

ADA Paratransit Application

Delmarva Community Transit Paratransit Services

Overview

The Americans with Disabilities Act of 1990 (ADA), a civil rights bill, was designed to remove barriers that prevent persons with disabilities from fully participating in American society.

Under the ADA, agencies which operate a fixed route transit system are required to provide curb to curb, demand responsive service that mirrors their fixed route service (in terms of service times and areas). This service is a safety net; it is only for those who do not have the functional capability to ride to fix route buses. This service is called paratransit.

Application and eligibility

What is paratransit?

Paratransit is a shared Ride service for which appointments are made with 24 hour notice. Since it is curb to curb service, no assistance is provided to the individual between the door of their starting point or destination. Paratransit vehicles may go into driveways and parking lots if such action can be executed safely. Paratransit service is available to qualified person to live within (1) one mile of the fixed routes. Paratransit service is only available during the hours that fixed route service operates. The fare is \$4.00 each way.

Request for Certification of ADA Paratransit Eligibility

If you have difficulties using fixed route public transportation, including:

- **Unable to travel distances (over 200 ft.) or stand unassisted**
- **Have a severe hearing or visual impairment**
- **Have other difficulties traveling independently on public transportation**

Then Delmarva Community Transit can help you.

Delmarva Community Transit will only use the information obtained in the certification process for the provision of transportation services.

Completion of this form:

- 1. Please read entire application form for your understanding, or call Delmarva Community Transit at 410-221-1910 if you need assistance.**
- 2. Answer all of the questions, 1 through 12, Sign Part I of the authorization form to give to your physical or professional who is familiar with your mobility limitations.**
- 3. Return the completed form to Delmarva Community Transit, 2450 Cambridge Beltway, P O Box 637, Cambridge MD 21613 wither by mail or in person.**

Within 21 days a determination fo eligibility will be mailed to you. You will receive a letter with service information and instructions for obtaining an ID card, if you are eligible for ADA Paratransit service. In the event your application is denied you may appeal within 60 days by contacting the ADA Coordinator at 410-221-1910.

Mail your completed application to:

**Delmarva Community Transit
2450 Cambridge Beltway
P O Box 637
Cambridge MD 21613**

1. Name _____

2. Address _____

3. Telephone: Home: _____ Work: _____

4. Date of Birth: _____

5. What is the disability that prevents you from using our fixed route system?

6. How does the disability prevent you from using fixed route services? Please explain completely. Use an additional sheet of paper if necessary.

7. Are there any other effects of your disability of which we need to be aware?

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by Delmarva Community Transit.

8. Do you use any of the following aids to mobility? (Check all that apply)

Manual wheelchair ___ Electric wheelchair ___ Power scooter ___
Cane ___ Crutches ___ Guide dog ___

9. If you use a wheelchair, scooter or other mobility device, please list:

Manufacturer: _____

Model: _____ Approximate weight: _____ lbs.

Can you transfer to a seat without assistance? Yes ___ No ___

10. Do you require a Personal Care Attendant when using the transit? Yes ___ No ___

I hereby certify that the information given above is correct.

Signature: _____ Date: _____

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name _____

Phone: Home: _____ Work: _____

Address _____

Signature: _____ Date: _____

OFFICE USE ONLY – DO NOT FILL IN

Information verified by: _____ Date: _____

Registration Number: _____

Identification issued by: _____ Date: _____

Card Number: _____ Date issued: _____

If you have any questions about this form or about ADA Paratransit services, please call Delmarva Community Transit at 410-221-1910.

I certify that the applicant individual named above has the following disability, which would prevent him/her from using the local public bus service (please describe the nature of his/her disability):

How does this disability affect this individual's ability to ride the bus service?

Please answer the following questions about the applicant:

Questions	Yes	No	Sometimes (Under the following conditions)
Can he/she travel 1/4 mile (3 blocks)			
Can he/she travel 1/2 mile (6 blocks)			
Can he/she travel 3/4 mile (9 blocks)			
Can he/she wait outside without support for 10 minutes?			
Can he/she navigate the bus system independently?			

It is my professional opinion that this individual's disability is: (Check one)

Permanent Temporary (Expected duration _____)

Professional's Signature

Date

THANK YOU. Please return the completed 2 page form to the applicant or mail to: ADA Transportation Coordinator, Delmarva Community Transit, 2450 Cambridge Beltway, PO Box 637, Cambridge MD 21613

Delmarva Community Transit

Authorization/Professional Verification for ADA Paratransit Application

This certification is required for individuals applying for ADA Paratransit eligibility. A professional who is familiar with your abilities and disability must complete this form. Such a professional may include a physician, physician's assistant, registered nurse, rehabilitation specialist, independent living counselor, social worker, psychologist, or mental health counselor.

PART 1: AUTHORIZATION (to be completed by applicant)

I hereby authorize the release of information requested on this certification for use in evaluating my eligibility for ADA Paratransit services operated by Delmarva Community Transit. I authorize Delmarva Community Transit staff to contact the professional who completed this form if clarification of information is needed and authorize this professional to release all pertinent information.

Name of Applicant

Signature

Date

PART 1: PROFESSIONAL AUTHORIZATION (to be completed by professional)

The individual named above has applied for ADA Paratransit eligibility. Eligibility for this service is limited to individuals who cannot use accessible fixed route bus services because of his or her disability. This form requests your verification that the applicant has a disability that would prevent him/her from using the local bus service. Delmarva Community Transit staff may also contact you for additional pertinent information that the above applicant has authorized you to release.

Name of Professional

Occupation/Title

Organization

Street Address

City/State/Zip

Telephone

THANK YOU. Please return the completed 2 page form to the applicant or mail to: ADA Transportation Coordinator,
Delmarva Community Transit, 2450 Cambridge Beltway, PO Box 637, Cambridge MD 21613