



APPLICATION FOR CERTIFICATION OF ADA COMPLEMENTARY PARATRANSIT ELIGIBILITY

Thank you for inquiring about applying for Craven Area Rural Transit System (CARTS) ADA Complementary Paratransit eligibility. If you have a disability or health condition that prevents you from sometimes or always using CARTS fixed route service (also known as “The Loop”), you may be eligible for ADA Complementary Paratransit. Enclosed is a copy of an Application for Certification of ADA Complementary Paratransit Eligibility, ADA Complementary Paratransit Policy, and ADA Complementary Paratransit Ride Guide.

Please read these enclosed materials carefully before completing the application.

The Americans with Disabilities Act (ADA) of 1990 requires paratransit as a complement to fixed route service. CARTS will strictly limit ADA paratransit eligibility to the definition of eligibility contained in the U.S. Department of Transportation ADA regulations. Only those persons who meet the regulatory definition will be given documentation indicating they are “ADA Paratransit Eligible.” Eligible individuals will receive documentation of ADA paratransit eligibility, which can be used in other areas. Individuals may be ADA paratransit eligible on the basis of a permanent or temporary disability.

Having a disability does not automatically make an individual eligible for paratransit service. Eligibility will be based on the functional ability of applicants to use fixed route transit services. The following individuals are ADA paratransit eligible:

1. Any individual with a disability who is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from Loop buses.
2. Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, and disembark from a Loop bus, when a lift-equipped bus is not available or can't be deployed because the bus stop is not accessible.
3. Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a Loop bus stop or from a Loop bus stop to their destination.

An applicant's eligibility will be based on his or her most limiting condition, whether related to the environment or the variable nature of the disability. Determinations of paratransit eligibility will consider each applicant's ability to travel to any origins and destinations in the complementary paratransit service area under all conditions. Eligibility may be based on a permanent or temporary disability. If the disability is permanent, CARTS may require recertification no less than every three years. If the disability is temporary, the duration of eligibility may be based on the duration of treatment period. ADA eligible individuals, who are able to use the fixed route system under certain circumstances, will not be penalized for riding the fixed route service and will be allowed to ride the fixed route system at the fixed route half-price fare rate.

To enable us to accurately determine your eligibility for this service, **please complete the enclosed application as completely and accurately as possible.** The questions are meant to determine the circumstances under which you can use fixed route or paratransit services.

If you need assistance completing the form, or have any questions, please contact the **CARTS office at 252-636-4917**. Upon request, this letter and application is available in large print, and other alternative formats.

After you have completed “Part A” of this application, please have a licensed health care or rehabilitation professional complete “Part B” of this application and sign the last page. **Incomplete applications will not be processed.** The information you provide in this application is confidential.

If, by a date 21 days following the submission of a complete application, CARTS has not made a determination of eligibility, the applicant shall be treated as eligible and provided service until and unless CARTS denies the application.

The determination concerning ADA paratransit eligibility shall be in writing. If the determination is that the individual is ineligible, or if eligibility is limited—such as only conditional or temporary eligibility—the written notification will state the reason(s) for the finding. CARTS will provide documentation to each eligible individual stating that he or she is “ADA Paratransit Eligible.”

Individuals denied ADA paratransit eligibility may appeal the decision. A written appeal request must be submitted to CARTS within 60 days of the denial of an individual’s application to be considered. The written request only needs to state a desire for an appeal and does not have to contain the reasons for the appeal. The appeal process shall include an opportunity to be heard and to present information and arguments, separation of functions (i.e. a decision by a person not involved with the initial decision to deny eligibility), and written notification of the decision, and reasons for the decision. ADA paratransit service will not be provided pending the determination of an appeal. However, if a decision is not made within 30 days of the appeals hearing, CARTS shall provide paratransit service from that time until and unless a decision to deny the appeal is issued.

**APPLICATION FOR CERTIFICATION
OF CARTS ADA PARATRANSIT ELIGIBILITY
2822 Neuse Blvd.
New Bern, NC 28562
(252) 636-4917**

This application should only be completed if you have a disability or health condition that prevents you from sometimes or always using CARTS fixed route bus service. Persons completing this application will be considered for ADA Complementary Paratransit. Information about disability or health condition will be kept strictly confidential.

--- PLEASE PRINT---

Part A (This part must be completed by all applicants)

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt # _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone (daytime) _____

(evening) _____

Date of Birth (month/day/year) _____ Sex (M/F) _____

If someone assisted in completing this application, please provide the following information:

Print name _____

Relationship to applicant _____

Address _____

Agency _____ **Phone** _____

In case of emergency: Please provide pertinent information for two people CARTS can contact. This can be a friend, relative or support professional familiar with your disability.

Name _____ Relationship _____

Address _____

Work Phone# _____ Home Phone # _____

Name _____ Relationship _____

Address _____

Work Phone# _____ Home Phone # _____

- 1. What is the disability or health condition that prevents you from using CARTS fixed route service? Please describe all disabilities or health conditions that affect your travel.**

- 2. How does this disability or health condition prevent you from using CARTS fixed route service? Please explain completely. Use additional sheets if needed.**

- 3. Do you use any of the following mobility aids? (check all that apply)**

Manual wheelchair Electrical Wheelchair Powered Scooter

Cane Walker Crutches Braces

Service Animal (describe) _____

Other (describe) _____

No I do not use any mobility aids

- 4. Do you ever need to bring someone else with you to help you when you travel (“a personal assistant” or “personal attendant”)?**

No Yes, Always Yes, Sometimes

5. Without the help of someone else can you...

Request and understand written or spoken instructions?

Always Sometimes Never Not Sure

Explain: _____

Cross streets and intersections?

Always Sometimes Never Not Sure

Explain: _____

Stand for 10 minutes if there is no place to sit?

Always Sometimes Never Not Sure

Explain: _____

Wait at a fixed route bus stop if there is a seat or shelter?

Always Sometimes Never Not Sure

Explain: _____

Step on and off a sidewalk from the curb?

Always Sometimes Never Not Sure

Explain: _____

Find your own way to the bus stop if someone shows you the way once?

Always Sometimes Never Not sure

Explain: _____

Walk up and down three steps if there is a handrail?

Always Sometimes Never Not sure

Explain: _____

Transfer from one fixed route vehicle to another?

Always Sometimes Never Not Sure

Explain: _____

Handle unexpected situations such as: loud noises on the bus by other passengers or delays if a vehicle breaks down while you are on board?

Always Sometimes Never Not Sure

Explain: _____

6. Under the best conditions, what is the farthest you can walk (or travel using your mobility aid) without the help of another person?

Less than 1 block 1 block 2 blocks (1/4 mile)

4 blocks (1/2 mile) 6 blocks (3/4 mile) more than 6 blocks

I cannot travel alone at all

7. Is your functional ability to travel independently affected by weather?

Always Sometimes Never Not Sure

Explain: _____

8. If CARTS offered free instructions on learning how to ride the fixed route service, would you be interested in this type of training?

Yes No (please explain)

9. List your 4 most frequent destinations and how you currently get there:

Destination	How you get there now:

10. Is there anything else you want to tell us about your disability or health condition that might help us to better understand your travel abilities and limitations?

Authorization for Release of Information

I authorize the professional who has completed Part B of this application to release to CARTS information about my disability or health condition and its effect on my ability to travel on the CARTS service. I understand that I may revoke this authorization at any time.

I, the applicant, understand that the purpose of this application is to determine my eligibility to use ADA Complementary Paratransit. I agree to release the information requested to CARTS, and any eligibility review panel, and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that CARTS reserves the right to request additional information at its discretion. I agree to notify CARTS of any changes in the status of my disability that affects my ability to use ADA Complementary Paratransit service. I also understand that this may affect my eligibility as a rider.

Date _____

Signature of Applicant or Responsible Party

I understand that the purpose of this form is to determine if I am eligible to use ADA Complementary Paratransit Services. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a review of my eligibility and possible loss of ADA Complementary Paratransit Services. I agree to notify CARTS if I no longer need to use ADA Complementary Paratransit Services.

Date _____

(Signature of Applicant or Responsible Party)

Thank you for completing this application. You will be notified in writing within 21 days of the receipt of this application of the determination that has been made and the reason(s) for that determination.

Any person denied eligibility or granted conditional eligibility may file a written request for an appeal within 60 days from the date on the eligibility determination letter. ADA Paratransit service will not be provided during the appeal process, unless the appeal process cannot be concluded within 30 days.

Part B

This part must be completed by a licensed health care or rehabilitation professional, or a human services agency social worker, familiar with your health condition and functional abilities.

You are being asked by the applicant named in PART A of this application to provide information regarding his/her ability to use CARTS fixed route services. CARTS provides ADA Complementary Paratransit services $\frac{3}{4}$ of a mile inside of and around the fixed route corridor to individuals who meet eligibility requirements as defined by 49 CFR 37.123. Only those persons who meet the regulatory definition will be given documentation indicating they are “ADA Paratransit Eligible.” Eligible individuals will receive documentation of ADA paratransit eligibility, which can be used in other areas. Individuals may be ADA paratransit eligible on the basis of a permanent or temporary disability.

Having a disability does not automatically make an individual eligible for paratransit service. Eligibility will be based on the functional ability of applicants to use fixed route services. The following individuals are ADA paratransit eligible:

1. Any individual with a disability who is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.
2. Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.

3. Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

An applicant's eligibility will be based on his or her most limiting condition, whether related to the environment or the variable nature of the disability.

Determinations of paratransit eligibility will consider each applicant's ability to travel to any origins and destinations in the complementary paratransit service area under all conditions. Eligibility may be based on a permanent or temporary disability. If the disability is permanent, CARTS may require recertification no less than every three years. If the disability is temporary, the duration of eligibility may be based on the duration of treatment period. ADA eligible individuals, who are able to use the fixed route system under certain circumstances, will not be penalized for riding the fixed route service and will be allowed to ride the fixed route system at the fixed route half-price fare rate.

The information you provide will allow us to evaluate the request and determine this individual's specific needs. CARTS fixed route vehicles have accessibility equipment designed to assist individuals who are not able to board using the steps. Individuals for whom performing these tasks is inconvenient or uncomfortable are **NOT ELIGIBLE** for services. Thank you for your cooperation in this matter.

PLEASE FOLLOW THESE STEPS TO VERIFY THIS APPLICATION:

1. Fill out PART B of the application **completely**, using the criteria provided.
2. Return the completed application to the applicant within 7 days of receipt. The applicant is responsible for returning the application to CARTS.
3. You may be contacted for additional information if questions remain about the applicant's abilities.
4. If you have any questions, contact CARTS at (252) 636-4917.

1. Without the help of someone else can the applicant...

Request and understand written or spoken instructions?

Always Sometimes Never Not Sure

Explain: _____

Cross streets and intersections?

Always Sometimes Never Not Sure

Explain: _____

Stand for 10 minutes if there is no place to sit?

Always Sometimes Never Not Sure

Explain: _____

Wait at a fixed route bus stop if there is a seat or shelter?

Always Sometimes Never Not Sure

Explain: _____

Step on and off a sidewalk from the curb?

Always Sometimes Never Not Sure

Explain: _____

Find his/her own way to the bus stop if someone shows him/her the way once?

Always Sometimes Never Not sure

Explain: _____

Walk up and down three steps if there is a handrail?

Always Sometimes Never Not sure

Explain: _____

Transfer from one fixed route vehicle to another?

Always Sometimes Never Not Sure

Explain: _____

Handle unexpected situations such as: loud noises on the bus by other passengers or delays if a vehicle breaks down while you are on board?

Always Sometimes Never Not Sure

Explain: _____

2. Under the best conditions, what is the farthest the applicant can walk (or travel using your mobility aid) without the help of another person?

Less than 1 block 1 block 2 blocks (1/4 mile)
 4 blocks (1/2 mile) 6 blocks (3/4 mile) more than 6 blocks
 I cannot travel alone at all

3. Is your functional ability to travel independently affected by weather?

Always Sometimes Never Not Sure

Explain: _____

4. Name of Applicant: _____

5. Capacity in which you know the applicant: _____

6. When was the applicant last treated or seen by you? _____

7. On average, how frequently is the applicant seen by you? _____

8. Has the applicant been diagnosed with physical, cognitive, mental, or other disability that would prevent him or her from using CARTS fixed route?

- No
- Yes

Diagnosis and date of Onset: _____

9. The applicant's disability is:

Permanent Temporary (until when) _____

10. Do the applicant's functional abilities to travel change due to medical treatments, environmental conditions (heat, humidity, cold, ice and snow) or other related factors?

- No
- Yes (explain):

11. Additional comments (prognosis, functional abilities, etc.):

12. Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

- This individual is not prevented from using fixed route service because of their disability or health condition.

- This individual can use the fixed route service under certain situations.
- This individual cannot use the fixed route service at all due to functional limitations.

Professional's Name and Title (Print):

License or Certificate #: _____

Signature: _____

Company or Agency Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

Completion of this application by any other profession will not be accepted.
Professional affiliation (check the appropriate designation):

- Licensed physician Licensed physical therapist
- Licensed occupational therapist Certified rehabilitation counselor
- Certified psychologist / psychiatrist
- Certified orientation / mobility specialist
- Social Worker, Human Services Agency

OFFICE USE ONLY

I have viewed official documentation of eligibility as follows:

N.C. Drivers License

Professional Signature Verification

Other (explain) _____

Approval: Yes__ No__ Issued By:

Issue Date: _____

Expiration Date: _____

September 2017