



APPLICATION FOR PARATRANSIT SERVICE

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill, which bans discrimination against people with disabilities. Under the ADA, transit agencies operating a fixed-route system must provide a comparable paratransit system for people with disabilities who cannot use the fixed-route system.

If you have a disability which prevents you from being able to use the regular fixed route bus some or all the time, you may be eligible for CityLink Para-transit Service. To be certified for the CityLink Para-Transit you will need to submit a completed application.

Eligibility is determined by these factors:

1. Individual's ability to get to/from the bus stop
2. Individual's ability to board/exit the bus
3. Individual's cognitive ability to navigate the regular fixed route bus system
4. Environmental barriers (such as lack of sidewalk or curb cut aways)

Operational issues are not used to determine eligibility, including:

1. Age
2. Distance to bus stop
3. Lack of bus service
4. Overcrowded bus
5. Convenience

CityLink paratransit service is a pre-reservation, shared-ride, curb-to-curb service. Its service area is defined as up to $\frac{3}{4}$ mile on either side of an existing bus route. Paratransit service trips are more specialized than the fixed route bus service trips, and therefore the fare structure is different.

Current fares range between \$2.00 and \$3.00 per one way trip.

All information is kept confidential. Once all the information needed to make an eligibility determination is collected, CityLink will respond to you by mail within 21 calendar days. If it takes longer than 21 days to complete the process you will receive presumptive eligibility until the application process is completed. If you are determined NOT ELIGIBLE for ADA Paratransit Service, you may appeal the decision by submitting a written request to CityLink within 60 days after receipt of your denial letter. It is important that all parts of the application be completed. If the application is not completed it will be returned to you for completion which will delay the application process. You may e-mail any questions to citylink@abilenetx.com or call 325-676-6287.

Please return your application to:

CityLink
1189 S 2nd
Abilene, Texas 79602
Phone: 325-676-6287
Fax: 325-676-6407

SECTION 1 PERSONAL INFORMATION (completed by the applicant)

Last Name: _____ First Name _____ MI: _____

Address: _____

City: _____ State _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Date of Birth: _____ Gender: Male _____ Female _____

Email Address: _____

SECTION 2 EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Relationship: _____

Day Phone: () _____ Evening Phone: () _____

SECTION 3 MOBILITY INFORMATION

1. Which of these mobility/communication aids or equipment do you use to help you get where you need to go? (Please check all that apply)

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Cane | <input type="checkbox"/> White Cane | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Powered Scooter/Cart | <input type="checkbox"/> Crutches | |
| <input type="checkbox"/> Prosthesis or other: (Specify) _____ | | |

2. With or without the use of mobility aid, how many blocks can you go?

- Less than 2 blocks 2 to 4 blocks more than 4 blocks

3. If you were to ride regular fixed route would you need a Personal Care Attendant (PCA) with you?

- Always Sometimes No

4. Have you ever had any travel training to learn how to use a regular bus? Yes No

5. Would you like to learn how to use the regular bus? Yes No

6. Please explain what conditions would prevent you from traveling using the fixed route service?
(Example: unpaved areas, distance, health conditions)

SECTION 4 UNDERSTANDING THIS APPLICATION

I understand the purpose of this application form is to determine if I, the applicant am eligible to use CityLink ADA Para-transit service according to the guidelines of the American with Disability Act.

I understand that this application cannot be processed if it is not complete. I understand that a representative from CityLink may need to talk to me or see me at a later date to clarify or get further information.

I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services.

I understand CityLink may contact a medical professional on my behalf to assist with the verification of my condition or disability. My signature is consent to provide the necessary information.

I understand the application process can take up to 21 days from the time CityLink receives a completed application. If my application is returned for clarification or additional information, this can delay the process. I will receive notification of the determination of this application.

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that falsification of information may result in denial of service as well as penalty under law.

Signed: _____ Date: _____

Co-Signed: _____ Date: _____

(Guardian/Person who assisted with this application)

Relationship to Applicant: _____

The following section must be completed by a MEDICAL PROFESSIONAL (doctor, nurse, licensed therapist, social worker, or O&M specialist)

The individual who has asked you to review and sign this application is applying for CityLink Para-transit Services. ADA para-transit service is intended ONLY for those trips that the person cannot take on the regular public bus system due to his/her disability. Please complete the assessment below. DO NOT USE ABBREVIATIONS OR CODES.

SECTION 5 PROFESSIONAL VERIFICATION ASSESSMENTS

1. What is the nature of the disability or condition that affects the person's ability to use the regular fixed route bus system? (check all that apply)

A. General Medical Conditions

None

Cancer

Kidney Failure

Other: _____

Respiratory

HIV/AIDS

Diabetes

B. Bone and Joint Conditions

None

Amputation of: _____

Broken Bone: _____

Arthritis

Osteo-Arthritis

Rheumatoid Arthritis

Other: _____

C. Brain/Nerves/Muscle Conditions

None

Alzheimer's/Dementia

Brain Injury

Cerebral Palsy

Epilepsy

Hemiplegia

Multiple Sclerosis

Muscular Dystrophy

Stroke

Quadriplegia

Other: _____

D. Heart and Circulatory Conditions

- None
- Angina
- Heart Attack
- Heart Surgery
- Edema
- Congestive Heart Failure
- Peripheral Vascular Disease
- High Blood Pressure
- Other: _____

E. Lung and Breathing Conditions

- None
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lung Cancer
- Other: _____

F. Vision/Hearing/Speech Conditions

- None
- Aphasia
- Cataracts
- Glaucoma
- Totally Blind
- Diabetic Retinopathy
- Deaf
- Hard of Hearing
- Other: _____

G. Developmental/Mental Conditions

- None
- Autism
- Psychosis
- Developmental Disability Mild Moderate Severe
- Mental Retardation
- Other: _____

2. Is the health condition or disability temporary?

Yes No

If yes how long do you expect it to last? _____

3. Does the person require a personal care attendant (PCA) to accompany them on trips?

Yes No

4. Explain in detail why applicant is not physically or mentally able to walk to the regular bus route.

5. How long have you been treating the applicant? _____

Name of Healthcare Professional or Agency: _____

Person Completing Verification: _____

Business Address: _____

Business Telephone: _____

Signature of Qualified Professional: _____

Date: _____

TO BE COMPLETED BY CITYLINK CERTIFICATION DEPARTMENT

Date received: _____ Date reviewed: _____

Approved Denied Returned Presumptive

If returned/denied list reason: _____

Personal Care Attendant Yes No Expiration Date: _____

Signature: _____ Date: _____