

APPLICATION FOR CERTIFICATION OF AMERICANS WITH DISABILITIES ACT (ADA) PARATRANSIT ELIGIBILITY

If you believe that you have a disability that prevents you from using the Central Midlands Regional Transit Authority's (CMRTA) fixed route public transit system (regular bus service and trolley shuttle service) some or all of the time, you may be eligible for ADA Paratransit Service on the Dial-a-Ride Transit System (DART) some or all of the time. The information obtained in this eligibility certification process will be used for the provision of transportation services. Information will be shared with other transportation providers only in order to allow you to travel on their systems. This information will not be provided to any other person or agency. It is important that **ALL SECTIONS** of this application form be completed. **If your application is not complete when received by the CMRTA, it will be returned to you** and that will delay having your application processed. A written eligibility determination will be made within 21 days of receipt of a COMPLETED application. If you are denied eligibility, you have a right to appeal. Information on the appeals process will be sent to you when you are notified of the eligibility denial.

APPLICATION INFORMATION (Please Print or Type)

Last Name _____ Date of Birth _____

First Name _____ Middle Initial _____

Residential Address _____

City _____ State _____ Zip Code _____

Daytime Phone () _____ Evening Phone () _____

TDD/TTY Number () _____

Email Address: _____

Sex: M / F (circle one)

Emergency Contact Name _____

Daytime Phone () _____ Evening Phone () _____

Mailing Address (if different from above)

City _____ State _____ Zip Code _____

MOBILITY INFORMATION

1. Which of these mobility aids or equipment do you use to help you get where you need to go? (Please check all that apply)

- None Cane Walker Crutches White Cane
- Portable Oxygen Hearing Aid Powered Scooter/cart
- Manual Wheelchair
- Power Wheelchair Extra Wide Wheelchair

1. A If you use a wheelchair, is it less than 30 inches wide by 48 inches long and does it weigh less than 600 pounds when your weight is added? (Note that the CMRTA reserves the right to verify the wheelchair dimensions and the combined total weight of the individual and wheelchair.)

____ Yes ____ No

2. Can you wait outside for fifteen minutes?

Yes No sometimes

3. Do you require a Personal Care Attendant (PCA) when you travel?

Yes No Sometimes

4. Please check here if you would be interested in participating in travel-training so that you can learn to use the CMRTA's fixed route bus and trolley shuttle services. After travel-training, you may qualify for reduced fares on the CMRTA's fixed route bus and trolley shuttle services.

Yes No

5. Please list your 4 – 5 most frequent trip destinations, purposes, and how you get there now.

| <u>Destination Address</u> | <u>Purpose</u> | <u>How do you get there now?</u> |
|----------------------------|----------------|----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DISABILITY INFORMATION

1. Which of the following limit your ability to use the CMRTA’s fixed route bus and trolley shuttle services?

- Physical Disability Visual Impairment/Blindness
- Developmental Disability Mental Illness
- Other, (Please Explain) _____
- _____
-
-

2. Explain any other aspect of your disability, which you would like the provider to know for your comfort and/or safety?

3. How do any or all of the above conditions checked prevent you from using the CMRTA’s fixed route bus and trolley shuttle services?

APPLICANT CERTIFICATION/SIGNATURE

I certify that the information I provided in this application is true and correct. I understand all information will be kept confidential and only the information required to provide the services I request will be disclosed to those who perform those services. I understand that the professional references provided will be contacted to verify all information included on this application. I further certify that I understand that the CMRTA reserves

the right to periodically re-evaluate my eligibility for use of the Dial-A-Ride-Transit (DART) service.

In addition, the professionals listed below are authorized to provide information to the CMRTA or its representatives as may be required to complete this service eligibility review/certification process.

Signature of Applicant: _____

Signature of Witness: _____

Date Signed: _____

PERSON COMPLETING THIS FORM IF OTHER THAN APPLICANT

I certify that the information provided in this application is true and correct based upon information given to me by the applicant.

I certify that the information in this application is true and correct based upon my knowledge of the applicant's health condition or disability.

Full Name _____ Daytime Phone () _____

Address _____

City _____ State _____ Zip _____

Relationship to Applicant _____

Signature _____ Date _____

INFORMATION-REQUIREMENT FOR ALL APPLICANTS

Please list the names of two (2) professionals, who will be contacted for verification of the information provided. Acceptable professionals include: Licensed Physicians; Licensed Physical Therapists; Certified Rehabilitation Specialists; Licensed Optometrists/Optomologists; Certified Audiologists; Certified Psychologists; Nurses (LPN or RN); Registered Occupational Therapists; Certified Speech Pathologists; and Licensed Social Workers.

| | |
|-----------------------------|-----------------------------|
| Name: _____ Suffix _____ | Name: _____ Suffix _____ |
| Phone: _____ | Phone: _____ |

| | |
|------------------------------------|------------------------------------|
| Professional Title: _____ | Professional Title: _____ |
| Address: _____ Apartment: _____ | Address: _____ Apartment: _____ |
| City: _____ | City: _____ |
| State: _____ Zip: _____ | State: _____ Zip: _____ |

Section B Professionals complete Sections B-F as appropriate.

The ADA Paratransit Service known as Dial-a-Ride-Transit (DART) provides curb-to-curb, paratransit services to persons who cannot use Fixed Route System. The information you provide will allow us to make an appropriate evaluation of this request for certification. Thank you for your cooperation.

B1 Capacity in which you know applicant.

B2 What is the health condition or disability that prevents the applicant from using the regular fixed-route service? (Please list all applicable conditions/disabilities)

B3 Is the disability temporary
 yes No

Section C If the applicant has a visual impairment

C1 Visual Acuity with Best Correction
 Right Eye _____ Left Eye _____ Both _____

C2 Visual Fields
 Right Eye _____ Left Eye _____ Both _____

Section D If the applicant has a disability affecting mobility, is the applicant able to:

D1 Wait outside without support for 10 minutes.
 Yes No sometimes

D2 With the use of a mobility aid or on his or her own, how far will the applicant be able to travel without the assistance of another person?
 Less than 200 feet 1/4 mile (3 blocks)
 1/2 mile (9 blocks) more than 3/4 miles

D3 Is the applicant's ability to independently travel the distance affected by: (check all that apply)

- Hot weather Cold weather
 Steep Hills Street Crossings
-

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

- E1 Give Address/telephone numbers upon request? Yes
 No
- E2 Recognize a destination landmark? Yes
 No
- E3 Deal calmly with unexpected situation/changes in routine? Yes
 No
- E4 Ask for, understand and follow directions? Yes
 No
- E5 Safely and effectively travel through crowded facilities? Yes
 No
-

Section F

Professional's Name (print)

Professional's Mailing Address

_____ City _____

State _____ Zip _____

Office Phone () _____ Fax () _____

Professional's Signature _____ Date _____

Please make sure address shows through window.

Winstead & Associates
2712 Middleburg Drive Suite 104
Columbia SC 29204