



ADA Paratransit Application

Purpose of Paratransit

Fixed-Route Service is service provided on a repetitive, fixed-schedule basis along a specific route with vehicles stopping to pick up and deliver passengers to Transit Centers/Hubs and bus stops. Transit agencies, such as SARTA, take steps to make fixed route bus services accessible to persons with disabilities. Fixed route bus service is intended to be the primary mode of public transportation for persons with disabilities.

The Americans with Disabilities Act (ADA) requires that complementary ADA Paratransit Service be provided, as an alternative transportation, for qualified persons who are unable, because of disability, to use a fixed route system. ADA regulations require that individuals must apply for and be determined ADA eligible in order to use Paratransit services.

SARTA's Proline services are "Shared Ride" transportation services. Passengers usually ride with others who are traveling in the same general direction; therefore, drivers may stop to pick up or drop off passengers during a person's trip. Proline services are comparable to the service provided to people who use the fixed route service. Coach Operators on Proline Services will provide support comparable to the support provided for people on fixed route service. The exception to this is when a reasonable modification is requested and approved. Coach Operators cannot go inside to get passengers or take them inside their destination.

Proline ADA Paratransit provides trips that have the rider's origin and destination within $\frac{3}{4}$ of a mile of SARTA's fixed routes. If there are changes to SARTA's fixed routes this may impact SARTA's ADA Zone.

Proline PLUS provides trips that have the rider's origin or destination outside of $\frac{3}{4}$ of a mile of SARTA's fixed routes.

SARTA only provides transportation services.

Submit applications by mail, in person at one of SARTA's transit centers or by fax to 330-454-5476.

Stark Area Regional Transit Authority Proline Services
1600 Gateway Blvd., SE
Canton, OH 44707

SARTA's Proline Services are not:

1. A social service-sponsored transportation program.
2. For group trips.
3. Designed to meet the needs of every disabled person; some people may require more service or assistance than SARTA's Proline services can provide.
4. For individuals who can use the regular SARTA fixed route buses but do not want to.
5. A door-to-door service that uses residential driveways. Drivers do not go beyond the curb but may escort passengers to and from outer doors of a building, upon request. If residential driveway use is requested, a reasonable modification must be approved (see page 8 in the Proline Guide for more information).
6. Responsible for the custodial care of passengers.
7. Capable of being a mobility aid for a passenger.

If you have any questions or need assistance completing this form, please call:

Proline: 330.455.2292
(Option #1, Priority Care Line)

Toll Free: 1.800.379.3661

TTY Ohio Relay Service:
1.800.750.0750



To apply for Proline Services, Proline ADA Paratransit and Proline PLUS, complete the following application, which includes having the medical verification form completed by a physician licensed to diagnose your disability/condition and speak to your ability to use Fixed Route Bus Service. It is important that you identify a physician who is familiar not only with your disability, but who also understands your ability or inability to travel by bus (Fixed and/or Paratransit).

SARTA notifies applicants of their eligibility determination no later than 21 days after SARTA has received the completed application, including the medical verification form.

Every question must be answered completely for SARTA to review your application. If all questions are not answered your application will be returned.

Eligibility

Eligibility is based on whether a disability/condition prevents one from performing the tasks required to ride the fixed route service some or all of the time. Age, income, access to and distances to the nearest stop are not determining factors for ADA eligibility.

Factors that are evaluated are:

1. A person's ability to navigate the fixed route system independently.
2. How a person's functional disability/condition affects their ability to travel, all or some of the time, to get to SARTA's fixed route services.

Does paratransit make sense for me?

Yes, IF:

You cannot board, ride, or get off a bus, even if it is accessible, because of my disability.

Example: I need an attendant (Personal Care Attendant**) to help board, ride, or get off the bus.

Example: I have a cognitive disability if I do not know where to get off the bus or how to go to my destination from the bus stop.

Example: I have a visual impairment, if I do not have the travel skills needed to navigate the route to my destination.

Example: My disability prevents me from getting to or from the transit center/hub or bus stop. In this case, the impairment must prevent travel to or from a bus stop; significant inconvenience or difficulty is not enough.

**Personal Care Attendant (PCA) is a person who assists older and disabled individuals with a range of tasks and services. A PCA is provided by the passenger not SARTA, when needed, on SARTA Proline services.

SARTA'S ADA PARATRANSIT APPLICATION

PERSONAL INFORMATION			
FIRST NAME	MI	LAST NAME	DOB (MM/DD/YYYY)
HOME PHONE	CELL PHONE		NOTIFICATION <input type="checkbox"/> HOME <input type="checkbox"/> CELL
EMAIL ADDRESS	U.S. ARMED FORCES VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO		EXISTING PROLINE CLIENT ID NUMBER

HOME ADDRESS		
STREET ADDRESS (INCLUDE APT NAME & NUMBER/LOT NUMBER)	CITY	ZIP

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
STREET ADDRESS	CITY	ZIP

EMERGENCY CONTACT	
FIRST AND LAST NAME	PHONE

APPLICANT'S RELEASE		
I understand the purpose of this evaluation form is to determine my eligibility for ADA Paratransit Service and will be kept confidential and shared only with professionals involved in evaluating my eligibility. I understand that providing false or misleading information could result in my eligibility status being revoked.		
SIGNATURE		DATE (MM/DD/YYYY)
If applicant is unable to sign this form, he/she may have someone sign on his/her behalf.		
SIGNATURE	RELATIONSHIP	DATE (MM/DD/YYYY)

GENERAL

1. Have you ever used SARTA's fixed route service? YES NO

If yes, which routes?

If no, why not?

2. List the 3 most frequent destinations you travel to and how you get there.

Destination Name

Address

How frequently do you travel to this location in a month?

Method of transportation

Destination Name

Address

How frequently do you travel to this location in a month?

Method of transportation

Destination Name

Address

How frequently do you travel to this location in a month?

Method of transportation

DISABILITY/CONDITION

3. What disability/condition have you been diagnosed with?
-

4. Does your disability/condition prevent you from using SARTA's fixed route service? YES NO

If yes, please explain.

5. Is your disability considered permanent? YES NO

If no, what date will you be able to resume normal travel patterns?

6. Does your disability/condition make it difficult for you to understand or remember how to find your way to and from the bus stop? YES NO

If yes, please explain.

7. Does your disability/condition change day to day or seasonally? YES NO

If yes, please explain.

8. Please explain in detail how your disability/condition prevents you from using SARTA's Fixed Route Services.

9. Are you able to do the following functions independently? YES SOMETIMES NO

	YES	SOMETIMES	NO
Find your way between familiar locations			
Grasp coins, passes and handles			
Communicate address, destinations and telephone numbers on request			
Ask for, understand, and follow directions			
Deal with unexpected situations or unexpected changes in routine			
Go up and down steps			
Recognize a destination or landmark			
Walk or use a wheelchair/scooter 200 feet (a city block)			
Walk or use a wheelchair/scooter and travel ¼ mile (1,300 feet/just under 4 ½ football fields)			
Balance while seated			
Follow written and oral instructions to pay bus fare			

Explain sometimes and no responses.

MOBILITY

10. Can you get to a bus stop nearest to your home by yourself? YES NO

If no, please explain.

11. Does weather affect your ability to use SARTA's Fixed Route services? YES NO

If yes, please explain.

MOBILITY DEVICE

All mobility aids shall be transported unless the lift and the vehicle cannot accommodate the mobility device or there is a legitimate safety requirement that cannot be met if transported. Legitimate safety requirements include such circumstances as a wheelchair of such size that would block an aisle, or be too large to fully enter the bus, or would interfere with the safe evacuation of passengers in an emergency.

12. Please indicate any mobility aid devices you use when traveling. Please check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Support cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Oxygen tank |
| <input type="checkbox"/> Long white cane | <input type="checkbox"/> Oversized walker | <input type="checkbox"/> Hearing device |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> Manual wheelchair | |
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13. If you use a wheelchair or scooter, is the combined weight of you and the device over 800 pounds? (Paratransit vehicles may not be able to accommodate mobility aids exceeding 800 pounds when occupied.)

- YES Total weight: _____ NO
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14. If you use a wheelchair or scooter, does your residence have a ramp for the device?

- YES NO How many steps: _____

How do you transport your device to street level?

15. Are you able to maneuver your device on and off ramp? YES NO
-

16. A Personal Care Attendant (PCA) is a person who will assist you to and from the bus.

Do you require a PCA? YES NO *NOTE: Driver is not a PCA.

If yes, please explain.



Medical Verification Form

The individual presenting this form to you is applying for SARTA's Proline ADA Paratransit and Proline PLUS service. They are curb-to-curb, shared-ride services for individuals whose disability prevents them from using SARTA's fixed route buses under certain circumstances or all the time.

Fixed-Route Service is a service provided on a repetitive, fixed-schedule basis along a specific route with vehicles stopping to pick up and deliver passengers to Transit Center/Hub or bus stop.

Proline ADA Paratransit trips are trips where the origin and destination are within $\frac{3}{4}$ of a mile of SARTA's fixed routes. If there are changes to SARTA's fixed routes this may impact SARTA's ADA Zone.

Proline PLUS trips are trips where the origin or destination are outside of $\frac{3}{4}$ of a mile of SARTA's fixed routes.

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Disability alone, distance to and from a bus stop, or the availability of fixed route bus service, is not by itself, a qualifier for Proline services. In addition, eligibility for other programs is not a qualifier nor is finding it uncomfortable or inconvenient to ride a SARTA fixed route bus. As a medical professional your evaluation must be based solely upon the individual's ability to use SARTA's fixed route service.

Only professionals who have knowledge of the applicant's functional ability or limitations to use SARTA's fixed route service should complete this form.

*Please be aware that SARTA's fixed route buses are 100% accessible

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Medical Verification Form

This form shall be completed by a **physician** licensed to diagnose your condition or disability and is able to provide the needed information that would help determine eligibility for ADA paratransit service. Incomplete forms will be returned.

PATIENT INFORMATION

PATIENT FIRST NAME	MI	PATIENT LAST NAME	DOB (MM/DD/YYYY)
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PHYSICIAN INFORMATION

PHYSICIAN FIRST NAME	PHYSICIAN LAST NAME	TITLE (DO, MD, ETC.)
NAME OF PRACTICE		MEDICAL LICENSE NO.
STREET ADDRESS	CITY	ZIP

APPLICANT MEDICAL INFORMATION

Date of applicant's last visit:

Medical diagnosis of disability/condition:

Please detail the impact this disability/condition has on the applicant's ability to use SARTA's Fixed Route Services:

PHYSICIAN'S RELEASE

I certify that the information contained in this application is true and correct to the best of my knowledge and ability. I hereby verify that the diagnosis of disability listed above has been reviewed by me, is accurate and true, and represents the current physical and/or mental condition of the applicant named on this form.

PHYSICIAN SIGNATURE	DATE (MM/DD/YYYY)
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The original Medical Verification Form must be received within 30 days of the ADA Paratransit Application. Applications will only be considered completed if both the ADA Paratransit Application and Medical Verification Form are received. Copied, faxed, or scanned forms will not be accepted. Incomplete forms will be returned