

ADA PROGRAM

CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

TULARE COUNTY AREA TRANSIT

5961 S. Mooney Blvd
Visalia, CA 93277
(559) 624-7180

FOR OFFICE USE ONLY

Received: ____/____/____
Issued: ____/____/____
Expires: ____/____/____

THIS SECTION TO BE COMPLETED BY APPLICANT:

NAME: Mr. Mrs. Ms. _____ DATE OF BIRTH: ____/____/____
First Middle Last Mo Day Yr

ADDRESS: _____
No Street Apt. # City State Zip

PHONE: (____) ____-____ TDD? yes__ no__ Email: _____

Describe in your own words, the disability that **prevents you from using route service?**

Please check any of the following mobility aids you use?

Personal Care Attendant _____ Manual Wheelchair _____ Electric Wheelchair _____
Powered Scooter _____ Cane/Walker _____ Crutches _____ Guide Dog _____

Please answer all the following questions:

- Can you travel 200 feet without the assistance of another person? Yes__ No__ Sometimes__
- Can you travel 400 feet without the assistance of another person? Yes__ No__ Sometimes__
- Can you travel 1/4 mile without the assistance of another person? Yes__ No__ Sometimes__
- Can you climb 12-inch steps without the assistance of another person? Yes__ No__ Sometimes__

I hereby certify that the information provided in this application is correct, and I agree to the release of this information to TCaT for the purpose of eligibility certification.

Signed: _____ Date: _____

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

Printed Name Street Address City State Zip

Signature (____) ____-____
Phone

Name: _____

Eligibility Conditions: _____

ADA Card # _____

This section to be completed by one of the following licensed professionals:

____ Physician ____ Chiropractor ____ Health Care Professional ____ Rehabilitation Counselor
____ Physical Therapist ____ Other (please specify) _____ License # _____

ADA Certification (Receives Priority Consideration for Rides): Under the *Americans with Disabilities Act of 1990*, individuals must meet one or more of the following criteria in order to be certified as *ADA Eligible*. **Please check the appropriate box and/or boxes with respect to the applicant's medical condition that constitutes *ADA Eligibility*.**

_____ I certify that the above named individual, " because of their disability, cannot independently board, ride and/or disembark from any accessible wheelchair vehicle". **Specify qualifying conditions below.**

_____ I certify that the above named individual has a " disability-related condition(s) that prevent them from getting to or from a boarding or disembarking location". **Specify qualifying conditions below.**

_____ I certify that the above named applicant requires a Personal Care Attendant (PCA) to accompany them during transportation. **Specify qualifying conditions below.**

_____ Qualifying Conditions: _____
State qualifying condition(s) under which ADA Certification is applicable.

_____ I certify that the above named applicant has a disability-related condition(s), **however, they are able to get to or from a fixed bus stop, board, ride and disembark from any accessible fixed route vehicle.**

_____ This applicant does not have a transit-related disability.

_____ **Permanent** - The applicant's condition will not significantly improve.

_____ **Temporary** - The applicant's condition will likely improve. Please indicate the anticipated term of present condition. If temporary, I expect the applicant's condition will continue for _____ months.

Name: _____ Signature: _____ Date ____/____/____

Address: _____ Phone: _____

ADA REGULATORY CERTIFICATION REQUIREMENTS

1. Any person with a disability who can use an accessible vehicle, but for whom any desired trip cannot be made because the fixed route service they need to use is not accessible, is deemed eligible.
2. Individuals who, because of the nature of their disabilities, cannot navigate even a transit system that is otherwise accessible.
 - a. Individuals, who because of their disability cannot independently board, ride and/or disembark from any accessible vehicle.
 - b. Individuals who have impairment-related conditions that prevent them from getting to or from a boarding or disembarking location.
 - c. Individuals who have been ADA certified by another transit provider.
 - d. A person traveling as a companion of a person who is ADA Paratransit eligible is deemed eligible for that trip.

EXAMPLES/GUIDELINES FOR CERTIFICATION TYPE

The following examples are provided as guidelines only to assist the physician in his/her determination of the type of *ADA Eligibility Certification* appropriate for his/her patient:

1. **Permanent Eligibility:** Any impairment which would cause the individual to become disoriented, confused, or otherwise incapable of navigating without the assistance of another person, and/or inability to physically reach a fixed boarding/disembarking location, or to physically board/disembark from a regular fixed- route bus which is otherwise accessible.
2. **Temporary Eligibility:** Any temporary impairment (for a specified period of time renders the person disabled) which would cause the individual to become disorientated, confused, or otherwise incapable of navigating without the assistance of another person, and/or inability to physically reach a fixed boarding/disembarking location, or to physically board/disembark from a regular fixed route bus which is otherwise accessible.
3. **Conditional Eligibility:** Any impairment that, dependent upon environmental conditions, terrain, vehicle accessibility, and/or facility accessibility, makes it impossible for the individual to independently board/disembark from any fixed-route location. (This category is distinguished from the first category in that, the degree of disability of individuals in the first category prohibits them from using the fixed-route system, while individuals in this category can use the fixed-route system within certain parameters.)