



Calvert County Public Transportation ADA Para Transit Application



In compliance with the Americans with Disabilities Act of 1990 (ADA), Calvert County Public Transportation provides Para Transit service to persons determined as "ADA Para Transit Eligible" for those trips that cannot be made using the county bus service. This service is provided to individuals who, because of a disability, are prevented from using our standard bus service. This application form is intended to determine when and under what circumstances the applicant can use county buses and when ADA Para Transit service is required. Before completing this application, please read the information regarding this service completely as it describes eligibility for ADA Para Transit service in more detail and will give you a better understanding of our application process.

INSTRUCTIONS FOR COMPLETING THIS FORM:

- Be sure to read the attached information completely before completing this form.
- The applicant (or someone assisting them) must fully complete Parts 1-8. All questions must be answered or your application WILL be returned.
- A licensed physician must complete and sign the Medical Verification form at the end of the application.

If you have any questions or need assistance completing this form please contact Calvert County Public Transportation at (410) 535-4268 or (301) 855-1243 x2360

WHEN COMPLETED, PLEASE RETURN THE ENTIRE APPLICATION VIA MAIL OR FAX TO:

Calvert County Public Transportation
175 Main Street
Prince Frederick, Maryland 20678

FAX # (410) 535-4679

Thank you for inquiring about our ADA Paratransit service. Attached you will find important information regarding the application process and the eligibility requirements. ***Please read the following information carefully before completing the application.***

ADA Paratransit basic service provides curb-to-curb transportation to disabled citizens. On an individual, case-by-case basis, Calvert County Public Transportation will assist riders beyond the curb when riders need such assistance to travel from their origin to their destination. This service is provided to individuals who, because of a ***disability***, are ***unable*** to use our standard

bus service. This might include not being able to get to or from bus stops, not being able to get on or off buses, or not being able to understand how to ride and utilize the bus system. Calvert County Public Transportation will provide service to persons determined “ADA Para Transit Eligible” for those trips that cannot be made using the county bus service according to the regulatory definition of eligibility:

- The person is unable, as the result of a physical or mental impairment, and without assistance of another individual to board, ride or disembark from any vehicle on the system, which is readily accessible to and usable by individuals with disabilities. All riders who are using wheelchairs are to be accommodated by the paratransit system.
- The person with a disability is capable of using the system with the assistance of a wheelchair lift but the route they want to use is not 100% ADA accessible.
- The person with a disability has a specific impairment-related condition, which prevents such individual from traveling to a fixed route boarding location or from a disembarking location.

Temporary eligibility of ADA paratransit service will be allowed for those with a disability that is only temporary in nature. Temporary eligibility is established during the certification process.

In addition, if individuals who are determined to be ADA paratransit eligible can use fixed route service under certain conditions (for example, trips for which they have been trained to navigate or under certain variable conditions that affect an individual’s disability), the eligibility will be considered “conditional” and documentation which they are given will indicate the limitations/condition of their eligibility.

To enable us to accurately determine your eligibility for this service please fill out the following application as **completely and thoroughly as possible**. The questions are designed to assist us in determining the specific limitations you have in using the county bus service. They are also meant to determine when and under which circumstances you can use the county bus service or when the curb to curb or origin to destination service would be required.

After you have completed this application, please have your licensed physician complete the Medical Verification on the last page. It is very important that all of the sections of the application be completed in full. If any sections, questions or parts of questions are left blank, the form will be returned to you for completion. Information provided by you in this application will be kept strictly confidential.

Completed applications will be processed within 21 business days from the date your application was received. You will be notified by letter of your eligibility for ADA Para Transit service. Please note that in some instances we may not be able to determine your eligibility without further information. Material can also be provided in large print, and can be provided in other formats. If you find that you need another format of this application please call our office and we will send it out to you as soon as possible.

If you are determined to be eligible for ADA Para Transit service a letter stating your eligibility will be sent to you along with information about the service.

If it is determined that you are not eligible for the ADA Para Transit service we will notify you in writing of the exact reasons for this determination. If you would like to appeal that decision the applicant has 60 days to file a written appeal with CCPT, with the decision to be made by the CCPT Services Supervisor. Written appeals should be mailed to CCPT, 175 Main Street, Prince Frederick, MD 20678. The Transportation Supervisor has 30 days from the date of the appeal to render a decision. If a decision is not reached within 30 days, the applicant will be presumed eligible until a decision has been reached.

FOR OFFICE USE ONLY

Approved: Yes _____ No _____

Date Received: _____

Conditional _____ Unconditional _____

Date Approved: _____

Temporary _____ Permanent _____

Sections 1-8: TO BE COMPLETED BY THE APPLICANT PLEASE PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

PART 1 – GENERAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Phone # (_____) _____ - _____ Date of Birth: ____/____/____

Email: _____ Male _____ Female _____

Mailing Address (if different from your street address above):

City _____ State _____ Zip Code _____

PART 2 – APPLICANT’S CERTIFICATION

Please indicate below the reasons why you are seeking ADA Para Transit eligibility

I can use county buses to go some places, but in other places I cannot get to or from the bus stops.

I can use county buses sometimes, but only if the bus is equipped with a wheelchair lift.

Due to my disability, I can **never** use the Calvert County bus service.

PART 3 - VERIFICATION

I understand that the purpose of this application is to determine if there are times when I cannot use the county bus service provided by Calvert County Transportation and must therefore use the curb-to-curb service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that to my best knowledge the information provided in this application form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-evaluated as well as other actions by Calvert County Public Transportation. I also understand that should any of my information change during or after the application process I am required to notify Calvert County Public Transportation to determine if my eligibility needs to be re-evaluated at that time.

Applicant’s Signature: _____ **Date:** _____

PART 4 – INFORMATION REGARDING DISABILITY

Describe your disability and how you believe it limits your ability to use Calvert County Public Transportation Bus Service. Please be specific and explain completely.

How long do you expect the condition above to last?

Permanent Temporary If temporary, how long do you need service? _____

PART 5 – TRAVEL ASSISTANCE

If you are found eligible for our ADA Paratransit service we will use the following information to plan your trip properly and reserve the proper vehicle for your ride.

Please check if you use any of the following (check all that apply)

Manual Wheelchair Cane Service Animal

Power Wheelchair Crutches Type of Service Animal:

Powered Scooter/Cart Walker

Oxygen/Respirator

 I **do not** use any aids or equipment listed above

If you use a wheelchair, can you transfer to a seat with little or no help?

Yes No Sometimes

For your safety, comfort and convenience, please state the specifications of your wheelchair:

Length of wheelchair _____ inches Width of wheelchair _____ inches

Combined weight of you and your wheelchair _____ lbs.

NOTE: We will carry any wheelchair and its user as long as the lift can accommodate the size and weight of the wheelchair and its user and there is space for the wheelchair on the vehicle. If the vehicle ramp/lift and securement area can accommodate the mobility device, the county will transport the device and user.

Do you have a Personal Care Assistant (PCA) that travels with you? Yes or No

PART 6 – FUNCTIONAL ABILITY

Have you ever used the county route and shuttle buses?

- Yes, I typically use the county buses _____ times a week.
- Yes, I used to but I stopped because _____.
- No

Is there something that might help you to ride the county buses? (Check all that apply)

- Yes, route and schedule information
- Yes, learning to use the buses
- Yes, being able to get a lift-equipped bus
- Yes, a communication aid
- Yes, if bus stops were closer to where I live and where I need to go.
- No, none of the above would help.

Can you ask for and follow written or oral instructions to use the county buses?

- Yes
- No
- Sometimes
- I do not know because I have never tried to ride the county buses.

IF NO OR SOMETIMES, PLEASE CHECK ALL THAT APPLY:

- I get too confused and might get lost
- Other people cannot understand me
- I probably could with instruction
- Other: _____

Are you able to get to and from bus stops on your own?

- Yes
- No
- Sometimes
- I do not know because I have never tried

IF NO OR SOMETIMES, PLEASE CHECK ALL THAT APPLY:

- I can't get places if there are no curb-cuts
- I can't if the street or sidewalk is too steep
- I cannot cross busy streets and intersections
- I cannot travel outside when it is too hot
- I can't find my way at night because of a vision problem
- I get confused and cannot find my way
- I probably could with instruction
- I feel unsafe traveling alone.
- Other: _____

Using a mobility aid or on your own, how far can you travel?

I can get to the curb in front of my house/apartment.

I can travel up to 3 blocks (1/4 mile)

I can travel up to 6 blocks (1/2 mile)

I can travel up to 9 blocks (3/4 mile)

Can you wait up to 30 minutes for a county bus at a bus stop?

Yes

Yes, but only if the stop has a bench and shelter

Yes, but I don't like to wait that long

No (explain) _____

Can you climb three 12-inch steps without help?

Yes

No

Sometimes

Can you get on and off a lift-equipped county bus by either using the stairs or lift?

Yes

No

Yes with assistance

I do not know because I have never tried.

If you are physically able to get on and off the county buses, do you know where to get off the bus or can you find out by yourself?

Yes

No

Sometimes

I do not know because I have never tried

IF NO OR SOMETIMES PLEASE CHECK ALL THAT APPLY

I get confused and cannot remember where I am going.

I can if the driver calls out the stops

I probably could with training

Other: _____

Are there any other conditions that limit your ability to use the county buses?

Yes (please describe them below)

No

PART 7 – CURRENT TRAVEL INFORMATION
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Please list the three trips that you would most frequently make using ADA/Paratransit service.

	<u>From</u>	<u>To (Place and Address)</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

PART 8 – APPLICATION ASSISTANCE
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If you have completed this application for someone else seeking ADA/Paratransit eligibility please provide the following information: (Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone #: (____) _____ - _____ Email: _____

Signature _____ Date: _____

**MEDICAL VERIFICATION
TO BE COMPLETED BY LICENSED PHYSICIAN**

To qualify for the Calvert County Public Transportation (CCPT) ADA/Paratransit service, an individual must have a disability and be **unable**, as a result of a physical or mental impairment, to board, ride or exit from any accessible CCPT fixed-route vehicle. The fact that the applicant's medical condition makes using the public transportation more difficult **is not** a basis for eligibility for service. Therefore, please focus your response on the **functional ability** of the applicant. If a person is eligible for some trips but not others, please specify any limitations. If an individual has a temporary medical condition please provide information as to the duration of that medical condition. Low income is not a factor in determining an applicant's Paratransit eligibility.

Please print client's name and answer all questions completely in your professional opinion.

Client's Name: _____

Does this client have a need for curb-to-curb Paratransit service?

Yes No Sometimes

❖ **Please describe the applicant's disability?**

Can the client, with the assistance of a wheelchair lift or other boarding assistance device, board, ride and exit a CCPT bus? Yes No

The medical condition which prevents the applicant from using the system is expected to be: Permanent Temporary if temporary, please state expected duration: _____

Does the applicant's medical condition make it necessary that a Personal Care Assistant (PCA), anyone designated by the individual to help meet his or her personal needs, accompany the person when using ADA/Paratransit service? Yes No

I certify that the information I have submitted is my true and accurate medical opinion:

Printed Name of Physician/Healthcare professional

Signature of Physician/Healthcare professional

Address

City

State

Zip Code

Telephone

Fax