

# CHILlicothe TRANSIT SYSTEM

## ADA Transportation Application

*All questions must be answered before your application will be considered.*

### **PART A. To be completed by applicant or on behalf of the applicant.**

#### **PLEASE PRINT**

Applicant                      Male                      Female

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Residence Address: Street \_\_\_\_\_ Apt # \_\_\_\_\_

Development \_\_\_\_\_

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

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

\_\_\_\_\_

Please provide additional details regarding your address that will assist us in locating you. (Road name and/or directions, color of house, landmarks, name of nursing home, group home, etc.)

\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ TTY ( ) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**(Last four digits of Social Security number is the minimum required.)**

Applicant Name _____	Birth Date _____
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**EMERGENCY CONTACTS (Required)**

**Primary Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ TTY ( ) \_\_\_\_\_  
Email (optional) \_\_\_\_\_  
Address \_\_\_\_\_

**Secondary Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ TTY ( ) \_\_\_\_\_  
Email (optional) \_\_\_\_\_  
Address \_\_\_\_\_

**Applicant Information:**

1. Are you a:      Current Paratransit Rider                      New Applicant

2. Do you need information given to you in any of the following formats?  
    Yes    No

    \_\_ Large Print      \_\_ Audio Tape      \_\_ Braille  
    Another language \_\_\_\_\_  
    Other \_\_\_\_\_

3. Which of the following condition(s), if any, prevent you from using the Fixed Route Service buses? **Check all that apply:**

<input type="checkbox"/> None	<input type="checkbox"/> Physical	<input type="checkbox"/> Visual
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Mental Retardation
<input type="checkbox"/> Deaf/Hard of Hearing	Other _____	

**Briefly explain why this prevents you from using Fixed Route Service buses.**

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

Applicant Name _____	Birth Date _____
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4. Is your disability or health condition  Permanent  Varies Daily  
 Temporary; expected to last until \_\_\_\_\_

5. Please indicate the primary mobility aids you use when traveling in the community:  
 Check all that apply

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Support Cane    | <input type="checkbox"/> Leg Braces     | <input type="checkbox"/> Picture Board      |
| <input type="checkbox"/> Long White Cane | <input type="checkbox"/> Crutches       | <input type="checkbox"/> Alphabet Board     |
| <input type="checkbox"/> Service Animal  | <input type="checkbox"/> Walker         | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Hearing Aid     | <input type="checkbox"/> Prosthesis     | <input type="checkbox"/> Manual Wheelchair  |
| <input type="checkbox"/> Oxygen Tank     | <input type="checkbox"/> Hearing Device | <input type="checkbox"/> Scooter            |
| Other _____                              |   | <input type="checkbox"/> None               |

**Note: The City of Chillicothe will transport all mobility devices that can be reasonably accommodated.**

6. Can you climb three (11 to 15 inch) steps with a handrail, without assistance from another person?      Yes      No      Sometimes  
 If no, why not? \_\_\_\_\_

7. Do you require a Personal Care Attendant (PCA) to help you travel? A PCA is a person specifically employed or designated to help with your daily living needs.  
                          Yes                                  No                                  Sometimes

8. Have you ever applied and been denied the use of Paratransit Service with the Chillicothe Transit System before?  
                          Yes                                  No

If yes, how has your situation changed since you last applied? \_\_\_\_\_

9. Have you ever used the Fixed Route Service buses?  
 Yes                                  No

If yes, how has your situation changed since you last used the Fixed Route Service buses?

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Applicant Name _____	Birth Date _____
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10. Have you ever been instructed/trained how to use the Fixed Route Service buses?

Yes                      No

If yes,

When \_\_\_\_\_

Who did the training? \_\_\_\_\_

What was the outcome of the training? \_\_\_\_\_

\_\_\_\_\_

11. Check the items listed below that might help you use the Chillicothe Transit System Fixed Route buses (regular city buses):

\_\_\_\_\_ Help with trip planning

\_\_\_\_\_ Wheelchair lift on the bus

\_\_\_\_\_ Help communicating

\_\_\_\_\_ Bus stops closer to my house

\_\_\_\_\_ Someone to teach me

\_\_\_\_\_ Accessible route to bus stops

12. What is the closest Fixed Route to your residence as listed on Page 1?

Route # \_\_\_\_\_

I don't know

13. If there are curb cuts available, are you able to get to and from a Fixed Route bus stop?

Yes                      No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Are you able to cross any of the following streets?

Single Lane                       Yes                       No

Double Lanes                       Yes                       No

Four Lanes                       Yes                       No

Applicant Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**APPLICANT VERIFICATION**

*Application must be signed to be considered complete.*

**Applicant Signature**

I understand that the purpose of this application form is to determine if there are times when I cannot use the Chillicothe Transit System Fixed Route buses and will require paratransit services. I understand that the information on this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I give permission for the Chillicothe Transit System staff to contact the professional who has filled out this application or given supplemental verification of my condition.

Applicant Signature X \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Person completing this form if other than Applicant (check one):**

I certify that the information in this application is true and correct based upon the information given to me by the applicant.

I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability or I have legal authority to complete this application.

Print Name \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

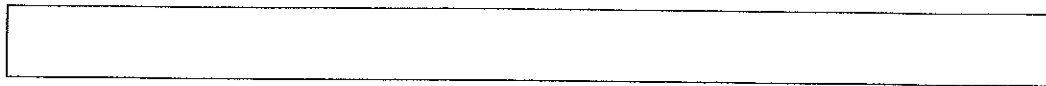
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Agency Name \_\_\_\_\_

**Please return your completed application to:  
Chillicothe Transit System  
575 East 7<sup>th</sup> Street  
Chillicothe, Ohio 4601  
Fax: (740) 773-2817**



**PART B: ADA ELIGIBILITY INFORMATION  
HEALTH CARE PROFESSIONAL  
VERIFICATION FORM**

APPLICANT \_\_\_\_\_ Birth date \_\_\_\_\_

**To the Applicant:** Sign below to allow the release of information from the professional who will be filling out this form.

I hereby request that information pertaining to my limitations that prevent me from using Fixed Route buses be released to the Chillicothe Transit System for further determination of my ADA paratransit eligibility.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**Applicant: Please do not write below this line**

**To the Health Care Professional completing this form:**

**This form must be filled out by a professional who is knowledgeable about the applicant's disability and their limitations. Please check the appropriate boxes regarding the person completing this form.**

- |  |  |
|--|--|
| <input type="checkbox"/> Vocational Rehabilitation Counselor | <input type="checkbox"/> O & M Instructor        |
| <input type="checkbox"/> Licensed Social Worker              | <input type="checkbox"/> Physician               |
| <input type="checkbox"/> Respiratory Therapist               | <input type="checkbox"/> Physical Therapist      |
| <input type="checkbox"/> Psychologist                        | <input type="checkbox"/> Mental Health Counselor |
| <input type="checkbox"/> Audiologist                         | <input type="checkbox"/> Optometrist             |
| <input type="checkbox"/> Independent Living Specialist       | <input type="checkbox"/> Other _____             |

**(Application with illegible or incomplete information will be returned)**

1. Indicate nature of applicant's disability (check all that apply)

- Impaired or assisted ambulation: Specify mobility aid: \_\_\_\_\_
- Arthritis: Specify extremity: \_\_\_\_\_
- Cerebrovascular Accident
- Pulmonary: Does applicant travel with Portable Oxygen Tank?    Yes    No
- Neurological Handicap (Specify) \_\_\_\_\_
- Cardiac
- Kidney Disease            Dialysis
- Legally Blind            Severely Visually Impaired
- Alzheimer's            Dementia
- Mental Retardation (indicate one)    Moderate    Severe    Profound
- Cerebral Palsy
- Autism
- Deaf/Hard of Hearing
- Seizures: Specify nature of: \_\_\_\_\_
- Mental Illness (Specify type): \_\_\_\_\_
- Other \_\_\_\_\_

Applicant Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**This page must be completed by a health care professional or the application will be returned.**

2. A. In your professional opinion can the applicant use a lift equipped Fixed Route bus?  
 Yes                      Yes with training                      No

If your answer is no, please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using a lift equipped Fixed Route bus:

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

3. What is the expected duration of the applicant's disability?

Permanent                      Temporary; Expected duration: \_\_\_\_\_

**This section must be completed or application will be returned.**

I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

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

Print Name \_\_\_\_\_

Professional Title \_\_\_\_\_

Clinic/Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Please return your completed application to:**

Chillicothe Transit System  
575 East 7<sup>th</sup> Street  
Chillicothe, Ohio 45601  
Fax: (740) 773-2817

**If you have any questions on completing the application, contact:**

Transit Director  
(740) 773-1569



## ADA Transportation Application

Thank you for your interest in Chillicothe Transit System transportation services.

There are two types of public transportation available in the City of Chillicothe, Ohio:

**Fixed Route Service** (regular city buses) provide service at designated bus stops along specific routes on set schedules. All buses now have features to make riding easier for people with disabilities, including wheelchair lifts.

**ADA Paratransit Service** (door to door) is a shared-ride public transportation service for people whose disability prevents them from using Fixed Route Service. You must call in advance to make a reservation to travel.

If your disability/medical condition or system accessibility/environmental barriers, prevents you from using Fixed Route Service, you may be eligible for Paratransit Service some or all of the time. If your disability just makes using Fixed Route Service more difficult or inconvenient, you may not be eligible for Paratransit Service under the Americans with Disabilities Act (ADA). Your ability to ride Fixed Route buses will be evaluated through the use of this application, and in some circumstances, an In-Person Interview.

### **What is the American with Disabilities Act (ADA)?**

The Americans with Disabilities Act (ADA) is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life.

Under the ADA, Fixed Route service is to be the primary means of public transportation for everyone, including people with disabilities.

### **Travel Training**

Chillicothe Transit System offers free one-on-one or group training to teach people with disabilities how to ride Fixed Route buses. If interested, you may call one of our travel trainers for more information at (740) 773-1569.

**Paratransit Service is intended as a safety net only for those people whose disabilities prevent them from using Fixed Route Service.**

**IMPORTANT: Medical condition or eligibility for other disability programs does not necessarily qualify you to use Paratransit Service.**

**The Application Process:**

All information you supply is confidential and will only be used to help determine if you can ride Fixed Route Service buses or if you are eligible for Paratransit Service.

To assist with a proper evaluation of your ability to ride Fixed Route Service buses and/or your need for Paratransit Service, you may be scheduled for an In-Person Interview. This interview will give applicants an opportunity to present issues in "their own words." It will also provide an opportunity to ask follow-up questions in order to have a clear understanding of the abilities and needs of the applicant.

An In-Person Interview will be scheduled if it is determined that the Fixed Route Service buses may meet some or all of your transportation needs. A thorough review of the routes needed to meet your needs will be conducted, including an analysis of the accessibility of the routes and stops, as well as the environmental barriers that may exist. An In-Person Interview may also be conducted if a determination of eligibility cannot be made based on the application alone.

The following action on your part will help speed the process. All questions in Parts A & B must be answered in order for your application to be considered complete.

**You will be notified whether or not you are eligible for Paratransit Service within 21 days.** If you are not eligible, information regarding how to appeal will be sent to you. In addition, information about travel training or other travel options will be included. If you are interested, you may contact a travel trainer.

If you have any questions, need an application, need help filling out this application, or need an alternative format, please contact a travel trainer at 740-773-1569. You may also attain an application from the City of Chillicothe website located at <http://ci.chillicothe.oh.us>.

**Please return your completed application to:**

**Chillicothe Transit System  
575 East 7th Street  
Chillicothe, Ohio 45601  
Fax: (740) 773-2817**

**NOTE: Please do not mail the application if you have already faxed it.**

## ParaTransit Service Guidelines

Due to the great demand of our ParaTransit Service (Disabled/Senior Citizens) bus, we need to inform the passengers of the following rules. By following these guidelines we will be able to maintain the efficiency of the bus and continue to provide a much needed service.

1. Reservations need to be made at least one day in advance. Appointments can be made up to two weeks in advance. Same day trip requests will be accommodated when possible. If schedules do not allow for immediate same day scheduling, those who are calling for a same day appointment will be put on a waiting list for that day.
2. A ParaTransit application must be approved and on file at Chillicothe Transit System before the service can be used. Anyone over 65 years of age is automatically eligible. If you have a disability, we must have a disability statement (part of the application) signed by a medical professional on file at the Transit System.
3. The fare is \$1.00 per **EACH** destination stop.
4. If you purchase a monthly pass, it must be shown to the driver with each boarding.
5. Drivers will assist in carrying packages (groceries, etc.) to the door of your destination. Drivers will not go into the residence or place of business.
6. **Please expect your bus to arrive up to 15 minutes before or after your scheduled pick up time. The bus will wait not more than 5 minutes after arriving before departing.**
7. **If you need to cancel your appointment, PLEASE do so as far in advance as possible.** Doing this will better accommodate others who need the service.
8. Drivers will not take wheelchairs up and down steps.
9. If your application for service states that you need a Personal Care Attendant(PCA), then you are responsible for providing the PCA. CTS does not provide PCA's.
10. We are a Door-to-Door service. The driver cannot assist you into your destination or home.

