COTTONWOOD AREA TRANSIT

Providing Courteous and Responsive Transportation

PARATRANSIT SERVICE AND ADA ELIGIBILITY APPLICATION AND INFORMATION

"Inspiring a Vibrant Community"

COTTONWOOD AREA TRANSIT

"Inspiring a Vibrant Community"

Verde Shuttle
COTTONWOOD • SEDONA

Dear Potential Customer,

Thank you for your recent interest regarding our CAT ADA Paratransit transportation program. Under the ADA, disability alone does not qualify a person to ride Paratransit. In the area of public transportation, the ADA clearly states that regular fixed route bus service should be the primary means of public transportation for everyone, including people with disabilities. Paratransit service is a 'Safety Net', only for those persons with physical, cognitive, emotional, visual, or other sensory disabilities who do not have the ***functional*** capability to ride fixed-route buses, either permanently or under certain conditions. The fixed-route bus system is fully accessible, with wheelchair accessible buses and major transfer facilities. The CAT paratransit service area is ¾ of a mile from all bus CAT bus stops within Cottonwood and Clarkdale.

Please make sure that you have taken some time to read and complete the application as thoroughly as possible. Please read the instructions on the application thoroughly. The application will not be processed until parts A and B are complete and submitted to the CAT office and an in-person interview/orientation is conducted. Incomplete applications will be returned to you.

We would be happy to address any questions that you may have. We can be reached by telephone at (928) 634-2287. Once the application has been completed, please return it to CAT at your earliest convenience. We look forward to hearing from you soon.

Sincerely,

Debbie S. Jones
ADA Administrator
(928)340-2756
dsjones@cottonwoodaz.gov
Cottonwood Area Transit

ADA PARATRANSIT APPLICATION FORM

Please complete this application to the best of your ability and be as thorough as possible. If you have difficulty answering any questions on the application, or if you need assistance completing this form, please call Debbie Jones at (928) 634-2287. **In order for the application to be considered complete, every question on the application must be answered. We cannot begin processing the application until it is complete.** If a question does not apply to you, please write 'Not Applicable' or 'NA'.

The purpose of this application is to provide an opportunity for you to describe how your disability prevents you from riding the fixed-route system. This includes any environmental and/or physical barriers that prevent you from riding the fixed-route buses. The more complete and accurate the information you provide is, the better CAT will understand your abilities and travel challenges. Information contained in this application will be kept confidential and will only be shared with the professionals involved in the evaluation of your eligibility for CAT, or others if disclosure is required by law.

There are 2 sections to this application. Part 1 is to be filled out by the applicant or by someone on the applicant's behalf. Part 2 is to be filled out by a professional familiar with the applicant's functional abilities. The application will not be accepted or considered complete until both parts are completed in full and submitted to CAT. Please submit completed application by mail to:

Cottonwood Area Transit
340 Happy Jack Way
Cottonwood, AZ 86326
Fax to: (928)634-1685
Email to: dsjones@cottonwoodaz.gov

Part 1

Please Print:

Name _____ Date of Birth _____

Address _____ Apt _____

City _____ State _____ Zip_____

Home Phone _____Cell Phone _____

Work Phone_____

Email Address _____

To be completed by any person assisting the applicant with the completion of this application:

Name _____Daytime Phone_____

Address_____

Relationship to Applicant_____

Email Address _____

Please provide us with the name of the person you would like us to contact in case of an emergency. Select someone who will not be riding with you.

Name _____Relationship to Applicant_____

Home Phone _____Cell Phone _____

Work Phone_____

Email Address_____

To whom should we send correspondence (information regarding eligibility, late trips, missed trips, etc.)? Information may only be sent to one person.

- ☐ Self
- ☐ Case Manager
- ☐ Other

If we need to send correspondence to a Case Manager or other, please fill out the following information:

Name _____Daytime Phone_____

Address_____

Relationship to Applicant_____Date_____

Will you need future materials in an alternative format? If yes, please circle one:

Braille Large Print Email Disc

What is the disability that prevents you from using the fixed-route system?

_____

Is your disability considered permanent? Yes No

If no, how long do you expect to have this disability? _____

Does your disability change from day to day? Yes No

If yes, please explain:

Designate any mobility devices you use (check all that apply):

Manual Wheelchair _____	Service Animal_____	Prosthesis_____
Motorized Wheelchair _____	White Cane_____	Crutches_____
3 Wheeled_____	Cane _____	Portable Oxygen_____
4 Wheeled_____	Walker_____	Other_____
Brand Name _____	Braces _____	

What is it about riding a fixed-route bus that is most difficult for you? (Example: The bus moves before I am seated, etc.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

If you currently use the fixed-route system, which routes do you use?

_____
_____
_____

What is the closest bus stop to your home? Please give the location (ex: Corner of Fourth and Route 66): _____

Please read the following statements and check those which best describe what you believe is your ability to use the <u>transit fixed- route system</u>. You may select more than one.

☐ I can use the fixed-route bus sometimes, if the conditions are right.

☐ I have difficulty understanding and/or remembering all of the things I need to do to find my way to and from the bus.

☐ I have a temporary disability which prevents me from getting to the bus stop. I will need only until I recover.

☐ I believe I could learn to ride the fixed-route bus, if someone would teach me.

☐ I have difficulty or cannot climb stairs and can only board a bus with a lift/ramp.

☐ I have a visual disability which prevents me from getting to and from the bus.

☐ The severity of my disability changes from day to day. I can ride the fixed-route bus only when I am feeling well.

☐ I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use the fixed-route system.

☐ I have never attempted to ride the fixed-route buses.

☐ I am not sure if I can ride the fixed-route buses.

Have you ever received training to learn how to use the fixed-route bus or to travel around the community?

Yes No

a. If yes, by which agency were you trained? _____

b. Did you successfully complete training? Yes No

c. If you did not complete training, would you like to participate in training to learn to ride the fixed-route bus? Yes No

I certify that I have been truthful in answering this form and that the information that I have provided is correct. I understand that the purpose of this application is to determine if I am eligible to use Paratransit services and that I may be required to do an in-person interview if additional information is needed to determine my eligibility.

Applicant's Signature or Mark Date

INFORMATION RELEASE FORM

In order for us to evaluate your request, it may be necessary to contact a professional to confirm the information you have provided or to answer any additional questions we may have. This person may or may not be the person you have chosen to fill out Part C of this application. Please complete the following information and authorization form. The individual filling out the application cannot be the person listed below. This form does not need to be signed by the professional listed on the form. It must be completed by you or by a person on your behalf.

_____Health Care Professional (includes nurses, physical therapists, rehabilitation specialists, etc.)
_____Case Manager
_____Social Worker
_____Physician
_____Other (please explain) _____

The following professional (please check one above) is familiar with my disability and functional abilities and is authorized to provide the required information to Cottonwood Area Transit for certification. In the space provided below, please provide the name and information of a professional that is familiar with your abilities.

Name_____
First MI Last

Address_____

_____
City State Zip

Phone_____Fax_____

I hereby certify that the information given above is correct. I understand that if my application is not found to be eligible, that I may appeal such determination within 60 calendar days and that I will be advised of the procedures for such an appeal. I hereby authorize Cottonwood Area Transit to contact the professional or agency listed above to verify documentation of functional abilities.

Applicant's Signature or Mark_____

Date_____

Witness_____

Date_____

PART 2 Professional Verification

Please take this section of the application to a professional for verification of your disability and your functional abilities. We prefer that this section be filled out by someone who is not only familiar with your diagnosis, but who is also familiar with your mobility. We suggest taking these forms to an In Home Care Provider, Case Manager, Social Worker, Health Care Professional (Nurse, Physical Therapist, Rehabilitation Specialist, etc.), or Physician. If you have any questions regarding what professionals will be accepted or if the professional you have chosen is charging you a fee for the completion of this paperwork, please call the CAT Office and speak with Debbie Jones at (928) 634-2287.

GUIDELINES FOR PROFESSIONAL VERIFICATION

Your patient/client has requested eligibility for CAT Paratransit transportation service. Because of your professional relationship with this applicant, you are uniquely qualified to help clarify his or her **functional abilities and limitations.** The following are guidelines for using Paratransit. These guidelines may help you in understanding the types of information we need in order to determine the applicant's eligibility for Paratransit.

The basis for CAT ADA eligibility is the American with Disabilities Act. Eligibility is based on:

- **Functional ability** to independently perform the tasks necessary for bus use including: getting to and from the bus stop, getting on the bus, riding the bus, and understanding how to navigate the system in a variety of environments. A diagnosis by itself does not qualify an individual for Paratransit Eligibility.
- Whether the individual is **prevented** from performing these tasks (as opposed to the task being more inconvenient or difficult)
- Whether the individual can perform these tasks **all of the time, only under some circumstances,** or if the disability would **always prevent** the individual from performing these tasks. Eligibility is unique to the individual's personal functional ability and reflects the patient's ability to use the bus and under what circumstances (ex: could use the bus if it were not more than two level blocks to the bus stop, and there was no snow or ice present).

FOR MORE INFORMATION

If you have any questions regarding ADA Paratransit Eligibility or these forms contact Debbie Jones at CAT (928) 634-2287. Thank you for your cooperation.

PROFESSIONAL VERIFICATION

Applicant's Name _____Date of Birth_____

1) In what capacity do you know this individual? _____

_____

2) How long have you known this individual? _____
3) What is the last date of face-to-face contact (by you or your agency) with this individual?

_____

4) Primary Disability/Medical Condition_____
5) Secondary Medical Condition(s) _____

_____

6) Date of onset_____
7) Currently receiving any treatment? _____

_____

8) What is the prognosis? _____
9) Are the effects of the disability variable? _____Yes _____No
10) Medication side effects reported by patient/client: _____

_____

_____

11) Are any of the following affected by the individual's disability? (check all that apply)

_____Disorientation	_____Monitoring time
_____Problem solving	_____Judgment
_____Short-term memory	_____Communication
_____Long-term memory	_____Inconsistent performance
_____Gait or balance	_____Inappropriate social behavior

_____Other (please explain) _____

_____

12) How will using Paratransit better suit this individual than using the fixed-route system?

_____

_____

_____

_____

13) Is there any additional information regarding this individual which you believe impacts his/her functional ability to use the fixed-route system or any special circumstances that you believe should be considered?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I certify that this information is true and correct to the best of my knowledge.

Signature _____ Title_____

_____ _____

Please print or type name Please print or type title

Agency_____ Date_____

Address_____ Phone_____

_____ Extension_____

_____ Fax_____

Thank you for your time and input.

Please submit completed application by mail to:
Cottonwood Area Transit
340 Happy Jack Way
Cottonwood, AZ 86326

Fax to: (928)634-1685
Email to: dsjones@cottonwoodaz.gov