LAREDO TRANSIT MANAGEMENT INC.

Application for Certification of ADA Paratransit Eligibility

The Americans With Disabilities Act of 1990 (ADA) is federal legislation prohibiting discrimination against people with disabilities. One of the overriding principles of the ADA is to ensure that all people have equal access to public transportation. In order to ensure this access, public transit vehicles and facilities are required to be fully accessible and usable by persons with disabilities. For people who are unable, due to a physical or mental disability (including mobility or cognitive impairments) to independently use the public fixed-route transportation regular bus, paratransit services must be made available.

If you believe that you have a disability (including mobility or cognitive impairments), which prevents you from independently using public fixed-route transportation facilities and/or vehicles, please complete this application form and return it to the LAREDO TRANSIT MANAGEMENT INC. office located at the Transit Center downtown office. The questions on this application are designed to provide assistance in determining your functional abilities.

Your completed application will be reviewed and a decision regarding your eligibility for paratransit services made within 21 days. You may be found eligible for paratransit services for all of your travel needs, eligible (based on your abilities) for some requests but not for others, or you may be found capable of using the fixed-route facilities and vehicles. If you disagree with the decision made regarding your eligibility status, you may appeal the decision. It is possible that upon review of your application, you may be asked to provide additional information. This may include contacting a licensed professional familiar with your functional abilities, a phone or personal interview, or a physical or cognitive functional evaluation.

All information regarding the certification process and paratransit services will be made available in accessible formats (i.e. Large Print, Audio Tape, CD, other) upon request.

All information requested throughout the certification process will be kept confidential.

It is important to complete all parts of this form -- type or print, please. Applications that are not complete or clearly written will be returned, which will delay the eligibility determination process.

Revised March 2022

PART 1. *General Information*

First Name _____ Middle Initial_____

Last Name _____ Sex (Optional): M_____ F _____

Street Home Address: _____ Apt.#: _____

City: _____State: _____ ZIP: _____

Mailing Address (if different from Home):_____ Apt.#: _____

Daytime Phone: (____)_____TDD/TTY: (____)_____

Evening Phone: (____)_____ Birth Date (optional): ____/____/____

Do you need this application and future written information provided to you in an accessible format? ___Yes ____ No (If yes, what format do you prefer):

___ CD ____ Audio Tape _____Large Print _____ Other_____English/Spanish_____

If assistance was provided in filling out this form, please indicate by whom:

Name: _____ Phone: (_____)_____

Relationship: _____

Please indicate if this person should be contacted directly if additional information is requested.

❑ Yes ❑ No

Please give us the name and phone number of a friend or relative we can call in case we are unable to reach you at your regular number:

Name: _____ Relationship: _____

Daytime Phone: (_____)_____ Evening Phone: (_____)_____

PART 2. ***Please answer the following questions in detail -- your specific answers to the questions will help us in determining your eligibility.***

1.
a. What is your disability or health related condition that prevents you from using public transit?

_____

b. Explain HOW your disability or health related condition prevents you from independently using the public transit services (EL METRO buses).

_____

_____

c. Are the conditions you described permanent _____or temporary _____? (Please check one.) If temporary, how long do you expect this to continue?_____

2. How do you currently travel to your most frequent destinations? Check all that apply:
_____ Public Buses
_____ Someone drives me
_____ Drive myself
_____ Paratransit
_____ Taxi
_____ Other:_____

3. Does your health condition or transportation disability change from day to day in a way that affects your ability to use public buses?
❑ Yes, good on some days, bad on others. ❑ No, doesn't change. ❑ Don't know. If yes or don't know is selected, explain why:

_____

_____

For questions 4 through 12, please indicate whether you are independently able to perform the following functions. ALL no or sometimes answers must be accompanied by an explanation or the application will be considered incomplete.

4. Are you able to understand directions needed to complete a trip? (This doesn't refer to being unaccustomed to the English language.) ❑ Yes ❑ No ❑ Sometimes
If no or sometimes is selected, explain why:

_____

_____

5. Are you able to identify the correct public transit stop? ❑ Yes ❑ No ❑ Sometimes
If no or sometimes is selected, explain why:

_____

_____

6. Are you able to identify the correct public transit vehicle? ❑ Yes ❑ No ❑ Sometimes
If no or sometimes is selected, explain why:

_____

_____

7. Are you able to get to and from the nearest public transit stop? ❑ Yes ❑ No ❑ Sometimes
If no or sometimes is selected, explain why:

_____

_____

Note how many city blocks you can independently travel: _____

8 Are you able to wait at least 15 minutes at a public transit stop? ❑ Yes ❑ No ❑ Sometimes
If no or sometimes is selected, explain why:

_____

_____

Could you wait longer than 15 minutes?

❑ Yes ❑ No ❑ Sometimes

If so, how long? _____(Minutes)
Could you wait if there were a seat or bus shelter? ❑ Yes ❑ No ❑ Sometimes

9. Are you able to get on and off the public transit vehicle without assistance?

If no or sometimes is selected, explain why:

_____

_____

10. Are you able to get on or off a public transit bus if it has a lift or if the front of the bus is lowered?
❑ Yes
❑ No
❑ Sometimes
❑ Don't know, never tried it.
If no or sometimes is selected, explain why:

_____

_____

11. Are you able to grasp handles or railings, coins or tickets while boarding or exiting the transit vehicle?
❑ Yes
❑ No
❑ Sometimes
If no or sometimes is selected, explain why:

_____

_____

12. Are you able to maintain balance and tolerate public transit vehicle movement when seated?
❑ Yes
❑ No
❑ Sometimes
If no or sometimes is selected, explain why:

_____

_____

13. Have you ever had any training or instruction to learn how to use the public transit bus?
❑ Yes
❑ No
If yes is selected, where and when did you receive this training.

_____

_____

14. Is the public transit you need accessible?
❑ Yes
❑ No
❑ Sometimes
❑ Don't know, never tried it. If no or sometimes is selected, explain in what way is it not accessible?

_____

_____

_____

15. Do you use any of the following mobility aids or specialized equipment? Check all that apply.

[____] Manual Wheelchair*	[____] Cane
[____] Electric Chair*	[____] White Cane
[____] Powered Scooter*	[____] Prosthesis
[____] Communication Board	[____] Leg Braces
[____] Breathing Apparatus (Portable O_2)	[____] Crutches
[____] Guide Dog / Service Animal	[____] Personal ID
[____] Walker	
[____] Cue Cards	
[____] Other _____	

16. Does a Personal Care Attendant (PCA) and or service animal accompany you when you travel outside your home? Note: A PCA is someone who is designated or employed by a person with a disability to assist that person in meeting his or her personal needs and/or to facilitate travel for a specific trip. A service animal is trained to provide assistance and is not a pet.

❑ Yes
❑ No
❑ Sometimes
If Yes or Sometimes, please provide the name of the PCA and/or the type of service animal (optional):

_____

17. Do you currently use paratransit service? (Please check one):
❑ Yes
❑ No
❑ Sometimes
If yes or sometimes is selected, when do you use paratransit service? _____

Please give paratransit provider's name: _____

PART 3. ***Signature: Please Complete Box A <u>Unless</u> you are a Minor or Have a Legal Guardian, in Which Case Your Parent or Legal Guardian Should Complete Box B.***

A. I certify that the information in this application is true and correct. I understand that falsification of the 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 the services. I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

Applicant's signature _____ Date _____

B. I understand that the purpose of this application is to determine if the Applicant is eligible to use ADA 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 loss of ADA Paratransit Services as well as a penalty under the law. I agree to notify the LAREDO TRANSIT MANAGEMENT INC. if the Applicant no longer needs to use ADA Paratransit Services.

I consent to the Applicant's interview and the functional assessment of his/her travel abilities and limitations to determine ADA Paratransit eligibility. I acknowledge that I may be present during the interview and any functional assessment, and state that:

(Check one of the following)

____ I will be present.

_____ I designate _____to be present on my behalf, or

_____ I waive my right to be present and do not designate another person to be present on my behalf.

_____ Date _____
(Signature of Parent or Legal Guardian)

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

(Must be completed by Applicant)

Disability verification by a qualified license physician does not guarantee eligibility for paratransit services transportation, but it can play a major role in the eligibility determination process. It is important that any professional that verifies an individual's disability be familiar not only with that person's particular disability, but also his/her ability or inability to travel on EL METRO's regular bus system.

Statement of Release

I, the undersigned, understand that the medical information requested is confidential and will not be shared with any other person or agency. I hereby authorize the release of any and all medical records and/or information by the professionals listed below to the LAREDO TRANSIT MANAGEMENT INC. for the express purpose of determining my eligibility for paratransit services.

Qualified Professionals

Note: Only a Licensed Physician is authorized to verify your disability.:

Name of License Physician _____

Address _____

City _____State _____Zip Code _____

Office Telephone Number _____

Applicant Name (please print)_____

Applicant Signature (required)_____Date_____

Applicant 

here. A Qualified Professional must fill out pages!

PART 4: DISABILITY VERIFICATION FOR DEMAND RESPONSE TRANSPORTATION

This Section to be Filled out by a LICENSE PHYSICIAN. Please Print.

Dear Physician:

The person submitting this booklet to you has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize public transit services. The Americans With Disabilities Act of 1990 requires the LAREDO TRANSIT MANAGEMENT INC. DBA El Metro to provide demand response transportation to persons who, due to their disability, cannot utilize the regular bus system. Three categories established by the Disability Act are as follows:

1. Persons who, because of their disability, cannot independently board, ride, and/or disembark from an accessible vehicle.
2. Persons who, because of their disability, cannot use vehicles without lifts or other accommodations.
3. Persons who, because of their disability, cannot get to or from a boarding or disembarking location.

The information you provide, as authorized on page 8 of this booklet, will allow us to make an appropriate evaluation of this request and its application to specific trip requests.

Disability verification is mandatory for all applicants for demand response transportation service. While verification by a physician is not required, any professional that verifies an individual's disability must have a detailed, first-hand knowledge of that person's disability, as well as the training and credentials necessary for such an evaluation.

Thank you for your assistance.

Please describe your professional status (Licensed Physician) *and* your methods of evaluating the applicant's disability.

_____

_____

Please describe the applicant's current disabling condition.

_____

_____

Is the condition or disability temporary?
____Yes ____ No

If Yes, expected recovery ____/____/_____ (_____ months)

Physical Disabilities

Using a mobility aid, or on his /her own, how far is the applicant able to travel without the assistance of another person?

❑ Less than 200 ft. ❑ Less than 200 ft. ❑ Two Blocks
❑ ¼ Mile (3 blocks ❑ ½ Mile (6 blocks) ❑ ¾ Mile (9 blocks)
❑ More than ¾ Mile ❑ Other

Can the applicant climb three 12-inch steps using handrails without the assistance of another person?
❑ Yes ❑ No ❑ Sometimes

Can the applicant wait outside without support or supervision for ten (10) minutes?
❑ Yes ❑ No ❑ Sometimes

Does the applicant require special assistance and/or the use of any mobility aids? Please describe.

_____

_____

Does the applicant with his/her mobility unit weigh more than 600 lbs.?
❑ Yes ❑ No Weight_____

If the applicant falls, can he/she get up independently?
___Yes ____ No ____ Sometimes

Can the applicant negotiate traffic safely and independently?
❑ Yes ❑ No ❑ Sometimes

Visual Disabilities

If the applicant has a visual impairment, please provide his/her acuity with best correction:

Right Eye_____ Left Eye _____ Both Eyes _____

Visual Fields:
Right Eye_____ Left Eye _____ Both Eyes _____

Cognitive Disabilities

Is the applicant able to consistently state his/her name, home address, and home or emergency telephone numbers upon request?

❑ Yes ❑ No

If No, please explain _____

Is the applicant able to recognize a destination or landmark?

❑ Yes ❑ No

If No, please explain _____

Is the applicant able to handle unexpected situations or an unexpected change in routine?

❑ Yes ❑ No

If No, please explain _____

Is the applicant able to ask for, understand, and follow directions?

❑ Yes ❑ No

If No, please explain _____

Is the applicant able to safely and effectively travel through crowded and/or complex facilities?

❑ Yes ❑ No

If No, please explain _____

Can the applicant negotiate roadway crossing safely and independently?

❑ Yes ❑ No

If No, please explain _____

Other Factors
(This information is required for all applicants)

Please describe any other functional limitation(s) with respect to bus travel. Please be specific.

_____

_____

_____

_____

Can the applicant read and/or understand information signs?

❑ Yes ❑ No

If No, please explain _____

Does the applicant require a Personal Care Attendant (PCA) when traveling?

Note: A PCA is someone who is designated or employed by a person with a disability to assist that person in meeting his or her personal needs and/or to facilitate travel for a specific trip. A service animal is trained to provide assistance and is not a pet.

❑ Yes ❑ No ❑ Sometimes

If Sometimes, please explain:

_____

_____

Please identify any special requirement of the applicant, particularly the need to travel with a respirator or portable oxygen supply.

_____

_____

Please describe are any other aspects of the applicant's disability that might effect travel.

_____

_____

The information obtained in this Americans With Disabilities (ADA) certification process will only be used by the LAREDO TRANSIT MANAGEMENT INC. DBA EL METRO to determine the applicant's eligibility for Paratransit demand response transportation services and will only be shared with other transit providers or transportation programs to facilitate travel and/or coordinate services. This information will be kept confidential and will not be used for any other purpose, unless authorized in writing by the applicant.

I understand that Disability Verification by a qualified professional does not guarantee eligibility, but it can play a major role in the eligibility determination process. Therefore, I hereby certify that I am familiar with the applicant's particular disability and with the applicant's ability or inability to travel on the EL METRO's regular bus system.

EL METRO staff is hereby authorized to contact me or staff members in my office if necessary, to complete the eligibility determination process according to ADA implementing regulations (i.e., CFR Parts 37 and 38). I also agree to provide any and all evidence or documentation deemed necessary by EL METRO for a final eligibility determination for Paratransit demand response transportation service or a subsequent appeal.

I certify that the statements I have made herein are true and correct, and understand that false or fraudulent statements and certifications are punishable by law under 18 U.S.C. Subsection 10001 (1982).

Signature_____ **Date** _____

Name (please print) _____

Address _____

City _____ State _____ Zip Code _____

Office Telephone Number _____Fax:_____

Licensing Identification# _____

FOR OFFICE USE ONLY:

New Application ❑Yes ❑No Recertification ❑Yes ❑No

Applicant's Name:_____

Applicant's Address:_____

Determination: _____ADA NO._____

Expiration Date: _____/_____/_____

Assessment Date: _____/_____/_____

Interview Date: _____/_____/_____

Interviewed By: _____ Date:_____/_____/_____

Approved By:_____ Date: _____/_____/_____

Status: _____

Eligibility Category:_____

Temporary ❑Yes ❑No Duration(months): _____

Client's ID: _____

Comments:_____

_____

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FOR APPEAL USE ONLY:

DATE CONTACTED: _____/_____/_____ BY: _____

APPEAL DATE: _____/_____/_____

DETERMINATION:_____