

Triangle Transit Authority's Paratransit Application

The Triangle Transit Authority's (TTA) paratransit system operates in accordance with the Americans with Disabilities Act and is designed to serve individuals whose disabling conditions or functional limitations prevent them from using regular TTA services on non-commuter routes (105,107,402,403,412,and 413). The program allows eligible users to ride in TTA lift- equipped vans or designated taxis for part or all of a trip between cities in the Triangle region at a cost of \$4.00 per trip.

WHO IS ELIGIBLE?

Under the ADA regulations, individuals who qualify for paratransit services fit at least one of three categories:

- ◆ The individual is unable, as a result of mental or physical impairment, to get on, ride, or get off an accessible vehicle in the TTA system
- ◆ The individual needs the assistance of a wheelchair lift or other boarding device and is able, with such assistance, to get on, ride, and get off an accessible vehicle, but such a vehicle is not available on the route when the person wants to travel.
- ◆ The individual has a specific impairment- related condition (including limitations of vision, hearing or disorientation) which prevent travel to or from a station or stop on the TTA bus system.

HOW TO APPLY

- ◆ Keep this information sheet for your records.
- ◆ Read this application and, if you believe you qualify, fill out Part A.
- ◆ Take or send the application- both parts A &B – to an authorizing professional who knows you personally.
- ◆ Both parts of the application must be completed in order for your application to be considered.
- ◆ Mail the completed application (both parts A & B) to:
Triangle Transit Authority
Paratransit Program
P.O. Box 13787
Research Triangle Park, NC 27709

WHAT HAPPENS AFTER I TURN IN MY APPLICATION

- ◆ After TTA receives your application, you will be contacted to schedule a functional assessment.
- ◆ A representative of TTA will determine eligibility based on several factors:
 - Information provided on your application
 - Information provided by your authorizing professional
 - Results of a brief assessment of your functional abilities
 - A review of transportation options in the areas in which you desire to travel
- ◆ If you have questions or have not been contacted within 21 days of submitting your application, call TTA at (919) 485-7468. If you use a TDD, call 1-800-735-2962 and ask to be connected to (919) 485-7468. If, at that time, a determination of your eligibility has not been made, you will be temporarily eligible for service until such time as your application can be reviewed.
- ◆ If you are denied eligibility, you have the right to appeal. Call (919) 485-7468 if you need information about the appeals process. If you use a TDD, call 1-800-735-2962 and ask to be connected to (919) 485-7468.

If the applicant was assisted by someone else in completing this form, please list contact information below:

Name: _____
Daytime phone: _____
Address: _____
Relationship to applicant _____
SIGNATURE: _____

Applicant’s emergency contact (if different from person assisting with application):

Name: _____ Daytime phone: _____

**TRIANGLE TRANSIT AUTHORITY
PARATRANSIT APPLICATION- PART A**

Name: _____
Birthdate: ____/____/____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Home phone number: _____
Work/ Other number: _____
If hearing impaired, TDD number: _____

Do you currently use any public transportation, including regular fixed- route buses? _____yes
_____no
If yes, which routes?

What is the closest bus stop to your home?

Can you get to the bus stop by yourself? _____yes _____no
If no, what limits you from getting there?

Name any TTA routes, which serve your neighborhood:

Please check ONE of the following seven statements, which best defines the nature of the disability or limitation which prevents you from using regular bus service. Describe your specific needs in the space provided:

1. _____ I have a mobility impairment, which prevents me from getting to and/ or getting on a fully accessible vehicle without

assistance. Describe the nature of this condition and any environmental obstacles (such as inclines, curbs, and distances) which affect your ability to access public transportation:

This condition is : _____temporary _____permanent

2. _____ I have an endurance problem, which prevents me from moving the distance needed to get to the bus stop. Please describe the cause and nature of this condition

This condition is: _____temporary _____permanent

3. _____ I have a visual impairment that prevents me from finding my way to and from the bus stop without assistance. Describe the nature of your condition and your functional level of vision:

Please list any specific trips for which you have received travel training, and the name of the Orientation and Mobility specialist who provided the training:

4. _____ I have a cognitive disability, which prevents me from remembering, and understanding information needed to get myself safely to and from the bus stop. Please describe the origin and characteristics of your condition:

Are you involved in any programs or training, which will have an impact on your ability to use public transportation? If so, please describe:

5. _____ I have a severe medical condition, which limits my ability to function. Please describe and note whether your condition is

temporary or permanent, and if it is episodic in nature (i. e. do you have “good” days or times when you can access transportation, and “bad” days when you cannot?)

This condition is : _____temporary _____permanent

6. _____ I am dealing with functional losses due to aging. I feel I am not able to access regular bus service due to the following limitations:

7. _____ My functional limitations do not fit into any of the above categories. I am unable to use regular bus service because:

This condition is : _____temporary _____permanent

Please check any of the following Environmental or Individual Factors, which are applicable to your situation:

I. ENVIRONMENT:

If I am waiting outside at a bus stop, I must have:

_____ a bench _____ a shelter _____ nothing additional

When crossing a street, I need:

_____ curb cut _____ tactile curb warnings _____ audible signals

_____ accessible median strip _____ no more than (#____) lanes of traffic

I cannot make my way across ground that is:

_____ paved or sidewalk _____ grassy _____ gravel _____ hilly

My ability to access transportation is dependent on the time of day. I cannot see in:

_____ full daylight _____ partial light _____ darkness/ semi- darkness

My ability to access transportation is affected by weather, which is:

_____ warm(above ____ degrees) _____ cold (below ____ degrees)

_____ rainy _____ icy _____ windy

My ability to access stairs is as follows. I can manage:
 _____ only one or two steps _____ only with a handrail _____ no steps

II. INDIVIDUAL

The distance I can travel to and from bus stops is:
 _____ no more than ___ feet _____ at least five blocks

I can wait at a bus stop
 _____ no more than (#____) minutes _____ at least one hour

The bus stops which I can access
 _____ must be stops for which I have received formal travel training
 _____ must be only in areas familiar to me

I travel: _____ alone _____ both alone and with a companion
 _____ only with an attendant or companion (this does NOT affect eligibility)

I can cross a street with _____ 2-3 lanes _____ 4-6 lanes _____ I cannot cross

List your 5 most frequent destinations and how you currently get there:

<u>Destination</u>	<u>Frequency of Travel</u>	<u>How you get there now</u>

List places you would like to go but cannot currently access:

<u>Destination</u>	<u>Frequency Desired</u>	<u>Barriers to your access</u>

Part B of this application must be filled out by a health care or human services professional who is familiar with the applicant's disabling condition and/ or functional limitation. Your signature on the application authorizes this professional to provide information to the Triangle Transit Authority regarding your eligibility for ADA services and any needed clarification of functional limitations due to your disabling condition.

In the space provided below, CLEARLY PRINT the name of the professional who will be verifying your application, and specify his/ her position.

Name of professional:

Professional affiliation:

_____ licensed physician

_____ licensed physical therapist

_____ licensed occupational therapist

_____ licensed social worker

_____ nurse (LPN or RN)

_____ certified psychologist

_____ certified rehabilitation counselor

_____ speech pathologist

_____ vision specialist

_____ orientation/ mobility specialist

_____ audiologist/ hearing specialist

_____ MR/DD qualified specialist

I certify that the information contained in this application is correct and authorize the above- named professional to provide verification of my condition and supporting information as needed:

Applicant's signature: _____

**TRIANGLE TRANSIT AUTHORITY
PARATRANSIT APPLICATION- PART B
Professional ADA Verification**

You are being asked by the applicant named in PART A of this application to provide information regarding his/ her ability to use the TTA transit system. The TTA system will provide ADA paratransit services to those individuals who cannot use regular services. The information you provide will allow us to evaluate the request and determine this individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: TTA's transportation services are currently accessible to persons with disabilities who need lift- equipped vehicles, vehicles which kneel, and/ or announcement of stops.

The individual applying for TTA's paratransit service **MUST BE UNABLE TO ACCESS THESE SERVICES** due to:

- ◆ Conditions which prevent them from getting to or from a TTA bus stop, or transferring between vehicles **and/ or**
- ◆ Conditions which prevent them from being able to get on, ride, or get off a lift-equipped vehicle

Individuals for whom performing these tasks are inconvenient or uncomfortable are **NOT ELIGIBLE** for services, and you are asked to verify this.

Eligibility for paratransit services, which consist of the use of taxis or handicabs for the price of a bus ride, is determined on a trip- by- trip basis. It is extremely important that you provide specific information about the individual's functional limitations, so that these determinations can be made. For example, an individual who can easily and safely get to the bus stop nearest their home may not be able to get to a bus stop at their desired destination and thus would be eligible for a paratransit trip based on the destination.

PLEASE FOLLOW THESE STEPS TO VERIFY THIS APPLICATION:

1. Read PART A of the application in its entirety.
2. Fill out PART B of the application **completely**, using the criteria provided.
3. Return the completed application to the applicant within 7 days of receipt. The applicant is responsible for returning the application to Triangle Transit Authority.
4. Be aware that you may be contacted for further information if questions remain about the applicant's abilities.
5. If you have any questions, contact Triangle Transit Authority at (919) 485-7468. If you use a TDD, call 1-800-735-2962.

PART B- PROFESSIONAL VERIFICATION, continued

I have read PART A in its entirety YES NO
I agree with the information provided in PART A YES NO
(If no, please explain: _____)

Please state the condition causing this applicant's disability: _____

Specify which functional limitations are associated with this condition and be specific when asked to supply additional information:

<input type="checkbox"/> mobility impairment	<input type="checkbox"/> visual impairment
<input type="checkbox"/> hearing impairment	<input type="checkbox"/> total <input type="checkbox"/> partial
<input type="checkbox"/> total <input type="checkbox"/> partial	<input type="checkbox"/> compromised endurance
<input type="checkbox"/> cognitive impairment* (please complete below)	<input type="checkbox"/> muscular <input type="checkbox"/> respiratory
	<input type="checkbox"/> Other (please specify) _____

* If this individual has functional limitations due to a cognitive impairment, please indicate any of the following issues that are pertinent to this individual:

- Cannot be left alone to wait for transportation
- Displays behavior that is unsafe for self or others using public transportation
- Cannot recognize vehicles that s/he should board

For any impairments checked above, please note specific precautions that this individual must follow in terms of:

Travel distance limitations:

Limitations regarding time of day to travel:

Weather conditions:

Environmental conditions:

What is the severity of this individual's condition?

Mild Moderate Severe Profound/ Chronic

What is the expected duration of this individual's condition?

- Temporary: Approximate expected duration until ___/___/___
- Long-term: Potential for functional improvement or periods of remission
- Permanent: No expectation of functional improvement

PART B- PROFESSIONAL VERIFICATION, continued

Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

- _____ This individual should be able to access public transportation successfully
- _____ This individual can use public transportation under certain situations as stated above
- _____ This individual cannot use public transportation due to multiple functional limitations

Thank you for your assistance

SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

PHONE # _____

ORGANIZATION/ PRACTICE: _____