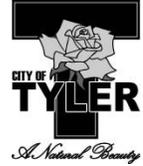


TYLER TRANSIT SYSTEM

ADA Paratransit Eligibility Quick Reference Guide



COMPLIANCE

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 at comparable rates to fixed route who are traveling to and from inside the city limits of Tyler, but who cannot use the fixed-route city bus service. **ADA Paratransit is designed to serve only those persons whose severity of disability prevents them from using the Urban Fixed Route System.** All Tyler Transit Paratransit eligibility determinations are based on the paratransit criteria and guidelines set forth in the Americans with Disabilities Act (ADA) of 1990.

PRIVACY AND REQUESTS

The Tyler Transit System will use the information obtained during this certification process only for the provision of transportation services. Tyler Transit reserves the right to request additional information that may help to determine eligibility of the applicant for Tyler Transit ADA Paratransit Services provided in Tyler, Texas.

PROGRAM FARE

Tyler Transit ADA Paratransit is primarily a “curb-to-curb,” shared ride system comparable to regular fixed route services. The cost per Tyler Transit trip is \$1.50 each way (*\$1.50 to each destination*), payable to each driver in exact change. Children under 12 must pay \$1.50 each way (*\$1.50 to each destination*).

TRIP SCHEDULING

The Tyler ADA Paratransit eligibility process can take up to **21 days after receiving a completed application**. For Tyler Transit to better assess your needs and abilities, please take time to answer **ALL questions and fill in ALL blanks**. Applications that are not **legible** or **signed** by applicant will be returned and considered incomplete.

PROCESS & STEPS

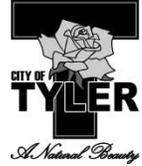
Step one: Applicant **submits completed** application

Step two: Upon receipt of a completed application, Tyler Transit will process and complete a determination of eligibility within 21 days.

Step three: Approval or Denial, if approved an approval letter will be mailed with a program card giving the applicant immediate access to the paratransit program. If denied a letter will be mailed with an explanation for denial. At the denial step the applicant can appeal according to the process set forth in the Tyler Transit ADA Paratransit Plan.

TYLER TRANSIT SYSTEM

ADA Paratransit Eligibility APPLICATION



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

APPLICATION

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:

- 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):

- | | | |
|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Nutrition Program | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Medical |
| <input type="checkbox"/> School | <input type="checkbox"/> Work | <input type="checkbox"/> Groceries |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Other _____ | |

PART III. DISABLING CONDITION

Type of Disability- (Check all that apply)

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

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Aluminum "walker" | <input type="checkbox"/> Communication Device | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Electric Scooter* | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Leg Brace(s) |
| <input type="checkbox"/> Manual Wheelchair* | <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Support Cane |
| <input type="checkbox"/> Trained Service Animal | <input type="checkbox"/> "White Cane" | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (describe): _____ | | |

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

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

PART IV. Professional Certification

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 |
| Qualified Intellectual Disability Professional | Optometrist |
| Licensed Medical Professional | Psychologist/ Psychiatrist |
| Rehabilitation Counselor | Other Certified Professional |

Professional Completing Certification: _____
Print Name & Title

Signature: _____ Date: _____

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"/>					
b. lower body strength	<input type="checkbox"/>					
c. coordination	<input type="checkbox"/>					
d. balance	<input type="checkbox"/>					
e. safety awareness	<input type="checkbox"/>					
f. independent judgment	<input type="checkbox"/>					
g. sense of direction	<input type="checkbox"/>					
h. ability to understand and follow direction	<input type="checkbox"/>					
i. verbal communication	<input type="checkbox"/>					
j. written communication	<input type="checkbox"/>					

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

Yes No Don't know

CERTIFICATION

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 certification 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 an eligibility determination, that person must complete the following:

Name: _____ Relationship to applicant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Professional’s Name: _____
(Print Name)

Signature: _____ Date: _____

Mail, Fax, or deliver your completed application form to:
City of Tyler Transit Department
210 E Oakwood St. Tyler, TX 75702
Phone: (903) 533-8057
Fax: (903) 531-9418