

Application for TARC3 Transportation



www.ridetarc.org

502.213.3217

TTY.502.213.3240

Google maps



TARC3 ADA PARATRANSIT APPLICATION

The Application Process

Your application consists of two parts – One you complete – One for a medical professional to complete. Your application and medical form (s) will be reviewed upon receipt in our office. As part of the application process, you may be asked to come in for an interview or scheduled for a Functional Assessment by an occupational therapist at no cost to you. You will be contacted if additional information is needed.

Please be patient. An eligibility decision will be made within 21 days of receipt of your completed application and medical form (s). Applicants who do not agree with the eligibility determination may request an appeal. A detailed description of the appeals process will be included with all denial and conditional eligibility determinations.

Eligibility for ADA paratransit service

TARC3 ADA paratransit provides door-to-door, shared ride, public transportation services for people with disabilities who cannot independently ride fixed-route buses. It is covered under Title II of the Americans with Disabilities Act (ADA).

What **may** qualify you for ADA paratransit services:

- Physical, cognitive/mental, or visual limitations that limit your ability to travel to a bus stop.
- Physical, cognitive/mental, or visual limitations that limit your ability to get on, off or ride a bus.
- Physical, cognitive/mental, or visual limitations that limit your ability to cross streets or transfer to additional buses to complete your trip.

TARC regular fixed-route buses lower close to the curb and are equipped with ramps for wheelchair access and for those who cannot step up or down. In addition, other accommodations, such as wheelchair securement areas, stop announcements made by drivers, and free travel training to learn how to use the bus, make using the regular bus service possible for many people with disabilities.

Disability alone does not automatically qualify an individual for TARC3 transportation.

What will **not** qualify you for ADA paratransit services:

- Age (as the only deciding factor)
- Being new to or unfamiliar with Greater Louisville
- Inability to drive
- Inability to carry groceries or packages

TARC3 ADA paratransit provides service to most, but not all, of Jefferson County and to some areas of Southern Indiana. TARC3 operates within the ADA guideline of $\frac{3}{4}$ mile around all fixed-route bus lines, but not express route bus lines. When changes are made to fixed routes, TARC3's service area is adjusted accordingly. Although where an individual lives does not affect that person's eligibility, TARC3 ADA paratransit trips must always begin and end within the service area. Please see the enclosed map for more about the service area. Questions may be directed to the Eligibility office at 213-3217 or go to TARC's interactive service map on www.ridetarc.org/accessibility.

Section 1: Personal Information

Mr. Ms. Mrs.

Last Name _____ First Name _____ MI _____

Address _____ Apt _____

(do not use PO Box numbers)

City _____ State _____ Zip Code _____

Mailing name and address (if different from above) _____

Name of subdivision, apartment complex, or facility _____

Please check the option that best describes your living situation:

- Live independently
- Live with family members who assist me
- Receive outside assistance in my home to assist with Activities of Daily Living
- Live in a group home or staffed residence
- Live in an apartment or complex specifically for elderly or disabled
- Live in an assisted living facility
- Live in a nursing home/facility

Home phone (_____)_____ Cell phone (_____)_____

What is your email address? _____

Date of Birth (month/day/year) ____/____/____

Do you speak English? Yes No

If no, what language? _____

Due to your disability, do you need information in one of the following formats?

- Large Print
- Audio Tape
- Braille

Emergency Contacts (accident, illness or other emergency):

(1) Name _____ Relationship to Applicant _____

Address _____

Home phone (_____)_____ Cell (_____)_____ Work (_____)_____

(2) Name _____ Relationship to Applicant _____

Address _____

Home phone (_____)_____ Cell (_____)_____ Work (_____)_____

Section 2: Mobility Status

1. How do you travel now? Check all that apply to you.

- Walk Drive a car Bus TARC3
 Taxi Ride in a car FTSB
(PASSPORT) Other _____

2. Which aids do you use? Check all that apply.

- None Folding walker Manual wheelchair Human Guide
 Cane Walker-non folding Portable oxygen Crutches
 White cane Power wheelchair Service animal Leg brace
 Other _____ Power scooter Prosthetic leg

A. Complete the following if you checked manual wheelchair, power scooter or power wheelchair. Customers may not request a particular vehicle type, but the vehicle scheduled for your trips does depend on the size and weight of mobility equipment you may travel with. **Your vehicle space type is registered as:**

- Ambulatory (You walk when using TARC3. You may use a cane or walker.)
 (RW) Regular manual wheelchair - no larger than 30" wide by 48" long
 (WW) Wide manual wheelchair - 31" to 36" wide, up to 48" long
 (PW) Regular power chair or (SC) Scooter - no larger than 30" wide by 48" long
 (XW) Large power chair or Scooter - exceeds 30" wide or 48" long
 Trained service animal
 Other: _____
 Your estimated combined weight (personal & mobility equipment): _____

Please list brand name and model /name of your wheelchair or scooter (different TARC3 vehicles have different capacity types): _____

B. Would you be traveling on TARC3 with more than one type of mobility aid?

- Yes No If yes, please explain _____

3. What are the addresses of the places you travel most often?

A. Trip Destination: _____

B. Trip Destination: _____

C. Trip Destination: _____

Section 3: ADA Paratransit Eligibility – Inability to use fixed route buses

ADA Regulations

Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such (a transit) system... (ii) Architectural barriers not under the control of the (transit system) and environmental barriers (e.g., distance, terrain, weather) do not, standing alone, form a basis for eligibility under this paragraph. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility...if the effect is to prevent the individual from traveling to a boarding location or from a disembarking location... [49 CFR Part 37.123 (e)(3)]

This section refers to a person's ability to travel to and from a bus stop.

Do you have a disability that **prevents** you from traveling to or from a regular TARC bus stop?

Yes (If you check this box, complete all of section 3)

Sometimes (If you check this box, complete all of section 3)

No (If you check this box, go to section 4 pg. 10)

1. **How** does your disability **prevent** you from traveling to or from a regular TARC bus stop? (check all that apply to you)

I cannot travel

- during periods of bright light
- during periods of darkness
- in snowy or very icy conditions
- My disability changes from time to time, and on bad days I cannot use the bus.
- on uneven surfaces
- up and down hills
- where there are no sidewalk curb cuts
- before life sustaining medical treatments
- after life sustaining medical treatments

I can travel

- during periods of extreme cold
- during periods of extreme heat
- if I haven't been trained to use the bus for this trip
- if I have to transfer between buses
- in complex or confusing traffic situations
- If there is no place to sit where I transfer between buses

Other _____

2. How far can you go on level ground with your mobility aid, (if you use any) without assistance?

- Up to 1 block 2 blocks 3 blocks _____ blocks

- Can you cross the street when you get off the bus? Yes No
- Can you reach your destination when you get off the bus? Yes No
- Are you able to identify the correct bus stop? Yes No
- Are you able to identify the correct bus? Yes No
- Are you able to travel independently? (without assistance) Yes No
- Can you ask for and follow written or oral information, such as bus schedules? Yes No

1. All TARC3 buses have lifts or ramps to help you get on or off the bus, whether or not you use a wheelchair or other mobility aid. You can stand on the lift if you have difficulty using steps. Do you need a lift or ramp to get on and off a TARC bus?

Yes, sometimes, and

Yes, always, and

No, I don't need the lift. (If you check this box, go to section 4).

3. All TARC buses have ramps, with a slope similar to those at building entrances and street corners. Are you able to travel up and down such ramps?

Yes

No. Explain _____

Americans with Disabilities Act (ADA) Paratransit Eligibility Ability to Travel Independently

ADA Regulations

Who Is Eligible Under Part 1 of the federal ADA paratransit regulations?

Any individual with a disability who is unable, as the result of a physical or mental impairment, and without the assistance of another individual, to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities. [49 CFR Part 37.123 (e)(1)]

This section refers only to the ability to ride the bus alone, without the assistance of another person, other than the operator of the lift or ramp on the bus.

4. Do you have a disability which, sometimes or all the time, prevents you from independently boarding, riding or disembarking from a TARC bus?

Yes (If you check this box, complete all of PART II)

No - go to section 4

5. How does your disability prevent you from independently using a TARC bus sometimes or all of the time?

6. Do you currently independently ride a TARC bus?

Yes, I ride it independently about _____ days per month.

Yes, sometimes. Explain _____

No, never.

No, but I could ride independently if: (check all that apply to you)

I were trained to use the bus.

I had a ride to the bus stop.

I don't have to use more than one bus.

Other _____

7. Can you wait 15 minutes at a TARC bus stop?

Yes

Yes, sometimes if _____

No. Unless someone is with me, I will get lost.

No, explain _____

8. Do you need a place to sit while waiting for a bus?

Yes Explain _____

Sometimes, if _____

No Explain _____

9. If necessary, can you transfer to a second bus to complete your trip?

Yes

Sometimes, if _____

No Explain _____

How do you know when/where to get off the bus? Check all that apply.

_____ I ask the driver to announce my stop.

_____ I ask another passenger to help me.

_____ I can see my stop from inside the bus.

_____ I can recognize my destination or a landmark near my destination.

_____ Other, please explain: _____

10. Can you independently wait at a transfer location for a TARC3?

Yes

Sometimes, if _____

No Explain _____

11. Are you able to keep your balance while seated on a moving bus?

_____ Yes _____ No

12. Are you able to keep your balance while standing on a moving bus?

_____ Yes _____ No

13. Can you deal with unexpected situations or bus detours?

_____ Yes _____ No _____ Sometimes

14. What would you do if you got lost? Explain _____

15. Can you calculate the correct fare? _____ Yes _____ No

16. Can you put the fare in the fare box? _____ Yes _____ No

Section 4: Disability or Health Condition Information

Indicate all conditions **that affect your ability to travel.**

1. General medical conditions: none diabetes kidney dialysis

cancer – currently under treatment; until (date) _____ type _____

recent surgery (describe) _____ (date) ____/____/____

other conditions _____

HOW does the above condition(s) PREVENT you from using regular buses? _____

2. Bone and joint conditions: none Specify where: _____ type _____

severe arthritis of (specify) _____ (date) ____/____/____

amputation of (specify) _____ (date) ____/____/____

fusion surgery of (specify) _____ (date) ____/____/____

currently have broken bone(s) (specify) _____

(date of injury) ____/____/____

other bone/joint condition _____

HOW does the above condition(s) PREVENT you from using regular buses? _____

3. Neuromuscular conditions: none

Post-polio Multiple sclerosis Brain injury Paraplegia

Alzheimer's Quadriplegia Cerebral palsy Dementia

Parkinson's disease Stroke (date) ____/____/____ which side affected _____

Epilepsy (type): _____ (date of last seizure) ____/____/____

Frequency of seizures: _____

Other neuromuscular: _____

HOW does the above condition(s) PREVENT you from using regular buses? _____

4. Cardiovascular and respiratory conditions: none

Advanced Coronary artery disease

Advanced peripheral vascular disease

Chronic obstructive pulmonary disease (COPD)

Congestive heart failure

Uncontrolled high blood pressure

Severe asthma

other _____

Shortness of Breath: _____ at Rest _____ upon Exertion

Use Oxygen: _____ Liters per minute

_____ at Night _____ PRN _____ 24-hours/day

HOW does the above condition(s) PREVENT you from using regular buses? _____

5. Hearing conditions: none

Right ear

Left ear

partial hearing

deaf

other _____

6. Vision conditions: none

Right eye

Left eye

macular degeneration

glaucoma

retinitis pigmentosa

diabetic retinopathy

partially sighted
legally blind
totally blind

other _____

My vision is worse during these conditions:

_____ bright sunlight _____ dimly lit or shaded places
_____ nighttime _____ I have no vision
_____ remains the same in different lighting conditions
_____ other, please explain: _____

My eye condition is considered to be:

_____ stable _____ degenerative _____ varies
please explain _____

How does the above condition(s) prevent you from using regular buses? _____

7. Developmental/Mental Conditions:

_____ Autism _____ Asperger's _____ Other _____
Developmental Disability: _____ Mild _____ Moderate _____ Severe
Mental Retardation: _____ Mild _____ Moderate _____ Profound
Cognitive Deficits: _____ Mild _____ Moderate _____ Severe

_____ Psychosis

_____ Thought Disorder

_____ Mood Disorder

_____ Anxiety Disorder

HOW does the above condition(s) PREVENT you from using regular buses? _____

8. Is your disability temporary?

Yes, I expect it to last _____ months.

No, it's permanent. I have had this condition _____ months _____ years

I don't know.

9. Does your disability change from day to day?

No, it's pretty much the same all the time.

Yes, I have some good days and some bad days. Describe _____

"If I am approved for TARC3 I understand that all TARC3 ADA trips must begin and end in the ADA service area."

SECTION 5: APPLICANT SIGNATURE

- "I certify that the information on this application is true and correct to the best of my knowledge".
- "I understand that falsification of information will result in denial of service".
- "I understand that the information on this application may be disclosed to others as necessary to provide the services I have requested and as may otherwise be required by law".
- "I give consent to TARC to contact the person who completed the TARC3 Medical form that was submitted with this application in order to confirm the information contained on the application".
- "I understand that if I refuse to undergo an in-person evaluation screening and/or functional assessment, it will be conclusively determined that I am withdrawing my application for TARC3 service".

Applicant Signature (or mark) _____

Date: ____/____/____

Remember, your medical application form must be returned with this application form.

(If completed by someone other than applicant) "I certify that the information on this application is true and correct, based on my knowledge of the applicant's functional abilities".

Please print:

Name or Agency _____

Relationship to applicant _____

(If power of attorney or legal guardian, please include a copy of the authorizing document.)

Signature: _____ Date: ____/____/____

Agency (if applicable) _____

Telephone: Home/Office: _____

Cell phone: _____