



Springfield City Area Transit (SCAT)

Springfield City Area Transit
P.O. Box 2239
100 Jefferson Street
Springfield, Ohio 45501-2239
937.328.7228

Eligibility for ADA Paratransit Service

ADA paratransit service must be provided to all passengers described as being ADA eligible under 49 CFR §37.123. ADA eligibility includes the following:

* The first eligibility category included, among others, persons with mental or visual impairments who, as a result, cannot “navigate the system”. This eligibility category includes people who cannot board, ride, or disembark from an accessible vehicle “without the assistance of another individual.” If an individual needs an attendant to board, ride, or disembark from an accessible fixed route vehicle (including “navigating the system”), the individual is eligible for paratransit. Eligibility in this category is based on the ability to board, ride, and disembark independently.

* The second category applies to person’s who could use accessible fixed route transportation, but accessible transportation is not being used at the time, and on the route, the person would travel. This concept is route based, not system based. For purposes of this standard, a route is accessible when all buses scheduled on the route are accessible.

* The third eligibility category concerns individuals who have a specific impairment-related condition which **PREVENTS** them from getting to or from a stop. Difficulty in traveling to or from boarding or disembarking locations is not a basis for eligibility.

In order to be eligible for this service, your origin and destination must be within 3/4 mile of our fixed route corridor and the time of your trip must fall within the hours of the closest bus route. If you do not reside within the 3/4 mile radius, than you must have the means of getting within our service area before transportation is provided.

PARATRANSIT ELIGIBILITY APPLICATION

SCAT Paratransit provides services to individuals who cannot use the regular SCAT fixed route bus system to make all of their trips. To be eligible for this service, the functional limitations of an individual's disability must **prevent** use of regular buses. Age, distance from bus stop, being in a wheelchair, a medical diagnosis, or being classified as having a "disability" by themselves are not taken into consideration in making an eligibility determination.

Part 1 must be filled out with the applicant's answers. The applicant can receive assistance from another person but wherever possible the applicant's answers must be written. If another person assists please state their relationship at the end of Part 1 and have the applicant sign. **Part 2 must be filled out by your healthcare professional** verifying your answers to be true according to your medical records and giving permission to release any information needed to make our determination.

PART 1 TO BE COMPLETED BY APPLICANT

PLEASE TYPE OR PRINT CLEARLY IN INK

Please Check One: New Applicant Recertification

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work # _____ DOB: _____

E-mail Address: _____

Please check all the following media you currently use:

Large Print Auto Cassette Braille Electronic (E-mail)

1. What type of condition(s) prevents you from using SCAT's fixed-route bus system? (Check all that apply)

- None Physical Visual Deaf/Blind
Brain Injury Speech Hearing Mental Health Condition
Mental Retardation/Developmentally Delayed
Other (current diagnosis): _____
-

2. How does this condition(s) prevent you from using the regular SCAT fixed-route bus system? (**please give detailed examples**): _____

3. Is this condition temporary? YES NO
If yes, what is the expected duration? _____ Months

4. Do you currently use SCAT's fixed-route bus system?
YES SOMETIMES NO
If yes or sometimes what bus routes do you use? _____

5. Is there a bus stop near your home? YES NO
What is the location (i.e. the corner of Main St. and Plum St.)? _____

6. Are you able to get on and off a SCAT's fixed-route buses equipped with a wheelchair lift, without assistance? (The driver will operate the wheelchair lift and secure the wheelchair/scooter.)
YES SOMETIMES NO
If you cannot please explain: _____

7. Are you able to get to the bus stop nearest your home? (i.e. walk, use wheelchair/scooter)

- YES SOMETIMES NO

If you cannot please indicate all of the following reasons:

- | | |
|---|---|
| <input type="checkbox"/> Cannot negotiate hilly or rough terrain | <input type="checkbox"/> Cannot travel on surfaces covered with ice or snow |
| <input type="checkbox"/> Cannot tolerate extreme weather temperatures | <input type="checkbox"/> Cannot cross busy intersections |
| <input type="checkbox"/> Lack of sidewalks and or no curb cuts in my neighborhood | <input type="checkbox"/> Cannot identify correct bus during daylight |
| <input type="checkbox"/> Cannot locate bus stops due to Visual condition | <input type="checkbox"/> Poor condition of sidewalks (i.e. uneven/crumbled) |
| <input type="checkbox"/> Cannot wait outside for ten minutes | <input type="checkbox"/> Other (please be specific): _____ |
-

8. Once you get off of the bus, are you able to get where you are going?

- YES SOMETIMES NO

When you cannot please indicate the following reasons:

- | | |
|---|---|
| <input type="checkbox"/> Cannot negotiate hilly or rough terrain | <input type="checkbox"/> Cannot travel on surfaces covered with ice or snow |
| <input type="checkbox"/> Cannot tolerate extreme weather temperatures | <input type="checkbox"/> Cannot cross busy intersections |
| <input type="checkbox"/> Lack of sidewalks and/or no curb cuts | <input type="checkbox"/> Cannot locate destination due to visual impairment |
| <input type="checkbox"/> Other (please be specific): _____ | |
-

11. Do you need a person to assist you when you are traveling?

YES NO

If you travel with another person that assists you, does this person assist you in:

Getting to or from bus stops Getting on or off the bus
 Getting you where you are going Assist you once you get to the destination

Other (please explain): _____

TRAVEL TRAINING

Travel training is available and free for those who are eligible to ride Paratransit and would like to use the regular SCAT bus as well. Programs can be tailored to help you learn how to use specific routes for specific trips. Upon completion of the training SCAT bus service can be accessed at a reduced fare.

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

I, _____ have read, or had read to me the entire application process material. I understand the consent and all questions asked. I further understand that if I am not approved for certification that I may file a written appeal to the General Manager*, within sixty (60) days after the SCAT Assistant General Manager has issued a written notice of denial.

Applicants Signature: _____ Date: _____

Witness: _____ Date: _____

SCAT Assistant General Manager _____ Date: _____

____ Copy forwarded to Applicant on ____/____/____ ____ Original Retained

*If service is denied, an appeal may be made in writing to:
General Manager
Springfield City Area Transit
100 Jefferson Street
Springfield, Ohio 45506

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

Please identify a relative or close friend who we may contact in the event of an emergency. (Please print clearly and complete all information asked)

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____ DOB: ____/____/____

TELEPHONE NUMBER: (HOME) () _____ (WORK) () _____

RELATIONSHIP _____

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(TO BE USED FOR CERTIFICATION PURPOSES ONLY)

I hereby certify that the individual's name which appears on this REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY form

Has _____/has Not _____ been approved.

Month/Year for Annual Re-Certification: _____/_____

Month/Year for Temporary Re-Certification: _____/_____

SCAT Assistant General Manager's Signature

Date