

TERRE HAUTE TRANSIT UTILITY

APPLICATION FOR CERTIFICATION OF AMERICANS WITH DISABILITIES ACT (ADA) PARATRANSIT ELIGIBILITY

This form is for use by persons who wish to apply for eligibility for the Terre Haute Transit Utility ADA Paratransit service or "Wheels to the World". Individuals with disabilities which prevent them from being able to use regular transit fixed routes may be able to use the Wheels to the World service. All Terre Haute Transit Utility service is accessible to individuals with disabilities, and all buses are equipped with wheelchair lifts. The information obtained in this certification process will only be used by the Terre Haute Transit Utility for the provision of transportation services. This application is available in alternative formats upon request. If you need assistance, please call (812) 235-0109 or TDD (812) 478-0192. All information contained in this application will be kept confidential.

HOW TO APPLY FOR PARATRANSIT ADA ELIGIBILITY:

1. Read the brochure entitled *Wheels to the World How to Ride Guide*, which is available from Terre Haute Transit Utility.
2. Fill out Part A of this application if you believe you qualify.
3. Take or send the application (Parts A and B) to your health care professional to have Part B completed. Both Part A and Part B must be completed in order for your application to be considered.
4. Mail the completed application (Parts A and B) to Terre Haute Transit Utility, 901 S. 14th St., Terre Haute, IN 47807, or fax at (812) 232-3533.

Failure to completely fill out the application will delay the application process.

Terre Haute Transit Utility will notify you of your eligibility within 21 days of submitting your completed application. If you have not received notification of your eligibility within 21 days, call (812) 235-1019 or TDD (812) 478-0192. If a determination of your eligibility has not been made, you will be temporarily eligible for paratransit service.

If you qualify for the Terre Haute Transit Utility ADA Paratransit Service but reside outside the paratransit service area, you may still use the service for trips that start and end in the paratransit service area. It is the responsibility of the person who wants to use paratransit service to arrive within ¾ mile of the service area. (For further information, see the *Wheels to the World How to Ride Guide*).

If you are denied eligibility, you have a right to appeal. Information on the appeals process will be sent to you. Call (812) 235-0109 or TDD (812) 478-0192 for more information.

You may qualify for reduced fares on Terre Haute Transit Utility fixed route service even if you do not qualify for paratransit service. Call (812) 235-0109 or TDD (812) 478-0192 for more information.

WHO QUALIFIES: Under the ADA regulations, there are three categories of persons who are eligible for ADA Paratransit. Any individual with a disability qualifies who:

1. Is unable, as the result of a physical or mental impairment, to get on, ride, or get off an accessible vehicle on the public transit system; or
2. Needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to get on, ride, and get off an accessible vehicle BUT such a vehicle is not available on the route when the individual wants to travel/ or
3. Has a specific impairment-related condition (including vision, hearing or impairments causing disorientation) which prevents travel to or from the transfer center or stop on the system.

As you answer the following questions, please keep in mind that you may be able to use Terre Haute Transit buses operating on fixed routes. All Terre Haute Transit Utility buses have wheelchair lifts to assist individuals with disabilities.

PART A – FOR THE APPLICANT TO COMPLETE

1. Name _____
Address _____
City _____
State _____ ZIP _____
Home Telephone Number _____
Other Daytime Telephone Number _____
TDD (if applicable) _____
Date of Birth _____

2. In case of an emergency, is there someone in the local area who should be notified (family, friend, neighbor, case worker, etc.)?

☐ Yes ☐ No

Name _____
Daytime Telephone Number _____
Relationship to the Applicant _____

3. If you are not the applicant but have completed this application on the applicant's behalf, you must provide the following information:

Your Name _____
Address _____
City _____ State _____ ZIP _____
Daytime Phone Number _____
Relationship to Applicant _____

4. Describe your disability and explain in detail how it prevents you from using our fixed route transportation. (Please provide any information that would help.)

5. Is your condition ...

☐ Permanent? ☐ Temporary? Expected duration: _____

6. Do you use any of the following mobility aids? ☐ Yes ☐ No

If yes, check all that apply:

☐ Manual Wheelchair

☐ Service animal

☐ Cane

☐ Powered Wheelchair

☐ White Cane

☐ Powered Scooter

☐ Prosthesis / Braces

☐ Walker

☐ Crutches

☐ Other _____

7. Do you require a Personal Care Attendant (someone to assist you) when you travel? ☐ Yes ☐ No

If yes, please complete the following

Personal Care Attendant Name _____

Address _____

City _____

State _____ ZIP _____

Home Telephone Number: _____

Other Daytime Telephone Number: _____

8. Are you able to travel to the nearest bus route or the transfer station at 8th Street and Cherry?

☐ Yes

☐ No Please explain: _____

9. Are you able to wait along a bus route or at the transfer station at 8th Street and Cherry?

☐ Yes

☐ No Please explain: _____

10. Are you able to identify the correct bus?

☐ Yes

☐ No Please explain: _____

11. Are you able to independently climb 3 steps?

☐ Yes

☐ No Please explain: _____

12. Are you able to handle/grasp coins (pay fare), tickets, railings, handles?

☐ Yes

☐ No Please explain: _____

13. Are you able to keep balance while seated on a moving vehicle?

☐ Yes

☐ No Please explain: _____

14. Are you able to read, hear, understand and/or process information, schedules, or directions which are needed to make necessary decisions during a trip?

☐ Yes

☐ No Please explain: _____

15. Are you prevented from traveling to or from a boarding location for one or more of the following reasons?

☐ Inability to negotiate over curbs or uneven sidewalks

☐ Extreme sensitivity to climatic conditions

☐ Allergic/environmental sensitivities

☐ Hyper-fatigue, frailty

☐ Inability to cross busy intersections

☐ Other reasons _____

Please explain all checked boxes. _____

The REQUEST FOR PROFESSIONAL CERTIFICATION (Part B attached) must be filled out by an appropriate health care professional.

WHO CAN CERTIFY: If your disability prevents you from using fixed route service, one of the following health care professionals, as appropriate to your case, may be able to certify you as ADA eligible.

16. The following health care professional is authorized to provide information to Terre Haute Transit Utility that is required to complete this certification, including Part B, and any clarifications required by Terre Haute Transit Utility.

(Clearly print the name of the health care professional who will be certifying your application and check the type of health care professional he or she is.)

Health Care Professional's Name _____

- | | |
|--|--|
| <input type="checkbox"/> Licensed physician | <input type="checkbox"/> Certified audiologist |
| <input type="checkbox"/> Licensed physical therapist | <input type="checkbox"/> Certified psychologist |
| <input type="checkbox"/> Certified rehabilitation specialist | <input type="checkbox"/> Nurse (LPN or RN) |
| <input type="checkbox"/> Licensed social worker | <input type="checkbox"/> Registered occupational therapist |
| <input type="checkbox"/> Licensed optometrist | <input type="checkbox"/> Certified speech pathologist |

17. I hereby certify that to the best of my knowledge the information given above is correct and I authorize the health care professional named in item #16 to provide information to Terre Haute Transit Utility.

Signature of Applicant _____

Date _____

WHEN YOU HAVE COMPLETED PART A.

Take or mail Parts A and B to the health care professional named in item #16.

When Part B has been completed mail Parts A and B to Terre Haute Transit Utility, 901 S. 14th St., Terre Haute, IN 47807, or fax at (812) 232-3533.

PART B – REQUEST FOR PROFESSIONAL ADA CERTIFICATION

You are being asked by the applicant named in Part A to provide information regarding his/her ability to use our transit services. The Terre Haute Transit Utility systems will provide paratransit services to persons who cannot use fixed route transit services. The information you provide will allow us to evaluate the request and to provide service for specific trip requests. Thank you for your cooperation in this matter.

To qualify for paratransit service, the applicant must be unable to use regular transit fixed route service due to a physical or mental disability. All Terre Haute Transit Utility buses have wheelchair lifts.

Individuals qualify for paratransit service if:

1. as a result of their disabilities, they cannot get on, ride, or get off a lift-equipped fixed route bus and/or
2. they have specific impairment-related conditions which prevent them from getting to or from a fixed route bus stop or the transfer station located at 5th St. & Wabash Av.

Please note: Please be certain to base your evaluation solely upon the applicant's ability to use regular transit. This does not include persons who find it uncomfortable or difficult to get to and from fixed route bus stops or the transfer station. Your certification should consider only the presence of a disabling condition.

CERTIFICATION PROCESS:

These are the steps of the certification process.

1. The applicant (or representative) has completed Part A. Please read Part A in its entirety.
2. In completing Part B, please follow the listed criteria.
3. You may be contacted if any questions remain.
4. The application must be filled out COMPLETELY or it will not be processed.
5. Return the completed application to the applicant within 7 days of receipt. The applicant will mail the entire application to the Terre Haute Transit Utility. You may also fax the completed application to our office at (812) 232-3533.
6. A determination of the applicant's eligibility will be made by Terre Haute Transit Utility within 21 days following receipt of the application.

If you have any questions, you may call Terre Haute Transit Utility at (812) 235-0109.

1. I agree with the information supplied by the applicant in Part A. ☐ Yes ☐ No

If no, please explain:

2. Condition causing disability: _____

3. Severity: ☐ Mild ☐ Moderate ☐ Severe ☐ Profound

4. Expected duration of disability:

- ☐ Temporary: Expected duration until ____/____/____
- ☐ Long-Term: Conditions with potential for improvement or long periods of remission.
- ☐ Permanent: Conditions with no expectation of improvement.

6. Is there any other effect(s) of the disability that Terre Haute Transit Utility should be aware of? If so, please provide the information here.

7. CONCLUSION:

There are three categories of eligibility described on page one of this application. You may conclude that the applicant can be included in one of these categories, or that he/she is not eligible for the Terre Haute Transit Utility paratransit program. (Please check the boxes that apply.)

It is my professional opinion that the applicant, _____, has a disability and the applicant _____ (print name of applicant)

(check all that apply):

- ☐ has a specific impairment-related condition which prevents the applicant from traveling to or from the transfer center or fixed route bus stops.
- ☐ needs the assistance of a wheelchair lift and is able, with such assistance, to get on, ride, and get off vehicles independently.
- ☐ is able to travel on a paratransit vehicle only if a personal care attendant rides with him/her.
- ☐ is able to travel on a fixed route system and does not need paratransit services.

8. I hereby certify that the above information is true.

Signature / Date

Print Name

Street Address

City / State / Zip

(_____) _____
Telephone Number

License/Certification Number

State

9. Profession (check one):

- | | |
|--|--|
| <input type="checkbox"/> Licensed physician | <input type="checkbox"/> Certified Audiologist |
| <input type="checkbox"/> Licensed physical therapist | <input type="checkbox"/> Certified psychologist |
| <input type="checkbox"/> Certified rehabilitation specialist | <input type="checkbox"/> Nurse (LPN or RN) |
| <input type="checkbox"/> Licensed social worker | <input type="checkbox"/> Registered occupational therapist |
| <input type="checkbox"/> Licensed optometrist | <input type="checkbox"/> Certified speech pathologist |

THANK YOU FOR YOUR ASSISTANCE!

Please return this application to the person seeking ADA certification, or if both Parts A & B are completed, you may fax it to our office at (812) 232-3533 or mail it to:

**Terre Haute Transit Utility
901 S. 14th St.,
Terre Haute, IN 47807**