to but stopped because _____

No, I have never tried because _____

6. Can you ask for and follow written or verbal instructions to use the bus system?

Yes _____ No _____ Sometimes _____ I do not know because I have never tried _____

If no or sometimes, please check all that apply:

I get too confused and might get lost _____

Other people cannot understand me _____

I probably could, but with specific instruction _____

Other _____

7. Are you able to get to and from our service area on your own?

Yes ____ No ____ Sometimes ____ I don't know, I have never tried ____

If no or sometimes, please check all that apply:

I cannot get places if there are no curb-cuts ____

I cannot cross busy streets and intersections ____

I cannot travel outside when the weather it is too hot ____

I cannot because the sidewalk or street is too steep ____

I cannot travel in snow or icy conditions ____

I get confused and cannot find my way ____

**8. If you are able to get to and from the bus, can you board the bus by yourself?
(Keep in mind that the only assistance offered by the driver is operating the wheelchair lift).**

Yes ____ No ____ Sometimes ____ I don't know, I have never tried ____

If no or sometimes, please check all that apply:

I cannot climb stairs ____

I need assistance other than what the driver provides ____

I do not want to use the lift ____

I might be able to with training ____

Other _____

9. Is there something that might help you to ride the bus (check all that apply):

Yes, if someone taught me to understand the route, schedule and fare information ____

Yes, if someone were to show me how to ride the bus ____

Yes, learning how to get on the bus using the lift ____

Yes, if the bus were to come closer to where I live and need to go ____

No, none of these would help ____

10. Once on the bus, can you walk to a seat or maneuver your wheelchair to a tie down position?

Yes ___ No ___ Sometimes ___ I don't know, I have never tried ___

If no or sometimes, please check all that apply:

I have a balance problem ___

I probably could if someone showed me ___

I need assistance other than what the driver can provide ___

11. If you use a mobility aid on your own, how far can you travel?

I cannot travel outside of my residence by myself ___

I can get to the curb in front of my residence by myself ___

I can travel up to 1/4 mile (3 blocks) alone ___

I can travel up to 1/2 mile (6 blocks) alone _____

I can travel up to 3/4 mile (9 blocks) alone ___

I can travel more than 3/4 mile alone _____

12. Can you deal with unexpected situations and unexpected changes in routine?

Yes ___ No ___ Sometimes ___

If no or sometimes, please explain: _____

13. Can you recognize landmarks in order to travel on the bus route independently?

Yes ___ No ___ Sometimes ___

If no or sometimes, please explain: _____

14. Do you have any other conditions which would limit your ability to use our bus system?

Yes ___ No ___

If Yes, please explain: _____

15. Have you ever had training on how to use the regular fixed bus route?

Yes ___ No ___ In the process of ___

Would you like to be trained for this? Yes ___ No ___

16. Are you able to identify when a vehicle has arrived to pick you up?

Yes ____ No ____ Unsure ____

17. I hereby understand that in order to be eligible to use ADA Paratransit service, I must have a disability which makes me unable to use the City of Ashland Bus System fixed route service. I agree that if any of the information given to the City of Ashland Bus System is materially false or misleading, the City of Ashland Bus System shall have the right to reconsider my eligibility for ADA paratransit services. I certify that the information given above is correct. I understand that the City of Ashland Bus System may contact the health care professional who has completed the medical verification attached to this application in order to confirm information included in this application.

SIGNED: _____ DATE: _____

In order to allow the City of Ashland Bus System to evaluate your application it will be necessary to have your Physician or other Professional confirm the information you have provided and return it with your application.

MEDICAL VERIFICATION FOR ADA PARATRANSIT SERVICES

IMPORTANT NOTICE: The information, which you provide, will assist the City of Ashland Bus System in determining your patient's functional and cognitive ability to use public transportation. This form assists the City of Ashland Bus System in determining when and under what circumstance the consumer can utilize the bus system. All of our vehicles are equipped with a wheelchair lift for individuals who need to use a wheelchair or cannot climb stairs. It is essential that you be as precise as possible in your evaluation. All information on this form will be kept strictly confidential and will not be released. Thank you for your cooperation.

1. NAME OF PHYSICIAN OR HEALTH CARE PROFESSIONAL COMPLETING FORM:

OFFICE ADDRESS: _____

OFFICE PHONE # : _____

CAPACITY IN WHICH YOU KNOW THE APPLICANT: _____

2. PLEASE DESCRIBE THE CONDITION (WHETHER PHYSICAL OR COGNITIVE) WHICH FUNCTIONALLY PREVENTS THE APPLICANT FROM USING REGULAR BUS SERVICE. BE AS SPECIFIC AS POSSIBLE IN YOUR DESCRIPTION:

3. PROGNOSIS / EXPECTED DURATION OF DISABILITY: _____

4. DOES THE APPLICANT NEED A WHEELCHAIR FOR AMBULATION OUTSIDE OF THEIR HOME? Yes ____ No ____

5. FUNCTIONAL ASSESSMENT

TASK DESCRIPTION	CANNOT PERFORM TASK	PERFORMS TASK WITH ASSISTANCE	PERFORMS TASK INDEPENDENTLY
Climb Stairs			
Read Information Signs			
Hear Spoken Directions			
Able to Use Bus			

6. COGNITIVE ASSESSMENT

TASK DESCRIPTION	CANNOT PERFORM TASK	PERFORMS TASK WITH ASSISTANCE	PERFORMS TASK INDEPENDENTLY
Can applicant give address and telephone number upon request			
Can applicant recognize a destination or landmark			
Can applicant deal with unexpected situations or an unexpected change in routine			
Can applicant ask for, understand and follow directions			
Can applicant safely and effectively travel through crowded and/or complex facilities			

7. TO THE BEST OF YOUR KNOWLEDGE, THE INFORMATION PROVIDED BY THE APPLICANT ON THIS FORM IS CORRECT. Yes_____ No_____

If no, please explain

Signature:_____ Date:_____

Print Name and Title:_____ Telephone:_____

Below for City of Ashland Bus System use *ONLY*:

Date Received _____

ELIGIBILITY DETERMINATION

_____ is hereby certified by the City of Ashland Bus System for ADA paratransit transportation.

Eligibility expires on _____

_____ is hereby denied ADA paratransit transportation by the City of Ashland Bus System

Reason for Denial: _____

Approved / Denied by:_____ Date:_____