

ADA ELIGIBILITY APPLICATION



THE BUS provides complementary paratransit to eligible people living in or visiting the City of San Marcos.

Through our Complementary Paratransit services, THE BUS provides an equivalent accessible transportation option to people who are unable to use the fixed-route bus service because of a disability. THE BUS provides rides, from origin to destination, within the city limits of San Marcos.

Transportation services are accessed by completing this application and being certified through THE BUS, or if you are visiting from another area, by providing documentation of ADA certification from a transportation service in another area of the country.

Who should apply for ADA services?

- ▶ People who are unable to use the fixed-route public bus services because of barriers like steep stairs, busy intersections, hills, lack of curb cuts, lack of sidewalks, unavailability of a lift on a public bus, weather-related heat or cold, difficulty traveling along and/or recognizing new destinations.
- ▶ People with mobility impairments due to visual limitations, arthritis, spinal cord injury, or other physical and/or cognitive limitations that are a barrier to using fixed route services.

How do people apply for ADA services?

- ▶ Complete this application and **sign the Release of Information** section.
- ▶ Have your doctor, rehabilitation specialist, or other qualified health care provider complete and sign the professional verification section.
- ▶ Send the completed application to:

THE BUS
338 S. Guadalupe Street
San Marcos, TX 78666
Or Fax to: 512-805-0001

If you need an alternative format of this application or additional information, please contact us at (512) 805-7433 or donna@ridecarts.com.

If you have a **physical or functional disability, as defined by the Americans with Disabilities Act (ADA), which limits you from using fixed-route accessible buses**, you may be eligible for THE BUS Paratransit service. The information obtained in this certification process will be used to determine your eligibility. The information may be shared with other transit providers to facilitate your travel in other areas.

This application must be **filled out completely**, including the verification of eligibility by a qualified professional. Incomplete applications will be returned to applicants.

Step 1: Complete the General Information Section

NAME:

Last _____ First _____ MI _____

ADDRESS:

Street _____ City _____ State _____ Zip _____

PHONE:

Home _____ Work _____ Cell _____

DATE OF BIRTH:

___/___/___

EMERGENCY CONTACT:

NAME: _____ PHONE #: _____

ADDRESS: _____

Step 2: Information about your disability

- 1 What disability prevents you from using the Fixed Route Bus Service? Please specify all that apply. _____

- 2 How does your disability prevent you from using the Fixed Route Bus Service?

- 3 Please describe the area where you live (e.g., flat, very steep hill, long, gradual hill, etc.).

- 4 Are there sidewalks at your residence? _____ Is one needed? _____
- 5 What is the most difficult part of riding the bus for you? _____

- 6 What is the closest bus stop to your home? (Please give location) _____

In the next section, please check "YES", "NO", OR "SOMETIMES". If you answer "NO" or "SOMETIMES" to any of these questions, you must explain your answer in the space provided below the question.

7 Can you get to this bus stop by yourself? ___ YES ___ NO ___ SOMETIMES

8 Can you board the bus by yourself? ___ YES ___ NO ___ SOMETIMES

9 If vision-impaired, are you able to travel a distance of 200 feet without assistance?

___ YES ___ NO ___ SOMETIMES

10 Are you able to travel a distance of 3 blocks (1/4 mile) without assistance over different types of terrain?

___ YES ___ NO ___ SOMETIMES

11 Are you able to climb three 12-inch steps without assistance?

___ YES ___ NO ___ SOMETIMES

12 Are you able to cross: ___ 2-way stop ___ 4-way stop

___ YES ___ NO ___ SOMETIMES

13 Are you able to cross traffic light-controlled intersections in the following areas?

___ Residential ___ Semi-Business ___ Business

___ YES ___ NO ___ SOMETIMES

14 If you have a cognitive disability, are you able to give your name, address, and telephone number upon request? ___ YES ___ NO ___ SOMETIMES

15 Are you able to recognize your destination or landmark?

___ YES ___ NO ___ SOMETIMES

16 Are you able to deal with unexpected situations or unexpected changes in routine?

YES NO SOMETIMES

17 Are you able to ask for, understand, and follow directions?

YES NO SOMETIMES

18 Are you able to safely and effectively travel through crowded and/or complex facilities?

YES NO SOMETIMES

19 Do you use the Fixed Route buses now? If NO or SOMETIMES, what limits or prevents you from using the buses? (e.g. no sidewalks)

YES NO SOMETIMES

20 If you do not ride the fixed route buses, how do you currently travel? (e.g. family, friends)

21 Have you ever received any training to use the fixed route bus service? YES NO

If not, would you like to participate in training? YES NO

22 If you are visually impaired, have you received mobility training from another organization such as Texas Department of Assistive and Rehabilitative Services or ARCIL? YES NO

23 Do you use any of the following assistive devices? (Check all that apply)

Manual wheelchair—passenger is able to transfer to a seat

Passenger is not able to transfer to a seat without assistance

High Wheelchair

Long Wheelchair

Electric Wheelchair

Power Scooter

Walker (foldable)

Cane

Crutches

Guide Dog

Oxygen

APPLICANT AGREEMENT

I agree that, if I am certified for THE BUS Paratransit service, I will pay the exact fare, if required, for each trip. I agree to notify the office of any changes in my status which may affect my eligibility to use the service. I also understand that failure to adhere to the policies and procedures will be grounds for revoking my application and the right to participate in the program.

I understand and agree to hold THE BUS harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to equip or maintain the safety of the adaptive equipment or certified guide/service animal that I require for mobility. I have read and fully understand the conditions for service outlined in the Rider's Guide and agree to abide by them.

I hereby authorize the release of verification information and any additional information to THE BUS for the purpose of evaluating my eligibility to participate in the Program.

I certify that the information provided in this application is true and correct.

Signature

Date

If someone assisted you in completing this application, please provide their information and their signature below.

NAME: _____ DAYTIME PHONE #: _____

ADDRESS:

Street _____ Apt. # _____

City _____ State _____ Zip _____

Signature

Date

An Eligibility Specialist will review your application and may ask you additional questions. You may also be required to participate in an assessment in the community so we can further evaluate your functional abilities.

Health Care Professional Verification of Eligibility

ALL INFORMATION FOR VERIFICATION OF ELIGIBILITY MUST BE FILLED IN BY A QUALIFIED HEALTH CARE PROFESSIONAL.

PERSON COMPLETING VERIFICATION: _____

PROFESSIONAL TITLE: _____

AGENCY AFFILIATION: _____

STATE OF TEXAS CERTIFICATION ID# _____

BUSINESS ADDRESS: _____
Street Ste. #

City State Zip

BUSINESS PHONE NUMBER _____

What is the medical diagnosis that causes the disability?

Is this condition: Temporary_____ Permanent_____

If temporary, what is the expected duration? _____
Dates of Duration

I verify that the information provided above for verification is true and correct to the best of my knowledge.

Signature of Qualified Professional

Date

