

Regional Transit Authority Certification of ADA Paratransit Eligibility (LIFT/ DIAL-A-RIDE)

Instructions: PLEASE READ CAREFULLY and remove this sheet before returning the application.

Applicants may receive in-person functional assessments as part of the eligibility process. The following information is provided to assist you in completing the attached application for paratransit (Lift/Dial-A-Ride) service from the RTA. Please note that eligibility is not based on a person's age. This application is divided into three sections listed below:

Policies and Procedures KEEP this part for your records. DO NOT return this part to RTA.

Part 1 Applicant Information

Part 2 Health Care Professional Verification

• Please complete the <u>entire</u> application and return Parts 1 & 2 to RTA. We will contact you if you cannot complete the whole application or have additional questions. Print clearly in ink and return the original application to RTA. Copies and faxes are not accepted.

♦ Part 2 is <u>ONLY</u> for the health care professional familiar with your disability. The application will be returned to you if anyone other than the health care professional answers. A licensed health care professional must be licensed by the state of Louisiana and may include, but is not limited to, a physician, nurse, or vocational rehabilitation counselor. <u>NO SOCIAL WORKERS</u>.

♦ Signatures are required from all applicants or their legal guardians on the application. Also, health care professionals must include their professional license number and signature.

♦ Allow three (3) weeks for completed applications to be processed. RTA will determine if you are eligible for this service and notify you by mail of our decision.

◆The Regional Transit Authority and the Federal Transit Administration to provide public transit services will use the information obtained in this certification. This information will be confidential and will not be provided to anyone else.

◆ You may contact our Eligibility Office at (504) 827-8345

Send your completed application to Regional Transit Authority ADA Eligibility/ID Center 2817 Canal Street. New Orleans, LA 70119

RTA Certification Of ADA Paratransit Eligibility Part 1. Applicant Information.

(Please Print. Completed by Applicant. * Not Required)

Last Name	First	Middle
Work Phone	Home Phone	
Street Address		Apt.#
City	State	Zip
Mailing Address	State	Zip
Date of Birth	<u></u> Age	
Do you have an RTA Lift Card?_ Person to contact in case of an		ration date
Name	Relatio	onship
Street		-
City	State	Zip
Work Phone #	Home Phone # _	

Please answer the following questions even if you do not regularly ride RTA buses. Be sure to check all that apply to you.

 Do you need written information in a different format? □ No □ Yes If yes, please indicate which format: □ Large print □ Braille □ Audio type □ Other:_____

2. Do you normally travel with a personal care attendant?

□ No

□ Yes. I sometimes need a personal care attendant to:

□ Yes. I always need a personal care attendant to:

Please check all that apply:

- \Box Get to the bus stop.
- \Box Get on or off the bus.
- □ Help me while I ride the bus.
- □ When I use The Lift or Dial A Ride.
- □ Help me get where I'm going once, I'm off the bus.
- □ Other:____

Office Use Only Status	Type	OXY 🗆	PCA 🗆
Date Rec'd	Contact	WC 🗆	WK 🗆
Reviewed	Expiration	CN 🗆	SA 🗆

3. Using a mobility aid or on your own, how many blocks can you go on level ground? □ Less than 2 blocks □ 2 to 4 blocks □ More than 4 blocks 4. How many blocks do you need to go to get to a RTA bus stop from your home?
Less than 2 blocks
2 to 4 blocks
More than 4 blocks
don't know 5. Do you now use the regular RTA buses? □ Yes. How many days in one week?_____How many days in one month? □ No. Is there something that would help you ride the regular bus? Please check all that apply: □ A lift accessible bus. □ A communication aid. □ Knowing more about RTA bus routes. □ Learning to go from home to work or school. □ I would travel if there were accessible bus routes where I need to go. □ Other: _____ 6. Can you use the telephone to get bus information? No. Please tell us why:______ □ Yes, by myself. □ Yes, with assistance. What type? 7. Can you follow written or oral instructions to use the regular buses? □ Yes □ Yes, sometimes. □ I don't know because I've never tried. □ No Please check all that apply: □ I get too confused and might get lost. □ I probably could with training. □ I don't want to ride the regular buses. Other: 8. Using a mobility aid or on your own, can you make your way to or from the bus stop nearest your home? ☐ Yes
 ☐ Yes, sometimes.
 ☐ I don't know becau □ No □ I don't know because I've never tried.

Please check all that apply:

- □ I can't go that far.
- \Box I don't want to ride the regular bus.
- □ I probably could with training.
- \Box I don't know where the bus stop is.
- □ I can't find a bus stop because I get confused and lost.
- □ My surroundings keep me from getting there.

- □ I can't travel to the bus stop in bad weather.
- □ I can travel to the bus stop when my health condition is good.

Other:

- 9. Can you wait 30 minutes at the bus stop that doesn't have a seat and shelter? □ Yes □ Yes, sometimes.
 - □ I don't know because I've never tried.

Please check all that apply:

□ I don't like to wait that long.

□ I can't stand that long.

□ No

- □ I can't wait that long in bad weather.
- □ I can wait 30 minutes when my health condition is good.
- □ Other:

10. Can you get on and off a regular bus when it has a passenger lift (either

standing or with a mobility aid)? \Box Yes \Box Yes, sometimes. \Box No

□ I don't know because I've never tried. □ I don't need to use a lift.

Please check all that apply:

- \Box I don't want to use a lift.
- □ My mobility aid won't fit on a lift.
- □ I don't feel secure on a lift.
- □ I probably could with training.
- □ I can't steady myself when a lift is moving
- □ Other:

11. Can you put your money in the fare box on the bus?

- □ Yes □ Yes, sometimes.
- □ I don't know because I've never tried. □ No

Please check all that apply:

- □ I don't know where the fare box is.
- □ I probably could with training.
- □ I need help from an attendant or another passenger.
- □ I can't put my money in the fare box when the bus is moving.
- □ Other:

12. Can you get on and off a regular bus when it does not have a passenger lift?

> □ Yes

□ Yes, sometimes.

I don't know	because	l've n	ever	tried.
	I don't know	I don't know because	I don't know because I've n	I don't know because I've never

Please check all that apply:

□ I don't want to use regular buses.

 \square I need a lift.

- □ I probably could with training.
- Other:_____

 13. Can you communicate with a bus driver yourself? □ No □ Yes <i>Please check all that apply:</i> □ I cannot understand the driver. □ Other people can't understand me. □ I need a communication aid and don't have one. What kind is needed? 	
Other:	
 14. Can you transfer from one regular RTA bus to another? Yes Yes, sometimes. No I don't know because I've never tried. <i>Please check all that apply:</i> I get too confused and might get lost. I don't like to transfer. I don't hold a paper transfer. I don't want to use regular buses I can transfer if it's someplace I go all the time. Other:	
 15. Do you know where to get off the bus or can you find out? Yes Yes, sometimes No I don't know because I've never tried. <i>Please check all that apply:</i> I get confused or can't remember where I am going. I probably could with training. I don't know where my bus stop is located. I can if the driver calls out the stops. Other:	
 16. From where the bus stops to let you get off, can you make your way to the place you need to go? Please check all that apply: I can't walk that far. I could with training. 	ļ

- \Box I get confused or can't remember where I'm going.
- □ I don't want to ride the RTA bus.
- The ground is too uneven for me to get there.
 I need someone to help me get there.
- □ Other:

17. Please list your five most frequent trips, and how you get there now? Destination How many times do Origin you go there a week?

Other: _____

B.

Other:

C. _____

C._____ How do you get there now? □ Regular RTA bus service □ Lift or Dial-A-Ride. Other: _____

D.

D._____ How do you get there now? □ Regular RTA bus service □ Lift or Dial-A-Ride. Other:_____

E.

How do you get there now?

Regular RTA bus service
Lift or Dial-A-Ride Other:_____

Questions about training.

18. Have you ever had any training to learn how to use RTA buses?

□ Yes, I learned the following:

Please check all that apply:

- □ General bus travel.
- □ How to get on or off the bus.
- □ To travel to and from bus stops.
- □ How to read bus destination signs.
- □ How to communicate with bus drivers.
- □ I started, but did not finish the training.
- □ I received training, but want more so that I can travel.
- □ To ride on specific bus routes (please list them):

- A. _____B. ____ C. ____D. ____ D. _____
- □ I do not want to receive training.
- □ I have not had any training but I am able to use RTA buses.

19. If available, do you want training or re-training to use RTA buses?

□ Yes, I want the following training, if it is available:

Please check all that apply:

- □ General bus travel.
- □ How to travel to and from bus stops.
- □ How to read bus destination signs.
- □ How to communicate with bus drivers.
- □ How to ask for help or say no when offered help.
- □ How to ride on specific bus routes (please list them):

- A. _____B. _____ C. _____D. ____ □ No, I do not want to receive training.
- □ I do not think I can travel on RTA buses, even with training.
- □ I trained myself but would like an update on training.

Applicant Signature

I certify that the information I have given in this application is true and correct. I understand that falsification of information may result in a 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 also authorize my health care professional to release any and all information required by the RTA Paratransit Program to determine my eligibility. I understand that RTA may contact the health care professional who completed the verification attached to this application, in order to confirm this information.

Applicant Signature	Date
(Required)	

If you are not the applicant, but you assisted the applicant with this form, you must provide the following information: (Please print)

Name		
Address		
City	_ST	_Zip
Day Phone#		
Relationship to applicant _		

I also certify that the information given in this application is correct.

Signature_____

Date

Part 2. Request For Professional Verification

Dear Health Care Professional:

You are being asked to complete and sign the attached application to provide information regarding the applicant's disability and its impact upon his/her ability to utilize our transit services. Federal law requires that the Regional Transit Authority provide paratransit (Lift/Dial-A-Ride) services to persons who cannot utilize our regular bus services. Health care professionals must be licensed by the State of Louisiana and include their professional license numbers on the application.

RTA paratransit service is provided to persons unable to use regular public transit service due to any disability. As a result of the disability, they cannot board, ride, or disembark; or they have a specific impairment-related condition that prevents them from getting to and from a bus stop.

Please Note:

- 1. RTA Paratransit is a limited special transportation service for disabled persons who, because of a mental or physical disability, find it *impossible* to use regular public transportation.
- 2. RTA fixed-route buses (regular bus service) can accommodate people using wheelchairs and persons who find it difficult to climb the steps on a bus.
- 3. Your verification should consider only the presence of a disabling condition, not the applicant's <u>age</u> or <u>economic</u> status.

Resources for this program are limited. Your evaluation of each person must be based solely upon the individual's ability to use regular transit. Please exercise care in evaluating applicants for this program. False verification could result in travel limitations for persons legitimately qualified to use this program. RTA may contact the certifying health care professional to verify the accuracy of the information. RTA will make the final determination as to the applicant's eligibility.

The Professional verification **must be filled out** *completely and solely* by the health care professional for processing to occur.

Please Print. Thank you for your assistance.