



## Paratransit Application

Our paratransit services are a comparable transportation service required by the ADA for individuals with disabilities who are **UNABLE** to use fixed route transportation systems. It is provided as a ‘safety net’ to ensure transportation to individuals who, because of their disabilities, are unable to use fixed route services.

“Eligibility for complementary paratransit is directly related to the functional ability of individuals with disabilities to use fixed route transit services. **Eligibility is not based on a diagnosis or type of disability.** Individuals with the same diagnosis or disability can have very different functional abilities to use fixed route services. Similarly, eligibility is not based on the type of mobility aids that individuals use. Use of a wheelchair does not imply automatic eligibility, for example, since many individuals who use wheelchairs are able to use fixed route services for many or all of their trips. Nor is ADA paratransit eligibility based on age, income, or whether or not individuals can drive or have access to private automobile transportation.” *FTA C 4710.1 § 9.2.1*

Origin-to-destination provisions of ADA mean that assistance can be provided to individuals between the door of their starting point or destination and the paratransit vehicle. In addition, paratransit is only required to provide service if both the starting and destination points are within  $\frac{3}{4}$  of a mile of a fixed route bus route during the hours when that route is in operation.

Eligibility is based on the individual’s ability to, board, ride, and disembark from the bus. The following are eligible for paratransit services:

1. “Any individual with a disability who is UNABLE, as the result of an impairment, and without the assistance of another individual (except the operator of a wheelchair lift or boarding assistance device), to board, ride or disembark from any vehicle on the system which is readily accessible to and usable to individuals with disabilities.” *49 CFR § 37.123(e)(1)*
2. Any individual with a disability, who needs the assistance of a wheelchair lift or other boarding assistance device and is able with such assistance, to board, ride and disembark, when such a vehicle is not being used on the transit system. *49 CFR § 37.123(e)(2)*
3. Any individual with a disability who has a specific impairment related condition which PREVENTS such individual from traveling to a boarding location or from a disembarking location on such system. *49 CFR § 37.123(e)(3).*
  - a. Only a specific impairment related condition which PREVENTS the individual from traveling to a boarding location or from a disembarking location is a basis for eligibility. A condition which makes traveling to boarding location or from a disembarking location MORE DIFFICULT for a person with a specific impairment related condition than for an individual who does not have the condition, but does not PREVENT the travel is not a basis for eligibility. *49 CFR § 37.123(e)(3)(i)*
  - b. Architectural barriers not under the control of the public entity providing fixed route service and environmental barriers do not, standing alone, form a basis for eligibility. The interaction of such barriers with an individual’s specific impairment related condition may form a basis for eligibility, if the effect is to PREVENT the individual from traveling to a boarding location or from a disembarking location. *49 CFR § 37.123(e)(3)(ii)*

## Race and Ethnic Data

***THE FOLLOWING IS FOR STATISTICAL PURPOSES ONLY AND IS VOLUNTARY***

\_\_\_\_\_ **Applicant declined to answer the questions below**

**PLEASE MARK ONE ON EACH SECTION**

- American Indian or Alaska Native
  - Black or African American
  - White
  - Asian and White
  - American Indian or Alaska Native and Black or African American
  - Asian
  - Native Hawaiian or Other Pacific Islander
  - American Indian or Alaska Native and White
  - Black or African American and White
  - Other multiple race Combinations greater than one percent
- 
- Hispanic/Latino
  - Not Hispanic/Latino

Signature: \_\_\_\_\_ Date \_\_\_\_\_

# !!!ATTENTION!!!

**Any pertinent missing information will result in a denial**

**GENERAL INFORMATION (Please print)** the information on this form will be used solely for the purpose of determining eligibility for BTA paratransit service. The information that you provide will be kept strictly confidential.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth (month / day / year) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Daytime phone \_\_\_\_\_ Work phone \_\_\_\_\_

Name and phone number of a friend or relative we can contact in case of an emergency or unable to reach you at your regular number:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Do you currently ride the BTA fixed route buses? \_\_\_\_\_ No \_\_\_\_\_ Yes

2. Do you have a disability or condition, which PREVENTS you from using the BTA fixed route bus services? \_\_\_\_\_ No \_\_\_\_\_ Yes

If no, please explain why you feel you are eligible for paratransit services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please describe any and all physical, mental, visual or functional disabilities, **which prevent** you from using the BTA fixed route bus services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I hereby affirm that the statements made herein are true and correct and I understand that falsification of information may result in denial of service.
- I authorize the listed health care professional to release information about my disability and its effect on my ability to travel, which may be needed in connection with my request for paratransit eligibility certification. It is my understanding that the information released will be used solely to determine my ADA paratransit eligibility. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described until 60 days after the date appearing below.
- I authorize Basin Transit Association to have access to my disability information in order to assist me in my travel needs.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

(PLEASE PRINT)

If someone other than the applicant completed this form on behalf of the applicant, that person must complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_



**UINTAH BASIN TRANSIT ASSOCIATION**

**RELEASE OF MEDICAL INFORMATION AND DISABILITY VERIFICATION**

**Patient Section (Applicant):** Please Print

I \_\_\_\_\_, authorize my medical provider, \_\_\_\_\_, to release to Uintah Basin Transit Association Program any information regarding my current physical condition as it relates to disability status.

\_\_\_\_\_  
Signature of Patient or Designee

\_\_\_\_\_  
Date

**What to do:**

- Fill out the application
- Obtain a letter from your doctor (needs to be on official letterhead)
- Call the BTA paratransit office to set up an interview and/or assessment
- Once the interview/assessment has been set up, you will be asked to come in on your scheduled day, please bring the following:
  - ❖ Application (any that are faxed or emailed will not be accepted) **IN HAND**
  - ❖ DR's letter
  - ❖ Your mobility aid you use to travel with
  - ❖ Dress appropriately for the weather (your assessment could include outside travel)
- If you show up for your scheduled interview and you do not have an application, a doctor's note on file or in-hand, or have an incomplete application, you will not be able to continue with the application process

**CONFIDENTIALITY STATEMENT:** Confidentiality agreements are in place and laws regarding the confidentiality and transport of medical information are enforced.

*Basin Transit Dispatch (435) 722-5221  
330 E 100 S Roosevelt, Utah*

## Professional Certification Instructions

Dear Doctor,

The applicant who has asked you to write a letter explaining his/her diagnosis or disability, is applying for eligibility on the BTA Paratransit service. Please read the following information carefully since it may affect your response. **(Letter must be on official letterhead, please be specific with diagnosis and disabilities).**

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3. Any individual with a disability who has a specific impairment related condition which PREVENTS such individual from traveling to a boarding location or from a disembarking location on such system. *Sec.37.123(e)(3).*
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*BASIN TRANSIT ASSOCIATION*

*(435) 722-5221 - 330 E 100 S Roosevelt, Utah - (435) 722-4890 (fax)*