

CHILlicothe TRANSIT SYSTEM

ADA Transportation Application

All questions must be answered before your application will be considered.

PART A. To be completed by applicant or on behalf of the applicant.

PLEASE PRINT

Applicant Male Female

Last Name _____ First _____ Middle _____

Residence Address: Street _____ Apt # _____

Development _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Please provide additional details regarding your address that will assist us in locating you. (Road name and/or directions, color of house, landmarks, name of nursing home, group home, etc.)

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Ext. _____ TTY () _____

Email Address (optional) _____

Date of Birth _____ Social Security Number _____

(Last four digits of Social Security number is the minimum required.)

Applicant Name _____ Birth Date _____

EMERGENCY CONTACTS (Required)

Primary Contact:

Name _____ Relationship _____
Home Phone () _____ Work Phone () _____ Ext. _____
Cell Phone () _____ TTY () _____
Email (optional) _____
Address _____

Secondary Contact:

Name _____ Relationship _____
Home Phone () _____ Work Phone () _____ Ext. _____
Cell Phone () _____ TTY () _____
Email (optional) _____
Address _____

Applicant Information:

- Are you a: Current Paratransit Rider New Applicant
- Do you need information given to you in any of the following formats?
Yes No

 ___ Large Print ___ Audio Tape ___ Braille
 Another language _____
 Other _____
- Which of the following condition(s), if any, prevent you from using the Fixed Route Service buses? **Check all that apply:**

 None Physical Visual
 Mental Illness Brain Injury Mental Retardation
 Deaf/Hard of Hearing Other _____

Briefly explain why this prevents you from using Fixed Route Service buses.

Applicant Name _____ Birth Date _____

4. Is your disability or health condition Permanent Varies Daily
Temporary; expected to last until _____

5. Please indicate the primary mobility aids you use when traveling in the community:
Check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> ___ Support Cane | <input type="checkbox"/> ___ Leg Braces | <input type="checkbox"/> ___ Picture Board |
| <input type="checkbox"/> ___ Long White Cane | <input type="checkbox"/> ___ Crutches | <input type="checkbox"/> ___ Alphabet Board |
| <input type="checkbox"/> ___ Service Animal | <input type="checkbox"/> ___ Walker | <input type="checkbox"/> ___ Powered Wheelchair |
| <input type="checkbox"/> ___ Hearing Aid | <input type="checkbox"/> ___ Prosthesis | <input type="checkbox"/> ___ Manual Wheelchair |
| <input type="checkbox"/> ___ Oxygen Tank | <input type="checkbox"/> ___ Hearing Device | <input type="checkbox"/> ___ Scooter |
| Other _____ | | <input type="checkbox"/> ___ None |

Note: The City of Chillicothe will transport all mobility devices that can be reasonably accommodated.

6. Can you climb three (11 to 15 inch) steps with a handrail, without assistance from another person? Yes No Sometimes
If no, why not? _____

7. Do you require a Personal Care Attendant (PCA) to help you travel? A PCA is a person specifically employed or designated to help with your daily living needs.
 Yes No Sometimes

8. Have you ever applied and been denied the use of Paratransit Service with the Chillicothe Transit System before?
 Yes No

If yes, how has your situation changed since you last applied? _____

9. Have you ever used the Fixed Route Service buses?
 Yes No

If yes, how has your situation changed since you last used the Fixed Route Service buses?

Applicant Name _____ Birth Date _____

10. Have you ever been instructed/trained how to use the Fixed Route Service buses?

Yes No

If yes,

When _____

Who did the training? _____

What was the outcome of the training? _____

11. Check the items listed below that might help you use the Chillicothe Transit System Fixed Route buses (regular city buses):

_____ Help with trip planning

_____ Wheelchair lift on the bus

_____ Help communicating

_____ Bus stops closer to my house

_____ Someone to teach me

_____ Accessible route to bus stops

12. What is the closest Fixed Route to your residence as listed on Page 1?

Route # _____

I don't know

13. If there are curb cuts available, are you able to get to and from a Fixed Route bus stop?

Yes No

If no, please explain _____

14. Are you able to cross any of the following streets?

Single Lane Yes No

Double Lanes Yes No

Four Lanes Yes No

Applicant Name _____ Birth Date _____

APPLICANT VERIFICATION

Application must be signed to be considered complete.

Applicant Signature

I understand that the purpose of this application form is to determine if there are times when I cannot use the Chillicothe Transit System Fixed Route buses and will require paratransit services. I understand that the information on this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I give permission for the Chillicothe Transit System staff to contact the professional who has filled out this application or given supplemental verification of my condition.

Applicant Signature **X** _____ Date _____

Print Name _____

Person completing this form if other than Applicant (check one):

- I certify that the information in this application is true and correct based upon the information given to 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 or I have legal authority to complete this application.

Print Name _____ Day Phone () _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

Relationship to Applicant _____

Agency Name _____

**Please return your completed application to:
Chillicothe Transit System
575 East 7th Street
Chillicothe, Ohio 4601
Fax: (740) 773-2817**

Applicant Name _____ Birth Date _____

**PART B: ADA ELIGIBILITY INFORMATION
HEALTH CARE PROFESSIONAL
VERIFICATION FORM**

APPLICANT _____ Birth date _____

To the Applicant: Sign below to allow the release of information from the physician who will be filling out this form.

I hereby request that information pertaining to my limitations that prevent me from using Fixed Route buses be released to the Chillicothe Transit System for further determination of my ADA paratransit eligibility.

Signature **X** _____ Date _____

Applicant: Please do not write below this line

This portion of the application must be filled out by a physician who is knowledgeable about the applicant's disability and their limitations.

(Application with illegible or incomplete information will be returned)

1. Indicate nature of applicant's disability (check all that apply)
- Impaired or assisted ambulation: Specify mobility aid: _____
 - Arthritis: Specify extremity: _____
 - Cerebrovascular Accident
 - Pulmonary: Does applicant travel with Portable Oxygen Tank? Yes No
 - Neurological Handicap (Specify) _____
 - Cardiac
 - Kidney Disease Dialysis
 - Legally Blind Severely Visually Impaired
 - Alzheimer's Dementia
 - Mental Retardation (indicate one) Moderate Severe Profound
 - Cerebral Palsy
 - Autism
 - Deaf/Hard of Hearing
 - Seizures: Specify nature of: _____
 - Mental Illness (Specify type): _____
 - Other _____

Applicant Name _____ Birth Date _____

This portion of the application must be filled out by a physician who is knowledgeable about the applicant's disability and their limitations.

2. A. In your professional opinion is the applicant able to use a lift equipped Fixed Route bus?
- Yes Yes with training No

If your answer is no, please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using a lift equipped Fixed Route bus:

3. What is the expected duration of the applicant's disability?
- Permanent Temporary; Expected duration: _____

This section must be completed or application will be returned.

I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

Signature _____ Date _____

Print Name _____

Professional Title _____

Clinic/Agency _____

Address _____

Phone _____

Please return your completed application to:

Chillicothe Transit System
575 East 7th Street
Chillicothe, Ohio 45601
Fax: (740) 773-2817

If you have any questions on completing the application, contact:

Transit Director
(740) 773-1569

ADA Transportation Application

Thank you for your interest in Chillicothe Transit System transportation services.

There are two types of public transportation available in the City of Chillicothe, Ohio:

Fixed Route Service (regular city buses) provide service at designated bus stops along specific routes on set schedules. All buses now have features to make riding easier for people with disabilities, including wheelchair lifts.

ADA Paratransit Service (door to door) is a shared-ride public transportation service for people whose disability prevents them from using Fixed Route Service. You must call in advance to make a reservation to travel.

If your disability/medical condition or system accessibility/environmental barriers, prevents you from using Fixed Route Service, you may be eligible for Paratransit Service some or all the time. If your disability just makes using Fixed Route Service more difficult or inconvenient, you may not be eligible for Paratransit Service under the Americans with Disabilities Act (ADA). Your ability to ride Fixed Route buses will be evaluated using this application, and in some circumstances, an In-Person Interview.

What is the American with Disabilities Act (ADA)?

The Americans with Disabilities Act (ADA) is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life.

Under the ADA, Fixed Route service is to be the primary means of public transportation for everyone, including people with disabilities.

Travel Training

Chillicothe Transit System offers free one-on-one or group training to teach people with disabilities how to ride Fixed Route buses. If interested, you may call one of our travel trainers for more information at (740) 773-1569.

Paratransit Service is intended as a safety net only for those people whose disabilities prevent them from using Fixed Route Service.

IMPORTANT: Medical condition or eligibility for other disability programs does not necessarily qualify you to use Paratransit Service.

The Application Process

All information you supply is confidential and will only be used to help determine if you can ride Fixed Route Service buses or if you are eligible for Paratransit Service.

To assist with a proper evaluation of your ability to ride Fixed Route Service buses and/or your need for Paratransit Service, you may be scheduled for an In-Person Interview. This interview will give applicants an opportunity to present issues in “their own words.” It will also provide an opportunity to ask follow-up questions to have a clear understanding of the abilities and needs of the applicant.

An In-Person Interview will be scheduled if it is determined that the Fixed Route Service buses may meet some or all your transportation needs. A thorough review of the routes needed to meet your needs will be conducted, including an analysis of the accessibility of the routes and stops, as well as the environmental barriers that may exist. An In-Person Interview may also be conducted if a determination of eligibility cannot be made based on the application alone.

The following action on your part will help speed the process. All questions in Parts A & B must be answered for your application to be considered complete.

You will be notified whether you are eligible for Paratransit Service within 21 days. If you are not eligible, information regarding how to appeal will be sent to you. In addition, information about travel training or other travel options will be included. If you are interested, you may contact a travel trainer.

If you have any questions, need an application, need help filling out this application, or need an alternative format, please contact a travel trainer at 740-773-1569. You may also attain an application from the City of Chillicothe website located at <http://chillicothe.com>

Please return your completed application to: Chillicothe

**Transit System
575 East 7th Street Chillicothe,
Ohio 45601
Fax: (740) 773-2817**

NOTE: Please do not mail the application if you have already faxed it.

PLEASE READ:
Rules for ParaTransit Service

Due to the great demand of our ParaTransit Service (Disabled/Senior Citizens) bus, we need to inform the passengers of the following rules. By following these we will be able to operate efficiently and continue to provide a much-needed service.

1. **Reservations need to be made at least one day in advance.** Appointments can be made up to two weeks in advance. Same day trip requests will be accommodated when possible.
2. A ParaTransit application must be approved and on file at Chillicothe Transit System before the service can be used. Anyone over 65 years of age is automatically eligible. If you have a disability, we must have a disability statement (part of the application) signed by a medical professional on file at the Transit System.
3. The fare is \$1.00 per **EACH** destination stop. Your ADA card is **not** a bus pass and is not a replacement for the fare.
4. If you purchase a monthly pass, it must be shown to the driver with each boarding.
5. Drivers will assist in carrying packages (groceries, etc.) to the door of your destination. Drivers will **NOT** go into the residence or place of business. There is a limit of **four plastic bags, two paper bags, or four recyclable bags.**
6. Please expect your bus to arrive up to **15 minutes before or after** your scheduled pick-up time.
7. **The bus will wait not more than 5 minutes after arriving before departing.**
8. If you need to cancel your appointment, PLEASE do so as far in advance as possible. Doing this will better accommodate others who need the service.
9. Drivers will not take wheelchairs up and down steps.
10. If your application for service states that you need a Personal Care Attendant (PCA), then you are responsible for providing the PCA. CTS does not provide PCA's.
11. We are a Door-to-Door service. The driver **cannot** assist you into your destination or home.