



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!!!

**BTA cannot provide home health care services. BTA is a
TRANSPORTATION ONLY service.**

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.

3. Due to weight constraints with our lift and size limitations on our vans and buses, additional information is required if you use a motorized wheelchair.

Applicant weight _____ Chair make & model _____
Chair weight _____ Chair dimensions _____

- 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 COMPLETE application (including the Dr's note) and submit prior to interview
- Have your doctor send us a letter explaining why you cannot use the bus (NEEDS TO BE ON OFFICIAL LETTERHEAD) Please have your doctor read the last page of the application.
- If you show up for your scheduled interview and you do not have an application and a doctor's note on file, or have an incomplete application, you will not be able to continue with the application process
- If the application process is not 100% completed after 30 days of receipt, the application will be denied.

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)