

TEXARKANA URBAN TRANSIT DISTRICT ADA PARATRANSIT APPLICATION

In compliance with the Americans with Disabilities Act (ADA) of 1990, Texarkana Urban Transit District (TUTD) provides ADA Complementary Paratransit Service to individuals with a disability who are traveling in an area served by TUTD, but who cannot use the regular fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use the regular fixed-route bus service and when ADA Complementary Paratransit Service is required.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The applicant (or someone assisting the applicant) must complete **PARTS 1-7**. A licensed professional must complete and sign **PART 8 - PROFESSIONAL VERIFICATION**, pages 8-9.

All applicants, whether new or being re-certified, must complete a new application. The ADA Complementary Paratransit certification process may involve a personal Functional Assessment to determine if the applicant can use the regular fixed-route bus service. TUTD will pay for the functional assessment as well as provide transportation to and from the evaluation, if necessary. **All questions must be answered. Incomplete applications will be returned.** If you have any questions or need assistance in completing this application, please call TUTD at (903) 255-3530.

**NOTE: PROCESSING OF THIS APPLICATION MAY TAKE UP TO
21 DAYS**

WHEN COMPLETED, PLEASE RETURN THIS APPLICATION TO:

Texarkana Urban Transit District
P.O. Box 5307
Texarkana, Texas 75505-5307

DO NOT WRITE IN THIS SPACE

New Application: _____	Re-certification: _____
Date Received: _____	Approved: _____ Date: _____
Reviewed By: _____	Denied: _____ Date: _____
Bill Code: _____	Third Party Review: _____ Date: _____
PCA Needed: _____	ADA I.D. Number: _____

PART 1 – GENERAL INFORMATION

PLEASE PRINT

Last Name: _____ First Name: _____
 Street Address: _____ Apt # _____
 Building Complex or Name: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address if different: _____
 Telephone Number: _____ Date of Birth: _____
 Social Security Number: _____

If someone is assisting you in completing this application, please identify him/her:

Name: _____ Phone Number: _____

Please give us the name and telephone number of someone we can contact in an emergency:

Name: _____ Phone Number: _____

Relationship: _____

PART 2 – ABILITY TO USE TUTD FIXED-ROUTE BUSES

Please indicate below the reasons you are applying for ADA Paratransit Eligibility:

(Check all that apply)

_____ I can use TUTD fixed-route buses to go some places, but in other places I cannot get to and from the bus stops.

_____ I can use TUTD fixed-route buses, but only if they are equipped with wheelchair lifts or ramps.

_____ Because of my disability, I can never use TUTD fixed-route buses.

_____ Other reasons (please explain): _____

PART 3 – INFORMATION ABOUT THE APPLICANT’S DISABILITY

1. What types of disabilities prevent you from using TUTD fixed-route buses?
(Check all that apply)

- | | |
|--------------------------------|-------------------------|
| _____ Physical disability | _____ Visual impairment |
| _____ Developmental disability | _____ Mental disability |
| _____ Cognitive disability | _____ Other |

If Other, please explain in detail: _____

2. Is the disability described above temporary or permanent?

- _____ Temporary, I expect it to last for another ___ months.
_____ Permanent
_____ I don’t know

3. Please indicate below if you use any of the following mobility aids or equipment.

- | | |
|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Powered scooter | <input type="checkbox"/> Long white cane |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Service animal (describe) _____ | |
| <input type="checkbox"/> Other (describe) _____ | |
| <input type="checkbox"/> I do not use any of the above aids or equipment | |

NOTE: We may not be able to accommodate you if your wheelchair or scooter is longer than 48 inches, wider than 32 inches, or if the total weight (including the wheelchair) is more than 600 pounds.

4. If needed, will a Personal Care Attendant (someone who must assist you with daily life functions) be riding with you?
- Yes
 No

<p>PART 4 – QUESTIONS ABOUT USING TUTD FIXED-ROUTE BUSES</p>

5. Have you ever used TUTD fixed-route buses?
- Yes, I typically use TUTD fixed-route buses _____ times a week
- Yes, I used TUTD fixed-route buses but stopped because _____
- _____
- No, I never use TUTD fixed-route buses because _____
- _____

6. What might help you ride TUTD fixed-route buses? (Check all that apply)
- Route and schedule information

Being able to get TUTD fixed-route buses with wheelchair lifts or ramps

A communication aid (i.e., TDD, schedules in accessible formats)

Learning to use TUTD fixed-route buses with travel training

If bus stops were closer to where I live and where I need to go

Other (please describe) _____

None of these would help

7. Can you ask for and follow written or oral instructions to use TUTD fixed-route buses?

Yes No Sometimes

If you selected **NO** or **SOMETIMES**, please check all that apply:

I get confused and might get lost

Other people cannot understand me

I probably could with instructions

Other (please describe) _____

8. Are you able to get to and from bus stops on your own?

Yes No Sometimes

If you selected **NO** or **SOMETIMES**, please check all that apply:

I cannot get places if there are no curb cuts

I cannot if the streets or sidewalks are too steep

I cannot cross busy streets and intersections

I cannot travel outside when it is too hot

I cannot find my way at night because of my limited vision

I probably could with travel training

I feel unsafe traveling alone

Other (please describe) _____

9. Using a mobility aid or on your own, how far can you walk or operate your wheelchair or scooter?

- I cannot walk outside my house or apartment
- I can get to the curb in front of my house or apartment
- I can walk or use my wheelchair up to 3 blocks
- I can walk or use my wheelchair up to 6 blocks
- I can walk or use my wheelchair up to 9 blocks

10. Can you wait up to 30 minutes for a TUTD fixed-route bus at a bus stop?

- Yes
 - Yes, if the bus stop has a bus bench or shelter
 - No (please explain) _____
-

11. Are there any other conditions that limit your ability to use TUTD fixed-route buses?

- Yes (please describe) _____
- No

PART 5 – CURRENT TRAVEL INFORMATION

12. Please list the trips you will make most frequently using ADA Complementary Paratransit Service.

EXAMPLE

FROM: 35 Palm Dr.	TO: Publix, 150 Main St.
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FROM:	TO:
(1) _____	_____
(2) _____	_____
(3) _____	_____

PART 6 – INFORMATION ABOUT TRAVEL TRAINING

NOTE: Travel Training is personalized (individual or group) instruction that teaches the skills necessary to use TUTD fixed-route bus service.

13. Have you ever had any personal instruction on how to use TUTD fixed-route bus service?

_____ No, I have never received any Travel Training
_____ Yes, I have received personal Travel Training instruction through an agency
Name of Agency: _____

If you selected **YES**, please indicate below the skills you learned:

_____ To travel to and from bus stops
_____ To cross streets
_____ To read bus schedules and plan trips
_____ To ride the following routes:
Route # _____ Route # _____ Route # _____ Route # _____
_____ Other (please explain) _____

Did you complete the above training?

Yes

No

14. If TUTD offers free Travel Training to anyone interested in learning how to ride the fixed-route bus service, would you be interested in getting information about this training?

Yes

No

PART 7 – APPLICANT’S CERTIFICATION

I understand the purpose of this application is to determine if there are times when I cannot use TUTD fixed-route bus service and must therefore use the ADA Complementary 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 certify that, to the best of my knowledge, the information in this application is true and correct. I authorize the licensed professional who provided professional verification to release information relating to my disability to TUTD in order to assess eligibility determinations.

Applicant’s Signature: _____ **Date:** _____

THIS CONCLUDES THE PORTION OF THE APPLICATION TO BE COMPLETED BY THE APPLICANT.

THE LAST SECTION (PAGES 8-9) OF THIS APPLICATION MUST BE COMPLETED AND SIGNED BY A QUALIFIED AND LICENSED PROFESSIONAL.

EXAMPLES OF QUALIFIED PROFESSIONALS INCLUDE:

Physician (M.D. or D.O.)

Physical Therapist

Occupational Therapist

Orientation and Mobility Instructor

Registered Nurse

Independent Living Specialist

Rehabilitation Specialist

Licensed Social Worker

Optometrist

Psychologist

PART 8 – PROFESSIONAL VERIFICATION

Applicant's Name: _____

TO BE COMPLETED BY A LICENSED PROFESSIONAL

The Americans with Disabilities Act (ADA) of 1990 requires Texarkana Urban Transit District (TUTD) to provide **ADA Complementary Paratransit Service** to anyone who cannot use TUTD fixed-route bus service because of a disability. ADA Complementary Paratransit Service is provided in an area contiguous to TUTD fixed-route bus service. The applicant who has asked you to review and sign this application is applying to TUTD to be considered eligible for the ADA Complementary Paratransit Service, which is intended only for those trips that the applicant cannot make on TUTD fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use TUTD fixed-route bus service and when he/she requires ADA Complementary Paratransit Service.

Please review the information provided by the applicant in **PARTS 2-4** of this application and then answer the questions below:

A. Has the applicant been diagnosed with a physical, mental, cognitive, or other disability?

No

Yes

Diagnosis & onset: _____

ICD – 9 codes: _____

DSM – IV codes: _____

OS – visual acuity & field: _____

OD – visual acuity & field: _____

B. The applicant's disability is:

Permanent

Temporary – until when? _____

C. Please describe all conditions (physical, mental, cognitive, other) that functionally

prevent the applicant from using TUTD fixed-route buses: _____

D. Does the applicant require the assistance of a Personal Care Attendant (PCA) when traveling on a public vehicle?

Yes

No

E. To the best of your knowledge, is the information provided in **PARTS 2-4** of this application true and correct?

Yes

No

Do not know

Signature: _____ Date: _____
Print or Type Name: _____
Title: _____
State of Texas or State of Arkansas License Number: _____
Business Address: _____ Phone Number: _____
City: _____ State: _____ Zip Code: _____

**For more information, please call or fax:
Texarkana Urban Transit District
Phone: (903) 255-3530
Fax: (903) 792-3014**