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.

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.
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 ______

(donot 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
   - _____ Picture Board
   - _____ White Cane
   - _____ Crutches
   - _____ Walker
   - _____ Service Animal
   - _____ Powered Scooter
   - _____ Other (describe) ________________________________________________

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
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?

   ______________________________________________________________________

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?

   ______________________________________________________________________

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?

   ______________________________________________________________________

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?

   ______________________________________________________________________

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?

6. Vision / Hearing / Speech Conditions

- Macular Degeneration
- Retinitis Pigmentosa
- Retinopathy of Prematurity
- Diabetic Retinopathy
- Glaucoma
- Night Blindness
- Partial Hearing
- Deaf

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

7. Developmental / Mental Conditions

- Autism
- Psychosis
- Developmental Disability
- Mental Retardation
- Cognitive Deficits
- Thought Disorder
- Mood/Anxiety Disorder
- Severe
- Moderate
- Mild

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

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___________________________________________________________________________