



## ADA Paratransit Service Application

Thank you for your interest in Connect Douglas 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.

### What is Paratransit Service?

Connect Douglas Paratransit service is for individuals 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 curb-to-curb service (the rider is responsible for getting from and to his/her door opening and the destination's door opening out to the transit vehicle and off the transit vehicle) and door-to-door service (the driver will assist the rider from his/her outside front door on to the paratransit vehicle and assist the rider off the paratransit vehicle to the front door of the destination) if requested.

The Americans with Disabilities Act (ADA) guarantees individuals with disabilities the same access to public transportation as individuals without disabilities. Many individuals with disabilities use the regular fixed route vehicles. Passengers with disabilities who cannot use fixed route vehicles can use the ADA Paratransit Service.

### Purpose of ADA Paratransit

Connect Douglas provides paratransit services on vehicles to patrons who cannot use the fixed route system. To be eligible for paratransit 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 doing the tasks needed to use the fixed route service for most or all of the time. Age, inability to drive, utilizing a mobility device, income or not having access to a car are **not** eligible disabilities for purposes of determining ability to use fixed route.

If through the written application, the Medical Review Form review and in-person interview, it is deemed you are able to access our fixed route bus service, you will **not** be eligible for our ADA Paratransit service. If you are not approved for paratransit service, you have a right to appeal the decision.

Paratransit service is intended to offer a comparable level of service provided by fixed route 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.

Connect Douglas' ADA Paratransit Program is designed to meet the minimum service criteria established by the federal government. The Connect Douglas service area for ADA Paratransit



service is one mile on either side of a fixed route. The application process, which includes the in-person interview, will determine your eligibility for Connect Douglas' ADA Paratransit Service.

### **ADA Paratransit Application Process**

The application process consists of the following:

- a. Complete an application
- b. A Medical Verification Form to be completed by a medical professional; and
- c. An in-person practical assessment (interview)

There are two parts to the application. As the applicant, please fill out Part 1 in detail. Part 2 is to be completed by a licensed medical professional who is most familiar with the functional limitations imposed by your condition. The medical professional 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 Connect Douglas from processing an application include:

1. ANY material questions related to your disability that are left unanswered in Part 1.
2. Missing signatures on Part 1 and/or 2.
3. If Part 2 is completed by anyone other than a licensed professional.
4. If the licensed or certified professional completing Part 2 does not include their full name, title, address and license or certification number.
5. If applicant does not call to schedule or follow-through with the in-person assessment.

**After completing the application, please call Connect Douglas 770-949-7665 to schedule an appointment to submit your application and attend an interview/practical assessment.** Should you need it, transportation on Connect Douglas for your interview/practical assessment can be arranged for you. You must let Connect Douglas know you need transportation when you schedule the appointment. The reservationist will schedule your ride and Connect Douglas will contact you to verify the availability and pickup time of the trip. These trips are on an availability basis, and the cost of the trip from and to the interview/practical assessment is free. You may also travel to the appointment with a Personal Care attendant and/or companion rider if needed. If you are unable to attend the assessment, please cancel the ride by calling 770-949-7665 within 24 hours.

During the in-person interview, Connect Douglas will request to take your picture. This will aid in preparing your ID card if your application is approved. If approved, your ID card will be mailed to you with your approval letter.

**You should receive a determination of eligibility via mail within 21 days from the date of the assessment.** If you are not provided a determination of eligibility within 21 days after your in-person assessment, Connect Douglas is obligated to provide you service until such time as a determination is made.



If you are not approved for ADA Paratransit service, you might be eligible for Connect Douglas' Reduced Fare Program for the fixed route. To be eligible for the fixed route reduced fares, you must be 60 years of age or older, disabled, or a currently enrolled student at any public or private school, university or college. Further, Connect Douglas fixed route buses will deviate up to one mile on either side of the bus route to pick up or drop off riders. This deviation (flex) service requires an advance request of 2 to 24 hours.

**Falsification of the ADA Paratransit application to obtain, aid, or facilitate another in obtaining paratransit service may cause the application request to be denied.**

**If you have any questions or need assistance completing this form, please call:  
770-949-7665, Connect Douglas Transportation Services.**

**\*All Connect Douglas vehicles, both fixed route and Paratransit, are equipped with lifts\***



**PARATRANSIT ELIGIBILITY APPLICATION**

New Applicant \_\_\_

Recertification \_\_\_

**Part 1 (to be completed by applicant)**

\_\_\_\_\_  
Last Name/ First Name/ Middle Initial

\_\_\_\_\_  
Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apartment Name Building No. /Apt. No.

\_\_\_\_\_  
City/Town State Zip

Contact Information

1. Home Phone \_\_\_\_\_

2. Work Phone \_\_\_\_\_

3. Cell Phone \_\_\_\_\_

Emergency Contact Information

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant's Release (please initial)**

\_\_\_\_\_ 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 Connect Douglas.

\_\_\_\_\_ I understand that false or misleading information provided by me or someone acting on my behalf could result in my eligibility being denied or revoked.

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



Please read the following statements and check those that best describe what you believe to be your ability to use Connect Douglas’s fixed route shuttle 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 Connect Douglas 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 Connect Douglas 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 Connect Douglas’s fixed route shuttle service)

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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

Other (please explain) \_\_\_\_\_

Other (please explain) \_\_\_\_\_

**Note: Connect Douglas may not be able to accommodate you if your wheelchair or scooter is longer than 48” or wider than 34” in length and with a weight of, when occupied by the applicant, more than 1000 pounds. If the combined weight of the applicant and mobility device exceeds 1000 pounds in total, the occupant must be able to independently transfer separately on the lift, but is not required to.**



What is your current medical diagnosis? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By whom were you diagnosed? \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Date you were diagnosed? \_\_\_\_\_

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 to and from your destination?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to be left unattended?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**QUESTIONS ON ABILITY TO ACCESS THE FIXED ROUTE BUS**

1. Have you ever used Connect Douglas's bus services?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
  
2. Are you currently using Connect Douglas's fixed route bus services?  
\_\_\_\_\_ Yes: If yes, what routes: \_\_\_\_\_  
\_\_\_\_\_ No
  
3. Can you transfer from one bus to another if needed?  
\_\_\_\_\_ Yes \_\_\_\_\_ 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, my physical condition changes from day-to-day



Please explain how your physical condition changes from day-to-day and how it would prevent you from accessing the fixed route bus system \_\_\_\_\_

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain \_\_\_\_\_

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Are you able to follow written or oral instructions to use bus services?

And/or a shelter?

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

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

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

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

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

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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: \_\_\_\_\_

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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 the service animal perform? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I affirm that I have answered the above questions truthfully and to the best of my ability.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



## MEDICAL VERIFICATION FORM

### **Part 2**

**This section must be completed clearly and completely by a medical professional. The information should be signed and dated 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.

**Falsification of this application to obtain, aid, or facilitate another in obtaining ADA paratransit service may cause the application request to be denied.**

### PARATRANSIT ELIGIBILITY APPLICATION

Paratransit services are for individuals who cannot use Connect Douglas’s fixed-route shuttle service to make all of their trips. To be eligible for paratransit service, the functional limitations of an individual’s disability must **prevent** use of Connect Douglas’s fixed-route shuttle 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.

### **THE BELOW IS 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.*

Applicant’s (patient’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 Connect Douglas’s **fixed-route** bus service: **(IMPORTANT: PLEASE GIVE DETAILED EXAMPLES)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3) Is the applicant's disability a temporary disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what is the projected duration of the disability? \_\_\_\_\_

4) Is the applicant able to get on and off a Connect Douglas fixed-route vehicle equipped with a wheelchair lift without assistance? The driver operates the wheelchair lift and secures the equipment? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, please explain: \_\_\_\_\_

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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:

- \_\_\_\_\_ cannot maneuver over hilly or rough terrain
- \_\_\_\_\_ cannot tolerate extreme weather temperatures
- \_\_\_\_\_ cannot travel on surfaces covered with ice or snow in their neighborhood
- \_\_\_\_\_ cannot wait outside for ten (10) minutes
- \_\_\_\_\_ cannot cross busy intersections
- \_\_\_\_\_ not capable of identifying the correct bus, day or night
- \_\_\_\_\_ other (please give detailed specifics): \_\_\_\_\_

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6) Is the applicant able to perform the following functions independently? (Circle yes or no)

- |  |     |    |
|--|-----|----|
| Find his/her way between familiar locations?                         | Yes | No |
| Grasp coins, passes and handles?                                     | Yes | No |
| Communicate address, destinations & 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 ( <i>a city block</i> ) | 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  
 walking cane Portable oxygen  
 cane used by the visually impaired
- 8) Does the applicant need the assistance of another person (other than driver) to assist them such as a Personal Care Attendant? Yes  No
- 9) Does the applicant need someone to assist him/her?  
 getting to their bus stop origin  
 getting on or off the bus  
 assistance at the destination  
Other (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9) On the below chart, 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 Connect Douglas bus with a passenger lift or ramp				
Ask for, understand, and carry out instructions to take a trip				

**Licensed or Certified Professional Information:**

I certify that, based upon my skill, knowledge, experience, and reasonable degree of certainty, the above named applicant is eligible to apply for Connect Douglas Paratransit Services.

**(Please Print Clearly)**

Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

License/Certification Number **(required)**: \_\_\_\_\_