



ADA Paratransit Application

SECTION 1: GENERAL INFORMATION

Last Name: _____ First Name: _____

Street Address: _____ Apt #: _____

Apt. Complex Name: _____

City: _____ State: _____ Zip Code: _____

Phone: (home) _____ - _____ - _____ Cell: _____ - _____ - _____

Email Address (Required): _____

Are you currently a BCRTA rider? _____ YES _____ NO

Please list two emergency contacts:

Name _____

Home or cell Phone: _____ - _____ - _____ Work number: _____ - _____ - _____

Relationship: _____

Name: _____

Home or cell number: _____ - _____ - _____ Work number: _____ - _____ - _____

Relationship: _____

Closest bus route to my address (www.butlercountyrta.com): _____

Do you have a personal care attendant (PCA) who assists you with daily life functions?

_____ Yes _____ No

All information regarding BCRTA is provided in writing unless otherwise specified. Do you need information given to you in another form?

If yes, what form?

Did you need help completing this form? Yes No

If you answered yes, please complete the following information about the person who helped you.

Name: _____ Phone Number: _____

Relationship to you: _____

Agency name (if professional): _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

SECTION 2: APPLICANT'S ABILITY TO USE FIXED ROUTE BUS SERVICE

Please read the following statements and mark all those that describe your ability to use the fixed route bus.

I have a **temporary** disability which prevents me from getting to the bus stop. I will need BCRTA service until I recover.

I have an **ambulatory** disability which prevents me from boarding a bus even with a wheelchair lift without assistance.

I cannot get to the bus stop by myself.

I have a **cognitive disability** which prevents me from remembering and/or understanding how to find my way to and from the bus stop.

I have a **visual disability** that prevents me from finding my way to and from the bus stop.

I have a **severe medical condition**. My condition results in an impairment that makes it impossible for me to use the fixed route system.

I have a **disability that comes and goes**. I can use the fixed route system on days when I am feeling well, but on bad days, I can't make it to the bus stop or get on the bus.

In your own words, please explain why you cannot use the fixed route bus service.

SECTION 3: INFORMATION ABOUT YOUR CURRENT USE OF THE FIXED ROUTE BUS SYSTEM.

1. Do you currently use the fixed route bus: Yes No
2. When was the last time you used the fixed route bus? _____
3. Did you use any type of mobility aid or life support equipment? _____

If yes, describe:

4. How far can you travel by foot or using a mobility aid? Check all that apply
To the ground outside my home Can Cannot
To the curb in front of my home Can Cannot
Up to ¼ mile Can Cannot
Up to ½ mile Can Cannot
Up to ¾ mile Can Cannot

5. Can you wait up to 15 minutes at a bus stop? Yes No

If no, please explain:

6. Can you get on and off a fixed route bus:
 Yes No Sometimes I don't know I have never tried

If you chose NO or SOMETIMES, check all that apply:

Only if the bus has a wheelchair lift I cannot climb the stairs

I don't want to use the lift Other, explain:

7. If you are able to get on and off a fixed route bus, can you get to a seat or wheelchair position by yourself? Yes No Sometimes

If you chose NO or SOMETIMES, check all that apply:

I need someone to help me I need a seat nearest the door

I have a balance problem I have trouble finding a seat

Other, explain:

SECTION 4: INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1. What types(s) of disability(ies) prevent you from using the fixed route bus? Check all that apply.

Physical disability

Visual impairment/blindness

Developmental or Cognitive disability

Mental Disorder

Health related condition

Other, explain:

2. My disability is: Permanent Temporary I don't know

If temporary, I expect it to last for another _____ months.

3. Check all the mobility aids or equipment you use or might use while riding a BCRTA vehicle:

Cane Long White Cane Leg braces Crutches

Communication board Walker Manual wheelchair

Powered wheelchair Power scooter Life support equipment

Service animal

All BCRTA Vehicles are equipped with lifts, ramps and securement stations and are compliant with all ADA regulations. Regulation No. 49 CFR Part 38 requiring that lifts have a minimum design load of 600 pounds and that the lift platform accommodate a wheelchair measuring 30 inches by 48 inches.

SECTION 5: THE ENVIROMENT AROUND YOUR HOME TO THE CLOSEST BUS STOP

1. In your own words, describe the terrain between where you live and the closest bus stop. Describe: sidewalks, visibility, roadway traffic, temporary construction, traffic signals, curbs, or anything else you think is noteworthy:

2. Are there sidewalks outside your home? ____ Yes ____ No
3. How many steps are there at the entrance to your home: _____

SECTION 6: YOUR CURRENT TRAVEL NEEDS

1. Currently, how do you travel to the places you need to go outside your home?

2. List two or three of your most frequent travel destinations:

SECTION 7: TRAVEL TRAINING

Travel training is a personalized (individual or group) instruction that teaches the skills necessary to use fixed route BCRTA bus system and BGo. Please see attached flyer for more information on this optional program.

1. Have you ever received travel training: ____ Yes ____ No
If yes, who provided the training?

2. Would you be interested in receiving information about this service?

____ Yes ____ No

If you checked no, please explain why you are not interested in travel training?

SECTION 8: APPLICANT'S CERTIFICATION

In compliance with the Americans with Disabilities Act of 1990 (ADA), BCRTA provides paratransit service (other than the regular bus service) to anyone with a disability, who qualifies and who cannot use the fixed route bus system and who is traveling within $\frac{3}{4}$ mile of a scheduled fixed route. This shared-ride service is intended only for those trips that the rider cannot make on the fixed route system. This application is intended to determine when and under what circumstances that applicant can use the shared-ride ADA Paratransit service.

I understand that the purpose of this application is to determine if there are times when I cannot use the fixed route or BGo bus system and will need to use the shared-ride Paratransit system. I understand that all the information concerning my disability will be kept confidential and shared only with professionals that will be involved in the determination of my eligibility. I certify that, to the best of my knowledge, all the information in this application is true and correct. I authorize any professional organization and/or agency listed in this application to release information relating to my disability to the ADA office in order to determine eligibility.

Applicant's signature: _____

Date: _____

Signature of applicant's parent, legal guardian, or PCA if applicable:

Clinical Professional Authorization

This form to be completed by a Clinical Professional: This cannot be the only determination of eligibility.

Examples: Licensed physicians, Orientation and mobility specialists, therapist, clinical social workers, and registered nurses.

To the Professional completing this form: The individual presenting this form to you is applying for Paratransit services. Paratransit service is a federally mandated ADA (American with Disabilities Act) door to door shared-ride specially equipped van ride service for people whose disability **prevents** them from using the regular bus transit system under certain circumstance or all the time. Only professionals who have knowledge of the applicant's functional ability or limitations to use the regular transit system should complete this form. Please assist us in determining this individual's true eligibility for the use of the Paratransit service. Please feel free to attach any additional information you think will help with the determination process.

Applicant's Name: _____

I have known the applicant since _____ (year)

Please list the diagnosis(es)

1. The applicant has a Functional Disability: ____ Yes ____ No
If yes, is the applicant able to?
Get to the curb by foot or mobility device without assistance?
____ Yes ____ No
Board or disembark a transit vehicle by using the stairs or a lift?
____ Yes ____ No
Find and occupy a seat (if not using a wheelchair or scooter) for the trip?
____ Yes ____ No
Safely stand while riding the bus if a seat is not available? Or can stand while holding on?
____ Yes ____ No
2. The applicant has a Sensory or Cognitive Disability ____ Yes ____ No
If yes, is the applicant able to?

Communicate addresses, destinations and telephone numbers upon request?

_____ Yes _____ No

Ask for, understand and follow directions?

_____ Yes _____ No

Recognize a destination or landmark?

_____ Yes _____ No

Deal with unexpected situations and/or changes in routine?

_____ Yes _____ No

Safely and effectively, travel through crowded and/or complex facilities?

_____ Yes _____ No

3. Does the applicant have a visual disability? _____ Yes _____ No

If yes, please describe how the condition would limit the applicant's ability to use the regular transit system.

4. Does the applicant have a DSM IV diagnosis? _____ Yes _____ No

If yes, describe how the condition would limit the applicants' ability to use the regular transit system

5. Is this disability(ies) temporary? _____ Yes _____ No If yes, how long? _____

6. Are there any other concerns about this applicants' ability to use the regular transit system?

7. In your clinical opinion, can the applicant ever use a fixed route bus? (All BCRTA buses are 100% accessible)

_____ Yes _____ No _____ Sometimes

Print your name: _____ Title: _____

Office address: _____

Phone number: _____ Fax: _____

License number: _____

Signature: _____

Date: _____

Please return your completed application and a photo* to:

Butler County Regional Transit Authority

3045 Moser Ct.

Hamilton, Ohio 45011

Fax: - 513.785.5227

Questions about the application please contact:

513.785.5237

www.butlercountyrta.com

*you will receive a photo ID card upon approval of services.

