

Appendix A
APPLICATION FOR PARATRANSIT CERTIFICATION



THE REGIONAL BUS AUTHORITY
Easygo Lake Transit System
APPLICATION FOR PARATRANSIT CERTIFICATION
Assistance in completing this form is available upon request.
Paratransit Applications are available in alternate formats upon request.

The information obtained in this certification process will only be used by the Regional Bus Authority for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency. Please complete this application as thoroughly as possible and to the best of your ability.

The purpose of this application is to provide an opportunity for you to describe how your disability prevents you from riding the fixed route **easygo** Lake Transit Services, the provider for the Regional Bus Authority (RBA). This includes any environmental as well as physical barriers that prevent you from riding the fixed route system.

There are two sections to this application. Part A is to be filled out by the applicant or by someone on the applicant's behalf. Part B is to be filled out by a professional familiar with the applicant's functional abilities.

If a question or information requested does not apply, please write "Not Applicable" or "NA".

PART A

PLEASE PRINT

1. Name _____

2. Address _____

City _____ State _____ Zip Code _____

3. Telephone Numbers
(Home) _____ (Work) _____ (Cell) _____

4. If you prefer to be contacted by email, please provide your email address:

5. Date of Birth ____/____/____

6. To be completed by any person assisting the applicant with the completion of this application.

a. Name: _____

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- _____ Blindness/Visual Impairment
- _____ Deaf/Hearing Impairment
- _____ Cognitive/Developmental Disability
- _____ Mental Illness
- _____ Health-Related Issues

Please provide more specific information about your disability or health issue: _____

2. Please explain HOW your disability or health issue prevents you from using fixed route services:

3. Is this condition temporary? (circle one) YES NO

If yes, expected duration until _____/_____/_____

4. Does your disability change from day to day? _____

If yes, please explain: _____

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

Manual Wheelchair _____ Electric Wheelchair _____ Walker _____ Service Animal _____

Braces/Prosthetics _____ Powered Scooter _____ Support Cane _____ Crutches _____

White Tipped Cane _____ Crutches _____ Portable Oxygen _____ Other _____

Required of all wheelchair and scooter users:

_____ Length of Unit _____ Width of Unit _____ Weight of Unit

6. Do you require a Personal Care Attendant when you travel using transit?

Yes _____ No _____

INFORMATION ABOUT YOUR CURRENT USE OF THE FIXED ROUTE SYSTEM

1) Do you currently use the fixed route system? (circle one) YES NO

2) When was the last time you independently used the fixed route system? _____

3) If you currently use the fixed route system, which routes do you typically use _____

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4) If you use fixed route service now, do you need the assistance of another person? (circle one)

Always Sometimes Never

5) If you need another person's assistance, what does that person do for you?

6) What is it about riding a fixed route bus that is most difficult for you? (Ex. The bus moves before I am seated, etc.) Please list as many things as you can think of. If you need additional space, please use a separate piece of paper: _____

7) What are the specific conditions of your disability which prevent you from using the fixed route bus? (Ex. I am sensitive to extremely cold weather, etc.) If you need additional space, please use a separate piece of paper: _____

8) Can you cross the street by yourself? (circle one) YES NO SOMETIMES

9) If sometimes, under what conditions can you cross the street? _____

INFORMATION ON WEATHER RELATED CONDITIONS

1) Does the weather affect your ability to use the fixed route bus system? (circle one) YES NO

2) If yes, please explain how the weather affects your ability to use the fixed route system: _____

INFORMATION ABOUT THE ENVIRONMENT AROUND YOUR HOME

1) How would you describe the terrain where you live? (Ex. Very steep hill, long gradual hill, etc.)

2) Are there sidewalks at your residence? (circle one) YES NO

3) If yes, are there curb cuts on the sidewalks between your residence and the nearest bus stop/station?
(circle one) YES NO

4) How many steps are there at the entrance you use at your residence? _____

INFORMATION ON TRAVEL/MOBILITY TRAINING

- 1) Have you ever received training to learn how to use the fixed route bus or to travel around the community? (circle one) YES NO
- 2) If yes, by which agency were you trained? _____
Did you successfully complete training? (circle one) YES NO
- 3) Are you interested in obtaining information on travel/mobility training? YES NO

INFORMATION REGARDING YOUR FUNCTIONAL ABILITY

Your answers to the questions in this section will help us to better understand your functional ability in specific areas. For each question, circle one answer. Your answers should be based on your ability to complete these tasks independently according to how you feel most of the time, under normal circumstances, using your mobility equipment.

Do you have sensitivity to extremely hot or extremely cold weather?

Always Sometimes Never Not Sure

Without the help of someone else, can you:

- 1) Walk up and down three steps if there are handrails on both sides?
Always Sometimes Never Not Sure
- 2) Use the telephone to get information?
Always Sometimes Never Not Sure
- 3) Travel one level block on the sidewalk when the weather is good?
Always Sometimes Never Not Sure
- 4) If you are able to do this, how long does it take you?
Less than five minutes Five or more minutes Not Sure
- 5) Cross the street, if there are curb cuts?
Always Sometimes Never Not Sure
- 6) When the weather is good, travel three level blocks on the sidewalk?
Always Sometimes Never Not Sure
- 7) If you are able to do this, how long does it take you?
Less than ten minutes Ten or more minutes Not Sure
- 8) Wait ten minutes at a bus stop that does not have a seat or a shelter, if the weather is good?
Always Sometimes Never Not Sure
- 9) Travel up or down a gradual hill on the sidewalk, if the weather is good?

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Always Sometimes Never Not Sure

10) Find your way to the bus stop, if someone shows you the way once?

Always Sometimes Never Not Sure

11) Step on and off the curb from a sidewalk?

Always Sometimes Never Not Sure

12) Have you ever gotten lost when traveling alone? (circle one) YES NO

a. If yes, what was the outcome of the situation? _____

b. I never travel alone. (circle one) YES NO

c. I've never gotten lost. (circle one) YES NO

13) If the weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk, using your mobility aid?

_____ I can't travel outdoors alone at all	_____ Less than 1 block
_____ 3 blocks	_____ 6 blocks
_____ 9 blocks	_____ More than 9 blocks
_____ Not Sure	_____ Other (explain) _____

14) Do you have difficulty navigating once you exit the bus: YES NO (If yes, please describe below).

INFORMATION REGARDING ANY VISUAL IMPAIRMENT

Please fill out this section if you have a visual impairment.

1) Name of Eye Disease/Condition: _____

2) My vision is worse during these conditions:

_____ Bright sunlight
_____ Dimly lit or shaded places
_____ Night time

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to determine my eligibility. I hereby authorize the RBA to contact the professional listed above to verify functional ability.

Applicant's Signature

Date ____/____/____

Please review the application to make sure that you have answered all of the questions to the best of your ability. If there are questions that you cannot answer, please state why you cannot answer these questions. Thank You!

PERSONAL CARE ATTENDENT CERTIFICATION

The RBA Complementary Paratransit Service is curb-to-curb service not door-to-door service. Drivers will not be required to assist you from your door to the vehicle or from the curbside to your door. However, if reasonable considerations can be accommodated please ask for additional help at the time of scheduling a ride.

If you need an assistant to provide services for you in order to make travel possible, please fill out this form with your personal information.

Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

I certify that I need the services of a personal care attendant to make independent travel possible. A personal care attendant is someone designated or employed specifically to assist me with the completion of at least one daily activity on a regular basis.

I will need a personal care attendant (circle one)

permanently temporarily occasionally

If temporarily, provide expected duration _____

I certify that the information provided is true and correct.

Applicant's Signature _____

Date ____/____/____

Witness Signature: _____

Date ____/____/____

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, _____, authorize the professional familiar with my
(Printed Name of Applicant)

functional abilities who is listed in Part A of my Application for Paratransit Certification to release information about my ability to use the Northwest Indiana Regional Bus Authority (RBA) fixed route **easygo** Lake Transit Services to representatives of the RBA for their review as well as any supporting or other pertinent information about my health or medical condition, solely for the purpose of assisting the RBA in determining my eligibility for ADA transportation service. I understand that all medical information about my disability will be kept strictly confidential.

I understand that I do not have to sign this authorization in order to be considered for services, but I understand that no weight will be given to medical conditions claimed which cannot be verified. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the RBA has acted in reliance on this authorization. My written revocation must be submitted to:

Signature of Applicant or Legal Guardian _____
Date

Legal Guardian's Relationship to Applicant: _____

Printed Name of Legal Guardian: _____

Printed address & telephone number of Legal Guardian: _____

Applicant / Legal Guardian must be provided with a signed copy of this authorization form.

NOTE: If only able to make a "mark" for your signature, make your mark and then have someone act as a witness by signing their name above or beside yours. This form may be signed by a legal guardian or power of attorney only if a copy of the associated documentation showing legal authority to act and sign on the applicant's behalf is also provided. Documentation is not necessary for the parent of a minor child.

PART B

Please take this section of the application to a professional for verification of your disability and your functional abilities. **The same person may not fill out both parts A and B.** If you have any questions regarding what professionals will be accepted or if the professional you have chosen is charging you a fee for the completion of this paperwork, please call the RBA ADA Paratransit Coordinator at (219) 853-6513.

GUIDELINES FOR COMPLETION OF PART B FORM

Your patient/client has requested eligibility for ADA transportation service. Because of your professional relationship with this applicant, you are uniquely qualified to help clarify his or her functional **abilities and limitations**. The following are guidelines for using the RBA Complementary Paratransit Services. These guidelines may help you in understanding the type of information we need in order to determine the applicant's eligibility.

Easygo Lake Transit Services

The Northwest Indiana Regional Bus Authority (RBA) **easygo** Lake Transit Services offers two different types of transportation: Fixed Route and Complementary Paratransit. The fixed route service provides many accessibility features that make it possible for people with different types of disabilities to ride on the buses. These include: lifts and ramps (there is no need to walk up or down steps of a bus); tie-downs and passenger restraints for people using wheelchairs, which are secured by the driver; stop calling by drivers; Braille route information upon request; and the availability of bus schedules in large print, and taped format. The Complementary Paratransit service provides discounted curb-to-curb transportation on a shared-ride basis to eligible individuals with disabilities who are certified through an application process.

The following categories of persons are eligible for complementary paratransit services:

Persons Who Cannot Navigate the System.

This applies to applicants who, even with training, cannot board, ride, navigate, or disembark from fixed route bus services without the assistance of another individual (other than the operator of a wheelchair lift or other boarding assistance device). (Examples would be some individuals with cognitive or mental disabilities, or a blind individual who has had no mobility training in order to navigate the route to their destination.)

Persons Who Have Accessibility Issues.

This applies to applicants who can use or learn to use an accessible public transit system, but the system is not fully accessible to them. This may be due to physical barriers along the route, or if the individual's wheelchair cannot be accommodated on a bus lift or tie-down on the fixed route's vehicles. (Examples: There are no sidewalks, broken sidewalks or no curb cuts along the route and the individual is unable to get to the bus stop; the bus stop is not accessible and it is unsafe for the individual to wait in open weather.)

Persons Who Have Specific Limitations.

- This applies to applicants who have specific disabilities that prevent them from getting to or from a bus stop other than architectural barriers, which are covered by item b above. (Examples: An individual who uses a wheelchair is able to negotiate a trip to the bus stop up a moderately-sloped hill on a summer day, but cannot do so during the winter with unplowed snow. Or an individual who is unable to negotiate a trip to the bus stop in extreme temperatures. In such cases, the interaction between the individuals' specific impairment-related condition and the environmental barriers renders the individual eligible for complementary paratransit.)

The RBA easygo Lake Transit System uses three categories of eligibility.

Fully Eligible - Allows the customer to ride within our service area without any additional restrictions. The disability or health condition always prevents the applicant from using fixed route buses.

Temporary Eligibility - Allows the customer to ride within our service area without additional restrictions for a limited time span. The health condition or disability temporarily prevents the applicant from using the fixed route buses.

Conditional Eligibility - Allows the customer to ride within our service area under certain conditions based on their abilities. The applicant is able to use the fixed route buses for some of his/her trips when his/her disability, health conditions, or environmental barriers prevent the use of fixed route buses.

Information we need for you to provide:

You may expand, in as much detail as you can provide, how this individual's physical, sensory, cognitive or emotional problems may impact his/her ability to travel on a bus. Please relate your comments to the specific tasks necessary to board, ride and navigate the **easygo** Lake Transit fixed route system by describing how each condition limits his/her functional ability in these specific areas.

FOR MORE INFORMATION

If you have any questions regarding the RBA easygo Lake Transit System Complementary Paratransit Services or these forms call the RBA ADA Paratransit Coordinator at the Dan Rabin Plaza (219) 853-6513.

Thank you for your cooperation.

PROFESSIONAL VERIFICATION

Verifying Professional _____

Applicant's Name _____ Date of Birth _____

- 1) In what capacity do you know this individual? _____

- 2) How long have you know this individual? _____
- 3) What is the last date of face to face contact (by you or your agency) with this individual? _____

- 4) Primary Disability/Medical Condition _____
 - a. Is this condition (please circle one): permanent temporary unknown
- 5) Secondary Medical Condition(s) _____

 - a. Is this condition (please circle one): permanent temporary unknown
- 6) Date of onset _____
- 7) Currently receiving any treatment _____

- 8) Are the effects of the disability/medical condition variable? (circle one) YES NO
- 9) Does the applicant use any of the following mobility aids:
____ Support Cane ____ White Tipped Cane for Visually Impaired ____ Walker
____ Braces/Prosthetics ____ Manual Wheelchair ____ Power Wheelchair
____ Scooter ____ Service Animal ____ Oxygen ____ Other: _____

- 10) Temperature sensitivity? (circle one) YES NO If yes, heat__cold__both__

***For the following questions, please provide information regarding the applicant's current abilities taking into consideration the applicant's mobility aid.**

- 11) Maximum distance patient/client is able to travel with his/her mobility aid? _____ feet
 - _____ 330 feet _____ 660 feet
 - _____ 990 feet _____ 1320 feet, in 16 minutes or less
 - _____ 1650 feet _____ 1980 feet
 - _____ 2310 feet _____ 2640 feet, in 32 minutes or less
- 12) Would the individual exhibit any signs of distress at the maximum distance?
(circle one) YES NO

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13) If yes, please explain _____

14) Would the individual be able to follow directions along a route? (circle one) YES NO

15) Are they able to navigate around large obstacles? (circle one) YES NO

16) Are they able to navigate around small obstacles? (circle one) YES NO

17) Can the individual locate curb/curb cut? (circle one) YES NO

18) Independently step up 6" curb? (circle one) YES NO

Independently step down 6" curb? (circle one) YES NO

Independently maneuver up/down curb cut? (circle one) YES NO

19) Would the individual be:

Able to negotiate sidewalk that is in good condition (circle one) YES NO

Able to negotiate on broken pavement/surfaces (circle one) YES NO

Able to negotiate on uneven/grassy surfaces (circle one) YES NO

Able to negotiate on gravel surfaces (circle one) YES NO

Able to negotiate on loose dirt/sand surfaces (circle one) YES NO

Able to negotiate up a 30' ramp of reasonable slope (circle one) YES NO

Able to negotiate up a 16' ramp of reasonable slope (circle one) YES NO

20) Number of lanes individual is able to successfully cross _____

Able to cross the street at a crosswalk (circle one) YES NO

Is the individual able to locate crosswalk/safe place to cross (circle one) YES NO

Able to independently activate "walk" light (circle one) YES NO

Can the individual safely initiate crossing from curb/curb cut (circle one) YES NO

21) Able to wait without a bench at the bus stop for 10 minutes (circle one) YES NO

22) Can individual safely negotiate three 12 inch steps (circle one) YES NO

23) Able to climb bus steps from street level without curb (circle one) YES NO

24) Is the individual: (check one per line)

Able to maneuver onto bus lift platform _____YES _____YES, with assistance _____NO

Able to negotiate up ramp from street level _____YES _____YES, with assistance _____NO

Able to negotiate down ramp to street level _____YES _____YES, with assistance _____NO

Able to place fare in farebox (circle one) YES NO

Able to stand on a moving bus (circle one) YES NO

Able to transfer to a seat on a bus (circle one) YES NO

25) Would the individual be able to independently:

Identify and board the correct bus (circle one) YES NO

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- Leave the house on time (circle one) YES NO
- Seek and ask for directions (circle one) YES NO
- Find way to/from bus stop (circle one) YES NO
- Transfer to a second bus (circle one) YES NO
- Exit bus at the correct destination (circle one) YES NO
- Monitor time (circle one) YES NO

26) Does the individual have problems with reading, remembering or communicating? ___

27) Is the individual's judgment or inhabitation impaired? ___ Yes ___ No ___ Somewhat
a. If yes or somewhat, please describe to what extent, or give an example

28) Does the individual experience seizures? ___ Yes ___ No ___ Unknown
What type: _____ Date of last known seizure: ___/___/___

29) Does this individual experience any of the following:
___ auditory/visual hallucinations ___ delusions ___ disassociation ___ anxiety or panic attacks
___ Other _____

Traveling independently, would the individual have the ability to (check all that apply):
___ Get help if lost ___ Recognize & avoid danger ___ Cross streets safely
___ Follow written directions ___ Communicate needs ___ Process information
___ other _____

30) Would mobility training be appropriate for this individual (circle one) YES NO

31) If no, why not? _____

32) Would training tools help with fixed route travel? (Ex. Memory cards, written route directions, photos, etc.) (circle one) YES NO

33) How will using the RBA easygo Lake Transit System Complementary Paratransit Services better suit this individual than using the RBA easygo Lake Transit System Fixed Route system?

34) Is there any additional information regarding this individual which you believe impacts his/her functional ability to use the fixed route system or any special circumstances that you believe should be considered? _____

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I certify that this information is true and correct to the best of my knowledge.

Signature _____ Title _____

Please print or type name

Please print or type title

Agency _____ Date _____

Address _____ Phone _____

_____ Extension _____

_____ Fax _____

Thank you for your time and input.

RBA USE ONLY:	Approved _____	Denied _____
	Reason for Denial _____	

	PCA _____	No _____
	PVFR _____	No _____
	Date _____	
	By _____	