

ACCESS ADA COMPLEMENTARY PARTRANSIT APPLICATION—INSTRUCTIONS

Dear Access Applicant:

Thank you for inquiring about applying for The City of High Point's Access ADA complementary paratransit service. Access ADA complementary paratransit is the City of High Point Transit System's ride sharing program for eligible riders that have a disability that sometimes or always prevents them from riding the fixed route bus.

Please read these enclosed materials carefully before completing the application.

- High Point Transit System (HPTS) fixed route bus (regular) services: All our buses are equipped with ramps for people who use wheelchairs or scooters. All our buses also have a “kneeling” feature that lowers the bus closer to the ground to help people who have difficulty climbing stairs or stepping up. There is priority seating behind the bus driver for people with disabilities and seniors. Stops are announced through the automated talking bus feature. Elderly and disabled passengers may qualify for half fare on the regular bus service, HPTS. If you are 60 years old or older (with proper ID), have a red/white/blue MEDICARE card or have a reduced fare card issued by HPTS or from another transit system, you will automatically receive reduced fare by showing your ID to the driver when boarding the bus. If you are disabled, making it more difficult for you to ride the bus and would like to request a half-fare application, contact our office at 336-889-7433 or you may obtain the application from www.highpointnc.gov/transit.
- Travel training: HPTS offers assistance and training to those interested in learning how to ride the fixed route buses. This training is free. Please contact our office at 336-889-7433 if you would like to learn how to ride High Point's buses.

What You Should Know About This Program:

- Access ADA complementary paratransit serves riders who travel within a ¾ mile corridor of the HPTS fixed bus routes.
- The current price for Access is \$2.50 for a one-way trip. Fares may be paid with exact cash or Access tickets. Fares are collected by the driver and must be paid prior to riding the van. Access drivers do not make change.
- Passengers who use wheelchairs or scooters must have a ramp if there are stairs present. Drivers will not “bump” passengers up/down stairs or in/out of houses.

Eligibility:

- Individuals who can access HPTS's regular fixed route bus service may not be eligible for Access service. Individuals applying for this service must be unable to access the fixed route services due to conditions which prevent them from getting to/from a HPTS fixed route bus stop and/or conditions which prevent them from being able to get on, ride, or get off an ADA accessible, ramp-equipped, kneeling vehicle.
- Simply having a disability does not guarantee eligibility.
- An individual for whom performing these tasks is inconvenient or uncomfortable is not a definition for needing this service.

There are four (4) types of certification granted to eligible Access clients:

- **Unconditional Certification**—the individual has a disability or health condition that always prevents the use of HPTS’s fixed route buses and Access service is provided for all trips.
- **Conditional Certification**—the individual can use or learn to use HPTS’s fixed route buses, but their disability or health condition prevents some travel on the bus. Access maybe provided on trips where the individual is unable to take the bus.
- **Permanent Certification**—the individual has a permanent disability and/or health condition that will not improve.
- **Temporary Certification**—the individual has a specific short-term disability or health condition that prevents them from using HPTS’s fixed route buses.

Eligibility for High Point Transit System Paratransit services (Access) is granted for a period not to exceed three (3) years unless an individual is granted permanent certification.

To enable us to accurately determine your eligibility for this service, **please complete the enclosed application as completely and accurately as possible.** Completed applications should be returned to

Access ADA Complementary Paratransit
716 W MLK Drive
High Point, NC 27262
Fax: (336) 883-0399

The application has two parts, and both must be completed and turned into the Access office. Incomplete applications will be returned to the applicant. The questions are meant to determine the circumstances under which you can use fixed route or Paratransit (Access) services. Upon request, this letter and application are available in large print, and other alternative formats.

Part “A” should be filled out completely by the applicant or the applicant’s representative. This should be filled out and signed by the applicant or if the applicant is less than 18 years of age or unable to sign, the applicant’s guardian or anyone who assisted in completing the form.

Part “B” is the Professional Verification Form. The applicant should complete the authorization for release of information form and then send the release form and Part B to a professional familiar with the applicant’s disability. Professionals include, but are not limited to, the following:

Family Physician	Independent Specialist	Orientation & Mobility Therapist
Physical Therapist	Rehabilitation Specialist	Psychiatrist
Occupational Therapist	Licensed Social Worker	Psychologist
Registered Nurse	Case Manager	Ophthalmologist

The selected professional must complete Part “B” and return the entire application either directly to the applicant or to the Access office.

****The applicant representative may NOT serve as the professional that completes Part B.**

****Applications must be submitted to Access within thirty (30) days of selected professional completing Part “B”**

The completed application will be processed within 21 days of receipt. You will then be notified in writing of your eligibility status. If we determine that you are able to use HPTS fixed route bus service, and are therefore ineligible for Access, we will notify you of the reason(s) for this determination. You can appeal any eligibility decision made by Access that limits your ability to use ADA Complementary Paratransit service. For example:

- You were found "Not Eligible" for ADA Complementary Paratransit
- You were found "Conditionally Eligible" and disagree with the eligibility conditions you were given or you think the conditional status is wrong.

Appeals should be made within 60 days from the date of the letter notify you of the eligibility decision. All requests for an appeal must be in writing and should be mailed to:

ADA Complementary Paratransit Appeals Board
City of High Point Transit System
716 W MLK Drive
High Point, NC 27262

This application should only be completed if you have a disability or health condition that prevents you from sometimes or always using fixed route bus service. Individuals for whom performing these tasks is inconvenient or more difficult but does not prevent use of the fixed route bus system are **NOT ELIGIBLE** for services. Persons completing this application will be considered for Access. Information about disability or health condition will be kept strictly confidential.

Access ADA Complementary Paratransit Application—Part A
Applicant Information

*To be completed by applicant or another authorized person, **PLEASE PRINT LEGIBLY**. Complete all of Part A and sign. Submit to a Health Professional to complete Part B.*

Date of Application: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from home address): _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ E-mail: _____

Cell Phone Number: _____ TTD Number (if applicable): _____

Date of Birth: _____ Gender: Male Female

Primary Language: English Spanish Other (please specify): _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

ABOUT YOUR MOBILITY

Do you use any of the following mobility aids? (Check all that apply)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Picture Board |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Alphabet Board |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Powered scooter/cart | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Transfer Board | <input type="checkbox"/> Leg/Arm Braces |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Service Animal | <input type="checkbox"/> None of These |

Other (please describe): _____

IMPORTANT NOTE

Passengers who use wheelchairs/scooters must have a ramp if steps are present. Driver's will not "bump" passengers up/downstairs or in/out of houses.

If you use a manual, powered wheelchair, or scooter, is your home equipped with a wheelchair ramp?

Yes No

If you use a manual, powered wheelchair, or scooter, is it more than 30 inches wide, more than 48 inches long, or does it, when in use, weigh more than 800 pounds (including person plus the mobility device)?

Yes No

Do you require a Personal Care Attendant (PCA)?

No Yes, Sometimes Yes, Always

ABOUT YOUR DISABILITY OR LIMITATIONS

Please **check all that apply** of the following statements which best define the nature of your disability or limitation that prevents you from using fixed-route bus service. Describe your specific needs in the space provided.

I have a mobility impairment which prevents me from getting to and/or getting on a fully accessible vehicle without assistance. If checked, describe the nature of this condition and any environmental obstacles (such as inclines, curbs, and distances) which affect your ability to access public transportation. (MOB)

The condition is temporary permanent

I have an endurance (such as breathing difficulty, and/or a heart, lung) problem which prevents me from moving the distance needed to get to the bus stop. If checked, describe the cause and nature of this condition. (END)

The condition is temporary permanent

I have a visual impairment that prevents me from finding my way to and from a fixed-route bus stop without assistance. If checked, describe nature of your condition and your functional level of vision. (VIS)

The condition is temporary permanent

I have a cognitive disability which prevents me from remembering and understanding the information needed to get myself safely to and from the bus stop. If checked, describe the origin and characteristics of your condition. (COG)

The condition is temporary permanent

I have a severe medical condition which limits my ability to function. If checked, describe condition and note whether your condition is episodic in nature (i.e. do you have “good days” or times when you can access transportation and “bad days” when you cannot?) (OTH)

The condition is temporary permanent

I am declining with functional losses due to aging. I feel I am not able to access regular bus service due to the following limitations: (OTH)

The condition is temporary permanent

My functional limitations do not fit into any of the above categories. I am unable to use regular bus service because: (OTH)

The condition is temporary permanent

Are you involved in any programs which will have an impact on your ability to use public transportation? If so, please describe.

TRANSPORTATIONS NEEDS, ENVIRONMENTAL OR INDIVIDUAL FACTORS

Do you currently use any HPTS regular fixed-route bus services? Yes No

If yes, which routes? _____

Can you get to the bus stop by yourself? Yes No

If no, what limits you from getting there? _____

Please check **any** of the following which are applicable to your situation.

If I am waiting outside at a bus stop, I must have:

- a bench a shelter nothing additional

When crossing a street, I need:

- curb cuts tactile curb warnings audible signals
 accessible median not more than__ (enter #) lanes of traffic nothing

I cannot make my way across ground which is:

- paved or sidewalk grassy gravel hilly

My ability to access transportation is affected by weather which is:

- warm (above _____degrees) cold (below _____degrees) rainy
 icy windy

My ability to access transportation is depended on the time of day. I cannot see in:

- full daylight partial light darkness/semi-darkness

My ability to access stairs is as follows. I can manage:

- only one or two steps only steps with a handrail no steps

The distance I can travel to and from bus stops by myself or with the assistance of a mobility aid is:

- less than 1 block at least one block at least 2 blocks (¼ mile)
 at least four blocks (½ mile) at least six blocks (¾ mile) more than six blocks

I can wait at a bus stop without a bench:

- no more than _____minutes at least an hour

The bus routes and/or stops which I can access:

- must be routes and/or stops for which I have received formal travel training
 must be only in areas familiar to me

I travel:

- alone both alone and with a companion
 only with an attendant or companion (this does not affect your eligibility for service)

If you travel with someone who assists you, does this person assist you in:

- getting to or from bus stop getting on or off the bus helping you at your destination
 Other (please describe): _____

I can cross a street with: 2-3 lanes 4-6 lanes I cannot cross

If you cannot cross, please explain why not _____

Without the assistance/help of someone else can you...

If answer is *Sometimes, Never, or Not Sure*, please explain the effect and extent of the disability on the skill.

1. Request and understand written and/or spoken instructions/directions?

- Always Sometimes Never Not sure

Explain _____

2. Step on and off a sidewalk from the curb?

- Always Sometimes Never Not sure

Explain _____

3. Exit at the correct destination?

- Always Sometimes Never Not sure

Explain _____

4. Tell/Monitor time?

- Always Sometimes Never Not sure

Explain _____

5. Deal with unexpected situations?

- Always Sometimes Never Not sure

Explain _____

List your 1-2 most frequent destinations and how you currently get there:

Destination	Frequency of Travel	How you get there now

Person completing form other than 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: _____ Daytime Phone Number: _____

Relationship to Applicant: _____

Signature of Preparer: _____ Date: _____

I understand that the purpose of the application is to determine if I am eligible for High Point Transit System's ADA complementary paratransit service, called Access. I certify that the information I gave in this application is true and correct and that the application will be returned to me if not complete, which delays processing. I understand that falsification or misrepresentation of facts, or changes in my medical condition, may result in changes to my certification status. I further understand that additional information from my healthcare professional related to my disability or medical condition is required and will be used to help determine my eligibility. I agree to notify High Point Transit System if I no longer need to use Access ADA complementary paratransit services.

Signature of Applicant: _____ **Date:** _____

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

Authorization for Release of Information

I authorize the professional who has completed Part B of this application to release to High Point Transit System information about my disability or health condition and its effect on my ability to travel on the High Point Transit System (HPTS) bus service. I understand that I may revoke this authorization at any time.

I, the applicant, understand that the purpose of this application is to determine my eligibility to use the ADA complementary paratransit services (Access). I agree to release the information requested to High Point Transit System, and any eligibility review panel, and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that High Point Transit System reserves the right to request additional information at its discretion. I agree to notify High Point Transit System of any changes in the status of my disability that affects my ability to use the Access ADA complementary paratransit service. I also understand that this may affect my eligibility as a rider.

Applicant's Name _____

Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

Applicant's Telephone Number _____

Date _____

(Signature of Applicant or Responsible Party)

Access ADA Complementary Paratransit Application—Part B
Professional Verification

Dear Verifying Professional:

You are being asked by the applicant named in Part A of this application to provide information regarding his/her ability to use the public transportation services of the City of High Point (HPTS). HPTS provides ADA complementary paratransit services through Access to eligible persons with disabilities who sometimes or always cannot use regular fixed route bus services. The information you provide will allow us to evaluate the request and determine the individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: All regular fixed-route and connector bus services available within the city are currently accessible to persons with disabilities who need lift-equipped vehicles, vehicles which kneel to the curb, and/or announcement of bus stops. In order to be eligible for the paratransit services, the individual must be **unable** to access these services due to conditions which prevent them from getting to or from a fixed-route bus stop, or transferring between vehicles, and/or conditions which prevent them from being able to get on, ride, or get off a lift-equipped vehicle. Individuals for whom performing these tasks is inconvenient or uncomfortable are **not eligible** for services, and you are asked to verify this information.

It is extremely important that you provide specific information regarding the individual's **functional limitations** so that an accurate eligibility determination can be made.

The completed application must be submitted to Access within thirty (30) days of completion by selected professional and can be returned to the applicant or sent to the following:

Access ADA Complementary Paratransit

716 W MLK Drive

High Point, NC 27262

Fax: 336-883-0399

PART B – CERTIFICATION OF HEALTH CARE PROVIDER

1. I have read Part A in its entirety and I agree with the information provided. Yes No

If no, please explain: _____

2. Identify the disability or health condition preventing the applicant from using HPTS fixed route buses.
(Please be specific but use layman’s terms) _____

3. Specify which functional limitations are associated with this condition and be specific when asked to supply additional information.

- Mobility Impairment Visual Impairment: ___total ___ partial
- Hearing Impairment ___total ___ partial Cognitive Impairment
- Compromised Endurance ___muscular ___respiratory Other (please specify below)

a) What is the severity of the individual’s condition?

- Mild Moderate Severe Profound/Chronic

b) If this individual has functional limitations due to a cognitive impairment, please indicate any of the following issues that are pertinent to this individual:

- Cannot be left alone to wait for transportation
- Displays behavior that is unsafe for self or others using public transportation
- Cannot recognize vehicles that she/he should board

c) What is the expected duration of this individual’s condition?

- Temporary – approximate duration until _____
- Long term – potential for functional improvement or periods of remission
- Permanent – no expectation of functional improvement

4. For any impairment checked above, please note specific precautions that the individual must follow in terms of:

Travel distance limitations: _____

Limitations regarding time of day to travel: _____

Weather conditions: _____

Environmental conditions: _____

5. Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

- This individual should be able to access public transportation successfully.
- This individual can use public transportation under certain situations as stated above.
- This individual cannot use public transportation due to multiple functional limitations.

Signature: _____ Date Signed: _____

Print Name: _____ Print Title: _____

Business Address: _____

City: _____ Zip: _____

Phone: _____

Fax: _____

Organization/Practice: _____

Type of Practice: _____

THANK YOU FOR YOUR ASSISTANCE!

FOR ACCESS USE ONLY

APPROVED DENIED

UNCONDITIONAL CONDITIONAL TEMPORARY:

ISSUED BY _____ TITLE _____

DATE _____ FILE NUMBER _____