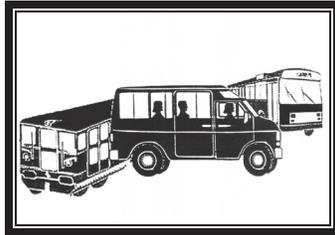


Application for ADA Transportation Eligibility



A Service Provided by:

The Cities of Anniston, Oxford, Jacksonville, Weaver,
Anniston Limousine, Inc. and the
East Alabama Regional Planning & Development Commission

Application for ADA Transportation Services

Please review this application form carefully. Read the description of the various disabilities which is based on the Americans with Disabilities Act of 1990 (ADA).

Section 37.125(a) of the ADA implementing regulations requires that each transportation provider “shall strictly limit ‘ADA Paratransit Eligibility’ to individuals specified” in the regulations. The ADA and its implementing regulations establish a right to Paratransit only under a particular set of circumstances related to the individual and the transit system. Under the ADA regulations, a person who is experiencing a physical or mental impairment listed below shall be deemed eligible, provided that the information contained in the application is accurate and complete. A Paratransit Advisory Committee made up of members appointed by participating local governments will determine the eligibility of the applicants.

Eligibility Criteria for ADA Transportation Services

In order to be considered eligible for ADA Transportation Services, **an applicant must have a disability which limits his/her ability to use the fixed-route system (ACTS Fixed Route).**

1. Individuals who independently cannot use any part of the fixed route service "Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities." (§37.123(e) (1)) This includes people with mental, cognitive, and visual impairments who cannot recognize destinations, understand bus changes, or distinguish between buses on different routes at terminals and/or on routes.

2. Individuals who do not have the ability to travel to boarding and disembarking locations of the fixed route service (all or some of the time). "Any individual with a disability who has a specific impairment related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system." §37.123(e)(3))

Please answer FULLY all of the questions on the form, and return it to the transit system in your local area (see list on following page). Incomplete applications will not be processed, and will be returned to you for completion. Your application will be reviewed, and an eligibility determination (even if only temporary eligibility status) will be made within 21 days of receipt of a COMPLETE application. You will receive a notice as to whether or not you are eligible. If you are determined to be capable of using regular bus without the assistance of another person for all of your travel, YOU WILL NOT BE ELIGIBLE for paratransit.

Disabilities are described in, but not limited to, the following three categories:

1. **Mental Impairment (including development disabilities)**

- a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
- b. Is likely to continue indefinitely;
- c. Results in substantial functional limitations in any of the following areas of major life activities: self-direction, learning, mobility, economic self-sufficiency, self-care, capacity for independent living and receptive and expressive language;
- d. Causes the substantial diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, attention impairment, cognition, language impairment, memory impairment, conduct disorder, or motor disorder.

2. **Physical Impairment**

- a. Persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities and affects one or more of the following body systems: anatomical, musculoskeletal, neurological, respiratory

including speech organs, cardio-vascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine.

- b. The term physical impairment includes, but is not limited to, such contagious or non-contagious diseases and conditions or non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation emotional illness, specific learning disabilities, HIV disease and tuberculosis.

3. Major Life Activities

- a. Activities relating to the performance of self-care and engaging in leisure or play activities. Self-care includes grooming, mobility, object manipulation, and ambulation.
- b. Activities relating to the ability to walk, see, hear, breathe or communicate.
- c. Activities relating to moving about in one's community for purposes that include accessing and participating in vocational, educational, recreational, and social activities in the community with other members of the community.

Please detach these pages from the application and keep for your future reference.

If you feel that your disability may fit into one of the previously described categories, please continue with the following pages of this application form.

If you would like a free copy of the eligibility criteria as defined by the Americans with Disabilities Act, please contact Shane Christian, Project Administrator, at East Alabama Regional Planning and Development Commission at 256-237-6741.

When completed, please return the entire application to:

**East Alabama Regional Planning
& Development Commission
P.O. Box 2186
Anniston, AL 36202**

Phone: 256-237-6741 Fax: 256-237-6763 Alabama Relay: 711

Date Received: _____
Temporary Pass mailed: _____
TAB Approval Date: _____
TAB Denial Date: _____

DO NOT WRITE
IN THE SHADED
AREA

Application Date: _____

Request for Paratransit Eligibility

The information obtained in this certification process will only be used by the Paratransit Advisory Committee of the ACTS Fixed Route and East Alabama Regional Planning and Development Commission for the provision of transportation services. Information will only be shared with our designated Paratransit provider. The information will not be provided to any other person or agency. Failure to completely fill out the application may delay your approval for ADA Paratransit services.

Part I.

Name: Mr./Mrs./Ms _____ Date of Birth: ____ / ____ / ____
Address: _____ _____
Telephone Number: _____
Mailing Address (If Different): _____ _____

1. What is the disability that prevents you from using the ACTS Fixed Route service?

1b. Explain HOW this condition prevents you from independently using the ACTS Fixed Route.

2. Is the condition temporary? () Yes () No If yes, expected duration until: ___/___/___

3. How does this disability prevent you from using the fixed-route service:

(Check all that apply)

() I need assistance to board or disembark at my home/destination

() I am unable to walk to the nearest bus stop.

() I am unable to read the bus schedule

() I am unable to withstand temperature changes

() I am unable to wait longer than ten (10) minutes for a bus

() Other: _____

4. Is there anything that can be done to better assist you if you were to take the ACTS Fixed Route?

() Yes, route and schedule information

() Yes, if the bus stops were closer to where I live

() No, nothing can be done to assist my using the ACTS Fixed Route

() Yes, other (please explain) _____

5. Are there any other effects of your disability of which we need to be aware?

6. Do you use any of the following aids to mobility? (Check all that apply)

() Manual Wheelchair

() Electric Wheelchair

() Walker

() Power Scooter

() Cane

() Communication

() Crutches

() Service Animal

Board

() Personal Care Attendant

() Portable Oxygen Tank

() Other: _____

Note: The ACTS shall carry a wheelchair and occupant if the lift and vehicle can physically accommodate them, unless doing so is inconsistent with legitimate safety requirements.*

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by the Paratransit Advisory Committee and the East Alabama Regional Planning and Development Commission.

7. Do you require a Personal Care Attendant when traveling on our system? () Yes () No

8. Can you travel 200 feet without assistance of another person?

() Yes () No () Sometimes _____

9. Can you travel 1/4 mile without the assistance of another person?
 Yes No Sometimes _____
10. Can you travel 3 feet without the assistance of another person?
 Yes No Sometimes _____
11. Can you climb three (3) inch steps without assistance?
 Yes No Sometimes _____
12. Do you receive Medicaid?
 Yes No Card Number _____

I, the applicant, hereby certify that the information contained in this application is true and correct. I understand the purpose of this application form is to determine if I am eligible to use the ADA Paratransit service according to the guidelines of the Americans with Disability Act which may involve the Paratransit Advisory Board contacting my listed Health Care Professional for clarification or further explanation. I agree that the Paratransit Advisory Board or its designee may contact my Health Care Professional concerning this application. I understand that this application cannot be processed if it is not complete. I understand the application process can take up to 21 days from the time EARPDC receives a complete application. If my application is returned, for clarification or additional information, this can delay the process. I understand that I may appeal the determination within 60 days after receipt of written notification if I am determined not eligible for ADA Paratransit service or if I am dissatisfied with my eligibility type. I understand that failure to provide complete and accurate information can result in being turned down by the Paratransit Advisory Committee.

Signed: _____ Date: ____/____/____

If this application has been completed by someone other than the person requesting certification, please complete the following:

(Please Print or Type)

Name: _____ Daytime Phone Number _____

Address: _____

ADA Transportation Program

Part II

MEDICAL VERIFICATION

Applicant's Name: _____

The following must be completed and signed by a Licensed Physician, Social Worker, or other Health Care Professional in order for this application to be processed.

The Americans with Disability Act of 1990 (ADA) requires that the East Alabama Regional Planning and Development Commission provide Paratransit service to anyone who cannot use the ACTS Fixed Route system because of a disability. The applicant who has asked you to review and sign this form is applying to the EARPDC to be considered eligible for the Paratransit service.

Please carefully review the information provided by the applicant in Part I of this form and answer the questions below.

<p>1. Please describe all conditions (physical, cognitive, emotional, other) which functionally prevent the applicant from using the ACTS Fixed Route buses. (Conditions not-related to this application need not be listed)</p> <p>_____</p> <p>_____</p>
<p>2. How does this condition prevent the applicant from using the ACTS Fixed Route fixed-route bus service?</p> <p>_____</p> <p>_____</p>
<p>3. To the best of your professional knowledge, is the information in Part I of this application true and correct?</p> <p>_____</p>

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

- Physician
- Licensed Social Worker
- Registered Nurse
- Psychiatrist

- Mental Health Counselor
- Optometrist
- Respiratory Therapist
- Other _____

(Continued on next page...)

Applicant's Name: _____

I hereby certify that the information given above is correct.

Signature: _____ Date: _____

Print Name and Title: _____

Business Address: _____

City/State/Zip: _____

Telephone Number: (____) _____

If you have any questions concerning this application or the information requested, please call Shane Christian at 256-237-6741.

This concludes the ADA Application Part II.

When completed, please return the entire application to:

**East Alabama Regional Planning
& Development Commission
P.O. Box 2186
Anniston, AL 36202
Phone: 256-237-6741 Fax: 256-237-6763 TDD
1-800-548-2546**