

Tuscaloosa Transit Authority's ADA Application

Dear Clients,

Please read the following information closely and make any arrangements you feel necessary in order to comply with our rules and regulations. **Keep this page for future reference.**

Para Transit is a shared-ride, curb to curb service. This means that each vehicle may make multiple stops while enroute to your destination to pick up and discharge passengers who have scheduled transportation. Para Transit operators are not required to assist passengers with personal belongings. As a reminder, all Para Transit vehicles are shared by other passengers, many of whom travel with large mobility devices that limit the space aboard each vehicle. It is recommended that customers carry only packages they can handle alone. ***The operator cannot carry packages to the door.***

- 1) We will strictly follow the 5-minute maximum waiting time for passengers. Our drivers will proceed to the address provided by you at the time of appointment. We will honk the horn 2 (two) times and wait (five) minutes for you to board the vehicle. Please do not call the office to ask for a time extension because this will conflict with another rider's appointment. Please be READY.
- 2) All payments for transportation are to be made to the driver as you board. Please have your correct fare (cash or ticket) in hand and ready. **Drivers do not make change.** If you are unable to pay at the time of your ride, we will be unable to transport you. Our office is not set up to keep track of past due transportation amounts. Payment is expected at the time service is rendered. **The fare is \$2.00 per person each time you board.**
- 3) Passengers are recommended to purchase tickets to prevent potential problems. You would need to buy yellow books of tickets. Each book has ten tickets and cost \$20.00. These tickets can be purchased at our office or through a van driver by cash or check.
- 4) **You will be obligated to pay your normal fare unless you cancel your ride properly. This amount will be due at boarding on your next appointment date.** If full payment is not made we will be unable to provide transportation until all amounts are paid in full. **No exceptions!**
- 5) **It is the responsibility of the client to see that our office is notified if you are sick, in the hospital or otherwise not available at the time you are scheduled for transportation. We will not call multiple places to see if you are to be transported for that day's schedule. If you are not at the pick-up address provided when the appointment was scheduled, we will assume this to be a no show and you will be charged accordingly.**
- 6) **Passengers are required to give a 4 hour notice for cancelled appointments. If passengers fail to notify our office of a cancelled appointment three (3) times within 3 (three) months' time frame without notification, they will be given a written warning for 1st offense, 7 day suspension for the 2nd offense, for the 3rd offense there will be a 3 month suspension of services.** (All clients have a right to appeal any suspension of services: appeals must be filed within sixty (60) days of the receipt of the original determination of ineligibility or conditional eligibility, suspension or denial of a specific trip request.)
- 7) Clients must notify our office at the time of the appointment if a caretaker will accompany them to their appointment. Only 1 (one) caretaker per passenger will be allowed to ride free. Passenger spaces are limited and we must know in advance so that we can accommodate properly. Your ADA application with Tuscaloosa Transit Authority must indicate that you are eligible to have a personal care attendant (PCA) travel with you. We are sorry for any inconvenience this may cause but the new software we are using fills the vehicles to capacity on occasion.
- 8) Appointments are to be scheduled by calling our office between the hours of **7:00 a.m.** and **6:30 p.m.** Reservations are made on a first call, first schedule basis.
- 9) Please be sure that your address and phone numbers are correct at the time you are scheduling your appointment. Also be prepared to provide the name, address, and phone number of the place you are going. We must have this information to complete the scheduling process. **Please notify the office any time you have an address or phone number change.**

Tuscaloosa Transit Authority's ADA Application

- 10) When you make your appointment going to a specific destination, this will be the only location allowed. We **CANNOT** change your appointment destination on the day of travel unless you have a true emergency, such as being taken to the hospital, as this destination is used for figuring our routes of travel.
- 11) If you live on one of our fixed routes and your destination is the same, you will be referred to use the fixed route service as your primary transportation **unless** you have extenuating circumstances.

We sincerely hope that our Para Transit service will provide you with more timely and convenient transportation. It is designed to cut down on the waiting time for your return trip home and also provide more opportunity for appointments to be available to you. If you have any questions or concerns about our guidelines please do not hesitate to call. We look forward to providing you with the most safe and efficient transportation possible for many years to come.

Keep this page for future reference.

Thank you for riding with Tuscaloosa Metro Transit (TMT). Have a blessed day.

Sincerely,

Tuscaloosa Transit Staff

CLOSED FOR HOLIDAYS:

New Year's Day

Martin Luther King

Memorial Day

Independence Day

Labor Day

Veteran's Day

Thanksgiving Day and the day after

Christmas Eve and Day

Tuscaloosa Transit Authority's ADA Application

Dear Para Transit Applicant:

Attached is an Application for Tuscaloosa Transit Authority's Para Transit Service, a curb-to-curb alternative for people whose disabilities prevent them from using standard fixed route buses.

Please take a few minutes to read the enclosed materials that explain the parameters of this program; then answer the questions regarding your inability to use regular public transportation. Incomplete applications will delay the review process. You must also have your physician complete the Doctor's certification form that you will find attached to the back of the application.

Upon completion of your application you must mail it to **(no faxes, scans or copies will be accepted)**:

**Tuscaloosa Transit Authority
Attn: ADA Coordinator
601 23rd Ave.
Tuscaloosa, AL 35401**

What is Para Transit?

Para Transit is an alternative, curb-to-curb demand responsive public transportation service. It is designed to "mirror" the Tuscaloosa Transit fixed route (trolley) bus service in terms of service times and areas.

Curb-to-curb and "mirroring" provisions of ADA mean that NO assistance is provided to individuals between the door of their starting point or destination and the Para Transit vehicle unless requested. Assistance is provided ONLY to help board and exit the vehicles. In-addition, Para Transit is required to provide service only if both the starting point and the destination of a trip are located within ¼ mile of Tuscaloosa transit Authority's fixed route (trolley) route during the same hours when that route is operating.

Who Qualifies for Para Transit Service?

Para Transit service is designed to serve ONLY those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disabilities Act (ADA), disability alone does not qualify a person to ride Para Transit. A person must be FUNCTIONALLY unable to use Tuscaloosa Transit Authority's fixed route (trolley) service. Service is provided to the following three (3) general groups of persons with disabilities:

1. Persons who have specific impairment-related conditions which make it IMPOSSIBLE- not DIFFICULT to travel to and from the bus stop.
2. Persons who need wheelchair lift when a wheelchair lift-equipped bus is not available on the route that they need to travel.
3. Persons who are unable to board, ride or exit from the Tuscaloosa Transit Authority's fixed route buses even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.

Please initial in the area provided below after you have read in full the above information.

Tuscaloosa Transit Authority's ADA Application

* _____ *

Please answer the following questions as completely as possible. If a question does not apply to you, clearly mark N/A in the space provided. Please note this application must be filled out in its entirety or it will be returned.

PART I GENERAL INFORMATION

1. NAME: _____

2. STREET ADDRESS: _____ Apt #: _____

CITY: _____ STATE: _____ ZIP: _____

3. TELEPHONE NUMBER: (HOME) _____ (WORK) _____

(CELL): _____

E-MAIL ADDRESS: _____

4. Indicate INTERSECTION AND/OR LANDMARK NEAREST TO YOUR HOME:

5. DATE OF BIRTH: ____/____/____

6. EMERGENCY CONTACTS:

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

7. IF SOMEONE IS ASSISTING YOU IN COMPLETING THIS FORM, PLEASE IDENTIFY THEM:

NAME: _____ PHONE NUMBER: _____

PART II INFORMATION ABOUT APPLICANT'S DISABILITY

8. Please check reason(s) why you are seeking ADA ParaTransit eligibility.

I can use regular Tuscaloosa Transit Authority buses to go some places, but not others

I can use Tuscaloosa Transit Authority buses sometimes, but only if they are equipped with wheelchair lifts

I can never use a Tuscaloosa Transit Authority bus because (please explain):

9. What type of disability prevents you from using standard bus service (check all that apply)

Physical disability

Visual impairment

Developmental disability

Mental illness

Other

None

10. Is your disability: Permanent or Temporary

If temporary; what is the expected duration: (Date) _____

Tuscaloosa Transit Authority's ADA Application

Part III MOBILITY AND INFORMATION

11. If you use mobility aids, check those that apply:

Manual Wheelchair

Motorized Wheelchair

Reclining

Extended Foot Rest

Please give the length and size of wheelbase:

Scooter

3 Wheeled

4 Wheeled

Please give the length and size of wheel base:

***Note: We may not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 32" or your total weight including wheelchair/scooter is more than 600 pounds.**

Walking Device:

Folding walker

Non-folding walker

Crutches

Cane

Long white cane

Leg Brace

Service animal

12. If using mobility aid or on your own, how far can you travel? Please check all that apply.

I cannot travel outside my house/apartment

I can get to the curb in front of my house/apartment

I cannot travel more than 200 feet

I can travel up to 3 blocks (1/4 mile)

I can travel up to 6 blocks (1/2 mile)

I can travel up to 9 blocks (3/4 mile)

13. Will an aide or attendant be traveling with you? Yes No

14. How do you currently travel? (Check all that apply)

Drive myself

ParaTransit

Someone else drives

Van/Car service

Regular bus (trolley)

Taxi

Other

Tuscaloosa Transit Authority's ADA Application

Part IV QUESTIONS ABOUT USING TROLLEY BUSES

15. Have you ever used regular Tuscaloosa Transit Trolley Buses? Yes ___ No ___

If you answered no, please explain further:

16. Which of the following are you able to do on a regular trolley bus? **Please check yes or no**

Can you read a bus schedule? ___yes ___no

Can you calculate the fare? ___yes ___no

Can you put the fare in the box? ___yes ___no

Can you cross the street when you get off the bus? ___yes ___no

Can you follow instructions in an emergency? ___yes ___no

Do you know where to get off? ___yes ___no

Can you reach your destination when you get off the bus? ___yes ___no

Can you get on and off the bus without a lift or ramp? ___yes ___no

If you answered "NO" to any of the above, how does your disability make it **IMPOSSIBLE**?

17. Are you able to get to and from regular trolley bus stops on your own or using a mobility aide?

I cannot if there are no curb cuts ___yes ___no

I cannot if road surface is uneven ___yes ___no

I cannot if the street or side walk is too steep ___yes ___no

I cannot cross busy street and intersections ___yes ___no

I get confused and cannot find my way ___yes ___no

I probably could with instruction ___yes ___no

I feel unsafe traveling alone ___yes ___no

I cannot recognize landmarks ___yes ___no

I cannot travel outside when it is ___too cold ___too hot

If you checked "No" any of the above boxes please explain:

18. Can you wait 10-15 minutes for a regular trolley bus at a bus stop? Yes ___ No ___

If no, please explain:

Tuscaloosa Transit Authority's ADA Application

19. Can you climb three (3) 11-inch steps or find a seat by yourself without assistance of another person? Yes ___ No ___
If no, please explain:

20. To better understand your needs please list the three trips that you will make most frequently using ParaTransit. Please list origin of trip and destination and the number of trips to that destination each week.

1. From: _____	To: _____
_____	_____
Number of trips per week _____	
2. From: _____	To: _____
_____	_____
Number of trips per week _____	
3. From: _____	To: _____
_____	_____
Number of trips per week _____	

Part V APPLICANT'S CERTIFICATION, CONSENT OF RELEASE OF APPLICATION

I understand that my application will be returned if it is **not complete**. I confirm that all the information that I provide on this application is true to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to the revocation of my certification. I understand that a false statement made herein may result in the rejection of my application for ParaTransit service.

I agree to notify Tuscaloosa Transit Authority ADA Coordinator at 205-343-2300 if I no longer need Para Transit service for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using Para Transit may be grounds for suspending or revoking my eligibility to participate in this program.

In the event that I apply for Para Transit eligibility in another community, I hereby authorize Tuscaloosa Transit Authority to release the information on my Para Transit application to such agency.

Signature of Applicant or Representative

Date:

Tuscaloosa Transit Authority's ADA Application

***PLEASE NOTE THIS APPLICATION MAY TAKE UP TO 21 DAYS TO PROCESS.**

(PLEASE HAVE YOUR MEDICAL DOCTOR COMPLETE THE BALANCE OF THIS APPLICATION)

PROFESSIONAL CERTIFICATION

Dear Doctor,

The applicant who asked you to review the information on the application and sign this form is applying for eligibility for Tuscaloosa Transit Authority's Para Transit service. Please read the following information carefully since it may affect your response. Thank you for your cooperation in the manner.

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Tuscaloosa Transit Authority's ADA Application

Part VI DOCTORS CERTIFICATION

Please review the medical information provided in the application and fill out the certification as is appropriate and sign the document. The information you provide will assist us in serving only those who need Para Transit.

Certification of Disability: (Please print clearly)

I, (Name of Physician) _____ certify that (Name of Patient) _____
_____ to be a severely disabled person who has been a patient of mine
since (Date) _____ and whose diagnosis is _____
_____.

Please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using the Tuscaloosa Transit Authority's fixed route bus (trolley) service.

I also certify that the medical information provided in the application is accurate to the best of my knowledge and is consistent with the applicant's medical diagnosis.

Signed this _____ day of _____, 20__

(Signature of Physician)

(License Number)

(Street Address)

(City, State and Zip Code)

Tuscaloosa Transit Authority's ADA Application

Understanding this Application Form

I understand the purpose of this application form is to determine if I, the applicant am eligible to use the ADA Para Transit service according to the guidelines of the Americans with Disability Act.

I understand that this application cannot be processed if it is not complete. I understand that the ADA Coordinator may contact my healthcare professional/agency to verify my disability. I understand that the ADA Coordinator may need to talk with me at a later date to get further information.

I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services.

I understand the application process can take up to 21 days from the time Para Transit receives a complete application. If my application is returned for clarification or additional information, this can delay the process. I will receive notification of the determination of this application. If I am eligible for this service on a permanent, temporary or conditional basis, I will be given copy of the guidelines for riding with Para Transit.

I understand that I may appeal the determination within 60 days after receipt of written determination if I and determined not eligible for ADA Para Transit service or if I am dissatisfied with my eligibility type.

I understand if the ADA Coordinator receives new information regarding change in my functional or cognitive ability, my eligibility status may be reviewed and changed.

I certify that the information provided on this application is true and correct to the best of my knowledge. **I understand that falsification of information may result in denial of service as well as penalty of law.**

(Applicant's Signature/Mark)

Date: _____

(Guardian or Person assisted with this application)

Date: _____

Relationship to Applicant: _____

FOR OFFICE USE ONLY-DO NOT WRITE IN THIS BOX

Eligibility: ___ Unconditional ___ Conditional ___ Temporary: (until) Date: _____ ___ Denied

PCA: ___ Yes ___ No

Condition(s) or Reason(s) for Denial:

Tuscaloosa Transit Authority's ADA Application
