

ACT Assist ADA Complementary Paratransit Application

(Revised February 10, 2016)

ACT Assist is the federally-mandated Americans with Disabilities Act (ADA) paratransit service for Atomic City Transit, the regular fixed-route bus service in Los Alamos County. ADA Complementary Paratransit Service is provided to individuals with disabilities who have been certified as “ADA paratransit eligible,” and who are unable to use the regular fixed-route bus service.

There are three steps to apply for eligibility to use ACT Assist:

- (1) Complete Part A – Eligibility Questionnaire, including the Signature form on Page 6 of 9.**
- (2) Have the healthcare professional who is most knowledgeable about your disability and its effects on your ability to use fixed-route transit service complete Part B – Healthcare Professional Verification.**

Examples of Healthcare Professional:

Family Physician	Ophthalmologist	Registered Nurse
Physical Therapist	Rehabilitation Specialist	Psychiatrist
Occupational Therapist	Licensed Social Worker	Psychologist
Case Manager	Orientation & Mobility Specialist	

- (3) Mail or hand-deliver the entire completed application (Parts A and B) to the following address:**

**ACT Assist
101 Camino Entrada, Building 1, Box 1, Room
200 Los Alamos, NM 87544**

Staff will review the application, determine eligibility and communicate with you on next steps.

Questions? If you have questions about the application process or need assistance in completing the forms, please contact ACT Assist at (505) 661-4545.

PART A

ELIGIBILITY QUESTIONNAIRE

Section I. General Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Phone--Daytime _____ Phone--Evening _____

Cell Phone _____ E-Mail Address _____

Date of Birth ____/____/____ Male Female

Emergency Contact Name _____ Phone _____

Do you wish to have this application in an alternative format (for example, large print or another language)?

Yes No

If Yes, which format? _____

Are you affiliated with a human service agency or other agency that serves people with disabilities? Yes No If Yes, please give us information about that agency:

Agency Name _____

Agency Address _____

Agency Phone Number _____ Point of Contact _____

Section II. Disability and Mobility Information

1. Please provide a description of your disability (or disabilities) that affects your ability to use accessible fixed-route bus service:

2. Is your disability described above...? (check only one)

- Permanent
 Temporary If temporary, how long do you expect it to last? _____ months.
 I don't know

3. Does your disability change from day to day under certain circumstances?

- No Yes

If Yes, how? _____

4. Which of the following mobility aids or equipment do you use when traveling to destinations outside of your home?

- | | | |
|---|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Walker | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> 3 or 4-Wheel Scooter | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Other (please specify) _____ | | |

5. Do you use the accessible Atomic City Transit fixed-route bus service?

- Yes Sometimes No
 I used the bus in the past, but stopped because....

6. Please describe **why** your disability prevents you from using the accessible Atomic City Transit fixed-route bus service.

7. If training was available to help you learn how to ride the bus, would you be interested? The training is free! Yes Maybe No

8. Do you have an aide or personal care attendant (PCA) who travels with you to destinations outside of your home?

Always Sometimes Never

9. Are you able to get to and from the bus stop by yourself?

Yes No

If No, why not? _____

10. How far can you continuously walk by yourself or with the assistance of your mobility aid? (for example, one mile, one-half mile, for 15 minutes, etc.)

11. Can you wait outside at a bus stop?

- Yes, I can wait by myself for 10 to 15 minutes.
- I can wait by myself for 10 to 15 minutes only if I have a seat and/or shelter.
- No. Why not? _____

12. Are you able to get on and off of the fixed-route bus by yourself?

- Yes Yes, but only if the bus has a ramp or wheelchair lift.
- No. Why not? _____

13. Are you able to ask for and follow written or verbal instructions about how to use the fixed-route bus?

- Yes, by myself. I probably could with specific instruction.
- No, I get too confused and might get lost.

14. If you are able to get on and off of the bus, do you know where to get off the bus, and find your way to your destination by yourself?

- Yes I probably could with training.
- I can if the driver calls out the stops.
- No, I get confused and can't remember where I am going.

Section III. Primary Travel Destinations (Optional)

Please list the three places you go to most often and how you get there now.

(1) Where do you go? _____

Address: _____

How often do you go there? ___ times per week or ___times per month.

How do you get there now? _____

(2) Where do you go? _____

Address: _____

How often do you go there? ___ times per week or ___times per month.

How do you get there now? _____

(3) Where do you go? _____

Address: _____

How often do you go there? ___ times per week or ___times per month.

How do you get there now? _____

Section IV. Signature

Applicant's Signature

I understand that the purpose of this Application is to determine if I am eligible for ADA Complementary Paratransit Service. I certify that the information I gave in this application is true and correct and that the Application will be returned to me if not complete, which delays processing. I understand that falsification or misrepresentation of facts may result in denial of service.

I also understand that if I am not found to be eligible for the ADA paratransit service, I may appeal the determination within 60 days of the date of the denial letter. I will be advised of the procedures for such an appeal. I authorize the certifying agency to contact any agency or professional indicated on this form, by narrative or by attachment, if necessary to verify the nature and duration of my disability.

Signature of Applicant: _____ Date: _____
(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

Applicant's Representative

If someone other than the applicant has completed this Application, the following information must be provided:

Name: _____
Daytime Telephone Number: _____
Relationship to Applicant: _____ Date: _____

You're done with Part A!

Next Steps:

- Give this entire application to your healthcare professional, so he/she may complete Part B.
- When your healthcare professional has returned the application to you, mail or hand-deliver the entire packet to Atomic City Transit.

PART B

HEALTHCARE PROFESSIONAL VERIFICATION

Dear Healthcare Professional:

You are being asked to provide information regarding this individual's disability. The individual is applying for Americans with Disabilities Act (ADA) paratransit eligibility. The law specifies that ADA paratransit eligibility is provided only to those individuals who (1) as a result of their disability, cannot board, ride or disembark from a regular fixed-route bus, or (2) have a specific impairment-related condition that prevents them from getting to or from a bus stop.

This is not intended solely as verification of the applicant's disability, but to determine the effect of that disability on the individual's ability to independently use regular, fixed-route bus service. Thus, it is a transportation decision, rather than a medical one.

Please know that the Atomic City Transit (ACT) regular fixed-route bus service is fully accessible to individuals with disabilities. All fixed-route buses are equipped with ramps or lifts for people who use wheelchairs/scooters. Many buses also have a "kneeling" feature that lowers the bus closer to the ground to help people who have difficulty climbing steps. Those who cannot climb steps can use the ramp or lift so there are no steps to negotiate. There is priority seating at the front of the vehicle for individuals with disabilities. There are designated positions on each bus for riders who use wheelchairs or scooters, and bus operators provide assistance with the securement of mobility devices. Bus operators also call out stops and major transfer points to help riders locate their stops and destinations.

General Questions

1. In what capacity do you know the applicant? _____

2. What is the diagnosed disability for which you are treating the applicant?

3. Do you concur with the applicant's responses in *Part A – Eligibility Questionnaire*?

Yes No

4. What category is the applicant's disability? Physical Visual Cognitive

5. Is the disability Temporary or Permanent?

If temporary, how long do you expect it to last? _____

6. Does the applicant's disability or condition prevent use of using regular fixed-route bus service?

No Sometimes Yes

If Sometimes or Yes, please explain why: _____

7. Does the applicant use any mobility aids: No Yes

If Yes, what type:

Manual Wheelchair Power Wheelchair Scooter Walker
 Crutches Cane White Cane Service Animal
 Other; please specify _____

8. Does the applicant require a Personal Care Attendant (PCA) to travel in the community?

No Yes Sometimes

Effects of Applicant's Disability on Community Travel

9. How far can the applicant walk/travel (with his or her mobility aid if applicable)?

3 blocks 6 blocks 9 or more blocks Less than 3 blocks

10. How long can the applicant wait outside (with his or her mobility aid if applicable)?

15 minutes 30 minutes Less than 15 minutes

11. Can the applicant negotiate hills or steep terrain? Yes No Sometimes

Please elaborate if necessary _____

12. Can the applicant cross the street without assistance? Yes No

If No, why not?: _____

13. Can the applicant recognize a destination or landmark?

Yes No Sometimes

Please elaborate if necessary _____

14. Is the applicant able to ask for, understand and follow directions?

Yes No

Please elaborate if necessary _____

15. Is the applicant able to get around independently in the community?

Yes No Sometimes

Please elaborate if necessary _____

Additional Information

Is there any other relevant information about the applicant's disability affecting the applicant's mobility that would be helpful to Atomic City Transit in determining ADA paratransit eligibility?

I hereby affirm that the information I provided herein is true and correct to the best of my knowledge.

Signature _____ **Date** _____

Please print your name and title:

License Number _____ **Telephone** _____

Thank you for your help!

If you have questions, you may contact ACT Assist at (505) 661-4545.

Please return the entire completed packet (Parts A and B) to the applicant.