

INSTRUCTIONS FOR ADA PARATRANSIT APPLICATION

Background and Alternatives to this Application: Center for Community is pleased to provide for the public transportation needs of all the area's citizens, including those with disabilities. To accomplish this goal, Center for Community and its partners provide four types of service:

1. Accessible fixed-route bus service, known as the RIDE (the blue buses in Sitka);
2. Door-to-door rides for seniors age 60 plus, provided by the Care-A-Van (the smaller white buses).
3. ADA paratransit service provided to persons of any age whose disabilities prevent them from the RIDE (blue bus) services. This is also provided by the Care-A-Van (the smaller white buses) and can be ongoing for any length of time.
4. Short-term paratransit service for persons of any age who have a need of no more than one month to use door to door transportation because of a disability such as an illness or surgery. The rider and treating medical professional expect the rider to return to being able to walk, bike, drive, or ride the RIDE buses again after the illness/condition is over.

Accessible Fixed Route Bus Services: The blue buses of the RIDE operate on "fixed routes" that can be seen on a map. The RIDE stops only at official "bus stops," and on the Halibut Point Road and Sawmill Creek Road routes, the RIDE bus appears at each bus stop once per hour, Monday through Friday, 6:30 a.m. till 7:30 p.m. On the Green Route that swings down Katlian Street, to Andrew Hope Street, to SEARHC and UAS, the bus runs on a one-half hour loop, also Monday through Friday, 6:30 a.m. till 7:30 p.m.

The buses in service on the RIDE are all accessible, with either a wheelchair lift or an extendable ramp at the front passenger door, so that there are no steps to climb to board the bus. All the RIDE buses are accessible for people who use a mobility device or cannot climb stairs. Our drivers receive special training in assisting people with disabilities to use the RIDE buses. Drivers announce stops at key destinations and upon request to assist passengers with visual or mental impairments. Our goal is to make our fixed-route general public service accessible to and convenient for everyone.

Senior Rides, door to door: Center for Community also partners with Swan Lake Senior Center to provide senior transportation for persons 60 years and older. For this service, contact the Senior Center at (907 747-8617).

ADA Paratransit Rides, door to door: Center for Community partners with the Swan Lake Senior Center to provide paratransit service on the Care-A-Van for citizens—of any age—who has a disabling condition that prevents them from using the RIDE. Paratransit service on the Care-A-Van is door to door assisted transportation. The service is provided according to the guidelines set forth by the Americans with Disabilities Act of 1990 (ADA). If you wish to use this service as ADA eligible for all or some of your trip needs, please complete this application.

Riders age 60 or older may continue to ride Care-A-Van as “seniors,” but if they chose, they can apply for ADA Paratransit Eligibility. Once any rider is determined to be ADA paratransit eligible, the Care-A-Van scheduler may give priority to ADA riders’ requests for rides (during those occasional times when the Care-A-Van cannot provide rides as requested by all other riders and the ADA riders).

Short-term Paratransit service for persons of any age who have a need of no more than one month. The potential rider is required to provide a letter from rider’s physician or other medical provider that states: (a) the rider’s need, now or in the near future, to use Care-A-Van, (b) that the rider will not able to walk, bike, drive, or use the RIDE’s blue bus services, and (c) the anticipated length of time that the rider is anticipated to need to use Care-A-Van (extensions can be obtained). The rider should deliver the letter to the Swan Lake Senior Center, where staff will also ask the short-term rider to complete a rider demographics questionnaire.

Days, Times, and Fares for Senior and Paratransit Rides: The Care-A-Van’s rides for ADA paratransit eligible persons and for seniors are available the more days and more hours than the RIDE buses. Care-A-Van services are available 6:30 a.m. till approximately 9:30 p.m. Monday through Friday, and for about 5 hours each of Saturday and Sunday. For Saturday or Sunday Care-A-Van service, the riders must make a reservation before the Swan Lake Senior Center close of business on Fridays at 4 p.m. (Call 747-8617) Riders who are age 60 and older are asked to make a donation of at least \$1 per one-way ride. Riders younger than age 60, even if ADA Paratransit Eligible, must pay a fare of \$2 per one-way ride.

APPLYING FOR ONGOING, LONG TERM ADA PARATRANSIT ELIGIBILITY

The purpose of this application is to provide an opportunity for you to describe physical or personal barriers that prevent you from using The RIDE. The more information you provide, the better Center for Community will understand your transportation needs and travel challenges.

Your Application: The application consists of two parts, Part 1 Applicant Questionnaire and Part 2 Verification by Treating Professional. To apply:

1. Complete Part 1 of the Applicant Questionnaire as thoroughly as possible and to the best of your ability. If you need assistance with completing the application, or if you need an alternative format, you are welcome to call Center for Community, 966-4223. You also may ask a family member, friend, human service agency, or health care professional to assist you.
2. Have your treating medical professional complete Part 2 Verification by Treating Professional. A treating professional includes a physician, physician's assistant, nurse practitioner, chiropractor, psychiatrist or psychologist, social worker, naturopathic physician, licensed clinical behavioral health practitioner, or physical or occupational therapist.
3. Mail, fax, or email a completed application (Parts 1 and 2) to:
Center for Community, ATTN: The RIDE
700 Katlian Street Suite B Sitka, Alaska 99835
Fax (907) 747-4868 or Email: transit@cfc.org

Processing Your Application: After we receive your application, we will contact you within 10 business days to set up an in-person interview. The interview will last about an hour, and we will agree with you on a place to talk. We will arrange with you for the Care-A-Van to pick you up and take you home, if you prefer that to arranging your own ride. There is no charge for the transportation. You are welcome to ask a family member, friend, or treating professional to accompany you. Although they will not participate in the interview, they are welcome to provide information about your capabilities.

Within 21 days of the interview, we will notify you of our determination of your eligibility for ADA complementary paratransit. You may be unconditionally eligible (eligible for all rides), conditionally eligible (eligible for some rides), or ineligible. If we determine that you are conditionally eligible or ineligible, you have the right to appeal the decision.

If you have any questions, please call Center for Community at (907) 966-4223.

To Be Completed by Center for Community Transit Program Only

Date Complete Application Received: _____

**PART 1
APPLICANT QUESTIONNAIRE
(To Be Completed by the Applicant)**

Please print.

A. TELL US YOUR CONTACT INFORMATION

Applicant's Name _____

Date of Birth _____

Street or P.O. Box Address _____

City _____ State _____ Zip Code _____

Phone (Daytime) _____ (Evening) _____

Cell Phone _____ Email Address _____

Emergency Contact: Name _____

Relationship _____

Emergency phone number _____

By signing this application, I authorize Center for Community to share this information with the Swan Lake Senior Center and CFC's ADA eligibility advisor, and to contact my treating medical professional to confirm the information I provided. I understand that this information will be kept private except for the purpose of determining whether I am eligible.

I certify that the information provided in this application is complete, correct, and true. I acknowledge that if I have omitted or misrepresented any information, this represents grounds for review of eligibility.

Signature

Date

If this application has been completed by someone other than the applicant, that individual must sign the following certification and provide the requested information:

CERTIFICATION BY PERSON COMPLETING FORM on behalf of the APPLICANT

Please check one:

_____ I certify that the information provided in this application is true and correct based upon information given 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.

Name _____ Relationship to Applicant _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone (Daytime) _____ (Evening) _____

B. TELL US ABOUT YOUR DISABILITY AND MOBILITY DEVICES

1. List any disabilities or conditions which affect your ability to use The RIDE (blue bus) services:

Date of diagnosis or onset _____

2. Is the condition temporary? _____ Yes _____ No If yes, condition has persisted since approximately (Month/Year) ____/____

3. Is your disability periodic, episodic, or good-day, bad-day? _____ Yes _____ No If yes, how?
(explain) _____

4. **Is your disability controlled by medication?** Partially _____ Fully _____

Not controlled by medication _____ Please explain: _____

5. **Do you use any of the following mobility aids?:** (*check all that apply*)

Manual Wheelchair: Dimensions (width & length) _____

Weight, fully loaded _____ lbs

Are you able to propel yourself? Yes ___ No ___ Do you need someone else to push your chair? Yes ___ No ___

Electric Wheelchair: Dimensions (width & length) _____ Model _____

Weight, fully loaded _____ lbs

Power Scooter: Dimensions (width & length) _____ Model _____

Weight, fully loaded _____ lbs

Walker: 2 wheels ___ 3 wheels ___ 4 wheels ___ Knee scooter _____

Mobility Cane _____ Crutches _____ Portable Oxygen/respirator _____

_____ Prosthesis (describe) _____ White cane _____

Individually trained service animal (describe) _____

Personal Care Attendant _____

Other (*please explain*) _____

6. **TELL US ABOUT YOUR CURRENT USE OF the RIDE (the blue buses that run on fixed routes).**

Do you currently use the RIDE without the help of someone else?

___ Yes ___ No **If yes, skip to Question 7. If not, why not? (*Mark all that apply.*)**

___ The closest bus stop is too far from my house

___ I don't know how to ride The RIDE

Continue to mark all reasons why you do NOT currently use the RIDE:

- I can't walk by myself between the bus stop and my destination
 - I'm afraid to use the RIDE
 - I don't want to use the RIDE
 - My friends/family do not use the RIDE
 - I'm afraid I'll slip and fall if it is raining or snowing
 - There are too many steps to the bus stop
 - The hills to/from the bus stop are too steep
 - There is no sidewalk to the bus stop
 - I can't cross the street to the bus stop because of the busy traffic
 - There is no street crossing/the street crossing is too wide to the bus stop
 - I can't carry/push items to/from the bus stop
 - I can't use the RIDE without a personal care attendant
 - Other (*please explain*) _____
-

7. If you DO CURRENTLY use the RIDE (the blue buses on fixed routes), How often do you ride the RIDE?

Daily Several times per week At least once per month Rarely

8. When was the last time you rode the RIDE by yourself? _____

9. Are you able to travel on the RIDE without the assistance of another person?

Always Sometimes Never

10. If you need the help of someone else, what assistance does this person provide?

11. Are you able to reach the RIDE stop nearest your home? Yes No
Sometimes

If your answer is No or Sometimes, please explain: _____

12. Did you receive instruction in using the Ride? ____ Yes ____ No

If yes, was this:

____ Orientation and Mobility Training for persons who are blind or visually impaired?

____ Travel training for individuals who are sighted?

____ Training with a friend or family member, or a program?

(name) _____

If yes, did you successfully complete training to use the RIDE?

____ Yes ____ No

If yes:

Which route(s) did you learn?

Which destinations did you learn?

If no, why not?

C. TELL US ABOUT YOUR ABILITY TO TRAVEL

13. Without the help of someone else, my widest area of travel is: (*Check all that apply.*)

____ a. My own property

____ b. Places within the same block of my residence

____ c. Restricted to specific routes I know (such as home to work, home to shopping, home to church, etc.)

____ d. Restricted to specific destinations that are familiar to me

____ e. Trips I can make directly (no changing buses or transfers)

____ f. Practically anywhere in the community

14. The reason(s) I do not travel by myself (without the help of someone else) within the community include (*Check all that apply*):

- a. I have never been taught.
 - b. My neighborhood is too dangerous (crime, vulnerability).
 - c. I don't want to travel beyond my immediate neighborhood alone.
 - d. I need someone with me. I can't travel by myself.
 - e. I don't know what I'm going to encounter when I get off at an unfamiliar place.
 - e. Physical barriers prevent me. (Examples: no sidewalks, very busy intersection, etc.)
 - f. Other (*please explain*) _____
-

15. Even if I was willing to travel using the RIDE my ability to use the RIDE is limited because I have difficulty with: (*Check all that apply and add more information as needed.*)

- a. negotiating large parking lots to get to stores or business entrances
 - b. walking in areas without sidewalks
 - c. traveling to new areas
 - d. crossing streets between my home and the bus stop
 - e. getting confused or lost
 - f. traveling in bad weather
 - g. walking up and down hills
 - h. walking up and down steps
 - i. using my wheelchair where bus stops are not accessible
 - j. other (*please explain*) _____
-

D. TELL US ABOUT YOUR CURRENT TRAVEL

16. Please give us 3 or 4 examples of destinations or places for which you believe you need the Care-A-Van door to door and assisted transportation and the reasons you cannot use the RIDE buses to get there:

Destination: _____

Reasons why the RIDE cannot be used: _____

Destination: _____

Reasons why the RIDE cannot be used: _____

Destination: _____

Reasons why the RIDE cannot be used: _____

Destination: _____

Reasons why the RIDE cannot be used: _____

17. These are Skills or Assets that I do have, that could be helpful in using the RIDE bus services instead of the Care A Van: (mark all that describe your abilities)

___ I have a cell phone with me and I know how to use it

___ I know how to give my address and phone number

___ I know how to ask the driver for help and follow directions when I need them

___ I understand which persons I should ask for help or directions when something unexpected happens

___ I can usually recognize landmarks, signs, or places I'm going

___ I know how to tell what time it is

___ I know how to drive a car

___ I use a bus pass now, OR, I can be responsible for carrying and using a bus pass

___ I carry money now and I can be responsible for paying the bus fare

___ I know how to get travel and schedule information when I need it

18. If you DO CURRENTLY USE the RIDE buses, please mark all the statements below that describe your ability to use the RIDE without the help of someone else:

- I use the RIDE for some trips, but sometimes there are barriers that prevent me from using the bus
- I use the RIDE frequently, on familiar routes to familiar destinations
- I use the RIDE to go to new places
- I believe I could learn to ride the RIDE if someone taught me
- I am not able to use the RIDE by myself
- The severity of my disability can change from day to day. I ride the RIDE when I am feeling well
- Some weather conditions prevent me from getting to and from the bus stop
- I can get to and from the bus stop if the distance is not too great
- I can use the RIDE except when I am unfamiliar with new transfer points or don't know the way between the bus stop and my final destination
- The RIDE does not always go to where I want to go
- I can get to the bus stop if there are no steps
- I can get to the bus stop if the hill is not too steep
- I cannot walk far in high wind
- I can get the information I need to use the RIDE
- I can get to the bus stop after being shown

E. TELL US YOUR COMMENTS

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use or not use the RIDE.

End of Part 1

PART 2

REQUEST FOR VERIFICATION BY TREATING MEDICAL PROFESSIONAL
(To Be Completed by Treating Professional)

The attached authorization form has been submitted by the applicant who has indicated that you can provide information regarding his/her disability and its effect on his/her ability to travel in Sitka by using the RIDE (blue buses on fixed routes). Thank you for your cooperation in this matter.

1. Capacity in which you know the applicant:

2. How recently have you seen/treated the applicant? ____/____/_____

A. TELL US ABOUT THE APPLICANT'S DISABILITY

3. Medical diagnosis of condition(s) causing disability: _____

_____ Date of diagnosis or onset: _____

4. Is the condition temporary? No_____ Yes_____ Expected Duration:_____

5. Does the applicant use any of the following mobility aids? *(check all that apply)*

___ Manual Wheelchair: Dimensions (width & length) _____

Weight, fully loaded _____ lbs.

Is the applicant able to propel himself/herself? Yes_____ No_____

___ Electric Wheelchair: Dimensions (width & length) _____

Model _____ Weight, fully loaded _____ lbs.

___ Power Scooter: Dimensions (width & length) _____

Model _____ Weight, fully loaded _____ lbs.

___ Walker: ___ 2 wheels ___ 3 wheels ___ 4 wheels

___ Knee scooter ___ White cane ___ Mobility Cane

___ Crutches ___ Portable oxygen/respirator ___ Personal Care Attendant

___ Prosthesis *(explain)* _____

___ Other *(explain)* _____

6. Does the applicant use a service animal? Yes____ No____ If yes, what kind of animal is it, and what functions has it been trained to perform for the applicant?

7. Is the applicant's disability periodic, episodic, or good-day, bad-day? Please explain:

8. Is the disability the same every day? Yes_____ No_____

If no, what is a good day like? _____

(What is the applicant able to do on a "good day"?) _____

9. What is a bad day like? Does anything trigger bad days? _____

10. How many good/bad days did he/she have last month? _____

11. Does the applicant have a seizure disorder? Yes____ No____ If yes, please describe:

Date of onset _____

Has the applicant been diagnosed with epilepsy? Yes____ No____

Date of onset _____

Which of the following types of seizure does the applicant have? Mark any that apply:

____ Absence ____ Complex Partial ____ Grand Mal
____ Petit Mal ____ Psychomotor ____ Simple Partial
____ Tonic Clonic ____
Other: _____

12. Does the applicant have any warning signs before seizures? Yes __ No __ Please

describe: _____

What triggers applicant's seizures? _____

13. When was applicant's last reported seizure? _____ Has applicant required
immediate medical attention after a seizure? _____ Does
applicant experience confusion and disorientation after a seizure? _____

14. Is the applicant's disability controlled by medication? ____Partially ____Fully
____No

Please explain: _____

15. How does the diagnosis or disability functionally prevent the applicant from using the RIDE fixed route bus services?

[Please note that the buses in service on the RIDE are all accessible, with either a wheelchair lift or an extendable ramp at the front passenger door, so that there are no steps to climb to board the bus. All the RIDE buses are accessible for people who use a mobility device or cannot climb stairs. Our drivers receive special training in assisting people with disabilities. Drivers announce stops at key destinations and upon request to assist passengers with visual or mental impairments. Our goal is to make the RIDE public service accessible to and convenient for everyone.]

To repeat the question: How does the diagnosis or disability functionally prevent the applicant from using the RIDE fixed route bus services?

16. If the applicant has a disability affecting his/her mobility, is the person able to:

- Travel/move one-quarter mile without the help of someone else?
Yes____ No____ Sometimes____ Using a mobility aid ____
- Move up and down hills without the help of someone assisting?
Yes____ No ____ Sometimes____ Using a mobility aid ____
- Wait outside unaccompanied for 10 minutes
Yes____ No____ Sometimes____ Using a mobility aid ____

17. Does the applicant have a visual impairment? Yes ____ No ____

Visual Acuity with Best Correction:

Right Eye____ Left Eye____ Both Eyes____ Legally Blind____

Visual Fields:

Right Eye____ Left Eye ____ Both Eyes____

18. Does the applicant demonstrate inappropriate social behavior (example: aggressive or overly friendly). Yes____ No____ If yes, please describe:_____

19. Does the applicant currently experience auditory or visual hallucinations?

Yes____ No____ If yes, please describe. _____

20. Is the applicant taking any psychotropic, antidepressants or other medications prescribed by you or another professional? Yes____ No____

B. TELL US ABOUT THE APPLICANT'S ABILITY TO TRAVEL

21. Describe below if and how the disability *prevents* (not merely makes difficult) the applicant from carrying out the following activities. What is the effect and the extent of limitation caused by the disability?

Traveling alone outside the house? _____

Leaving the house on time? _____

Seeking and acting on directions? _____

Finding the way to or from a bus stop? _____

Crossing streets? _____

Waiting for a bus? _____

Boarding the correct bus? _____

Riding on the bus? _____

Transferring to a different bus or exiting at the correct destination? _____

—

Monitoring time? _____

Dealing with unexpected situations? _____

22. Is the applicant able to travel independently in the community when he/she is compliant in taking medication? Yes ___ No ___

23. Can applicant manage a direct trip (no transfers)? Yes ___ No ___

A trip involving a transfer? Yes ___ No ___

How would the applicant know where to get off the bus? _____

24. How would the applicant find his/her way back from a bus stop to his/her destination?

25. Does the applicant drive a car? Yes ___ No ___ Sometimes ___

26. Is the applicant able to ask for assistance from appropriate individuals such as the bus driver, police, etc.? Yes ___ No ___ Sometimes ___

27. How and to what extent does the applicant understand the concept of stranger awareness, not going with or following strangers, asking appropriate person for help, etc.?

28. Does the applicant know how to use a telephone? Yes ___ No ___ Have and use a cell phone? Yes ___ No ___

29. Is the applicant able to tell and/or monitor the passage of time? Yes ___ No ___

30. Can the applicant:

Pay fares? Yes ___ No ___

Handle money? Yes ___ No ___

Use a bus pass? Yes ___ No ___

31. Are any of the following skills affected by the applicant's disability? (*check all that apply*):

- | | | |
|--------------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Judgment | <input type="checkbox"/> Problem solving | <input type="checkbox"/> Insight |
| <input type="checkbox"/> Coping skills | <input type="checkbox"/> Short-term memory | <input type="checkbox"/> Long-term memory |
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Orientation | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Attention to task (distractibility) | | |

32. Does the applicant require the assistance of a personal care attendant to travel?

Yes No

33. Does the applicant have a cognitive or communications disability? Yes No

If yes, is the applicant/patient able to:

Give addresses and telephone numbers upon request? Yes No Sometimes

Recognize a destination or landmark? Yes No Sometimes

Deal with unexpected situations or unexpected change in routine?

Yes No Sometimes

Ask for, understand and follow directions? Yes No Sometimes

Request assistance from qualified professionals (transit staff, police, etc.) when needed? Yes No Sometimes

Understand and respond appropriately to strangers? Yes No Sometimes

Safely and effectively travel through crowded and/or complex facilities?

Yes No Sometimes

C. TELL US ABOUT THE APPLICANT'S CURRENT TRAVEL, TO THE EXTENT YOU KNOW or have been told by APPLICANT (or caregivers)

34. Where does the applicant currently travel in the community and what transportation does he/she use to get there? _____

35. Is the goal of traveling independently (even limited travel in the neighborhood) within the context of treatment for this applicant? Yes ___ No ___

36. Does the applicant travel independently to various activities such as shopping, work, etc.?

Yes ___ No ___ If no, what assistance or accommodations have been provided to make this possible? _____

37. Additional Comments:

I certify that the information provided in this document is complete, correct, and true. I acknowledge that if I have omitted or misrepresented any information, this represents grounds for review of eligibility for the applicant.

Signature: _____ Date: _____

Name (*please print*): _____

Type of Medical License: _____

Practice or Agency Name: _____

Office Address: _____

Office Phone Number: _____

PLEASE RETURN THIS DOCUMENT TO THE APPLICANT.

**THE APPLICANT IS RESPONSIBLE FOR SUBMITTING
ALL INFORMATION TO CENTER FOR COMMUNITY TRANSIT PROGRAM**

End of Part 2