



– Paratransit Service

ADA Paratransit Application



Thank you for your interest in Delaware County Paratransit Transportation Services. Enclosed is an application and information about our services. Please take some time to read the information in order to familiarize yourself with the process before you begin filling out the application.

As the applicant, please fill out Part 1 in detail. A licensed professional who is most familiar with the functional limitations imposed by your condition must complete and sign Part 2. Professionals who are qualified to complete this form include: Audiologist, Chiropractor, Registered Nurse; Medical Doctor; Mobility Specialist; Physical & Occupational Therapist; Optometrist; Psychologist; Licensed Independent Social Worker (LISW-must specialize in specific functional limitations). Some things that will delay/prevent the Mobility Services Department from processing an application include:

- ANY questions that are left unanswered in Part 2.
- No signature on Part 2.
- If Part 2 is completed by anyone other than a licensed professional.
- If the licensed or certified professional completing Part 2 does not include their full name, title, address and license or certification number.

After completing the application, please call our Mobility Coordinator at 740-363-3355 to schedule an appointment to submit your application and attend an interview/functional assessment. Should you need transportation to your interview/functional assessment, it can be arranged for you. You must let the Mobility Coordinator know you need transportation when you schedule the appointment. The Mobility Coordinator will schedule your ride and DCT will contact you to verify the availability and pickup time of the trip. These trips are on a space-available basis, and travel to and from the interview/functional assessment will be free of charge. If you are unable to attend the assessment, please cancel that ride within 24 hours by calling 740-363-3355.

- You will receive a status notification at the time of your assessment or, via mail within 21 days from the date of your assessment. If you are denied eligibility, you have a right to appeal the decision.

Purpose of Paratransit

Delaware County Transit provides Paratransit services on buses to persons who cannot use the fixed route system. To be eligible for this service, individuals must have disabilities that prevent the use or access of the fixed route. Eligibility is based on whether your disability prevents you from independently performing the tasks needed to ride fixed route service for some or all of the time. Age, inability to drive, utilizing a mobility device, income, not having access to a car, or access nor distances to the nearest bus stop by themselves, are not eligible disabilities.

Our program requires that you are not able to access our Fixed Route bus service. You will be asked to complete a written application **and** followed by an in-person functional assessment. If through the written application and functional assessment verification, it is deemed you are able to access our Fixed Route bus service, you will not be eligible for our ADA Paratransit service.

Transit agencies such as DCT must take specific steps to make fixed route accessible to persons with disabilities. Regular accessible bus service is intended to be the primary mode of public transportation for persons with disabilities.

The ADA also requires Paratransit service as a 'safety net' for persons whose disabilities prevent use of accessible non-commuter, Fixed Route bus service. The federal government adopted minimum criteria that transit agencies must meet in operating this complementary Paratransit service. Complementary Paratransit service is intended to offer a comparable level of service provided by regular bus service. Paratransit service is not required, nor intended, to meet all the transportation needs of persons with disabilities. Rather, it is intended to provide public transportation in a more specialized form.

DCT's ADA Paratransit Program is designed to meet the minimum service criteria established by the federal government. This certification form will be used to determine your eligibility for DCT's ADA Paratransit Service.

WHAT IS Paratransit SERVICE? DCT Paratransit service is for those who cannot access the Fixed Routes due to a disability. Passengers usually ride with others who are traveling in the same general direction, and drivers may stop to pick up or drop off passengers on route. We cannot go inside your house to get you, and we do not take you inside your destination. We provide door-to-door service if applicable.

This service is a “safety net”; it is **only** for those persons who do not have the **functional** capability to ride the Fixed Route buses.

The Americans with Disabilities Act (ADA) guarantees people with disabilities the same access to public transportation as people without disabilities. Many people with disabilities can ride the regular Fixed Route buses. People with disabilities who cannot use the Fixed Route buses can use the ADA Paratransit Service.

***All Delaware County Transit vehicles are equipped with lifts**

You must complete the entire form and answer every question. Incomplete forms will be returned. The information you provide is confidential. It will only be shared with persons involved with DCT’s eligibility determination process and other transit providers to facilitate travel in those areas, and will not be provided to any other person or agency.

Each applicant will be notified of the eligibility determination no later than 21 days after Delaware County Transit has received the completed application **and** when the in-person functional assessment is completed.

Important: Falsification of this application to obtain, aid, or facilitate another in obtaining Paratransit service violates Ohio Revised Code section 2921.13 and United States Code Title 18, section 1001. Penalties include fines of up to \$5,000 and imprisonment up to ten years.

If you have any questions or need assistance completing this form, please call:

740-363-3355 (Phone)

1-877-363-3282 (Toll Free)

740-362-7603 (Fax)

1-800-750-0750 (TTY Ohio Relay Service)

**Delaware County Transit Paratransit
Mobility Services Department**

DO NOT MAIL

Please call 740-363-3355 when application is complete

PARATRANSIT ELIGIBILITY APPLICATION

Delaware County Transit provides paratransit services to individuals who cannot use DCT's fixed-route bus service to make all of their trips. To be eligible for this service, the functional limitations of an individual's disability must currently, significantly prevent the use of Delaware County Transit's fixed-route service. Age, distance from a bus stop, being in a wheelchair, a medical diagnosis, or being classified as having a "disability" by themselves are not criteria for determining eligibility.

Part 1 must be filled out with the applicant's answers. The applicant may receive assistance from another person, but wherever possible the applicant's answers must be written. If another person assists, please state their relationship at the end of Part 1 and have the applicant sign.

If you live more than $\frac{3}{4}$ of a mile from any DCT fixed routes, you are outside of DCT's paratransit service area. Please call the DCT Coordinator at 740-363-3355 if you need more information regarding service area.

Applicant's Release

I understand the purpose of this evaluation form is to determine my eligibility for Paratransit Service. I understand the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility.

I hereby authorize my medical representative to release any and all information regarding my medical condition to Delaware County Transit.

I understand that providing false or misleading information could result in my eligibility status being revoked.

If applicant is unable to sign this form, he/she may have someone sign on his/her behalf.

Applicant Signature

Date

Important: Falsification of this application to obtain, aid, or facilitate another in obtaining Paratransit service violates Ohio Revised Code section 2921.13 and United States Code Title 18, section 1001. Penalties include fines of up to \$5,000 and imprisonment up to ten years.

Please read the following statements and check those that best describe what you believe to be your ability to use DCT's Fixed Route bus services without assistance. You may select more than one.

I use the bus frequently.

I believe I could learn to ride the bus, if I were taught.

I can get to and from the bus if the distance is not too great and the route is barrier-free.

I can use DCT Fixed Route bus services for some trips, but not other times because there are barriers that prevent me from using the system.

I have difficulty or cannot climb stairs and can only board a DCT vehicle if it has a lift.

I have a visual disability, which prevents me from getting to and from the bus, even with training.

The severity of my disability can change from day-to-day. I can only ride the Fixed Route bus when I am feeling well.

I have difficulty understanding and remembering all of the things that I would have to do to find my way to and from the bus.

I have a visual disability, which prevents me from getting to and from the bus, even with training.

I can never use the bus by myself.

I am not able to use the bus due to my disability. (Please explain in detail your disability that prevents you from using DCT's Fixed Route bus service)

YOUR CURRENT TRAVEL

Please List your 3-4 most frequent destinations and how you get there now.

Destination addresses Frequency of travel How you get there?

1. Does your health condition/disability require you to use Paratransit Service:

_____ Seasonal (Nov. - Apr.)

_____ Permanently

_____ Temporarily

If temporarily, for how long? _____ Week(s) _____ Month(s) _____ Year(s)

2. Please indicate the primary mobility aid you use when traveling in the community:

___ Support Cane

___ Leg Brace

___ Picture Board

___ Long White Cane

___ Crutches

___ Alphabet Board

___ Service Animal

___ Walker

___ Powered W/C

___ Hearing Aid

___ Prosthesis

___ Manual Wheelchair

___ Oxygen Tank

___ Hearing Device

___ Scooter

Note: DCT may not be able to accommodate you if your wheelchair or scooter is longer than 48" or wider than 34" in length with a weight, when occupied by the applicant, of no more than 800 pounds. If the combined weight of the applicant and mobility device exceeds 800 pounds in total, the occupant must be able to independently transfer separately on the lift.

3. What is your current medical diagnosis?

By whom were you diagnosed by? _____ Address _____
Phone number _____ Date you were diagnosed? _____

4. Do you require a Personal Care Attendant (PCA)? A PCA is a person who will assist you to and from the bus or who will ride the bus with you?

Yes No

5. Are you able to be left unattended?

Yes No

QUESTIONS ON USING THE BUS

1. Have you ever used DCT's bus services?

Yes
 No

2. Are you currently using DCT's bus services?

Yes
 No

If yes, what routes: _____

3. Can you transfer from one bus to another if needed?

Yes No, if no, please explain _____

4. Can you, without the assistance of another person, get to or from the bus stop nearest your home? Yes No: If no, please explain

5. Can you climb a 12-inch step?

Yes
 No

___ 6. Does your physical condition change from day-to-day, to the point that it may be difficult to use the bus service?

___ No, my physical condition does not change from day-to-day

___ Yes, if yes, please explain _____

7. On days when your physical condition is **good**, can you, on your own, or using a mobility aid:

___ Get to the curb in front of your house

___ Travel up to one (1) block

___ Travel up to four (4) blocks

___ Travel up to six (6) blocks

___ Cannot travel outside your house. Please explain:

8. On days when your physical condition is **bad**, can you, on your own, or using a mobility aid:

___ Get to the curb in front of your house

___ Travel up to one (1) block

___ Travel up to four (4) blocks

___ Travel up to six (6) blocks

___ Cannot travel outside your house. Please explain:

9. Does the weather have an effect on your ability to use fixed route service?

___ No ___ Yes If yes, please explain:

10. Are you able to, on your own, use the telephone to obtain bus information?

___ Yes

___ No, if no, please explain _____

11. Are you able to follow written or oral instructions to use bus services?
And/or a shelter?

Yes

No, please explain

12. Are you able to follow written/oral instructions to pay your bus fare?

Yes

No, please explain

13. Can you wait ten (10) minutes at a bus stop that does not have a seat and/or a shelter?

Yes

No, please explain:

14. Can you cross a street?

Yes No

15. Can you balance while seated?

Yes No

16. Can you grip handles and railing?

Yes No

17. Are you able to recognize a destination or landmark?

Yes

No, if no, please explain: _____

18. Do you travel with an oxygen tank? Yes No

19. Do you travel with a service animal? Yes No

If so, specify what type of animal _____

What services does this animal perform? _____

**DELAWARE COUNTY TRANSIT
PARATRANSIT ELIGIBILITY APPLICATION
MOBILITY SERVICES DEPARTMENT**

Paratransit services are for individuals who cannot use Delaware County Transit’s fixed-route bus service to make all of their trips. To be eligible for this service, the functional limitations of an individual’s disability must **prevent** use of DCT’s fixed-route bus service. Age, distance from a bus stop, using a wheelchair, **medical diagnosis or name of “disability”** by themselves are not taken into consideration in making an eligibility determination.

Part 2 must be filled out clearly, completely, and signed by the licensed or certified professional.

If this section is completed by the applicant with the professional’s signature, it will NOT be accepted. ALL sections must be completed by the professional.

Important: Falsification of this application to obtain, aid, or facilitate another in obtaining Paratransit service violates Ohio Revised Code section 2921.13 and United States Code Title 18, section 1001. Penalties include fines of up to \$5,000 and imprisonment up to ten years.

**Part 2
TO BE COMPLETED BY A LICENSED OR CERTIFIED
PROFESSIONAL**

Professionals qualified to complete Part 2 include: *Audiologist; Chiropractor; Medical Doctor; Mobility Specialist; Registered Nurse; Occupational Therapist; Physical Therapist; Licensed Independent Social Worker that specializes in the functional limitation; Superintendent of County DD program*

Applicant’s Last Name: _____ First Name: _____

1) What is the applicant’s current medical diagnosis?

2) How does this condition(s) prevent the applicant’s use of DCT’s fixed-route bus service:
(IMPORTANT: PLEASE GIVE DETAILED EXAMPLES)

3) Is this condition temporary Yes No

If yes, what is the expected duration? _____ Months

4) Is the applicant able to get on and off a DCT fixed-route bus equipped with a wheelchair lift without assistance? The driver operates the wheelchair lift and secures the equipment.

Yes No

If no, please explain: _____

5) Is the applicant able to walk/use wheelchair to the bus stop nearest his/her home?

Yes No

If no, please indicate all of the following reasons which are applicable:

- | | |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Cannot maneuver over hilly or rough terrain temperatures | <input type="checkbox"/> Cannot tolerate extreme weather temperatures |
| <input type="checkbox"/> Lack of sidewalks and curb cuts in their neighborhood | <input type="checkbox"/> Cannot Travel on surfaces covered with ice or snow |
| <input type="checkbox"/> Cannot wait outside for ten (10) minutes | <input type="checkbox"/> Cannot cross busy intersections |
| <input type="checkbox"/> Cannot cross busy intersections during the night | <input type="checkbox"/> Cannot identify correct bus during daylight |
| <input type="checkbox"/> Cannot identify correct bus during daylight | <input type="checkbox"/> Poor Condition of sidewalks (i.e.: uneven/crumbled) |
| <input type="checkbox"/> Other (please give detailed specifics): _____ | |

6) Is the applicant able to perform the following functions independently?

Find his/her way between familiar locations? Yes No

Grasp coins, passes and handles? Yes No

Communicate address, destinations and telephone numbers on request? Yes No

Ask for, understand and follow directions Yes No

Deal with unexpected situations or unexpected changes in routine? Yes No

Go up and down steps? Yes No

Recognize a destination or landmark? Yes No

Walk or use a wheelchair and travel 200 feet (*a city block*) Yes No

Walk or use a wheelchair and travel ¼ mile? Yes No

7) If applicant uses an aid, please check those that apply:

Manual wheelchair

Crutches

Electric wheelchair

Walker

3-wheel scooter

Service animal

Walking cane

Portable oxygen

Cane used by the visually impaired

8) Does the applicant require the assistance of another person (other than the driver) to assist them?

Yes No

Does the applicant need someone to assist them in:

Getting to or from Bus stops

Help getting where they are going

Getting on or off the bus

Assistance at the location they are going to

Other (please describe)

9) Please indicate the individual's ability to independently perform the following functions, using the least effective mobility device:

	Little or No Difficulty	Discomfort and/or Inconvenience	Severe Pain, Additional Impairment and Reduced Level of Function	Impossible or Likely to Cause a Serious Medical Crisis
Travel independently to and from the nearest bus stop up to ¼ mile?				
Identify the bus stop and correct bus to get on and off				
Go up and down three 10 inch steps, using a handrail if needed				
Get on and off the DCT bus with a passenger lift or ramp				
Ask for, understand, and carry out instructions to take a trip				

I certify that, based upon my skill, knowledge, experience, and reasonable degree of certainty, the above named applicant is eligible to apply for Delaware County Transit's Paratransit Services Program.

Please Print Clearly

Licensed or Certified Professional Name:

Title:

Office Address:

City: _____ State: _____ Zip Code: _____

Phone Number:

Signature:

Date: _____

License/Certification Number (required): _____