

Link TRANSIT

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Dear Passenger,

Thank you for your interest in Link Paratransit. This service is available to persons that meet the requirements of the Americans with Disabilities Act (ADA) that cannot ride fixed route transit because of your disability. The ADA is a law, which requires accessible transportation for persons with disabilities, which closely matches the service offered by Link Transit. This application will ask questions about your ability to access Link Transit and its facilities.

The ADA was created to assure that all persons with disabilities, who are unable to use the regular fixed route bus service or access fixed route bus stops, have complementary transportation to the regular fixed route bus service. This means that a person who is unable to use the regular bus should be able to travel on the same days, during the same hours, and in the same general area as the fixed route bus travels (within a $\frac{3}{4}$ of a mile corridor), for a fare, which is not more than twice the one-way adult fare of a fixed route bus ride. Link Transit is designed to meet these requirements. Link Transit and this certification is for those in Burlington, Gibsonville, Mebane, Elon, Haw River, unincorporated Alamance County between Burlington and Alamance Community College. For transportation in other areas, please call Alamance County Transportation Authority (ACTA) at (336) 222-0565 or visit www.acta-info.org.

According to the ADA, each person who may qualify for paratransit **must** complete an eligibility application form. This form will help determine if you are eligible to use these services based on the definitions of the ADA. The eligibility process is related more closely to your functional ability to use the bus and requires you to answer the enclosed application very carefully. You are encouraged to have someone help you with the questionnaire if you have questions.

An ADA application registration number will be mailed to you within 21 days, if you are determined to be ADA eligible for ADA paratransit service. You will also be notified within 21 days, if you are determined to be ineligible for ADA paratransit service.

If you have any questions about this application, or any part of the eligibility process, you may call me at (336) 222-7351 or 711 for TDD/TTY users through the Relay Service.

Sincerely,



John Andoh
Transit Manager

ADA PARATRANSIT CERTIFICATION APPLICATION

The information obtained in this certification process will be used only by Link Transit for the provision of ADA complementary paratransit services and will not be provided to any other person or agency without prior written approval of the applicant.

New Application or **Recertification**

APPLICANT INFORMATION (Please print or type)

Name _____,
 Last First Middle Initial

Address _____ Apt # _____ Cross St. _____

 Mailing Address, if different than above

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Date of Birth ___/___/___

Male Female

Please provide the name and phone number of a **LOCAL** friend or relative to contact in the event of an emergency:

Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

1. Do you use any of the following aids for mobility? (Check all that apply)

Manual Wheelchair

Electric Wheelchair

Power Scooter

Cane

Crutches

Walker

Oxygen Tank

Service Animal

Other _____

None

2. Is your mobility device oversized? Yes No

a. If yes, please explain and advise weight: _____
Some buses may have weight restrictions on their wheelchair ramps.
Please call Link Transit for more information.

3. Is your condition temporary? Yes No
If yes, expected duration: ___/___/___

4. Does your condition change from time to time due to medications, medical treatments, other? Yes No
If yes, please explain

Type of disability:

5. I have a **Visual** **Physical** **Mental** Impairment

6. **What** is your disability that prevents you from using the fixed route service?

7. **How** does your disability make it *impossible* for you to use the fixed route service?

8. How far can you continuously walk **OR** advance your manual wheelchair without the help of another person? (i.e., number of blocks) _____

Could you travel further if you stopped to rest?

Yes No Sometimes

(If No or Sometimes, please explain why)

9. Have you ever used any of these transit services? Check all that apply:

Fixed Route Paratransit ACTA Other _____

10. How many blocks from your residence is the nearest accessible bus stop?

Less than 1 Block 2 to 4 Blocks 4 or more Don't know

11. Can you independently get on and off a lift/ramp equipped bus?

Yes No Sometimes Don't know

(If No or Sometimes, please explain why)

12. Is your ability to use public transit affected by weather or environmental/architectural barriers that block your path of travel? (e.g. temperature extremes, no sidewalks, lack of signal lights at a busy intersection, etc.)

Yes No (If Yes, please explain why)

13. Can you ask for, understand, and follow directions?

Yes No Sometimes

(If No or Sometimes, please explain why)

14. Can you cross a busy intersection?

Yes No Sometimes

(If No or Sometimes, please explain why)

15. If you are approved for Paratransit Services will you require a personal care attendant?

Yes No

Certification of Applicant

I hereby certify that, to the best of my knowledge, the information I have given in this application is correct and the application will be returned if it is not complete.

I understand that the results of the review will be based on my ability to use the fixed route system. Verification of my disability by my physician or health care professional, identified below, does not guarantee my eligibility for ADA certification of paratransit service.

Signature of Applicant _____

Date _____

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

Name of person completing the application _____

Relation to the applicant _____

Daytime phone # _____

Please return this application once completed to:

Link Transit

Attn: Transit Manager

234 East Summit Avenue

Burlington, NC 27216

Email: info@linktransit.org

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize you to **release any information necessary to** determine **my eligibility** for ADA Paratransit service provided by the Link Transit. Link Transit has assured me that the requested information will be held in strictest confidence, and will be used only to determine my eligibility for paratransit service.

Identification of Physician or Health Care Professional

(Please type or print clearly)

Name and Title of Professional _____

Address _____,
(Number and Street) (City) (Zip Code)

Agency _____

Phone # _____ Email _____

Applicant Information

Date of Birth _____ SSN # (Last four) _____

Signature of Applicant _____ **Date** _____

Printed Name of Applicant _____

MEDICAL & SOCIAL SERVICE AGENCY PROFESSIONAL VERIFICATION FORM

To process this application, Link Transit needs information about the effects of the applicant's disability on his/her **functional capability** to ride the regular fixed route bus service. This information is necessary to determine whether he/she is eligible for paratransit service under the regulations of the Americans with Disabilities Act (ADA).

The information you provide in this form will aid the Link Transit in making an ADA eligibility determination. For the benefit of the applicant, please answer the questions as fully and accurately as possible. All information will be kept confidential.

The individual's condition must **prevent** travel on a fixed bus route, either all of the time, temporarily, or only under certain circumstances. Disability alone and distance to and from a bus stop do not, by themselves, qualify a person for paratransit service. **Inconvenience, decreased comfort, and/or pain are not a basis for qualification.**

(Please type or print clearly. Do NOT use ICD-9 or DSM codes.)

Applicant's Name _____

Capacity in which you know the applicant _____

Medical diagnosis _____

_____ Date of Onset _____

Prognosis _____

1. Does the applicant use any of the following aids for mobility?

(Check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Personal Care Attendant | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> None |

2. What category is the applicant's disability?

- Visual** **Physical** **Mental** Impairment

3. Applicant's Height _____ Weight _____

4. Is the applicant's condition temporary? ____ Yes ____ No

If Yes, expected duration: ____/ ____/ ____

5. Can the applicant wait outside without assistance for 15 minutes?

- Yes No

6. How far can the applicant travel with or without a mobility aid?
 Less than 1 block Less than 3 blocks
 Less than 6 blocks

7. Can the applicant cross the street without assistance?
 Yes No

If No, why _____

8. Can the applicant comprehend written or spoken instructions?
 Yes No

9. Can the applicant recognize a destination or landmark?
 Yes No

I hereby affirm under penalties of perjury that the statements made herein are true and correct.

Signature _____ **Date** _____

Please print your name and title: _____

License #: _____ Phone #: _____

Address: _____

Agency: _____

**PLEASE MAIL COMPLETED FORM TO:
Link Transit
Attn: Transit Manager
234 East Summit Avenue
Burlington, NC 27216**

**ANY QUESTIONS, PLEASE CALL LINK TRANSIT AT
(336) 222-7351 or email jandoh@burlingtonnc.gov**