

ADA TRANSPORTATION APPLICATION for MIDDLETOWN AND OXFORD

All questions must be answered before your application will be considered.

Part A: To be completed by applicant or on behalf of the applicant.

Please Print

Last Name _____ First _____ Middle _____

Residence Address: Street _____ Apt # _____

Development _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Please provide additional details regarding your address that will assist us in locating you.

Primary Phone (_____) _____ Secondary Phone (_____) _____

Other _____ TTY (_____) _____

Email (optional) _____ Soc. Sec. (Last four digits) _____

EMERGENCY CONTACT(S) (Required)

Name _____ Relationship _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

Other means of contact _____

Name _____ Relationship _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

Other means of contact _____

Applicant Name _____ Date _____

Please indicate the primary mobility aids you use when traveling in the community.

Support Cane	Leg Braces	Picture Board
Long white cane	Crutches	Alphabet Board
Service Animal	Walker	Powered Wheelchair
Hearing Aid	Prostheses	Manual Wheelchair
Oxygen Tank	Hearing Device	Scooter
Other _____		

NOTE: BCRTA is in compliance with The Americans with Disabilities Act 1990 and all related statutes. We may not be able to accommodate you if your mobility device is oversized. (ADA 37.165)

1. Do you need information given to you in any of the following formats?

Large print _____ Audio Tape _____ Braille _____ Another language _____

Other _____

2. Do you require a Personal Care Attendant (PCA) to help you travel? A PCA is a person specifically employed or designated to help with your daily living needs.

Yes

No

Sometimes

3. Are you able to use the Fixed Route Service buses if you do not qualify for the Para Transit?

Yes

No

Sometimes

4. Would you like to have training on the Fixed Route Service buses? Would you like help trip planning?

Yes

No

APPLICANT VERIFICATION

Application must be signed to be considered complete.

I understand that the purpose of this application form is to determine if there are times when I cannot use the Butler County Regional Transit Authority Fixed Route buses and will require Paratransit services. I understand that the information on this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I give permission for the Butler County Regional Transit Authority staff to contact the professional who has filled out this application or given supplemental verification of my condition.

Applicant Signature _____ Date _____

Print Name _____

Person completing this form if other than Applicant (check one):

_____ I certify that the information in this application is true and correct based upon the information given to me by the applicant.

_____ I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability or I have legal authority to complete this application.

Print Name _____ Relationship _____

Address _____ City _____ St _____ Zip _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

Other contact info _____

Agency Name _____

**Please return your completed application to:
Butler County Regional Transit Authority
3045 Moser Ct.
Hamilton, Ohio 45011
FAX: 513-785-5227**

MEDICAL/PROFESSIONAL VERIFICATION FORM

Under the Americans with Disabilities Act (ADA), if a person has the functional capability to use the Butler County RTA's Fixed Route buses (regular city buses), that person is NOT eligible for Paratransit services (curb to curb services). Disability alone and distance to and from a bus stop, by itself, do not qualify a person for the Butler County RTA's Paratransit Service.

To the Applicant: Sign below to allow the release of information from the professional who will be filling out this form.

I hereby request that information pertaining to my limitations that prevent me from using Fixed Route buses be released to the Butler County Regional Transit Authority for further determination of my ADA Paratransit eligibility.

Print _____ Name

Signature _____ Date

Applicant: Please do not write below this line

PART B: For the Health Care Professional

This form must be filled out by a professional who is knowledgeable about the applicant's disability and their limitations. Please check the appropriate boxes regarding the person completing this form.

- | | |
|--|--|
| <input type="checkbox"/> Vocational Rehabilitation Counselor | <input type="checkbox"/> O & M Instructor |
| <input type="checkbox"/> Licensed Social Worker | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Respiratory Therapist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Mental Health Counselor |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Independent Living Specialist | <input type="checkbox"/> Other _____ |

Indicate nature of applicant's disability (check all that apply)

- Behavioral _____
- Cognitive _____
- Physical _____
- Environmental _____
- Other _____

PART B (CONTINUED):

Dear Health Care Professional:

The applicant is asking you to review the information on this application and to complete and sign **Part B** of this form certifying that they have a disability that prevents them from using Fixed Route bus service (dedicated bus stops). All of our Fixed Route vehicles are equipped with lifts, ramps and securements, to ensure that passengers have equal access to services.

Under the Americans with Disabilities Act (ADA), if a person has the functional capability to use the Butler County RTA's Fixed Route buses (regular city buses), that person is NOT eligible for Paratransit services (curb to curb services). Disability alone and distance to and from a bus stop, by itself, do not qualify a person for the Butler County RTA's Paratransit Service.

1. In your professional opinion, can the applicant use a lift equipped Fixed Route bus?

Yes _____ Yes, with individualized training _____ No _____

If "no", please indicate below how the limitation of the applicant will affect their ability to ride a Fixed Route bus. Please describe the applicant's functional, cognitive and/or physical limitations and how it might inhibit their ability to board, use, disembark, navigate or reach a Fixed Route bus. (Please do not list a diagnosis). This information will be used to help determine whether or not the applicant needs to use Paratransit (curb to curb) services or is able to use Fixed Route services (dedicated bus stops) for their travel needs.

2. What is the expected duration of the applicant's disability?

Permanent _____ Temporary; expected duration _____

This section must be completed by the health professional or application will be returned.

I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

Signature/Date: _____

Print Name: _____

Professional Title: _____

Clinic/Agency Address: _____

Phone: _____

Thank you for your time and assistance. If you have any questions while completing the verification form, please feel free to contact a Butler County RTA representative at 513-785-5237