

# **APPLICATION FOR TARC3 RECERTIFICATION**

## **INTRODUCTION**

The Transit Authority of River City (TARC) is pleased to welcome your application for TARC3 Recertification.

TARC3 Transportation is an alternative public service that provides door to door, shared-ride public transportation for individuals with disabilities who can not independently board, ride or exit from a TARC regular fixed route bus.

The type of transportation provided by TARC3 is covered under Title II of the Americans with Disabilities Act of 1990, commonly known as the ADA. The ADA extends federal civil rights protection in several areas to people who are considered “disabled”. The ADA is not an affirmative action statute. Instead it seeks to dispel stereotypes and assumptions about disabilities, and to assure equality of opportunity, full participation, independent living and economic self-sufficiency for people with disabilities.



**TARC3 Vehicle**



**Wheelchair Lift**

In general, TARC3 Transportation must offer to people with disabilities complementary transportation that:

- (1) is comparable to the level of service available to non-disabled people using regular fixed route transportation; and



- (2) has comparable (to the extent practicable) service that is available on the same days, during the same times and in the same areas as regular fixed route transportation.

## **Recertification Application for TARC3 - Introduction (continued)**

TARC3 Transportation serves only those persons whose severity of disability prevents them from using the TARC regular fixed route bus system. Disability alone does not automatically qualify a person for TARC3 Transportation. A person must be functionally unable to use the regular fixed route bus system either all of the time or some of the time.

**After we review your completed application you may be required to provide additional information and/or undergo an eligibility screening. TARC3 will provide transportation to and from the eligibility screening site for you and one companion.**

Please be patient. You will be advised as soon as a decision is made. If additional information is necessary, a representative from the TARC3 office will contact you.

Applicants who are determined ineligible and those who do not agree with the conditions established for their use of TARC3 ADA Paratransit Service may request an appeal. A full and detailed description of the appeals process will be included with denials and conditional eligibility determinations.

## SECTION 1: APPLICANT INFORMATION

### PLEASE PRINT

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_  
(do not use PO box numbers)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of subdivision or apartment complex \_\_\_\_\_

What streets border your neighborhood? \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

TTY # for the deaf & hard of hearing \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you speak English? \_\_\_ Yes \_\_\_ No If no, what language? \_\_\_\_\_

Do you need information in the following alternative formats?

\_\_\_\_\_ Large Print \_\_\_\_\_ Audio Tape

E-mail address \_\_\_\_\_

### Emergency Contacts:

(1) Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Section 1 - Continued

(2) Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone# \_\_\_\_\_ Evening Phone# \_\_\_\_\_

**CHECK ALL THAT APPLY**

1. How do you travel now?

- \_\_\_\_\_ Walk
- \_\_\_\_\_ Taxi
- \_\_\_\_\_ Bus

- \_\_\_\_\_ Drive a Car
- \_\_\_\_\_ Ride in a Car
- \_\_\_\_\_ Other

2. Which of these aids do you use?

- \_\_\_\_\_ None
- \_\_\_\_\_ Portable Oxygen
- \_\_\_\_\_ Straight Cane
- \_\_\_\_\_ Alphabet Board
- \_\_\_\_\_ 3 or 4 Pronged Cane
- \_\_\_\_\_ Manual Wheelchair
- \_\_\_\_\_ Powered Wheelchair
- \_\_\_\_\_ Other (describe) \_\_\_\_\_

- \_\_\_\_\_ Picture Board
- \_\_\_\_\_ White Cane
- \_\_\_\_\_ Crutches
- \_\_\_\_\_ Walker
- \_\_\_\_\_ Service Animal
- \_\_\_\_\_ Powered Scooter

3. Does the total weight of your wheelchair/scooter and yourself exceed 600 pounds?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Don't Know

4. Does your wheelchair/scooter exceed 30" in width or 48" in length?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Don't Know

## SECTION 2: APPLICANT HEALTH INFORMATION

### 1. General Medical Condition

\_\_\_\_\_ Uncontrolled Diabetes \_\_\_\_\_ End Stage Renal Disease  
\_\_\_\_\_ Cancer - Being treated until \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

How does this condition affect your ability to ride the city bus?

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### 2. Bone or Joint Conditions

\_\_\_\_\_ Severe Arthritis \_\_\_\_\_ Osteoporosis  
\_\_\_\_\_ Rheumatoid Arthritis \_\_\_\_\_ Broken Bone- Date \_\_\_\_\_  
\_\_\_\_\_ Amputation -Specify \_\_\_\_\_  
Use of Prosthesis \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_ Other \_\_\_\_\_

How does this condition affect your ability to ride the city bus?

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### 3. Brain / Nerve / Muscle Conditions

\_\_\_\_\_ Cerebral Palsy \_\_\_\_\_ Dementia \_\_\_\_\_ Brain Injury  
\_\_\_\_\_ Multiple Sclerosis \_\_\_\_\_ Parkinson's \_\_\_\_\_ Post Polio  
\_\_\_\_\_ Muscular Dystrophy \_\_\_\_\_ Tetraplegia \_\_\_\_\_ Paraplegia  
\_\_\_\_\_ Stroke - When \_\_\_\_\_ Which side affected? \_\_\_\_\_  
\_\_\_\_\_ Epilepsy - Type \_\_\_\_\_ How many per Month? \_\_\_\_\_  
Date of Last Seizure? \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

How does this condition affect your ability to ride the city bus?

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### 4. Heart / Circulatory Conditions

\_\_\_\_\_ Heart Disease \_\_\_\_\_ Advanced Peripheral Vascular  
\_\_\_\_\_ Leg Edema \_\_\_\_\_ Uncontrolled High Blood Pressure  
\_\_\_\_\_ Congestive Heart Failure  
\_\_\_\_\_ Other: \_\_\_\_\_

How does this condition affect your ability to ride the city bus?

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### 5. Lung Conditions

\_\_\_\_\_ Chronic Obstructive Pulmonary Disease – Type \_\_\_\_\_  
\_\_\_\_\_ Lung Cancer \_\_\_\_\_ Cystic Fibrosis  
\_\_\_\_\_ Asthma  
\_\_\_\_\_ Other: \_\_\_\_\_

How does this condition affect your ability to ride the city bus?

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**6. Vision / Hearing / Speech Conditions**

- |   |  |
|---|--|
| <input type="checkbox"/> Macular Degeneration       | <input type="checkbox"/> Glaucoma        |
| <input type="checkbox"/> Retinitis Pigmentosa       | <input type="checkbox"/> Night Blindness |
| <input type="checkbox"/> Retinopathy of Prematurity | <input type="checkbox"/> Partial Hearing |
| <input type="checkbox"/> Diabetic Retinopathy       | <input type="checkbox"/> Deaf            |

How does this condition affect your ability to ride the city bus?

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**7. Developmental / Mental Conditions**

- |   |   |
|---|---|
| <input type="checkbox"/> Autism                   | <input type="checkbox"/> Thought Disorder   |
| <input type="checkbox"/> Psychosis                | <input type="checkbox"/> Mood/Anxiety Disorder  |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe     |
| <input type="checkbox"/> Mental Retardation       | <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound |
| <input type="checkbox"/> Cognitive Deficits       | <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe     |

How does this condition affect your ability to ride the city bus?

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**8. Is your health condition temporary?**

- Yes----How long do you expect it to last? \_\_\_Months \_\_\_Years
- No----How long have you had this condition?
- Since Birth    \_\_\_Months \_\_\_Years
- I don't know

**9. Does your condition change from time to time in ways that affect your ability to use the city bus?**

- Yes           Describe \_\_\_\_\_
- No             \_\_\_\_\_
- \_\_\_\_\_

**10. Has your disability changed since your original TARC3 certification?**

- Yes           Describe \_\_\_\_\_
- No             \_\_\_\_\_
- \_\_\_\_\_

### **SECTION 3: 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 a denial of TARC3 Transportation service. I understand the information provided 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 for TARC to contact the person who has completed the professional/verification form attached to this application, in order to confirm the information included on this application. I understand that if I refuse to undergo an independent in-person evaluation screening it will be conclusively determined that I am withdrawing my application for TARC3 Transportation service.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### **IF COMPLETED BY SOMEONE OTHER THAN APPLICANT:**

I certify that the information provided is true and correct based upon my own knowledge of the applicant's functional abilities.

Name (Please Print) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Agency (if applicable) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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***Please return completed application packet to:***

**TARC 3 Transportation  
1000 West Broadway  
Louisville, KY 40203**