



ADA PARATRANSIT ELIGIBILITY APPLICATION AND INSTRUCTIONS

Thank you for inquiring about Paratransit service, provided by Connect Mobility in Bloomington-Normal. Enclosed is an ADA Paratransit Application Form. Please read this and the enclosed material carefully before completing the application.

The Americans with Disabilities Act of 1990 and the Department of Transportation Regulations 49-CFR Part 37 requires Connect Transit to provide paratransit bus service to any individual with a disability who is unable, as a result of a physical or mental impairment, to board, ride or disembark from any vehicle on the transit system which is readily accessible to and useable by individuals with disabilities. Regulations require each transit system to develop a certification process wherein anyone needing paratransit bus service must be certified as ADA eligible pursuant to the guidelines set down in Part 37.123 of the Department of Transportation regulations. The law is very specific as to whom and under what circumstances eligibility may be granted and is not automatically assumed because of a disability.

You, or your designee, must completely answer all questions to the best of your ability and you must certify that the information is complete and correct by signing and dating the application. In addition, we ask that you fill out the Professional Release of Information allowing us to contact the professional (not a relative or friend) of your choice who can confirm the information you have provided. This person may be a registered nurse, social worker, physician, physical therapist, psychologist, occupational therapist, chiropractor, speech pathologist, physician's assistant, nurse practitioner, or mental counselor who is currently certified or licensed in their field. This person should be familiar with your disability and how it affects you.

Please complete your application as thoroughly as possible. Your answers will assist us in determining the specific limitations you have in using our service. All applicants, whether new or those applying for recertification, must complete a new application. The Connect Transit ADA Paratransit certification process includes completing the application, NOTE: Applications are valid for 60 days after the professional verification is received by Connect Transit. Interviews must be completed by this date, or you will need to reapply. Page 2 of 11 submission of a professional verification based upon ADA regulations. Paratransit transportation will be provided upon request. Should you have any questions about the certification process, please contact Connect Transit at (309) 828-9833.

The final eligibility determination will be made within 21 days of completion of the application process. NOTE: Applications are not considered complete until the professional verification has been completed. If a decision is not made within the 21 days, Connect Mobility service will be provided on a temporary basis, until a final determination is made. Connect Transit will notify you, in writing, of the results of your evaluation and your eligibility status.

TYPES OF ELIGIBILITY

If you are determined to be eligible for Connect Transit paratransit service, your eligibility will be one of the following types:

1. **UNCONDITIONAL ELIGIBILITY:**

Your disability, or health condition, prevents you from using the fixed route buses and you qualify for ADA Paratransit for all your trips.

2. **CONDITIONAL ELIGIBILITY:**

You can use the fixed route buses for SOME of your trips but qualify for ADA Paratransit Service for other trips.

3. **TEMPORARY ELIGIBILITY:**

You have a health condition or disability that TEMPORARILY prevents you from using the fixed route buses and you qualify for ADA Paratransit.

A determination is made based upon an individual's ability to board, ride and disembark independently from a fully accessible fixed route bus. The terrain and architectural structure are also considered. It is important for all applicants to realize that this is a transportation decision, not a medical authorization.

Please mail your completed application and Professional Release of Information form to:

Connect Transit, 351 Wylie Dr., Normal IL, 61761.

Applications can also be faxed to 309-354-4701 or brought into our office.

Lack of fixed route service in an area or at specific scheduled times does not qualify as adequate justification for ADA Paratransit eligibility. Connect Transit Paratransit service provides service within the city limits, three quarters of a mile outside of Connect Transit bus routes during the same hours as fixed route bus service for those determined eligible.

APPEAL PROCEDURE

A determination of eligibility will be made by Connect Transit within 21 days of the completed application process. NOTE: Applications are not considered complete until the professional verification has been received. Connect Transit will notify you in writing with the decision of your eligibility status. If it is determined that you can use the fixed route service and are found not eligible for paratransit service, Connect Transit will provide explanation for the determination. If you are determined "Not Eligible" or are dissatisfied with your eligibility type you may appeal the decision. A written appeal to Connect Transit must be received within 60 calendar days of the written eligibility notification letter.

Submit a letter stating your wish to appeal against the decision that was made. You may include information as to why you feel you were incorrectly denied (or limited) for Paratransit service and attach copies of any other information you feel supports your appeal, though this is not required. A hearing date will be set for within thirty days of receipt of the appeal request.

The decision of the appeals committee will be given within thirty days of the hearing date and will be provided in writing (and/or other accessible formats as requested). The decision made by the appeal panel will be the final determination. You may then only re-submit an application if your condition changes. ADA Paratransit service will not be provided for new applicants during the appeal process, unless the appeal process cannot be concluded within 30 days.

Appeals must be in writing and forwarded to:

Connect Transit ADA Paratransit Appeals

351 Wylie Dr.

Normal, IL 61761

PROFESSIONAL RELEASE OF INFORMATION

To allow Connect Transit to evaluate your request for Paratransit eligibility, it will be necessary for us to contact a physician or other professional to confirm the information that you have provided. **Please complete the following information and professional release authorization form and return it with your application.**

I, the applicant, understand that the purpose of this application is to determine my eligibility to use Connect Transit paratransit service. I hereby authorize my health care provider or other professional listed below to release information about my disability and its effect on my ability to travel, which may be needed in connection with my request for ADA paratransit eligibility certification.

Signed: _____ **Date:** _____

Printed Name of Applicant: _____ **DOB:** _____

If the applicant is a minor or has a legal guardian, the parent or guardian must sign this application and attest to the accuracy:

Signature of Parent or Legal Guardian: _____

Relationship: _____ Phone: _____ Date: _____

In the space below, CLEARLY PRINT the name of the Health Care Professional who will be verifying your application and his/her medical position.

Name of Professional: _____

Address/city/state/zip: _____

Phone: _____ Fax: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> licensed physician | <input type="checkbox"/> certified psychologist | <input type="checkbox"/> nurse (LPN/RN) |
| <input type="checkbox"/> vision specialist | <input type="checkbox"/> ophthalmologist | <input type="checkbox"/> mobility specialist |
| <input type="checkbox"/> speech pathologist | <input type="checkbox"/> licensed physical therapist | <input type="checkbox"/> hearing specialist |
| <input type="checkbox"/> licensed social worker | <input type="checkbox"/> mental health counselor | |
| <input type="checkbox"/> licensed occupational therapist | <input type="checkbox"/> certified rehabilitation specialist | |
| <input type="checkbox"/> other: | _____ | |

For Office Use Only

Date Received:

Received By:

I am applying for: Paratransit Eligibility Paratransit Eligibility Renewal

PERSONAL INFORMATION

Name _____

Gender Male Female

Address _____

City _____ State _____ Zip _____

Mailing Address (if different from home address) _____

City _____ State _____ Zip _____

Telephone Number (Cell) _____

Telephone Number (Home) _____

Date of Birth (MM/DD/YYYY) _____ Age: _____

Medicaid Recipient? Yes No Medicaid ID # _____

Email _____

Primary Language: English Spanish Sign Language

EMERGENCY CONTACT INFORMATION
(List at least one emergency contact)

Name _____

Relationship to Applicant _____

Telephone Number (Daytime) _____ (Alternate) _____

Is this person authorized to schedule trips on your behalf? Yes No

Name _____

Relationship to Applicant _____

Telephone Number (Daytime) _____ (Alternate) _____

Is this person authorized to schedule trips on your behalf? Yes No

PRESENT MEANS OF TRAVEL

1. Have you recently (within the last 3 months) used Connect Transit accessible fixed-route service?

Yes No

If not, have you attempted to use an accessible fixed-route service within the last 3 months?

Yes No

If yes, please tell us about your experience _____

2. If you do not currently ride the accessible fixed-route service, what might help you do so?

Route and schedule information

Training on how to travel on the bus

Having bus stops closer to where I live and need to go

Other (please explain) _____

How long have you lived in the Bloomington-Normal community?

- Under 1 year 1 to 3 years More than 3 years

3. What are your 3 most frequent travel destinations and how do you reach them currently?

Destination	Travel Frequency	Mode of Travel

4. Where is the nearest bus stop to your residence? Please give a location or intersection.

4. Select any obstacles you experience when traveling to the nearest bus stop:

- Busy street(s) to cross Lack of curb Road construction Excessive distance No sidewalks
- Poor sidewalk conditions Steep incline Steep decline Time of day
- Other (please explain)_____

5. Do you use any of the following mobility aids while traveling?

- Support cane Crutches Walker Oxygen Manual wheelchair Power wheelchair
- Scooter (3 wheel) Service animal White cane Other (please specify)_____

6. If you do not currently ride Connect Transit accessible fixed-route service, please select all the reasons that apply:

- Not sure how to ride Bus stop is too far away There are no sidewalks where I live
- I am afraid to ride I do not want to ride The ground is too to get to the bus stop
- I need a wheelchair lift/ramp I am not able to recognize a destination or landmark

DISABILITY AND FUNCTIONAL LIMITATION INFORMATION

1. What type of disability prevents you from using the accessible fixed-route service? Please specify any disabilities that your medical professional is treating you for.

- Physical Developmental Visual Hearing Cognitive Behavioral
 Other (please explain)
-

2. Do you require the services of a Personal Care Assistant when you travel?

- Yes No

Note: Connect Transit does not provide a Personal Care Assistant, and it is the responsibility of the client.

How would you classify your health condition or disability?

- Short Term/Temporary (up to 1 Year) Medium/Long Term (up to 3 Years) Permanent

Please select ALL disabilities that significantly affect your ability to access Connect Transit accessible fixed-route service:

- Alzheimer's Disease Amputation Anxiety/Panic Attacks Arthritis Asthma
 Autism Spectrum Cancer (specify)_____ Cataracts Cerebral Palsy
 Congestive Heart Failure Chronic Obstructive/Pulmonary Disease (COPD)
 Cystic Fibrosis Dementia Diabetes (severe) Emphysema Epilepsy (severe)
 Heart Attack Traumatic Head Injury Kidney Disease/Dialysis Legally Blind
 Macular Degeneration Intellectual Disability Multiple Sclerosis
 Muscular Dystrophy Paraplegia Parkinson's Disease Peripheral Vascular Disease
 Quadriplegia Retinopathy Schizophrenia/Schizoaffective Disorder
 Stroke/Cerebral Trauma Systemic Lupus Erythematosus Thrombosis (Chronic)
 Blindness Other (please specify) _____
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DISABILITY AND FUNCTIONAL LIMITATION INFORMATION (CONTINUED)

Please describe how the disabilities that have been selected above significantly affect your ability to access accessible fixed-route service. We ask you to be as thorough and specific as possible.

3. Does your health condition or disability change from day-to-day in ways that would affect your ability to use Connect Transit accessible fixed-route service?

Yes No

If yes, please explain _____

4. Are you currently receiving any type of treatment or therapy related to your health condition or disability? Yes No

Permanent

If temporary, what is the expected duration? ___ Days ___ Months ___ Years

5. Are there any other aspects of your health condition or disability that we should know about?

Yes No

If yes, please explain _____

CERTIFICATION

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

Applicant Signature _____

Date _____

A. 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 the information given to me by the applicant.

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

Name (person completing application on behalf of the client) _____

Signature _____

Date _____ **Daytime Phone Number** _____

Relationship to Applicant _____

Address _____

City _____ **State** _____ **Zip** _____