APPLICATION FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

The Americans with Disabilities Act (ADA) of 1990 requires public transit agencies to provide Paratransit service to people with disabilities who cannot access the public transit system due to their disability. Cabarrus County Transport Service (CCTS) is the Paratransit service provider for the Concord-Kannapolis RIDER system. The information obtained in this certification process will be used by CCTS to assist in determining eligibility for CCTS. If you have a disability that prevents you from riding fixed route RIDER buses, please complete this application. This information will be shared with other transit providers only when necessary to facilitate travel in other service areas. This information will not be provided to any other person or agency. Completing this application does not guarantee eligibility.

Relating to transit, the ADA identifies disabilities in 3 categories:

1. Any individual with a disability who is unable to ride on a fixed route bus independently due to mental impairment, including developmental disabilities.
2. Any individual with a disability who can only ride a bus if it is accessible, such as with a lift or ramp.
3. Any individual with a disability who cannot travel to or from a fixed route bus stop.

A disability does not guarantee eligibility for CCTS Paratransit service. Your Disability must impact your ability to board, ride and exit a fixed route bus.

You may apply for the following types of eligibility:

Conditional Temporary: You are able to use the fixed route bus sometimes and need Paratransit sometimes. The functional limitation is expected to improve.

Conditional Permanent: You are able to use the fixed route bus sometimes and need Paratransit sometimes. The functional limitation will not improve and may become worse.

Unconditional: You cannot use the fixed route bus due to a functional limitation.

Applicant Information

Title: Mr. Mrs. Miss Ms.

Name: ______________________ SS#: ______________________

Address: ______________________ City: ______________________

State: ______________________ Zip: ______________________

Telephone: (day) ______________________ (evening) ______________________

Date of Birth: ______________________ Male Female

Primary Language: English Spanish Sign Other:

Accessible Formats: Standard Print Large Print Braille Audio Tape

Type of Eligibility: Conditional Unconditional Temporary Permanent

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

Name: ______________________

Address: ______________________

Telephone: (day)______________________ (evening)______________________

Signed: ______________________

Date: ______________________

In case of emergency: please list the names of two people, including support professional, agencies or others familiar with your disability that CCTS can contact:

Name: ______________________ day #______________________ evening #______________________

Address: ______________________

Relationship: ______________________

Name: ______________________ day #______________________ evening #______________________

Address: ______________________

Relationship: ______________________

CCTS

About Your Disability

1. What is it that prevents you from using the fixed route bus?

2. Are the conditions you described: Permanent Vary day to day Temporary
   If temporary, what is the expected duration?

3. Are there any other comments or additional information relating to your condition that you would like to explain?

4. Are you able to locate fixed route bus stops, destinations, locations and/or cross streets independently? Yes No
   If No, please explain:

5. Are you able to safely and independently travel without help from another person?
   Yes No
   If No, please explain:

6. Are you able to wait outside without assistance or support for ten (10) minutes?
   Yes No
   If No, please explain:

11. Are you able to get to and from the nearest public transit stop?
    Yes No Sometimes
    If No or Sometimes, please explain:

12. Are you able to board, ride or exit a wheelchair accessible bus without assistance?
    Yes No Sometimes

13. Are you able to get on and off a bus without assistance?
    Yes No Sometimes
    If No or Sometimes, please explain:

CCTS

14. Do you use a wheel chair or scooter? Yes No
How wide is it? Inches
How heavy is it when occupied? Pounds

(This information is not used to determine Paratransit eligibility. It is the applicant's responsibility to know the dimensions of their mobility device and whether it exceeds the definition of a common wheelchair.)

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

Cane	White Cane	Walker
Crutches	Service Animal	Power Wheelchair
Large Power Chair (exceeds ADA)		Manual Wheelchair
Power Scooter (3 wheeled)		Communication Board
Other Aid:		

The Americans with Disabilities Act of 1990 defines a common wheelchair **as no more than 30 inches wide, 48 inches long and 600 pounds when occupied.**

If your mobility device exceeds these dimensions, the ADA does not guarantee Paratransit service.

16. Do you require a personal care attendant to travel with you? A personal care attendant may assist you with any personal or travel needs, such as crossing the street, navigating stairs, etc.
Yes No
If Yes, please explain the type of assistance this person provides:

I, the applicant, understand that the purpose of this application is to determine my eligibility to use CCTS Paratransit transport. I agree to release the information requested to CCTS and any eligibility review panel, and understand that the information contained herein will be treated confidentially. I understand further that CCTS reserves the right to request additional information at its discretion. I agree to notify CCTS of any changes in the status of my disability/condition that affects my ability to use complementary Paratransit service. I also understand that this may affect my eligibility as a rider.

I hereby certify that I am the individual requesting certification for ADA complementary Para-transit service and that the above information is true.

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Printed Name of Applicant

____ ____________________

Signature of Applicant Date

____ ____________________

Signature of Parent or Legal Guardian Date

I, ______________________________ (printed name) completed this application and am responsible for its truth and accuracy.

Thank you for completing this application.

You will be notified within 21 days of the receipt of this application in writing of the determination that has been made and the reason(s) for that determination.

Any person aggrieved by denial of service may file a written letter requesting an appeal within 60 days. CCTS service will not be provided during the appeal process. Eligibility for CCTS is granted for a period of up to three (3) years, regardless of the permanence or temporary nature of the functional limitations.

To properly evaluate your application, Cabarrus County Transport Service must contact a health care or rehabilitation professional to confirm the information you have provided. Please complete the following authorization.

The following Health Care or Rehabilitation professional is familiar with my disability/condition and is authorized to provide CCTS with any information contained in this application; or to clarify the limitations of my disability/condition.

Name: ______________________________

Address: ______________________________

Telephone (day) ____________________ (evening) ____________________

Signature: ______________________________ Date: ______________

Printed Name of Preparer: Agency Name:
Agency Phone Number: