



Application for Certification of ADA Paratransit Eligibility - PART A

Dear Customer:

Thank you for inquiring about applying for Fort Smith Transit System ADA Paratransit eligibility. If you have a disability or health condition that prevents you from sometimes or always using Fort Smith Transit fixed-route bus service, you may be eligible for ADA Paratransit. Enclosed is a copy of an Application for Certification of ADA Paratransit Eligibility, as well as information outlining the certification process.

Please read the following carefully before completing the application.

The Americans with Disabilities Act (ADA) of 1990 requires public transit agencies to provide Paratransit service to people with disabilities who cannot access the regular fixed-route bus service due to their disability or functional limitation. All Fort Smith Transit buses are equipped with ramps and are accessible to individuals with disabilities.

ADA Paratransit is a service provided to individuals who are unable to use a fixed-route bus service because of a disability or functional limitation. An inability to use a fixed-route bus service may include being unable to travel to or from bus stops, board or exit buses, or understand how to ride and use the bus system.

A disability does not guarantee eligibility for ADA Paratransit. Your disability must impact your ability to board, ride, and exit a fixed-route bus.

There are three types of eligibility:

- **Conditional Temporary:** You are able to use the fixed-route bus sometimes and need Paratransit sometimes. The functional limitation is expected to improve.
- **Conditional Permanent:** you are able to use the fixed-route bus sometimes and need Paratransit sometimes. The functional limitation will not improve and may become worse.
- **Unconditional:** You cannot use the fixed-route bus due to functional limitation

To enable us to accurately determine your eligibility for this service, please complete the enclosed application as completely and accurately as possible. The questions are meant to determine the circumstances under which you can use fixed route or Paratransit services.

If you need assistance completing the form, or have any questions, please contact the Fort Smith Transit office at 479-763-6464. Upon request, this letter and application are available in large print and other alternative formats. After you have completed "Part A" of this application and signed, please complete "Part B" with your licensed health care or rehabilitation professional information and sign the last page. **The application must be returned no later than 21 days after receipt. If any sections are left blank, the application will be returned to you.** Temporary presumptive ADA eligibility will be granted until approval of the final certification.

Following the next Operations Committee meeting, you will then be notified in writing of your eligibility status. If it is determined that you are able to use Fort Smith Transit fixed-route bus service, and are therefore ineligible for ADA Paratransit, you will be notified of the reason(s) for this determination. You may appeal this decision in writing. Appeals will be accepted within 60 days from the date on the eligibility determination letter.

However, ADA Paratransit service will not be provided during the appeal process, unless the appeal process cannot be concluded within 30 days. Eligibility for ADA Paratransit is granted for a period of up to three (3) years, regardless of the permanence or temporary nature of the functional limitations.

Please Return the Application to:

Fort Smith Transit

6821 Jenny Lind Road

P.O. Box 1908

Fort Smith, AR 72902

(479) 783-6464

Fax: (479) 788-6525

Toll-Free (877) 335-9555

Arkansas Relay Services for the Hearing Impaired 7-1-1



This application should only be completed if you have a disability or health condition that prevents you from sometimes or always using Fort Smith Transit fixed-route bus service.

Persons completing this application will be considered for ADA Paratransit.

Information about disability or health conditions will be kept strictly confidential.

(This section must be completed by all applicants – Part A)

Name *

First Name Middle Initial Last Name

Home Address *

Street Address

Street Address Line 2

City State / Province Postal / Zip Code

Same as Mailing Address? * YES NO

Phone Number *

Home Phone Cell Phone

Has someone assisted you with completing this application? * YES NO

Representative Name *

First Name Last Name

Representative Phone Number *

Work or Home Phone Cell Phone

In case of emergency:

Please provide pertinent information for two people ADA Paratransit can contact. This can be a friend, relative, or support professional familiar with your disability.

Name *

First Name

Last Name

Home Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Work or Home Phone

Cell Phone

Relationship to Applicant * _____

Name *

First Name

Last Name

Home Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Work or Home Phone

Cell Phone

Relationship to Applicant * _____

1. What is the disability or health condition that prevents you from using Fort Smith Transit fixed-route buses? Please describe all disabilities or health conditions that affect your travel. *

2. How does this disability or health condition prevent you from using Fort Smith Transit fixed route service? Please explain completely. Use additional sheets if needed. *

3. Do you use any of the following mobility or healthcare aids? (Check all that apply) *

- | | |
|--|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Services Animal (<i>not including emotional support animals</i>) |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> No, I do not use any mobility aids |
| <input type="checkbox"/> Other: _____ | |

4. Do you ever need to bring someone else with you to help you when you travel? (Example: “a personal assistant” or “personal attendant”) *

- No
- Yes, Always
- Yes, Sometimes

5. Without the help of someone else, can you ...

a. Request and understand written or spoken instructions? *

- Always
- Sometimes
- Never
- Not Sure

b. Cross streets and intersections? *

- Always
- Sometimes
- Never
- Not Sure

c. Stand for 10 minutes if there is no place to sit? *

- Always
- Sometimes
- Never
- Not Sure

d. Step on and off a sidewalk from the curb? *

- Always
- Sometimes
- Never
- Not Sure

e. Find your own way to the bus stop if someone shows you the way once? *

- Always
- Sometimes
- Never
- Not Sure

f. Walk up and down three steps if there is a handrail? *

- Always
- Sometimes
- Never
- Not Sure

g. Stand on a moving bus holding onto a handrail? *

- Always
- Sometimes
- Never
- Not Sure

h. Transfer from one fixed route bus to another? *

- Always
- Sometimes
- Never
- Not Sure

i. Ride fixed-route buses if there were a seat or shelter at bus stops? *

- Always
- Sometimes
- Never
- Not Sure

6. Under the best conditions, what is the farthest you can walk (or travel using your mobility aid) without the help of another person? *

- Less than 1 block
- 1 block
- 2 blocks (1/4 mile)
- 4 blocks (1/2 mile)
- 6 blocks (3/4 mile)
- More than 6 blocks
- I cannot travel alone at all

7. If Fort Smith Transit offered free instructions on learning how to ride the fixed-route buses, would you be interested in this type of training? *

- Yes
- No

8. Do you use a wheelchair or scooter? *

Yes

No

9. List your 4 most frequent destinations and how you currently get there: *

A. _____

B. _____

C. _____

D. _____

10. List places you would like to go but cannot currently access: *

A. _____

B. _____

C. _____

D. _____

Is there anything else you want to tell us about your disability or health condition that might help us to better understand your travel abilities and limitations?

I understand that the purpose of this form is to determine if I am eligible to use ADA Paratransit Services. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a review of my eligibility and possible loss of ADA Paratransit Services. I agree to notify Fort Smith Transit if I no longer need to use ADA Paratransit Services.

Applicant Signature

Date

Signature of Representative

Date



Application for Certification of ADA Paratransit Eligibility - PART B

This application has two parts. PART A is completed by the applicant. PART B is provided for your licensed health care or rehabilitation professional that is familiar with your disability or health condition and your functional abilities. That individual may be asked to confirm the information you provided in PART A, and that you are unable to access Fort Smith Transit fixed-route bus services due to:

- Conditions that prevent you from getting to or from a Fort Smith Transit fixed-route bus stop, or transferring between vehicles and/or
- Conditions that prevent you from being able to get on, ride, or get off a bus with a ramp

Licensed Health Care or Rehabilitation Professional's Name *

First Name

Last Name

Licensed Health Care or Rehabilitation Professional's Office *

Office Name

Office Address

Address Line 2

City

State / Province

Postal / Zip Code

Office Phone

Email

Authorization for Release of Information

I authorize the professional who has completed Part B of this application to release to Fort Smith Transit information about my disability or health condition and its effect on my ability to travel on the Fort Smith Transit bus service. I understand that I may revoke this authorization at any time.

I, the applicant, understand that the purpose of this application is to determine my eligibility to use ADA Paratransit. I agree to release the information requested to Fort Smith Transit System, and any eligibility review panel, and understand that the information contained herein will be treated confidentially unless otherwise required by law. I understand further that Fort Smith Transit reserves the right to request additional information at its discretion. I agree to notify Fort Smith Transit of any changes in the status of my disability that affect my ability to use the ADA Paratransit service. I also understand that this may affect my eligibility as a rider.

Applicant Signature

Date