

ACCESS ADA COMPLEMENTARY PARTRANSIT APPLICATION—INSTRUCTIONS

Dear Access Applicant:

Thank you for inquiring about applying for The City of High Point's Access ADA complementary paratransit service. Access ADA complementary paratransit is the City of High Point Transit System's ride sharing program for eligible riders that have a disability that sometimes or always prevents them from riding the fixed route bus.

Please read these enclosed materials carefully before completing the application.

- **High Point Transit System (HPTS) fixed route bus (regular) services:** All our buses are equipped with ramps for people who use wheelchairs or scooters. All our buses also have a “kneeling” feature that lowers the bus closer to the ground to help people who have difficulty climbing stairs or stepping up. There is priority seating behind the bus driver for people with disabilities and seniors. Stops are announced through the automated talking bus feature. Elderly and disabled passengers may qualify for half fare on the regular bus service, HPTS. If you are 60 years old or older (with proper ID), have a red/white/blue MEDICARE card or have a reduced fare card issued by HPTS or from another transit system, you will automatically receive reduced fare by showing your ID to the driver when boarding the bus. If you are disabled, making it more difficult for you to ride the bus and would like to request a half-fare application, contact our office at 336-889-7433 or you may obtain the application from www.highpointnc.gov/transit.
- **Travel training:** HPTS offers assistance and training to those interested in learning how to ride the fixed route buses. This training is free. Please contact our office at 336-889-7433 if you would like to learn how to ride High Point's buses.

What You Should Know About This Program:

- Access ADA complementary paratransit serves riders who travel within a ¾ mile corridor of the HPTS non-commuter fixed bus routes.
- The current price for Access is \$2.50 for a one-way trip. Fares may be paid with exact cash or Access tickets. Fares are collected by the driver and must be paid prior to riding the van. Access drivers do not make change.
- Passengers who use wheelchairs or scooters must have a ramp if there are stairs present. Drivers will not “bump” passengers up/down stairs or in/out of houses.

Eligibility:

- Individuals who can access HPTS's regular fixed route bus service may not be eligible for Access service. Individuals applying for this service must be unable to access the fixed route services due to conditions which prevent them from getting to/from a HPTS fixed route bus stop and/or conditions which prevent them from being able to get on, ride, or get off an ADA accessible, ramp-equipped, kneeling vehicle.
- Simply having a disability does not guarantee eligibility.

- An individual for whom performing these tasks is inconvenient or uncomfortable is not a definition for needing this service.

There are four (4) types of certification granted to eligible Access clients:

- **Unconditional Certification**—the individual has a disability or health condition that always prevents the use of HPTS’s fixed route buses and Access service is provided for all trips.
- **Conditional Certification**—the individual can use or learn to use HPTS’s fixed route buses but their disability or health condition prevents some travel on the bus. Access maybe provided on trips where the individual is unable to take the bus.
- **Permanent Certification**—the individual has a permanent disability and/or health condition that will not improve.
- **Temporary Certification**—the individual has a specific short-term disability or health condition that prevents them from using HPTS’s fixed route buses.

Eligibility for High Point Transit System Paratransit services (Access) is granted for a period not to exceed three (3) years, unless an individual is granted permanent certification.

To enable us to accurately determine your eligibility for this service, **please complete the enclosed application as completely and accurately as possible.** Completed applications should be returned to

Access ADA Complementary Paratransit
 716 W MLK Drive
 High Point, NC 27262
 Fax: (336) 883-0399

The application has two parts and both must be completed and turned into the Access office. Incomplete applications will be returned to the applicant. The questions are meant to determine the circumstances under which you can use fixed route or Paratransit (Access) services. Upon request, this letter and application are available in large print, and other alternative formats.

Part “A” should be filled out completely by the applicant or the applicant’s representative. This should be filled out and signed by the applicant or if the applicant is less than 18 years of age or unable to sign, the applicant’s guardian or anyone who assisted in completing the form.

Part “B” is the Professional Verification Form. The applicant should complete the authorization for release of information form and then send the release form and Part B to a professional familiar with the applicant’s disability. Professionals include, but are not limited to, the following:

Family Physician	Independent Specialist	Orientation & Mobility Therapist
Physical Therapist	Rehabilitation Specialist	Psychiatrist
Occupational Therapist	Licensed Social Worker	Psychologist
Registered Nurse	Case Manager	Ophthalmologist

The selected professional must complete Part “B” and return the entire application either directly to the applicant or to the Access office.

****The applicant representative may NOT serve as the professional that completes Part B.**

****Applications must be submitted to Access within thirty (30) days of selected professional completing Part “B”**

The completed application will be processed within 21 days of receipt. You will then be notified in writing of your eligibility status. If we determine that you are able to use HPTS fixed route bus service, and are therefore ineligible for Access, we will notify you of the reason(s) for this determination. You can appeal any eligibility decision made by Access that limits your ability to use ADA Complementary Paratransit service. For example:

- You were found "Not Eligible" for ADA Complementary Paratransit
- You were found "Conditionally Eligible" and disagree with the eligibility conditions you were given or you think the conditional status is wrong.

Appeals should be made within 60 days from the date of the letter notify you of the eligibility decision. All requests for an appeal must be in writing and should be mailed to:

ADA Complementary Paratransit Appeals Board
City of High Point Transit System
716 W MLK Drive
High Point, NC 27262

This application should only be completed if you have a disability or health condition that prevents you from sometimes or always using fixed route bus service. Individuals for whom performing these tasks is inconvenient or more difficult but does not prevent use of the fixed route bus system are **NOT ELIGIBLE** for services. Persons completing this application will be considered for Access. Information about disability or health condition will be kept strictly confidential.

--- **PLEASE PRINT LEGIBLY** ---

Part A (This part must be completed by all applicants)

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Date of Birth (month/day/year) _____ Gender (M/F) _____

Height: _____

Weight: _____

In case of emergency: Please provide pertinent information for two people Access can contact. This can be a friend, relative or support professional familiar with your disability.

Name _____ Relationship _____

Address _____ Apt _____

City: _____ State: _____ Zip: _____

Work Phone# _____ Home Phone # _____

Cell Phone: _____

Name _____ Relationship _____

Address _____ Apt _____

City: _____ State: _____ Zip: _____

Work Phone# _____ Home Phone # _____

Cell Phone# _____

1. Have you used the HPTS fixed route bus system? _____ No _____ Yes

2. What is the disability or health condition that prevents you from using HPTS fixed route buses? **(Please be specific but use layman's terms)**

3. Please describe why or how this disability or health condition prevents you from using HPTS's fixed route service?

4. Which of the following mobility aid(s) do you use to travel? (check all that apply)

Manual wheelchair Powered Wheelchair Powered Scooter

Wheelchair size _____(L) _____(W) Wheelchair weight _____lbs.

Cane Walker Crutches Braces

Oxygen White Cane

Service Animal (describe) _____

Other (describe) _____

No, I do not use any mobility aids

IMPORTANT NOTE

Access will not be able to transport you if your wheelchair/scooter is longer than 48 in., wider than 30 in., or if your total weight including wheelchair is more than 800 pounds.

5. If you use a wheelchair or scooter, is your home equipped with a wheelchair ramp?

Yes No N/A

IMPORTANT NOTE

Passengers who use wheelchairs/scooters must have a ramp if steps are present. Driver's will not "bump" passengers up/down stairs or in/out of houses.

6. Do you require a Personal Care Assistant (PCA) to travel with you?

No Yes, Sometimes Yes, Always

IMPORTANT NOTE

If a PCA is needed, the applicant must provide their own. Passengers are allowed one (1) PCA to ride free of charge. Access does not provide this service. Drivers will only go to the door when picking up or dropping off passengers.

7. How far can you travel by yourself or with the assistance of a mobility aid?

_____ (PLEASE ENTER NUMBER--IN BLOCKS, OR MILES ONLY)

8. Are any the following skills affected by your disability? If answer is Sometimes, Never, or Not Sure, please explain by describing the effect and the extent of limitation caused by the disability.

Skills: Applicant can

a) Cross a street with: 2-3 lanes 4-6 lanes I cannot cross

Explain: _____

b) Step on/off curbs Always Sometimes Never Not Sure

Explain: _____

c) Stand on a moving bus holding onto a handrail? Always Sometimes Never Not sure

If sometimes, how long? _____

Explain: _____

d) Find way to/from bus stop Always Sometimes Never Not sure

Explain: _____

e) Find my own way to the bus stop if I receive training?

Always Sometimes Never Not sure

Explain: _____

f) Travel alone outside the house Always Sometimes Never Not sure

Explain: _____

g) Leave the house on time Always Sometimes Never Not sure

Explain: _____

h) Seek and act on directions Always Sometimes Never Not sure

Explain: _____

i) Wait at a bus stop Always Sometimes Never Not sure

If sometimes, how long? _____

Explain: _____

j) Board the correct bus Always Sometimes Never Not sure

Explain: _____

k) Board a bus with a ramp Always Sometimes Never Not sure

Explain: _____

l) Transfer from one bus to another? Always Sometimes Never Not sure

Explain: _____

m) Ride on the bus Always Sometimes Never Not sure

Explain: _____

n) Exit at the correct destination Always Sometimes Never Not sure

Explain: _____

o) Transfer to a second bus Always Sometimes Never Not sure

Explain: _____

p) Tell/Monitor time Always Sometimes Never Not sure

Explain: _____

q) Negotiate hills/steep terrain Always Sometimes Never Not sure

Explain: _____

r) Deal with unexpected situations Always Sometimes Never Not sure

Explain: _____

9. If HPTS offered free training on how to ride the fixed route buses, would you be interested?

Yes No (Explain) _____

I understand that the purpose of the application is to determine if I am eligible for High Point Transit System's ADA complementary paratransit service, called Access. I certify that the information I gave in this application is true and correct and that the application will be returned to me if not complete, which delays processing. I understand that falsification or misrepresentation of facts, or changes in my medical condition, may result in changes to my certification status. I further understand that additional information from my healthcare professional related to my disability or medical condition is required, and will be used to help determine my eligibility. I agree to notify High Point Transit System if I no longer need to use Access ADA complementary paratransit services.

Signature of Applicant: _____ **Date:** _____

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

Applicant's Representative

If someone other than the applicant has completed this application, the following information must be provided:

Name: _____

Daytime Telephone Number: _____

Relationship to Applicant: _____ Date: _____

Authorization for Release of Information

I authorize the professional who has completed Part B of this application to release to High Point Transit System information about my disability or health condition and its effect on my ability to travel on the High Point Transit System (HPTS) 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 the ADA complementary paratransit services (Access). I agree to release the information requested to High Point 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 High Point Transit System reserves the right to request additional information at its discretion. I agree to notify High Point Transit System of any changes in the status of my disability that affects my ability to use the Access ADA complementary paratransit service. I also understand that this may affect my eligibility as a rider.

Applicant's Name _____

Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

Applicant's Telephone Number _____

_____ Date _____

(Signature of Applicant or Responsible Party)

Access ADA Complementary Paratransit Application—Part B
Professional Verification

Dear Verifying Professional:

You are being asked by the applicant named in Part A of this application to provide information regarding his/her ability to use the public transportation services of the City of High Point (HPTS). HPTS provides ADA complementary paratransit services through Access to eligible persons with disabilities who sometimes or always cannot use regular fixed route bus services. The information you provide will allow us to evaluate the request and determine the individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: HPTS fixed route bus services available within the city are currently accessible to persons with disabilities who need lift-equipped vehicles, vehicles which kneel to the curb, and/or announcement of bus stops. Stops and terminal transfer point are verbally announced by an automated system. There is free how to ride the bus training available for individuals who need it.

The individual applying for Access service **MUST BE UNABLE TO ACCESS THESE SERVICES** due to:

- Conditions which *prevent* them from getting to or from a HPTS fixed route bus stop, or transferring between vehicles **and/or**
- Conditions which *prevent* them from being able to get on, ride, or get off an ADA accessible vehicle.

Individuals for whom performing these tasks is inconvenient or more difficult but does not prevent use of the fixed route bus system are **NOT ELIGIBLE** for services, and you are asked to verify this information.

The completed application must be submitted to Access within thirty (30) days of completion by selected professional and can be returned to the applicant or sent to the following:

Access ADA Complementary Paratransit
716 W MLK Drive
High Point, NC 27262
Fax: 336-883-0399

(PLEASE WRITE CLEARLY & LEGIBLY)

Name of Client: _____

1. Capacity in which you know the applicant: _____

2. When was the applicant last treated or seen by you? _____
3. On average, how frequently is the applicant seen by you? _____
4. Has the applicant been diagnosed with physical, cognitive, psychological, or other disability that would prevent him or her from using High Point Transit fixed route bus service?

No Yes

5. Is the applicant's disability:

- Physical
- Cognitive
- Psychological
- Visual

6. What is the applicant's disability (Please be specific but use layman's terms)?

7. What is the date of onset? _____

8. How does the applicant's disability/health condition affect daily life activities?

9. Does the applicant's disability or condition prevent the use of regular fixed route bus service?

- No
- Sometimes
- Yes

If Sometimes or Yes, Explain why:

10. Could the applicant use regular fixed route buses with free how to ride the bus training?

- Yes
- Sometimes
- No

If Sometimes or No, Explain:

11. How far can the applicant travel by themselves or with the assistance of a mobility aid?

_____ **(PLEASE FILL IN NUMBER—CAN BE BLOCKS, MILES)**

12. **Are the following skills affected by the applicant's disability? If answer is Sometimes, Never or Not Sure, Explain, by describing the effect and the extent of limitation caused by the disability.**

Skills: Applicant can:

- a) Travel alone outside the house
- Always
 - Sometimes
 - Never
 - Not sure

Explain: _____

- b) Leave the house on time
- Always
 - Sometimes
 - Never
 - Not sure

Explain: _____

- c) Seek and act on directions Always Sometimes Never Not sure

Explain: _____

- d) Understand how to get to/from bus stop Always Sometimes Never Not sure

Explain: _____

- e) Step on/off curbs Always Sometimes Never Not sure

Explain: _____

- f) Negotiate hills/steep terrain Always Sometimes Never Not sure

Explain: _____

- g) Cross streets Always Sometimes Never Not sure

Explain: _____

- h) Wait at a bus stop Always Sometimes Never Not sure

If sometimes, how long? _____

Explain: _____

- i) Board the correct bus Always Sometimes Never Not sure

Explain: _____

- j) Board a bus with ramp Always Sometimes Never Not sure

Explain: _____

- k) Ride on the bus Always Sometimes Never Not sure

Explain: _____

- l) Stand on moving bus with handrail Always Sometimes Never Not sure

If sometimes, how long? _____

Explain: _____

- m) Exit at the correct destination Always Sometimes Never Not sure

Explain: _____

- n) Transfer from one bus to another Always Sometimes Never Not sure

Explain: _____

- o) Tell/Monitor time Always Sometimes Never Not sure

Explain: _____

- p) Deal with unexpected situations Always Sometimes Never Not sure

Explain: _____

13. What is the expected duration of this individual's condition?

- Temporary: Approximate expected duration until ____/____/____
- Long-term: Potential for improvement or periods of remission
- Permanent: No expectation of functional improvement

14. Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

- This individual should be able to access regular fixed route bus successfully.
- This individual can use regular fixed route bus under certain situations as stated above.
- This individual cannot use regular fixed route bus due to multiple functional limitations.

Thank you for your assistance!!

Signature: _____

Date: _____

Please Print Legibly

Printed Name _____

Organization / Practice: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____

Fax # _____

FOR ACCESS USE ONLY

APPROVED

DENIED

UNCONDITIONAL

CONDITIONAL

TEMPORARY: _____

ISSUED BY _____ TITLE _____

DATE _____

FILE NUMBER _____