

AUGUSTA TRANSIT

ADA PARATRANSIT APPLICATION

Thank you for your interest in Augusta Transit's (AT) Paratransit Van Service. This origin-to-destination service is available to qualifying persons with permanent or temporary disabilities.

To qualify for services the attached application must be completed and returned to the ADA Paratransit Office for processing. Part A and Part B are to be completed by the applicant (or the applicant's representative) and Part C is to be completed by the applicant's healthcare professional. After receipt of a completed application there will be a 21 day processing period. Once the application is processed a letter of determination will be sent to the applicant.

Incomplete applications will not be processed until all required sections and pages have been completed and received by the ADA Paratransit Office.

Send all completed forms to:

**Augusta Transit
ADA Paratransit Division**
2844 Regency Boulevard
Augusta, GA 30904
Office: (706)-821-1721
Fax: (706) 821-1752

ALL CITY FIXED ROUTE BUSES ARE WHEELCHAIR ACCESSIBLE

PART A APPLICANT INFORMATION (PLEASE PRINT) DATE _____

Please check one: Initial Application _____ Recertification _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ Georgia _____ Zip Code _____

Email Address _____

Name of Subdivision or Apartment Complex _____

Nearest Major Intersecting Street _____

Nearest Cross Street to Your Residence _____

Day Phone Number _____ Evening Phone Number _____

Cell Phone Number _____

Date of Birth _____ Male _____ Female _____

In Case of Emergency Contact

Name _____ Relationship _____

Day Phone Number _____ Evening Phone Number _____

Medical Name of Your Disability _____

Is Your Disability

Permanent

Temporary

I don't Know

If temporary, please indicate how long you believe the temporary disability will continue:

2 Months

3 Months

6 Months

Other _____

How does your disability affect your ability to ride the regular fixed route bus service?
(*Be very specific*)

Are there any other physical or mental disabilities that impact your FUNCTIONAL ABILITY to ride the regular fixed route bus service? Yes _____ No _____

If you answered yes, please explain _____

Do any of the following conditions affect your travel? Please explain.

Hills _____

No Curb Cuts _____

No Sidewalks _____

Weather/Temperature Sensitivity _____

Indicate which support device (s) is used when traveling outside your home.

- I do not require a support device.
- Respirator/Oxygen Tank
- Walker Braces Support Cane Crutches
- Prosthesis Scooter Manual Wheelchair Motorized Wheelchair
- Service Animal What type of animal is used? _____
What function does the animal provide? _____
- Other (Specify) _____

If you use a manual wheelchair and a motorized wheelchair/scooter list dimensions separately.

DIMENSIONS OF WHEELCHAIR/SCOOTER

Length (back to front) _____ inches **Width** (wheel to wheel) _____ inches

Occupied Weight (*include wheelchair, person, any medical devices such as oxygen, etc. and all other items that will be placed on the wheelchair at the time of transportation*) _____ lbs.

How far from your home is the nearest (AT) bus stop?

- Less than 1 block 1 to 2 Blocks 3 to 4 Blocks 5 or More Blocks

On your own or using a support device, are you able to get to and from the (AT) bus stop nearest your home?

- Yes No

Sometimes—Describe the circumstances: _____

How often do you travel on (AT) buses?

- Daily Weekly Monthly Occasionally Never

Have you ever used a (AT) bus in the past? _____ When did you stop? _____

Why did you stop traveling by (AT) bus? _____

Can the steps be used to board and exit a bus? Yes No

Is the lift used to board or exit a bus? Yes No

Are you able to identify and understand the destination and route number signs on (AT) buses?

- Yes No
- Only when the Bus Operator announces them
- Sometimes—describe the circumstances

Are you able to determine when you have reached your destination to get off the (AT) bus?

- Yes No
- Only when the Bus Operator announces them
- Sometimes—describe the circumstances

Can you wait at a (AT) bus stop? Yes No

If no, please explain why _____

How far can you walk without the assistance of another person?

- Less than 100 feet 200 - 400 feet 400 - 600 feet 600 - 800 feet
 800 - 1000 feet Over 1000 feet Do Not Need Assistance

How do you travel now? Please check all that apply.

- Wheelchair/Scooter Pushed by PCA Pushed by Self Walk
 Drive Myself Passenger in someone else's vehicle
 Regular Fixed Route Bus Other Van Service

Do you currently travel with a Personal Care Attendant (PCA), a person who assists you regularly with boarding and exiting the vehicle when you travel?

- Yes No

What type of assistance does your PCA provide related to transportation _____

Name (s) of Personal Care Attendant (PCA) _____

If you do not require a personal care attendant (PCA) for boarding and exiting the bus, are you required to be met by a caregiver when exiting the bus?

- Yes No

If the bus arrives at your destination and the caregiver is not there to take you off the bus, who must be contacted? **Name** _____ **Telephone** _____

Please note: If contact number does not answer or is disconnected, 911 will be called to take the passenger off the transporting vehicle.

PART B

USER GUIDELINES

(See ADA Paratransit User Guidelines Booklet)

Fixed Route Service

Augusta Transit's (AT) Fixed Route service consists of bus service that operates on established routes, days and scheduled times in Richmond County. For information on fixed routes call (706) 821-1719.

We encourage our customers with disabilities to take advantage of the flexibility and independence that our fixed route bus service provides at a less expensive cost.

Paratransit Service

Paratransit service is an origin-to-destination bus service that is available to qualifying persons with permanent or temporary disabilities.

Paratransit is a unique service that is designed for individuals whose disabilities can prevent them from using (AT's) Fixed Route service.

Paratransit compliments (AT's) Fixed Route service by providing services at the same times and days of the fixed routes. When a fixed route in a particular area operates on a limited schedule, Paratransit services will operate at the same limited schedule. Paratransit is designed to maximize the mobility of persons with disabilities to allow access to shopping centers, medical facilities, educational centers and other areas.

Paratransit is a shared-ride transportation service which means more than one passenger will be scheduled to ride at the same time. It is recommended to allow enough travel time to arrive at designations on time.

Paratransit Service Area

The service area is within 3/4 mile on either side of the fixed bus routes.

Eligibility

Eligibility is determined by a three (3) part application. Part A (Applicant's Information) which is completed by the applicant (or applicant's representative), Part B (User Guideline's Information Booklet) which is thoroughly read and signed by the applicant (or representative has read to the applicant and signed), and Part C (Licensed Professional Verification) which is completed and signed by the applicant's healthcare professional.

Applicant Checklist *(the following guide is a tool to help ensure completion of the application and allow for timely processing)* Check all that apply

- Has the application been reviewed thoroughly?
- Have all the eligibility requirements been checked and reviewed?
- Has the application been checked for accuracy and completion of all sections and pages?
- Have all questions in Part A been completed?
- Has Part B been reviewed and signed? *The ADA Paratransit User Guidelines Booklet* on transportation rules has been thoroughly read (or has been read/ explained to me) and I take full responsibility for its content
- If applicable, has the person who assisted with the completion of this application signed and dated Part B?
- Has a licensed professional completed all the questions in Part C of the application?

Incomplete applications will not be processed until all required sections and pages have been completed and received by the ADA Paratransit Office.

If you have any questions, please contact the ADA Paratransit Division Monday through Friday between 8:00 a.m. and 5:00 p.m.

Shanel Maloyd, ADA Certification Specialist

Office: (706) 821-1721

IVR System (Voicemail): 706-821-1819

E-mail: shanel.maloyd@ratpdev.com



AUGUSTA TRANSIT

RULES OF CONDUCT: Individuals must adhere to rules of conduct. Reported actions of misconduct, including violent or disruptive behavior will be grounds for suspension of service. Anyone found to be acting in an unsafe manner, which might endanger the individual, other riders, the driver or the vehicle, will be terminated from the service immediately. Augusta Transit will consider appeals for suspension of service due to misconduct on a case by case basis. The Rules of Conduct apply to anyone who rides on Paratransit including disabled individuals, companions and Personal Care Attendants. I have read (or someone has read to me) the Augusta Transit User Guidelines and take responsibility for adhering to the Rules of Conduct.

I have reviewed all the information contained in this application. I certify that all the information is true and correct to the best of my knowledge and ability. I understand that falsification of information may result in denial of service. I understand that only the information required to provide Paratransit services will be disclosed to those who perform those services. I understand that if any portion of this application changes, including mobility devices, I will notify the Augusta Transit ADA Paratransit Office immediately. I understand that Augusta Transit may contact the licensed professional who has completed the Professional Verification Form attached to this application in order to confirm or clarify this information. I hereby authorize release of this medical information as requested by Augusta Transit for a period of three (3) years from this date.

Applicant Signature: _____

Date: _____

If a person other than the applicant has completed this form, please check one and complete the information below:

- I certify that the information provided in this application is true and correct based upon the information given to me by the applicant.
- I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

PRINT NAME: _____

SIGNATURE: _____

RELATIONSHIP TO APPLICANT: _____

TELEPHONE: _____ (DAY) _____ (EVENING)

PART C

LICENSED PROFESSIONAL VERIFICATION

Dear Licensed Professional:

The Americans with Disabilities Act (ADA) of 1990 is a civil rights bill prohibiting discrimination against people with disabilities. In accordance with the Act, Augusta Transit offers a curb-to-curb bus service for those who cannot use the regular fixed-route Augusta Transit buses.

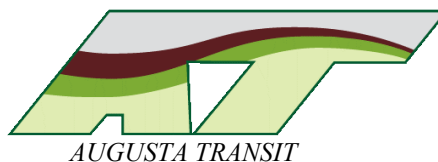
Passengers must be certified eligible in order to use the curb-to-curb bus service. Applicants may be found eligible for this service for some trip requests, however, trips requested may not be available. Eligibility is based upon a functional incapacity to use the regular transit service.

All regular Fixed-Route buses are equipped with a lift/low floors for those who use a wheelchair or cannot climb stairs.

The information you provided by the license professional along with the applicant's information, will enable the ADA Paratransit office to make an appropriate determination. All information will be kept confidential.

Thank you for your assistance.

Augusta Transit
ADA Paratransit System
2844 Regency Boulevard
Augusta, Georgia 30904
Office: (706) 821-1721
Fax: (706) 821-1752



LICENSED PROFESSIONAL VERIFICATION

Paratransit's Applicant's Information	
Last Name	First Name
Date of Last Visit (mm/dd/yy)	
Medical Diagnosis of Disability	

- 1) Is this condition temporary?
 Yes If yes, for how long? _____ (days/weeks/months)
 No
- 2) Is the disability episodic? Yes No
- 3) How does this disability affect the applicant's functional incapacity to ride the regular bus service.
(Be Specific)

- 4) Does the applicant have the mental capacity, visual acuity and/or hearing ability to:
- a) Provide address and telephone number? Yes No
 - b) Recognize a destination or landmark? Yes No
 - c) Deal with unexpected change (s) in routine Yes No
 - d) Ask for, understand, and follow directions Yes No

If you answered "No" to any questions above, please explain _____

LICENSED PROFESSIONAL VERIFICATION (continue)

- 5) How far can the applicant travel without the assistance of another person?
- 1 City Block (1/10 mile) 4 to 6 City Blocks (1/2 mile)
- 2 to 4 City Blocks (1/4 mile) 6 to 8 City Blocks (3/4 mile)
- 6) Does the applicant require a personal care attendant (PCA) for boarding and exiting the vehicle?
- Yes No

Licensed Professional's Information		
Full Name:		
Title:		
Clinic/Business:		
Street Address:		
City:	State:	Zip Code:
Telephone:	Fax No:	
E-mail		
Professional License, Registration or Certification Number:		
Agency Issuing License/Certification:		