

TARC MOBILITY SERVICES
**TARC3 COMPLEMENTARY ADA
PARATRANSIT SERVICE
APPLICATION
FOR
NEW CLIENT REGISTRATION
AND
RECERTIFICATION**



www.ridetarc.org

Eligibility: 502.213.3217

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Email: tarc3eligibility@ridetarc.org

Address: TARC3

1000 West Broadway

Louisville, KY 40203

TRANSIT AUTHORITY of RIVER CITY

Eligibility for ADA Paratransit Service

TARC3 ADA paratransit provides origin-to-destination, 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 operators, 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 Metro Louisville
- * Inability to drive
- * Inability to carry groceries or packages
- * Not living close to a bus stop



TARC3 ADA paratransit provides service to most of, but not all, of Jefferson County and to some areas of Clark and Floyd counties in Southern Indiana. TARC3 operates within the ADA guideline of $\frac{3}{4}$ mile radius of all local fixed-route bus lines. This does not include 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 letter for more about the service area. Other questions may be directed to the Eligibility Office at 213-3217.

The Application Process

Your application and medical form(s) must be returned to the TARC3 office together. 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.

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 eligibility determinations.



TARC3 ADA ELIGIBILITY CHECKLIST

Please select 'YES' or 'NO' for the questions below

ELIGIBILITY QUESTION	YES	NO
1. Do you reside in the TARC3 designated service area?		
2. Are you able to get to and from the bus stop closest to where you live?		
3. With help from the bus driver, are you able to get on and off a bus which has a lift and/or ramp?		
4. Are you able to get on and off a bus, which does not have a lift and/or ramp by using the steps?		
5. With help from the bus driver who announces major bus stops, and transfer points, are you able to figure out the correct bus stop?		
6. If your trip on the bus involves transferring to another bus, are you able to make the transfer?		
* If you answered yes to most of these questions, you are probably not ADA eligible but you may qualify for senior/disability reduced rate on the fixed route bus. Please call the TARC3 Eligibility Office at 502-213-3217 .		



NEW APPLICATION

RECERTIFICATION

PART 1: CLIENT INFORMATION

*Last Name: _____

*First Name: _____ *M.I. _____

*Address (Street and Number):

Unit/Apt#: _____

*City: _____ *State: _____ *Zip Code: _____

*Email Address: _____

*Healthcare Facility/Apt/Complex Name:

*Telephone:

Home: (____) _____

Cell: (____) _____

*Date of Birth _____

FOR RECERTIFICATION ONLY

***Has your condition changed since you started using TARC3?
If so, please explain:**

Large Print Documents Requested



***Emergency Contact**

Name: _____

Relationship: _____

Home Number: _____

Cell Number: _____

****In order for us to serve you better, please check all that apply.***

Does the client need a lift/ramp van? Yes _____ No _____

Does the client use a wheelchair? Yes _____ No _____

(Is the wheelchair oversized?) Yes _____ No _____

Does the client use portable oxygen? Yes _____ No _____

Does the client use other mobility aid(s)? Yes _____ No _____

If yes please describe:

Does client need a Personal Care Attendant (PCA)?

Yes _____ No _____

****TARC3 DOES NOT PROVIDE PERSONAL CARE ATTENDANTS***

*Please check all mobility aids that apply:

_____ Manual Wheel Chair _____ Crutches

_____ Power Wheel Chair _____ Cane

_____ Motorized Scooter _____ Walker

_____ Service Animal _____ Oxygen

_____ Other: _____



PART 2: CLIENT FUNCTIONAL ABILITIES

Do you currently use TARC **fixed route** services?

Yes ___ No ___

If yes, which route(s) do you currently use?

When was the last time you independently used TARC **fixed route** bus service?

If you use TARC **fixed route** bus service now, do you need the assistance of another person?

Always ___ **Sometimes** ___ **Never** ___

Have you used TARC **fixed route** bus service in the last year?

Yes ___ No ___

If you used the **fixed route bus service and stopped, please explain.**

If you ever need another person's assistance, what does the person do for you?



FOR RECERTIFICATION ONLY

When was the last time you used TARC3?

If you used **TARC3 and stopped**, please explain.

PART 3: RELEASE OF INFORMATION and CERTIFICATION OF APPLICATION

I certify that the information contained in this application is correct and truthful to the best of my knowledge. I give my permission to TARC to contact a healthcare or other professional for additional information to verify that I am a person with a disability or status on other funding sources for services on my behalf and I understand the purpose of this application is to determine if I am eligible to participate in transportation programs delivered by the TARC System. I certify that the information contained in this application is correct and truthful to the best of my knowledge.

Your Signature or the person who completed the form

Date

Name of the person who completed this form

Relationship

Telephone Number