

Petersburg Area Transit ADA Paratransit Eligibility Application

Paratransit Service is a specialized transportation service for persons with disabilities, seniors with disabilities, and other individuals who are unable to independently use PAT fixed routes.

Paratransit is provided by public transportation systems as part of the requirements of the Americans with Disabilities Act (ADA).

In order to use ADA Paratransit service, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

- 1. Please FULLY answer all questions on the form and return it to the transit system. Incomplete applications will not be processed and will be returned to you for completion.**
- 2. Your application will be reviewed, and an eligibility determination will be made within 21 days of receiving a COMPLETE application. Presumptive eligibility is granted on the 22nd day until and unless the application is denied in writing. You will receive a letter stating whether or not you are eligible.**
- 3. Eligibility for your travel needs on Paratransit may be full eligibility or conditional eligibility depending on the nature of your disability or circumstances.**
- 4. Petersburg Area Transit, Paratransit, reserves the right to make the final determination as to an applicant's eligibility.**

NOTE:

"Use of a wheelchair does not imply automatic eligibility. For example, many individuals who use wheelchairs are able to use fixed-route services for many or all of their trips. ADA paratransit eligibility is not based on age, income, or whether an individual can drive or has access to private automobile transportation."

Thank you!

Petersburg Area Transit: ADA PARATRANSIT ELIGIBILITY APPLICATION

If you have a disability that prohibits you from riding our standard Petersburg Area Transit fixed-route bus system, you may be eligible to receive Paratransit Services. Paratransit Services is an ADA (Americans with Disabilities Act) door-to-door bus service. This means transportation will take you from the pickup location to your drop-off location. This application will be used to determine the extent of your disability as it relates to your ability to utilize our standard public transit fixed-route system.

A few items to remember as you read, understand, and complete this application:

- 1.** A friend or relative may fill out the application on your behalf. If someone fills out the application for you, they must also complete Part D of the application.
- 2.** It is important that you answer every question on the application. Give as much detail as possible. We understand that some of your answers may be personal. Any information received is confidential and will not be provided to any other agent that is not directly related to this certification process.
- 3.** Evaluation of your request cannot begin until we have received the completed form. This must include Part E signed, Authorization to Release Personal Information.

a. Upon approval, you may go to the Petersburg Transit Station at 100 West Washington St., on the second Tuesday of every month from 9:00 a.m. until 12:00 p.m. and receive an AD photo identification card.

Note: Riders are currently not using ID cards. PAT will notify riders when we resume issuing AD photo ID cards.

Please remember:

- Drivers can offer stabilization assistance when a passenger is loading and unloading the vehicle, when securing a mobility device, and at seat-belt securement.
- Drivers are not trained to act as Personal Care Assistants (PCA). Please indicate on your Paratransit application if you require and will have a PCA (Personal Care Assistant) or a companion rider with you. A PCA with an employer-issued ID will be allowed to travel for FREE. A companion rider must pay the same fare as the applicant.

After all sections below are filled out by the applicable person(s), mail the finished application to:

**Petersburg Area Transit
ATTN: Paratransit Supervisor
100 W Washington St
Petersburg, VA 23803**

Español

El servicio de paratransito es un servicio de transporte especializado para personas con discapacidades, personas mayores con discapacidades y otras personas que no pueden utilizar de manera independiente las rutas fijas de PAT.

Los sistemas de transporte público proporcionan el servicio de paratransito como parte de los requisitos de la Ley de Estadounidenses con Discapacidades (ADA, por sus siglas en inglés).

Para utilizar el servicio de paratransito de la ADA, primero debe estar certificado como elegible. Lea las siguientes instrucciones antes de completar el formulario de solicitud adjunto. Toda la información que proporcione se mantendrá estrictamente confidencial.

1. Responda COMPLETAMENTE todas las preguntas del formulario y devuélvalo al sistema de transporte. Las solicitudes incompletas no se procesarán y se devolverán para que sean completadas.
2. Su solicitud será revisada y se tomará una determinación de elegibilidad dentro de los 21 días posteriores a la recepción de una solicitud COMPLETA. La elegibilidad presunta se otorga a partir del día 22, a menos que la solicitud sea denegada por escrito. Recibirá una carta indicando si es elegible o no.
3. La elegibilidad para sus necesidades de viaje en Paratransit puede ser completa o condicional, dependiendo de la naturaleza de su discapacidad o de sus circunstancias.
4. Petersburg Area Transit, Paratransit, se reserva el derecho de tomar la determinación final sobre la elegibilidad de un solicitante.

NOTA:

"El uso de una silla de ruedas no implica elegibilidad automática. Por ejemplo, muchas personas que usan sillas de ruedas pueden utilizar los servicios de rutas fijas para muchos o todos sus viajes. La elegibilidad para el paratransito de la ADA no se basa en la edad, los ingresos ni en si una persona puede conducir o tiene acceso a transporte privado en automóvil."

¡Gracias!

Petersburg Area Transit: ADA PARATRANSIT ELIGIBILITY APPLICATION

[] New Application [] Recertification

Please write clearly. All questions MUST be answered.

PART A: APPLICATION DATA

1. Name _____ Birth Date ____/____/____

2. Street Address _____

City: _____ State: _____ Zip: _____

3. Home Phone: (____) _____ Cell Phone / Other: (____) _____

4. Emergency Contact: _____ Phone Number: (____) _____

5. Do you normally use any of the following mobility aids? Yes _____ No _____

____ Manual Wheelchair ____ Electric Wheelchair ____ Powered Scooter (3 or 4 wheels)

____ Walking Cane ____ White Cane (visually impaired) ____ Crutches ____ Walker

____ Service Animal ____ Portable Oxygen ____ Other: _____

Do you have a handicap ramp that meets Commonwealth of Virginia "Uniform State-Wide Building Code" requirements for wheelchair ramps? Yes _____ No _____

Total Weight of Person + Mobility Aid / Wheelchair _____ lbs. (cannot exceed 800 lbs. total)

6. Do you require a personal care assistant that you will provide (someone other than the operator of the passenger lift) to assist you to board, ride or disembark from an accessible Paratransit vehicle? Yes _____ No _____ Sometimes _____

6a. Please explain when an attendant is needed:

Petersburg Area Transit: ADA PARATRANSIT ELIGIBILITY APPLICATION

7. Can you read informational signs? Yes _____ No _____
8. Can you deal with unexpected situations / changes in routine? Yes _____ No _____
9. When you travel, can you move around by yourself? Yes _____ No _____
10. Can you ask for, understand, and follow directions? Yes _____ No _____
11. If you cannot climb the steps, can you hold onto the handrails and ride the lift up into the bus on a wheelchair-equipped bus? Yes _____ No _____
12. What weather conditions, if any, affect your ability to ride a regular fixed-route bus?
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13. All Paratransit riders are currently fare FREE until further notice. Rides were \$1.75 per one-way trip prior to the announcement of fare FREE services. You will be notified if, and when, fare prices go back into effect.

OFFICE USE ONLY

Submission Date: _____ Completion Date: _____

Approval Date: _____ Approval Letter Sent: _____

Denial Date: _____ Denial Letter Sent: _____

Denied By: _____ Identification Type: _____

Approved By: _____

Delayed Approval/Denial Notes: _____

Petersburg Area Transit: ADA PARATRANSIT ELIGIBILITY APPLICATION

Please write clearly. All questions Must be answered

PART B: FUNCTIONAL INFORMATION

1. Describe your physical, sensory and/or mental limitation that prevents you from using the regular fixed-route bus services.

2. Are your disabilities: ____ Permanent ____ Temporary ____ Variable Until ____

3. What is the maximum time period you can wait without support? ____ Minutes

Is this time period affected by extremes of hot or cold weather? Yes ____ No ____

If yes, please describe your situation below:

PART C: APPLICANT SIGNATURE

I hereby certify the information given in this application is correct:

Signature: _____ Date: _____

PART D: PERSON OTHER THAN APPLICANT COMPLETING FORM

Printed Name: _____

Address: _____

Phone Number: _____

Relationship to Applicant: _____

Sign: _____ Date: _____

(Signature of Person Completing Form for Applicant)

PART E: AUTHORIZATION OF PROFESSIONAL TO RELEASE PERSONAL INFORMATION

Incomplete forms will not be considered. A physician must verify your disability, prognosis, and date of occurrence. Verification can be obtained directly from your physician or from an agency that has a record of the physician statement on file. This information must be submitted with the application and written on the physician's official letterhead or on the Physician Verification or Disability Form. The information you provide is confidential. It will not be shared with any other organization except as allowed by the Virginia Freedom of Information Act.

Verification of Information: I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize Petersburg Area Transit to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of Paratransit eligibility. I also agree to submit myself to an in-person evaluation by PAT and/or its acting agent for determination of Paratransit eligibility.

I also certify that to be transported, my mobility device may not exceed a maximum of 800 lbs. total weight when occupied and fit into a designated space. (Example: body weight + chair weight cannot exceed 800 lbs. total.)

I hereby authorize the limited release of information to PAT Paratransit about my functional travel abilities. The information released will be used solely to determine my eligibility for ADA Paratransit Services.

THE APPLICANT MUST FILL OUT THIS SECTION.

Name of Professional: _____

Agency/Organization: _____

Phone Number: _____

Authorized Signature: _____

I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time. **THE APPLICANT MUST FILL OUT THIS SECTION.**

Name of Applicant (Print Please) _____ Date _____

Signature of Applicant _____

Note: Verifying "Professional" may be a rehabilitation specialist, disability evaluator, mental health case worker, physician, or other such individual knowledgeable of your disability or disabilities and functional travel abilities.

Physician Verification of Disability Form - Under the Americans with Disabilities Act of 1990 (ADA)

STOP STOP STOP STOP STOP STOP STOP

READ HERE -> Pages 8 & 9 are to be completed by the PHYSICIAN ONLY

Doctor: Please complete, sign, and mail this Verification of Disability form as soon as possible. Your patient is being considered for enrollment in Petersburg Area Transit Paratransit service. The information provided in this form is intended to verify any conditions/diseases that prevent your patient:

Patient First and Last NAME _____ from using standard public Petersburg Area Transit / fixed-route services.

Mail to Petersburg Area Transit, Attn: Paratransit Supervisor, 100 W. Washington St., Petersburg, VA 23803 or Fax to: 804-733-2468.

Does the patient use mobility aids? Yes ____ No ____

Explain:

If using a mobility aid, how far can the patient travel without help (one block = approx. 500 ft.)? ____ blocks

Patient DOB ____ / ____ / ____

Name of condition/disease: _____

Date of Onset: _____

Prognosis:

Will the patient require any assistance while traveling on our vehicle?

Does this patient have a **HEARING IMPAIRMENT**? Yes ____ No ____

Explain: _____

***** DOCTOR SHOULD CONTINUE TO NEXT PAGE *****

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In your professional opinion, does this person's disability prevent him/her from getting to or from, boarding, riding, or disembarking a regular fixed-route bus service? Yes ____ No ____

Please explain what prevents your patient from using regular bus service on a fully accessible vehicle (i.e., wheelchair-lift equipped, holding rails):

Does the patient require a travel aid or attendant? Yes ____ No ____

Explain:

Disability Status (select one):

____ Patient will be temporarily disabled.

Expected duration, please specify date range: _____ to _____

____ Patient is considered permanently disabled.

____ Patient is not disabled.

FOR VISUAL IMPAIRMENT

____ Right Eye ____ Left Eye

Please specify visual impairment:

My signature below certifies that the above information is accurate (**Must be signed by a licensed physician**):

Signature of Physician and Credentials (M.D., O.D.)

Date

Physician's Office Phone Number: (_____) _____

License Number (required): _____

State: _____