

TYLER TRANSIT SYSTEM

ADA Paratransit Eligibility Determination Process

In compliance with the Americans with Disabilities Act (ADA) of 1990, The City of Tyler Transit Department provides ADA Complementary Paratransit Service to individuals with disabilities who are traveling to and from inside the city limits of Tyler, but who cannot use the fixed-route city bus service.

In order to establish eligibility for paratransit service, an applicant must complete an application stating age and describing any mobility limitations imposed by the applicant's disability. Please have a physician, rehabilitation professional, or other professional with specific knowledge of the applicant's disability complete the 'verification of eligibility' section of the application.

The expiration for eligibility will be determined by the information provided by the applicant and health professional. If the disability is temporary, eligibility will cease after the time period described on the application. If the basis of eligibility is permanent disability, the eligibility will expire after three years. Transit providers can require that individuals periodically reapply for ADA paratransit eligibility. While a person's disability may be permanent, other factors which go into the determination of eligibility may change. For example, the percent of accessible vehicles in the fixed route service may increase. Improved technologies and/or operating procedures also may be introduced which would permit greater use of the fixed route service by individuals with disabilities. In either case the individual will be notified prior to expiration.

Upon receipt of a completed application, determination of eligibility will be made by the City of Tyler within 21 days. If the eligibility is approved, the applicant will be notified by mail and an identification card will be issued. Pertinent information regarding the individual will be entered into the Tyler Transit system files for use in determining service requirements.

Eligible users are those persons who are unable to board and/or disembark from an accessible fixed-route vehicle and persons who are unable to go to and from a boarding or disembarking location. Some persons in this category will have eligibility related to conditions applicable only to a particular trip. These conditions may include weather, distance from the nearest bus stop, or similar factors. Such conditional eligibility will be noted on the individual's identification card and retained in the system files for use in determining eligibility on a trip-by-trip basis.



If determination of eligibility is delayed due to unforeseen circumstances, an identification number will be issued to the applicant within 30 days to allow for an additional time period to complete the review.

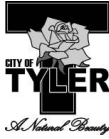
ADA complementary paratransit service is provided to all origins and destinations within the service area defined as the city limits of Tyler. As a ride-sharing service, Tyler Transit is allowed to negotiate within a one-hour window on either side of the requested pick up time. Any negotiation of time will be discussed with the passenger prior to pick up. The vehicle can arrive 15 minutes before or after the agreed upon time. Paratransit does not provide emergency service. Upon approval, the eligible individual must show the issued paratransit identification card and pay the fare each time they board the bus. Paratransit can only wait five minutes from the time it arrives before issuing a no show and leaving to go to the next customer. Three “No Shows” (not being at the pickup location or ready in the time provided when the bus arrives for pickup) in 30 days could result in suspension of paratransit service.

If an applicant is determined to be eligible for paratransit service, an identification card will be issued. This card will include the following information:

1. Tyler Transit System name
2. Name of person ADA qualified
3. Expiration date of the person’s eligibility
4. Identification number (B#####)
5. Telephone number for service requests

In case of denial of eligibility, an appeal procedure is available to the applicant. This procedure is the standard appeal procedure established in Tyler City Code Chapter 1, Article IV., and as referenced in the City’s adopted Paratransit Plan. The applicant may start the appeal process by contacting City of Tyler’s Transit Office at (903) 533-8057.

At each step in the appeals process, the applicant has 60 days from the receipt of a response in which to appeal the decision to the next level of authority. **At no time during the appeal process will an applicant be denied service.** Information regarding the appeals process will be provided in the event an application is denied.



Release of Information

I, the applicant, understand the purpose of this application is to determine if there are times when I cannot use the City of Tyler's 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 additional information, if requested, to the City of Tyler in order to assess eligibility determinations as quickly as possible.**

Applicant's Signature: _____ Date: _____

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

Name: _____ Relationship to applicant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Mail or deliver your completed application form to:
City of Tyler Transit Department
210 E Oakwood St.
Tyler, TX 75702

For the City of Tyler Use Only

Date Received: _____ Approved Denied Date: _____

ADA: 1 2 3 Temporary Expiration Date: _____

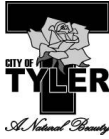
Elderly:

Eligible Customer ID: _____ Date Mailed: _____

Approved by: _____ Eligibility and General Comments: _____

Nearest Major Intersection: _____

Nearest Bus Stop: _____



Application for Paratransit Service

Please type or print clearly. All information requested MUST be provided.

Part I.

Applicant's Name: _____ Date of Birth: ___/___/_____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Facility Name: _____ Gate Code: _____

Gender: Male Female

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contacts (Please List Two)

Name: _____ Relationship to Applicant: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Applicant: _____

Home Phone: _____ Cell Phone: _____

Part II.

Which communication format would be most appropriate for us to communicate with you?

English Spanish Braille Telephone E-mail

Have you ever applied for Paratransit Service through Tyler Transit? Yes No

Have you ever applied for a Half Fare I.D. card through Tyler Transit? Yes No

Were you approved for the Half Fare I.D. card? Yes No

Have you ever used Tyler Transit fixed-route bus service?

Yes, I typically use the bus service (#) _____ times a week.

Yes, I used the service but stopped because _____

No, I have never used the service because _____



What might help you ride Tyler Transit fixed-route buses? (Check all that apply)

- Route and schedule information
- Being able to get to Tyler Transit fixed-route buses with wheelchair lifts or ramps
- A communication aid (schedules in accessible forms)
- Learning to use fixed-route buses with complimentary travel training
- If bus stops were closer to where I live and where I need to go
- Other _____

Can you ask for and follow written or oral instructions to use the 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
- Other (please describe) _____

Are you able to walk up and down three steps (12 inch rise) with handrails?

- Yes
- No

How do you currently travel to your most frequent destinations? Check all that apply:

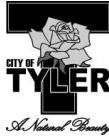
- Public buses
- Fixed-route city bus
- Someone drives me
- I drive myself
- Paratransit
- Taxi
- Other _____

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

Can you wait up to 30 minutes for a Tyler Transit fixed-route bus at a bus stop?

- Yes
 - Yes, if there is a bench or shelter at the stop
 - No (explain) _____
- _____
- _____



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 or wheelchair accessible ramps
 I cannot if the streets or sidewalks are too steep
 I cannot cross busy streets and intersections
 I cannot travel outside when it is either too hot or too cold
 I cannot find my way at night because of my limited vision
 I could probably do it with the proper training
 I feel unsafe traveling alone

Where is the fixed-route bus stop that is closest to your residence? (Please provide closest intersection.) _____

Are you able to call and make or cancel trip reservations independently?

- Yes No

Type of transportation needed (purpose of trips):

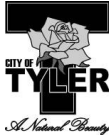
- Nutrition Program Dialysis Medical
 School Work Groceries
 Entertainment Other _____

Part III. Disabling Condition

Type of Disability- (Check all that apply)

- Allergy Alzheimer's Amputee
 Arthritis Blind Broken Bones
 Cancer Cerebral Palsy Developmental Disabled
 Deaf Depression High Blood Pressure
 Diabetes Epilepsy Head Injury/ Trauma
 Heart Attack or Failure HIV/ AIDS Kidney/ Renal/ Dialysis
 Liver Muscular Dystrophy Mental Illness
 Mental Retardation Multiple Sclerosis Quadriplegic
 Paraplegic Psychiatric Disorder Respiratory/ Breathing
 Seizure Skin Disease Spinal injury
 Stroke Thyroid Other (_____)

Explain severity/level/degree of disabling condition: _____



How does disabling condition prevent you from using the fixed-route buses? _____

Is this condition/disability temporary? Yes No

If yes, what is the expected duration? _____

Does your condition/disability change from day-to-day in ways that affect your ability to use the fixed-route bus service? _____

A Personal Care Attendant (PCA) is someone designated or employed specifically to help the eligible individual meet his or her personal needs. Does your disability require that you travel with a PCA?

Yes No Sometimes

If YES or SOMETIMES, please explain: _____

Is there any other medical information or effects of your disability that the City of Tyler - Transit Department should know in the event of an emergency? If yes, Please explain. _____

Do you use an assistive device when traveling? (Please check any that apply).

- Aluminum "walker" Communication Device Crutches
- Electric Scooter* Electric Wheelchair Leg Brace(s)
- Manual Wheelchair* Portable Oxygen Support Cane
- Trained Service Animal "White Cane" None
- Other (describe): _____

*If you travel by wheelchair or scooter, please provide the following information about your device:

Measurements: Width (outer wheel-to-wheel): _____ inches Length (front-to-back): _____ inches

Combined weight of occupied device (chair weight plus applicant's weight) _____ lbs.

Attachments or features (i.e. leg extenders, etc.) _____



Part IV. Professional Verification of Eligibility

Please note: All information for verification of eligibility must be provided by a qualified professional. Examples of qualified professionals are:

- | | |
|---------------------------------|----------------------------|
| Occupational Therapist | Physician |
| Clinical Social Worker | Registered Nurse |
| Mental Retardation Professional | Optometrist |
| Licensed Medical Professional | Psychologist/ Psychiatrist |

Person Completing Verification: _____

Professional Title: _____

Agency: _____ Address: _____

Business Phone: _____ Email: _____

What is the medical diagnosis that causes the disability? (See Part III.)

Is this condition temporary? Yes No

If Yes, What is the expected duration? _____

Does the applicant's disability require that he or she travel with an attendant?
 Yes No Sometimes

Explain: _____

Is there any other medical information that Tyler Transit should know in the event of an emergency?

In your opinion, could the applicant safely operate a motor vehicle? Yes No



Is the applicant:

Able to travel a distance of 200 feet without assistance? Yes No
 Sometimes Explain: _____

Able to travel a distance of 3 blocks (1/4 mile) without assistance over different types of terrain?
 Yes No Sometimes Explain: _____

Able to climb three 12-inch steps without assistance? Yes No
 Sometimes Explain: _____

Able to wait outside without support for 15-30 minutes in different weather conditions?
 Yes No Sometimes Explain: _____

Able to cross:
 2-way stop 4-way stop Traffic-light controlled intersection

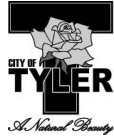
If the applicant has a cognitive disability, is the applicant able to:

- 1. Give addresses and telephone numbers upon request? Yes No
- 2. Recognize a destination or landmark? Yes No
- 3. Deal with unexpected situations or change in route? Yes No
- 4. Ask for, understand and follow directions? Yes No
- 5. Safely travel through crowded or complex facilities? Yes No

Additional Comments: _____

Please rate the applicant in terms of:

	Excellent	Good	Fair	Poor	None	Don't Know
a. upper body strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. lower body strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. safety awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. independent judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. sense of direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ability to understand and follow direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Does the applicant with his/her mobility unit weigh more than 600 lbs?

Yes No Weight: _____ lbs.

To the best of your knowledge, is the information provided in Parts I-III of this application true and correct?

Yes No Do not know

Professional's Name: _____
(Print Name)

Signature: _____ Date: _____

For more information, please call or come by:
City of Tyler Transit Department
210 E Oakwood St.
Tyler, TX 75702
(903) 533-8057