

APPLICATION AND INSTRUCTIONS FOR COMPLETING
PARATRANSIT SERVICE/ ADA CERTIFICATION

Dear Transpo Access Applicant:

To meet the needs of persons with disabilities, the South Bend Public Transportation Corporation (Transpo) provides complementary paratransit service to those individuals who cannot, because of their disability, use Transpo fixed route service. This service, called Access, fully complies with the Americans with Disabilities Act (ADA) of 1990.

If you have a disability that you believe prevents you from using Transpo's regularly scheduled fixed route service, you may be eligible for Transpo's Access service some or all of the time. While information provided in this application will be kept confidential, certain information necessary to provide service will be disclosed to those who perform that service. Your answers will not be shared with any other person or company.

Part A Applicant Profile	This section should be completed by person requesting certification for Access service.
Part B Paratransit Service Certification	This section should be completed by the person requesting certification for Access service.
Part C Professional Verification	This section should be completed by a medical professional who is familiar with the applicant for Access service.

Application Information

Access Service

Transpo Access is a transportation service operated by Transpo to provide public transportation to persons whose disabilities preclude their access to fixed route service. It is a shared ride, mass transit system, not an individualized service. Several riders usually share the same vehicle and other stops may be made before a client reaches his/her destination. Access provides door-to-door service with limited assistance, such as the minimal guiding of a mobility device into position.

Application

The enclosed form must be completed and returned to Transpo, Access eligibility is determined within twenty-one (21) days of receipt of a completed application. If you are eligible, you will be issued an Access ID card you must display this card each time you ride Access.

Eligibility

Ridership is currently open to persons with physical or mental disabilities. Persons, whose disabilities preclude them from navigating the fixed route system, boarding a regular bus, or prevent them from getting to an origin or destination, may be eligible for Access service.

Eligibility Determination

Applications are to be processed within the twenty-one (21) day period specified by the ADA. A committee will meet to review applications based upon the guidelines established. In some instances a request for further professional certification is required at which time a certification form will be sent to the applicant or proper physician or medical personnel. You will be notified by letter of your eligibility status.

Eligibility Appeals

Appeals may be made to the ADA advisory committee in writing within sixty (60) days of eligibility notification. A meeting will be scheduled within thirty (30) days, and the applicant or a representative will be given the opportunity to be present.

Please send completed application and professional verification to:

Transpo Access

1401 S. Lafayette Blvd.

South Bend, IN 46613

If you have any questions, please call (574)234-1188.



Request for Certification of ADA Paratransit Eligibility

The information obtained in this certification process will only be used by the South Bend Public Transportation Corporation (Transpo) for the provision of transportation services. The information will not be shared with any other person or agency.

Part A: Applicant Profile

Please type or print.

Last Name: _____ First Name: _____ Initial: _____

Street Address: _____

City/State/Zip: _____

Main Phone: _____ Alternate Phone: _____

Date of Birth (month/day/year): _____

Emergency Contact:

Name: _____ Relationship: _____

Main Phone: _____ Alternate: _____

FOR OFFICE USE ONLY

Application Received: _____ Professional Verification Mailed: _____

Professional Verification Received: _____

Application Received with Professional Verification: _____

Mobility Aid: _____ PCA: _____

Conditions: _____

Determination Mailed: _____ Expiration Date: _____ Card # _____

Renewal Mailed: _____ Second Notice: _____ Final Notice: _____

Part B: Paratransit Service CertificationDisability or Health Condition Information

1. What is the nature of your disability or health condition (be specific)?

2. Is your condition temporary? Yes No

If temporary, how long do you expect it to last? _____

3. Does your disability or health condition change from time-to-time in ways which affect your mobility? Yes No

If yes, please describe: _____

Mobility Information

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

Manual Wheelchair Powered Wheelchair/Scooter Crutches
 Cane Service Dog Walker None
 Other _____

2. Do you require a Personal Care Attendant when using Access? Yes No

3. Can you travel three blocks without assistance from another person?

Yes No

4. Can you climb three 12-inch steps without assistance from another person?

Yes No

5. Can you wait outside without support for 10 minutes?

Yes No

6. Can you communicate with a bus driver with or without an aid (such as a picture board or route ID cards)? Yes No

7. Do you ride the fixed route Transpo buses?

Yes, regularly Yes, occasionally No, but I used to No



8. Are there any other conditions which limit your ability to use the regular fixed route buses? Yes No

If yes, please explain _____

Applicant Verification

Applicant Signature

I certify that the information given in this application is true and correct. I understand that falsifying of information may result in denial of service. I understand all information will be kept confidential and only the information required to provide service will be disclosed to those who perform such service. I understand that for confirmation, Transpo may contact the health care professional who completed the professional verification form attached to this application.

Applicant Signature: _____ Date: _____

Person Completing Form (if other than applicant)

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

Name: _____ Relationship to Applicant _____

Address: _____

City/State/Zip: _____ Daytime Phone: _____

Signature: _____ Date: _____

Part C: Professional Verification

Note: This portion must be completed by one of the following currently licensed professionals: registered nurse, physician, social worker, psychologist, physical therapist, chiropractor, occupational therapist, speech pathologist, nurse practitioner, physician's assistant, mental health counselor, orientation/mobility specialist, respiratory therapist, vocational rehabilitation counselor or recreation therapist employed by a medical facility.

Dear Professional:

The Americans with Disabilities Act (ADA) of 1990 is a civil rights bill which bans discrimination against people with disabilities. In accordance with the act, Transpo provides complementary paratransit (origin to destination) service for people who cannot access the regular fixed route system.

Passengers must be certified eligible to use this service. Applicants may be found eligible for paratransit service for all trips they request; eligible (based on functional ability) for some trip requests, but not for others; or capable of using the fixed route service. (Note: Transpo buses are equipped with kneelers which lower the buses closer to the ground, making it easier to step into the bus. They are also equipped with wheelchair ramps and areas to secure chairs near the front of the bus). For those who can use the regular fixed route system, Transpo Handicards are available for reduced fares.

The information you provide along with the applicant's information will enable us to make an appropriate determination for eligibility and for each trip request. All information will be kept confidential.

Thank you for your assistance.

Disability or Health Condition Information

1. What is the nature of the applicant's disability or health condition? _____

2. Is the condition temporary? Yes No
If temporary, how long do you expect it to last? _____



- 3. Does the applicant's disability or health condition change from time-to-time in ways which affect his/her mobility? Yes No

If yes, please describe _____

- 4. If the applicant's disability affects his or her cognitive skills, please answer the following:

Can the applicant: Give his/her phone number upon request? Yes No
 Recognize landmarks and/or destinations? Yes No
 Ask for, and follow, directions? Yes No
 Safely travel through crowded facilities? Yes No

Mobility Information

- 1. Does the applicant use any type of mobility aid? Yes No

If yes, what type of aid? _____

- 2. Does the applicant travel with a personal care attendant (PCA)?

Yes No Sometimes If sometimes, please explain _____

- 3. Using a mobility aid or with a PCA, can the applicant travel three blocks?

Yes No Sometimes

- 4. Using a mobility aid or with a PCA, can the applicant climb three 12-inch steps?

Yes No Sometimes

Exceptions or additions: _____

I have reviewed all the information contained in this application and hereby certify that all information is true and correct to the best of my knowledge and ability.

Your Name (print) _____ Title _____

Agency/Clinic _____

Phone Number _____ Fax Number _____

Address _____ City/State/Zip _____

Signature _____ Date _____