

The Belle Urban System – **D.A.R.T.**
ADA Paratransit Eligibility Application – 2007

In accordance with the Americans with Disabilities Act of 1990 (ADA), The Belle Urban System provides paratransit or “door to door” service to anyone with a functional limitation which prevents them from using public transportation and who is traveling within the area served by **The Belle Urban System** buses. Paratransit service is intended only for those trips that the person cannot make on **The Belle Urban System** fixed route buses. This application form is intended to determine when and under what circumstances the applicant can use The Belle Urban System fixed route buses and when paratransit service is required.

The Belle Urban System will only use the information obtained in this application for the provision of door-to-door transportation services. Information may be shared with other transit providers to facilitate travel in other service areas at the applicant’s request. The information will not be provided to any other person or agency.

Instructions for completing this form:

Before completing this application please read the enclosed Eligibility Criteria Brochure to learn more about paratransit services.

The applicant (or someone assisting the applicant) must complete sections A through E. A licensed professional from the list provided must complete and sign the Professional Verification.

All applicants, whether new or applying for recertification, must complete a new application.

All questions must be answered. Incomplete forms will be returned.

If you have any questions or need assistance completing this form, please contact us at 1-262-619-2438. Mail completed forms to:

The Belle Urban System D.A.R.T.
1900 Kentucky Street
Racine, WI 53405

GENERAL INFORMATION

Last Name: _____

First Name: _____ MI: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ TTY: Yes No

Evening Phone: (____) _____ TTY: Yes No

Birth Date: ____/____/____ Gender: M F

Do you need future written information provided to you in an accessible format?
Yes No

Emergency Contact Person:

Name: _____ Relationship: _____

Day Phone: (____) _____ Eve. Phone: (____) _____

A. INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1. What type or types of disabilities prevent you from using The Belle Urban System? Please check all that apply.

Physical disability

Visual impairment/Blindness

Developmental disability

Brain injury

Mental illness

Other _____

2. Please describe your disability (or disabilities) in more detail, including the diagnosis (or diagnoses).

3. Please indicate all of the mobility aids or equipment you use when traveling outside your home.

- | | |
|--|--|
| <input type="checkbox"/> Communications Device | <input type="checkbox"/> Long white Cane |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | |

4. If you use a wheelchair or scooter, is it:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Less Than 30 Inches Wide? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Less Than 48 Inches Long? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Less Than 600 Pounds when Occupied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. INFORMATION ABOUT YOUR VISION

1. Cause of vision loss/ Diagnosis:

2. Are you totally blind? ____ Yes ____ No If yes, skip to question #7.

3. My vision is worst during these conditions. Check all that apply:

- Bright sunlight
- Dimly lit or shaded places
- Nighttime
- I see the same in different lighting conditions

4. My eye condition is considered to be:

- Stable
 - Degenerative
 - Other (please explain)
-

5. I am able to use my vision to consistently identify the following signs and environmental features, as they relate to traveling to the transit stop and using fixed route service. Please check all that apply:

- The color of traffic lights
- Pedestrian Walk/ Don't Walk signals
- Crosswalk markings
- Curbs or curb ramps
- Level changes along the walking path
- Bus/transit stop signs that indicate the location of the stop

6. Anything else you wish to tell us about your vision in regards to mobility within the community?

7. Most often, I use the following mobility aids when I walk outside: Please check all that apply:

- Sighted (person) guide
- Guide dog
- White cane
- Optical devices (telescope, light, special glasses, etc.)
- None of the above
- Other, please list: _____

9. When I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.

___ Yes ___ No ___ Sometimes

10. My hearing is normal: Yes No

If No, please describe your functional hearing problems.

C. INFORMATION ABOUT YOUR CURRENT USE OF FIXED ROUTE SERVICES OR PARATRANSIT SERVICES

1. Do you currently use The Belle Urban System by yourself?

Yes No

If YES continue, if NO, go to question #5.

2. If yes, how often? (Circle the choice that best applies to you)

Daily Several times per week At least once per month Rarely

3. When was the last time you independently used The Belle Urban System?

4. If you need the assistance of another person to travel while using the bus or train, what assistance does this person provide?

5. You indicated that you do not use The Belle Urban System. Why not?
Please check all that apply:

- The closest stop is too far from my house
- I do not know how to ride The Belle Urban System
- I cannot travel by myself between the bus stop and my destination
- I'm afraid to use The Belle Urban System
- I do not want to use The Belle Urban System
- Other (explain)

6. Please list destinations for which you use or need Paratransit services and the reasons why you are unable to use fixed route services for those trips.

a. Destination and address:

Reasons why fixed route service cannot be used:

b. Destination and address:

Reasons why fixed route service cannot be used:

c. Destination and address:

Reasons why fixed route service cannot be used:

Please read the following statements and check all those that best describe what you believe about your ability to use The Belle Urban System by yourself.

- I use The Belle Urban System for some trips, but sometimes there are barriers that prevent me from using these services
- I use The Belle Urban System frequently on routes to familiar destinations

8. Travel three blocks on the sidewalk in good weather?

Always Sometimes Never Not Sure

9. If you are able to do this, how long does it take you?

Less than ten minutes Ten to Fifteen minutes Not Sure

10. Step on and off a curb from a sidewalk?

Always Sometimes Never Not Sure

11. Wait ten minutes outside in good weather if there is no seat?

Always Sometimes Never Not Sure

12. Find your own way to or from bus stop after being shown?

Always Sometimes Never Not Sure

13. Currently travel by yourself using any mode of transportation?

Always Sometimes Never Not Sure

14. If always or sometimes, which modes of transportation allow you to travel independently?

Paratransit The Belle Urban System Car

15. Have you ever gotten lost when traveling alone?

Yes No, I never travel outside alone No, I've never gotten lost

16. If yes, were you able to find your way back?

Yes Yes, with help No

17. If the weather is good and there are no environmental barriers, how far can you travel outdoors using your mobility device, if applicable.

- I cannot travel outdoors alone at all
- Less than: 1 block
- 3 blocks
- 9 blocks
- Not sure
- Curb in front of my house
- 6 blocks
- More than 9 blocks
- Other: _____

E. WEATHER AND ENVIRONMENT

Does the weather affect your ability to use The Belle Urban System?

Yes Sometimes No If yes or sometimes, please explain how:

Are you able to get to and from The Belle Urban System stops on your own?

Yes No Sometimes

If No or Sometimes, please check all that apply

- I cannot get places if there are no curb-cuts
- I cannot if the street or sidewalk is too steep
- I cannot cross busy streets and intersections
- I cannot travel outside when it is too hot or too cold due to my disability
- I cannot find my way at night because of a vision disability
- I get confused and cannot find my way
- I probably could with travel training
- I feel unsafe when traveling alone on The Belle Urban System
- Other: _____

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use The Belle Urban System.

Certifications

Applicant Signature _____

I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services.

Applicant Signature _____ Date _____

Person completing form if other than applicant (please check one):

- I certify that the information provided in this application is true and correct, based upon information given me by the applicant.
- I certify that the information provided in this application is true and correct, based upon my own knowledge of the applicant's health condition or disability.

Print Name _____

Signature _____ Daytime Phone _____

Relationship to Applicant _____ Date _____

Address _____

Professional Verification

THIS PAGE MUST BE COMPLETED BY ONE OF THE FOLLOWING CURRENTLY LICENSED PROFESSIONALS: (please check one)

Physician

Registered nurse

Psychiatrist

Please describe all conditions (physical, cognitive, emotional, other), which functionally prevent the applicant from using The Belle Urban System fixed routes?

How does this condition PREVENT the applicant from using The Belle Urban System fixed route bus service?

Is this condition temporary? Yes, for _____ months. No

Exceptions or additions: _____

I certify that the information contained in parts A – E of this application is true and correct to the best of my knowledge and ability.

Signature _____ Date _____

Print Name _____

Clinic/Agency _____ Telephone _____

Address _____

The Americans with Disabilities Act of 1990 (ADA) is a civil rights law that bans discrimination against people with disabilities. To meet their needs, public transportation companies must provide a variety of services. The applicant may be found eligible for paratransit services for all trips he or she requests, or eligible (based on functional ability) for some trip requests but not for others, or ineligible because he or she is capable of using fixed route transit. The information you provide will enable us to make an appropriate determination for this applicant. All information will be kept confidential. Thank you for your assistance.

FOR OFFICE USE ONLY

Application Received
____ Initial ____ Date

APPROVAL

Dispatch Approval-letter
____ Initial ____ Date

Review Board
____ Initial ____ Date

Review Board
____ Initial ____ Date

Review Board
____ Initial ____ Date

Decline Letter Sent
____ Initial ____ Date

Application Up-date
____ Initial ____ Date

PROGRAM

Unconditional ____
Temp ____ Expire ____
Conditional ____
Conditions _____

City of Racine Dial A Ride Transportation Paratransit Service Application Form

I, the applicant, authorize the release of information requested to the Agency and any eligibility review panel, and understand that the requested information will be treated as confidential and be used solely for the purpose of determining my eligibility to utilize the Dial A Ride Transportation service of Racine. I understand that the Agency reserves the right to request additional information at its discretion for the purpose of determining my eligibility.

Signature of applicant: _____ Date: _____

Printed name of applicant: _____

Signature of Preparer: _____
(If other than applicant)

Printed name of preparer: _____
(If preparer represents an agency, please print the agency name below)

Signature of parent or legal guardian: _____

Date _____

Printed name of parent or legal guardian: _____

Complete the attached form and return to:

Belle Urban System (D.A.R.T.)
1900 Kentucky Street
Racine, WI 53405

(262) 619-2438