

**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)

- | | |
|---|--|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Mental disability |
| <input type="checkbox"/> Cognitive disability | <input type="checkbox"/> 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

PART 4 – QUESTIONS ABOUT USING TUTD FIXED-ROUTE BUSES

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.

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 APPLICANT.

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

EXAMPLES OF QUALIFIED PROFESSIONALS INCLUDE:

Physician (M.D. or D.O.)	Independent Living Specialist
Physical Therapist	Rehabilitation Specialist
Occupational Therapist	Licensed Social Worker
Orientation and Mobility Instructor	Optometrist
Registered Nurse	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