

TOLEDO AREA REGIONAL TRANSIT AUTHORITY (TARTA)

PARATRANSIT (TARPS) ELIGIBILITY APPLICATION

In accordance with the American with Disabilities Act (ADA), TARPS is a federal transit program for individuals who have a combination of limitations that prevent them from using fixed route TARTA to meet all of their transportation needs. Age, inability to drive, distance from a bus stop, etc. by themselves and fear of a crime or convenience are not taken into consideration in making an eligibility determination.

To be eligible for this service, the medical condition in combination with functional or cognitive limitations must **prevent** the applicant from using TARTA fixed route bus service without the help of another person.

Instructions for completing this application

Part I, is to be completed by the person requesting TARPS service (or helper). Please read the definition of eligibility in the above paragraph carefully and consider how your condition prevents you from riding TARTA. Please type or clearly print your answers. Please complete each question as completely as possible. Incomplete applications will be returned for clarification and this will delay your eligibility determination. The applicant or POA (over 18 years of age) or the parent or legal guardian of a minor must sign all applications.

Part II, should be given to and completed by the clinical professional who can BEST explain your reason(s) for needing TARPS. Please ask the person completing this section to be as specific as possible when explaining why your condition prevents you from riding TARTA. If this is not done, it may result in the need for additional assessments thus delaying your eligibility determination.

**Both parts of the application must be returned to the TARTA/TARPS office by mail or fax. To mail please send to: TARTA/TARPS Eligibility Department
130 Knapp Street
Toledo, OH 43604**

To fax: 419-724-6659

After your application is received, you will be contacted by phone and/or email to arrange an in-person interview. Transportation for this interview is free if you would like to use a TARPS vehicle if your pick-up address is within the TARTA service area. The purpose of this interview is to review your application with you, and determine your eligibility for ADA Paratransit services. All applicants will have their pictures taken. Some applicants may need additional assessments to determine eligibility. Once all necessary eligibility information is gathered, you will receive within 21 calendar days by mail a notice of eligibility status. If you have not received notification within 21 days, you may arrange Paratransit rides until determination is made and you are notified.

All language assistance services for Toledo Area Regional Transit Authority programs and services, including paratransit functional assessments and paratransit eligibility appeals, are provided to the public at no charge.

PART I

SECTION 1: GENERAL INFORMATION

(Mr. ____ Mrs. ____ Ms. ____)

Last Name: _____ First Name: _____

Street Address: _____ Apt. #: _____

Complex Name: _____

City: _____ State _____ Zip Code: _____

Last four digits of S.S. number _____ Birth date: ____/____/____

Phone: (home) _____ - _____ - _____ (cell) _____ - _____ - _____

Email address: _____

Are you currently a TARPS rider? ____ Yes ____ No

If yes what is your ID number? _____

Please list the names and telephone numbers of 2 persons to call in case of an emergency:

Name: _____

Home or Cell Phone: _____ - _____ - _____

Relationship: _____ Work Phone: _____ - _____ - _____

Name: _____

Home or Cell Phone: _____ - _____ - _____

Relationship: _____ Work Phone: _____ - _____ - _____

Closest bus route number to my address: _____

Closest cross-streets to my address:

1. _____ 2. _____

Do you have a personal care attendant (PCA) who assists you with daily life functions?
____ Yes ____ No

All information regarding TARPS is provided in writing unless otherwise specified. Do you need information given to you in another form?

If yes what form? _____

Did you need help completing this form? _____ Yes _____ No

If you answered yes please complete the following information about the person who helped you.

Name: _____ Phone Number: _____

Relationship to you: _____

Agency name if professional: _____

Street Address: _____ Apt.# _____

City: _____ State: _____ Zip Code: _____

SECTION 2: APPLICANT'S ABILITY TO USE FIXED ROUTE BUS SERVICE

Please read the following statements and mark all those that describe your ability to use the fixed route bus.

- I sometimes can use regular bus service, but for certain trips, either I have not been trained, or there are other barriers.
- I have a temporary disability which prevents me from getting to the bus stop. I will need TARPS service until I recover.
- I have an ambulatory disability which prevents me from boarding a bus even with a wheelchair lift without assistance.
- I cannot get to the bus stop by myself.
- I have a cognitive disability which prevents me from remembering and or understanding all I have to do to find my way to and from the bus stop
- I have a visual disability that prevents me from finding my way to and from the bus top.
- I have a severe medical condition. My condition results in an impairment that makes it impossible for me to use the fixed route system.
- I have a disability that comes and goes, I can use the fixed route system on days when I am feeling well, but on bad days, I can't make it to the bus stop, or get on the bus.

In your own words, please explain why you cannot use the fixed route bus service.

SECTION 3: INFORMATION ABOUT YOUR CURRENT USE OF THE FIXED ROUTE BUS SYSTEM

1. Do you ever currently use the fixed route bus? Yes No
2. When was the last time you used the fixed route bus? _____
3. Do you use any type of mobility aid or life support equipment? Yes No

If yes, describe:

4. How far can you travel by foot or using a mobility aid? Check all that apply

- To the ground outside my home Can Cannot
- To the curb in front of my home Can Cannot
- Up to 3 blocks (1/4 mile) Can Cannot
- Up to 6 blocks (1/2 mile) Can Cannot
- Up to 9 blocks (3/4 mile) Can Cannot

5. Can you wait up to 15 minutes at a bus stop?
- Yes Yes, if there is a shelter No

If no please explain: _____

6. Can you get on and off a fixed route bus? Yes No Sometimes
 I don't know, I have never tried

If you chose NO or SOMETIMES, check all that apply:

- Only if the bus has a wheelchair lift I cannot climb the stairs
- I don't want to use the lift Other, explain:

7. If you are able to get on and off a fixed route bus, can you get to a seat or wheelchair position by yourself? Yes No Sometimes I don't know.

8. If you chose NO or SOMETIMES, check all that apply:

I need someone to help me I need a seat nearest the door

I have a balance problem I have trouble finding a seat

Other, explain:

SECTION 4: INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1. What type(s) of disability (ies) prevent you from using the fixed route bus? Check all that apply.

Physical disability Visual impairment/blindness

Developmental or Cognitive disability Mental Disorder

Health related condition

Other, explain: _____

2. My disability is: Permanent Temporary I don't know
If temporary, I expect it to last for another _____ months

3. Check all mobility aids or equipment you use or might use while riding a TARTA vehicle.

Cane Long White Cane Leg braces

Crutches Communication board Walker

Manual wheelchair Powered wheelchair

Power scooter Life support equipment

Service Animal **If you use a wheelchair or scooter, your signature in Section VIII confirms that the combined weight of you and your equipment meet the ADA regulation of 600 pounds or less.**

SECTION 5: THE ENVIRONMENT AROUND YOUR HOME TO THE CLOSEST BUS STOP

1. In your own words, describe the terrain between where you live and the closest bus stop. (Describe: sidewalks, visibility, roadway traffic, temporary construction, traffic signals, curbs, business, terrain and anything else you think is noteworthy.)

2. Are there sidewalks outside your home? _____ Yes _____ No
3. How many steps are there at the entrance to your home? _____

SECTION 6: YOUR CURRENT TRAVEL NEEDS

1. Currently, how do you get to the places you need to go outside your home?

2. List 2 or 3 of your most frequent travel destinations

SECTION 7: TRAVEL TRAINING

Travel training is a personalized (individual or group) instruction that teaches the skills necessary to use fixed route TARTA bus system and Call-a-Ride.

1. Have you ever received travel training? Yes No If yes, who gave you training? _____
2. Would you be interested in getting information about this service?
 Yes No

If you checked no please explain why you are not interested in travel training?

SECTION 8: APPLICANT’S CERTIFICATION

In compliance with the Americans with Disabilities Act of 1990 (ADA), TARTA provides Paratransit service (other than the regular bus service) to anyone with a disability, who qualifies and who cannot use the fixed route bus system and who is traveling within ¾ mile of a scheduled fixed route. This shared-ride service is intended only for those trips that the rider cannot make on the fixed route system. This application is intended to determine when and under what circumstances the applicant can use the shared-ride ADA Paratransit service.

I understand that the purpose of this application is to determine if there are times when I cannot use the fixed route or call-a-ride bus system and will need to use the shared-ride Paratransit system. I understand that all of the information concerning my disability will be kept confidential and shared only with professionals that will be involved in the determination of my eligibility. I certify that, to the best of my knowledge, all of the information in this application is true and correct. I authorize any professional organization and/or agency listed in this application to release information relating to my disability to the ADA office in order to determine eligibility.

Applicant’s Signature: _____

Date: _____

Signature of applicant’s parent, legal guardian, or POA if applicable:

Part II

This form must be completed by a Clinical Professional:

Examples: Physician, Registered Nurse, Licensed Therapist, Social Worker etc...

To the Clinical Professional completing this form: The individual presenting this form to you is applying for Paratransit services. Paratransit service is a federally mandated ADA (American with Disabilities Act) door-to-door shared-ride specially equipped van ride service for people whose disability **prevents** them from using the regular bus transit system under certain circumstances or all of the time. Only professionals who have knowledge of the applicant's functional ability or limitations to use the regular transit system should complete this form. Please assist us in determining this individual's true eligibility for the use of the Paratransit service. Please feel free to attach any additional information you think will help with the determination process

Applicant's Name: _____

I have known the applicant since _____ (year)

Please list the diagnosis(es) _____

1. The applicant has a Functional Disability _____ Yes _____ No

If yes, is the applicant able to?

Get to the curb by foot or mobility device without assistance?

_____ Yes _____ No

Board or disembark a transit vehicle by using the stairs or a lift?

_____ Yes _____ No

Find and occupy a seat (if not using a wheelchair or scooter) for the trip?

_____ Yes _____ No

Safely stand while riding the bus if a seat is not available?

_____ Yes _____ No

2. The applicant has a Sensory or Cognitive Disability _____ Yes _____ No

If yes, is the applicant able to?

Communicate addresses, destinations and telephone numbers upon request?

_____ Yes _____ No

Ask for, understand and follow directions?

_____ Yes _____ No

Recognize a destination or landmark?

_____ Yes _____ No

Deal with unexpected situations and/or changes in routine?

Yes No

Safely and effectively, travel through crowded and/or complex facilities?

Yes No

3. Does the applicant have a visual disability? Yes No If yes, please describe how the impairment would limit the applicants ability to use the regular transit system. _____

4. Does the applicant have a DSM IV diagnosis? Yes No If yes, please describe how the condition would limit the applicants' ability to use the regular transit system.

5. Is this disability(ies) temporary? Yes No

If yes, how long? _____

6. Are there any other concerns about this applicants' ability to use the regular transit system? Yes No

If yes, please describe

7. In your clinical opinion, can the applicant ever use a standard bus? (All TARTA buses are 100% accessible)

Yes No Sometimes

Print your name _____ Title _____

Office address _____

Phone number _____ Fax _____

License Number _____

Signature _____ Date _____