



APPLICATION COMPLEMENTARY PARATRANSIT SERVICE

937-425-8301 • TDD 937-425-8388 • Ohio Relay 800-750-0750

Project Mobility is a specialized transportation service of the Greater Dayton Regional Transit Authority. In July 1990 the Americans With Disabilities Act was mandated stating that persons are functionally defined based upon their inability to use existing fixed route services. Eligibility of an individual must be applied to each trip request. Transit services for persons with disabilities will largely be provided by fixed route services. The Americans With Disabilities Act makes no attempt to define the overall transportation needs of persons with disabilities. Nor does the ADA guarantee that these needs will be met. Section 37.125(a) of the ADA implementing regulations requires that each public entity shall strictly limit ADA Paratransit Eligibility to individuals specified in the regulations. The regulations identify three categories an individual may be eligible for complementary paratransit service.

Photocopy or faxed applications will not be accepted. In addition, incomplete, illegible and obsolete applications will not be considered.

**Please complete the questions and return to:
RTA Certification Center
4 South Main Street
Dayton, OH 45402**

(Note: .61 cents postage needed to mail application)

Upon receipt of your application you will be contacted for an assessment. You MUST bring a valid photo identification card with you to the assessment.

PART A (Please Print)	
Check One:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Last Name	_____
First Name	_____ M _____
Address	_____ Apt. No. _____
City	_____ Zip _____
Name of Apartment Complex or Building	_____
Closest Intersection	_____ and _____
<u>If you live more than 3/4 of a mile from any RTA fixed route, you are outside Project Mobility's service area. Please call the certification center if you need more information regarding service area.</u>	
Telephone Number	_____ Cell _____
Date of Birth	_____
In case of an emergency, is there someone in the local area who should be notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	_____ Phone Number _____
Cell Number	_____ Relationship _____
Why are you applying for complementary transportation service?	
How does your disability prevent you from using RTA's fixed route service?	

PART B

Check the category and all criteria that apply:

- CATEGORY 1**
I have physical, mental, or visual disability, or impairment, which prevents me from using fixed route buses without an attendant for:
- a. Boarding the fixed route bus
 - b. Riding the fixed route bus
 - c. Getting off the fixed route bus
 - d. Other (describe): _____
- CATEGORY 2**
I can use buses with wheelchair lifts, but
- a. Buses with wheelchair lifts are not available in my area.
 - b. Wheelchair lifts can not be deployed at my stop(s): List locations:
 - c. My mobility aid is 30" by 48" or less, but the bus will not accommodate it.
- CATEGORY 3**
I can use accessible buses, but have an impairment related condition that prevents me from traveling to/from a bus stop. Describe the impairment or conditions:

PART C

The Greater Dayton Regional Transit Authority (RTA) has established a process for determining the Americans with Disabilities (ADA) Paratransit Eligibility of persons seeking to use the service. RTA will strictly limit ADA Paratransit Eligibility to persons required to be eligible under the ADA law. That is to say individuals with permanent or temporary disabilities in the categories summarized in Part B of this application may be eligible for the service at all times or with respect to a particular type of trip or trip under particular conditions, depending on the assessment outcome, even when the fixed route system is completely accessible. **Transit services for persons with disabilities will largely be provided by fixed route services.** For this reason, please answer all the questions below relating to your personal use and/or knowledge of RTA's fixed routes.

What RTA fixed route number serves your home residence? _____

Where is the nearest RTA bus stop to your home residence?

Did you know that all of RTA buses have wheelchair lifts and securements on them?

Yes No

Did you know if the steps on the bus are difficult for you that you could ask the driver to put the lift down for you?

Yes No

Did you know RTA offers Travel Training to show consumers how to use the fixed route system?

Yes No

Would you be interested in Fixed Route Travel Training?

Yes No

Are you aware that RTA provides "Hailer Kits" and other aids to help facilitate the use of fixed route for consumers with visual or hearing disabilities?

Yes No

Would you be interested in receiving more information about these kits?

Yes No

How far can you safely and effectively walk or propel your wheelchair?

I can get to the curb in front of my house

Up to 3 blocks

Up to 6 blocks

I don't want to travel outside

Why? _____

How long could you wait at a bus stop with a bench for seating?

- 10 minutes
- 20 minutes
- 40 minutes
- 60 minutes
- not at all
- Why? _____

Describe under what circumstances you are able to use RTA's fixed routes.

Describe in detail what hinders you from using RTA's fixed routes, i.e. I can't be out in extreme weather conditions or I don't understand how to use the fixed route buses.

I have used RTA's fixed route:

- in the past week
- in the past month
- in the past year
- never Why? _____

PART D

Do you use any of the following aids (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Manual Wheelchair* | <input type="checkbox"/> Electric Wheelchair* |
| <input type="checkbox"/> Power Scooter* | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Walker with seat |
| <input type="checkbox"/> Communications Board | <input type="checkbox"/> Boarding Chair |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Other | <input type="checkbox"/> Oxygen |

To avoid delay in certification please be sure to come to the assessment appointment using the mobility aid that you use when you travel.

Please note that your trip origin and destination must be accessible by ramp or lift. IF NOT ACCESSIBLE, please have someone available to assist you up and down steps. Drivers are not permitted to assist wheelchair consumers up or down any steps. In addition the ADA specifies the maximum wheelchair (including scooters) dimensions and weight that can be accommodated on public transportation. Wheelchairs must be no more than **30 inches wide and 48 inched long, and weight no more than 600 pounds** when occupied by the user. Vehicle lift/ramp equipment and securement areas cannot accommodate passengers with wheelchairs or scooters exceeding these dimensions or weight.

Are there any other effects of your disability that we need to be aware of?

- | | |
|--|--|
| <input type="checkbox"/> Obesity/Weight | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Need for catheter |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Dizziness |

Other, please explain: _____

PART E

If you wish to receive Project Mobility publications in an alternate format, please check **one** desired format

- Compact Disc Braille Audio Tape
 Another Language, specify

PART F

CERTIFICATION

I understand that the purpose of this application is to determine if I, or the applicant for whom I represent, is eligible to use RTA's Complementary Paratransit services. I certify that the information provided in this application is true and correct. I understand that falsification of this application to obtain Project Mobility service violates Ohio Revised Code section 2921.12, and the United States Code Title 18, Section 1001. Penalties are fines of up to \$5,000 and imprisonment up to ten years. I agree to notify the RTA if I, or the applicant for whom I represent, no longer need to use Project Mobility services.

Signature of Applicant or Legal Guardian
If Legal Guardian:

Date

Address

Phone Number

Thank you for completing this application. Please return the **completed** and **legible** application in the envelope provided. You will be contacted to schedule your interview. You must bring a photo ID when you come to the interview. Please note that you may also bring to the interview any medical or other documentation related to your disability or health condition. If you have other questions regarding this application or the screening process, please call 937-425-8301.

PART G

PHYSICIAN CERTIFICATION (to be completed by licensed physician only)

Physician's Name _____

Address _____

City _____ Zip _____

Licensing Identification _____

Physician Signature _____ Date _____

ELIGIBILITY CRITERIA

The impairment or disability is considered: Permanent to Temporary

If temporary, what is the estimated period of time?

From _____ To _____
Date Date

PHYSICAL DISABILITIES

Complete this section if the applicant has physical disabilities or impairments:

A physical impairment is defined by the ADA as: "Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respirator (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine."

What is the applicant's specific disability or impairment:

Describe the applicant's specific disability or impairment:

Explain how the applicant's disability or impairment substantially limits one or more major life activities impacting their ability to use fixed route transportation: This question must be answered or the application will not be considered.

MENTAL DISABILITIES

Complete this section if the applicant has mental disabilities or impairments:

A mental impairment is defined by the ADA as: “[A]ny mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional illness, and specific learning disabilities.”

What is the applicant’s specific disability or impairment:

Describe the applicant’s specific disability or impairment:

Explain how the applicant’s disability or impairment substantially limits one or more major life activities impacting their ability to use fixed route transportation: **This question must be answered or the application will not be considered.**



PART H

**Greater Dayton Regional Transit Authority
PERSONAL ATTENDANT CERTIFICATION**

Personal Attendant's are often needed by individuals with disabilities to assist with other activities of daily living. The need for assistance **MUST** relate to the individual's disability **AND** be beyond what the driver is expected to provide. Individuals, who require a Personal Attendant to perform at least one daily living activity when they travel, may travel with one Personal Attendant at no charge. Activities performed by a Personal Attendant may include: mobility assistance, personal care with eating or communication (including verbal communication translation, sign language interpretation, or services of a reader). The need for a Personal Attendant services can be intermittent or occasional. Regular use should be interpreted to be consistent with the underlying need – for example, a blind person regularly using a Personal Assistant for shopping. Another example might be a quadriplegic may need assistance in filing and holding papers at work or in eating meals. **A Personal Attendant is NOT someone you wish to ride for free to accompany you for pleasure or companionship when using the service. RTA strongly urges you not to ask for a Personal Attendant unless you genuinely have the need. It increases the cost of the service and it's not fair to paying consumers.**

Do you need to travel with someone who assists you?

- Always Sometimes No

If always or sometimes, please complete the form on the other side and return to:

Sue Eason
RTA Certification Center
4 South Main St.
Dayton, OH 45402

Photocopies of this application for Personal Attendant will not be considered. All questions must be answered or this application will not be considered. If the questions do not apply, please place "NA" with that question.

Check One: Mr. Mrs. Miss Ms. *(Project Mobility rider's name)*

Last Name _____

First Name _____ M _____

Address _____ Apt. No. _____

City _____ Zip _____

Phone Number _____ Cell _____

Do you need to travel with someone who assists you?

Always Sometimes No

Under what circumstances do you need someone to assist you?

If you travel with someone who assists you, does this person assist you in?

Getting to or from bus stops

Getting on or off the bus

Physical or navigational help when I get to where I am going

Physical or behavioral assistance while riding in the vehicle

Personal care at the destination (e.g. eating, toileting, etc.)

Behavioral supervision/control at the destination

Other (describe) _____

I certify that I need the services of a personal attendant to make independent travel possible. A personal attendant is someone designated or employed specifically to assist me with the completion of at least one daily activity on a regular basis.

I will need a personal attendant Permanently or Occasionally or

Temporary

If temporary, provide expected duration _____

I certify that the information provided is true and correct. Falsifying this application is against Ohio Law.

Signature of Applicant or Legal Guardian

Date