

GADSDEN TRANSPORTATION SERVICES
Application for
Americans with Disabilities Act (ADA) Eligibility Certification

Instructions to Applicant or Proxy:

- Please read the enclosed Paratransit eligibility criteria carefully. If you feel that you meet these criteria, please fill out the Applicant sections of this form.
 - Please be sure to print and complete all information requested and sign where appropriate.
 - Have the Professional Verification sections completed and signed by an approved health care professional**. All provided information will be verified and confirmed. You may attach supporting documentation if necessary.
- DART provides paratransit services in specially equipped vans to persons who cannot use the regular fixed route service. The following criteria must be met for ADA paratransit service eligibility according to 49 CFR 37.123:

1. Any individual with a disability who is unable, as the result of a physical or mental impairment, to use the fixed route system on their own (i.e. unable to “navigate the system “.
2. Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and the fixed route they need to use is not accessible
3. Any individual with a disability who has a specific impairment-related condition that prevents them from getting to or from a bus stop/station on the fixed route system.
4. Service is also available Seniors who cannot use the regular fixed route system.

Any false or misleading statements will be cause for revoking paratransit eligibility. Determination of paratransit eligibility is not based solely on the information provided in this application. The applicant may be required to participate in Functional Assessment and /or Travel Training programs to determine the best mode of transportation to be provided. The applicant will be notified by mail to schedule an appointment where necessary.

Incomplete or illegible applications will be returned. This will cause a delay of the Applicant's eligibility determination.

Federal guidelines (49 CFR 37.125) mandate that determinations for paratransit eligibility be made within 21 days from receipt of a completed application. Applicants will be granted presumptive eligibility if determination has not been made within 21 days of the submission of their completed application.

Alternative accessible formats of this application are available on request.

WHEN COMPLETED, PLEASE RETURN THIS FORM TO:

Gadsden Transportation Services/ADA
1699 Chestnut Street
Gadsden, AL 35901
Phone: 256-549-4863 or 256-549-4519
FAX: 256-549-4864

Applicant's Name

Please check which condition(s) prevents you from accessing a regular GTS fixed route bus.

None, I would like transportation assistance.

(Please complete section A only)

The bus stop is too far or the bus does not run where I need to go.

(Please Complete section B only)

My disability prevents me from using the regular bus system.

(Please complete section C and D only)

SECTION A

1. How do you currently travel to your destination?

GTS Trolley__ Taxi__ Drive yourself__ Other ____

2. Do you have friends or relatives who can take you? ____

3. Do you have weekly scheduled medical appointments (Such as dialysis, etc.)?

If yes, list : _____

4. How many medical appointments do you have a month? 1- 3__ More than 4__
more

5. Would you like to ride the bus with a provided bus pass? __Y or __N

6. Do you have any of the Following? (please check all that apply.)

(Information may be verified)

I am on portable oxygen.

I have vision impairment.

I am totally blind.

I need assistance walking.

I use a cane.

I need an escort

I must travel by wheelchair.

I use crutches.

I have a mental impairment.

I have a hearing impairment

I am legally blind.

I must travel by stretcher

I use a walker.

I have a service animal

I have a personal care attendant.

Other disability

If Other Disability give details _____

Applicant's Name

SECTION B

1. How far is the nearest bus stop? _____
2. How do you currently travel to your destinations?
GTS Trolley___ Taxi___ Drive yourself___ Other ___
3. Do you have any of the Following? (please check all that apply.)

(Information may be verified)

I am on portable oxygen.

I have a sight impairment.

I am totally blind.

I need assistance walking.

I use a cane.

I need an escort

I must travel by wheelchair.

I use crutches.

I have a mental impairment.

I have a hearing impairment

I am legally blind.

I must travel by stretcher

I use a walker.

I have a service animal

I have a personal care attendant.

SECTION C

Applicant's Name

Functional Ability Please

answer Yes or No.

Without the help of someone else, can you:

Board a lift-equipped bus? Y or N

Handle coins and tokens? Y or N

Read and hear directions? Y or N

Wait outside without support for ¼

Stand at a bus stop? Y or N

hour or more? Y or N Grip

handles and railings? Y or N

Balance while seated? Y or N

Travel to nearest bus stop? Y or N

Walk ¾ of a mile? Y or N

Say your address and phone number? Y or N

Cross a street? Y or N Safely

travel through crowded and/or complex facilities? Y or N

Understand directions? Y or N

Identify the correct bus? Y or N Recognize a destination or landmark? Y or N

Climb a 12-inch step? Y or N

If you answered No to any of the above, please explain. _____

List the conditions or elements preventing you from accessing a regular bus stop:

There are no curb cuts__ There are no sidewalks__ Ground is not level__

Slightly on an incline__ High levels of pollution__ Extreme weather__

Busy Intersection_ Other _____

Do you use any of these mobility aids or equipment? (Please check all that apply)

Portable Oxygen__

Service Animal __

Walker__

Crutches__

Stretcher__

Powered Wheelchair__

Scooter__

Leg Brace__

Manual Wheelchair__

Cane__

Other(specify) _____

I do not use any of these mobility aids or equipment. ___

NOTE: Mobility Devices: A 'wheelchair' is defined as a mobility aid belonging to any class of three (3) wheeled devices...whether operated manually or powered. DART operators will carry any wheelchair and occupant regardless of size and weight **if the lift and vehicle can physically accommodate them**, unless doing so is inconsistent with legitimate safety requirements.

Does your wheelchair/scooter meet the guidelines?

_Yes _ No

Do you have any of the Following? (Please check all that apply.)

_ I have a mental impairment.

_ I have a vision impairment.

_ I am legally blind

_ I am totally blind.

_ I have a hearing impairment.

_ I need assistance walking.

_ I have a personal care attendant.

_ I need an escort.

Applicant's Name

SECTION D

Professional Verification

Must be completed by a licensed professional

The applicant is requesting certification to use DART paratransit service. DART provides a curb-to-curb, shared ride transportation service for individuals with physical or cognitive disabilities who are unable to use or access the regular fixed route public transportation system.

Please complete the medical verification sections of this application. The information you provide must be based solely upon the applicant having an actual physical or cognitive limitation, which prevents the use of our bus service. The diagnosis of a potentially limiting illness or condition is not a sufficient determination for paratransit services eligibility.

Describe the applicant's disability? _____

Does this condition functionally prevent the applicant from using the regular bus service?

What other normal life functions are affected by the disability? _____

Is the applicant's disability: Permanent _____ Temporary _____

Signature _____ Date _____

Professional License Number: _____ State Issued: _____

Print Name _____

Title: _____

Business Address: _____

City State Zip Code
Phone Number: _____ Contact Person: _____

**** Health care professionals include but are not limited to the following: Clinical Social Worker, Independent Living Specialist, Occupational Therapist, Physical Therapist, Rehabilitation Specialist, Audiologist, Ophthalmologist, Physician, Registered Nurse, Psychologist, Psychiatrist**