



ADA PARATRANSIT PROGRAM

In accordance with the 1990 Americans with Disabilities Act (ADA) Harris County Transit provides transportation for persons with disabilities who cannot board, ride or disembark from a fixed-route bus, even if that bus is equipped with a wheelchair lift or ramp. Services are provided within $\frac{3}{4}$ of one mile from a fixed route. For services beyond our fixed route bus service area such as trips to the Houston Medical Center or the Central Business District of Houston, please see our Website or contact one of our Mobility Managers at 832-927-4953. Our Program Guide will introduce you to our service and provide the basic information you need to use the service. Upon request, this information is available in other formats.

It is important that patrons know that our service is a shared-ride public transit service. In accordance with the Americans with Disabilities Act (ADA), travel times and the timeliness of service are comparable to fixed-route bus service. Remember that you have a responsibility to use accessible fixed-route bus service when possible.

We appreciate your interest in our origin-to-destination Paratransit service. The following application must be filled out legibly and completely. The physicians form must be completed by a doctor or licensed health care provider familiar with your disability.

Our goal is to provide safe and reliable transportation. If, after reading this manual, you have any questions, please contact us at 832-927-4953.





ADA PARATRANSIT APPLICATION

PART I - TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

FULL NAME: _____
Last First M.I

ADDRESS: _____
Street Address Apartment/Unit #

_____ City State Zip Code

PHONE# 1: _____ Ethnicity: (Optional)

PHONE# 2: _____ DOB: _____ Surname: (Mr.) (Mrs.) (Ms.) (Miss)

Office Use ONLY: Ambulatory / Wheelchair RIDES card#: _____

PART II - PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

1. Are you familiar with Harris County Transit local fixed bus route system?

Yes
No

2. Are you able to board and disembark without assistance from a Harris County Transit Bus **without** a wheelchair ramp/lift?

Yes
No explain: _____

3. Are you able to board and disembark without assistance from a Harris County Transit Bus **with** a wheelchair ramp/lift?

Yes
No explain: _____

4. Are you able to walk or use a mobility device to the nearest bus stop?

Yes
No explain: _____

5. Are you able to handle money and transfers?

Yes
No explain: _____

6. Are you able to use railings and handles?

Yes
No explain: _____

7. Are you able to keep balance while seating on a moving bus?

Yes

No explain: _____

8. Are you able to understand bus schedules?

Yes

No explain: _____

9. Are you prevented from walking or using a mobility device to or from a bus stop boarding location for one or more of the following reasons?

- | | |
|---|---|
| <input type="checkbox"/> Extreme sensitivity to climatic conditions | <input type="checkbox"/> Inability to cross a busy intersection |
| <input type="checkbox"/> Allergic/enviromental sensitivities | <input type="checkbox"/> Inability to climb 3 10-inch steps |
| <input type="checkbox"/> Hyper-fatigue, frailty | <input type="checkbox"/> No side walks |
| <input type="checkbox"/> Night blindness | <input type="checkbox"/> Bus stop too far away (location) |

10. Are you able to perform the following functions without the assistance of another person?

Travel 200 feet (1 block)

Travel 1 mile (3 blocks)

OTHER (max distance you can travel): _____

11. Are you able to perform the following functions without supervision?

A) Find your way between familiar locations?

Yes

No

Yes, with training

B) Signal the bus driver to get off at a familiar stop and get off the bus there?

Yes

No

Yes, with training

12. Are you able to wait outdoors for 15 minutes?

Yes

No

Sometimes explain: _____

13. Do you have trouble standing for more than 15 minutes?

Yes

No

Sometimes explain: _____

14. Does your disability allow you to use the bus when you are feeling well?

Yes

No

15. Does your disability allow you to use the bus when you **are not** feeling well?

Yes

No

16. Are you able to cross the street or busy intersection by yourself?

Yes If YES, under what circumstances _____

No

17. List (3) of your most frequent destinations. How do you get there now?

	Address	Method of Travel
1	_____	_____
2	_____	_____
3	_____	_____

18. List (3) places you would like to go. Describe your travel barrier.

	Address	Travel Barrier
1	_____	_____
2	_____	_____
3	_____	_____

19. Is your ability to get from place to place affected by terrain where you live?

No

Yes If YES, describe your terrain (example: very steep hill, flat): _____

20. How did you hear about Harris County Transit? _____

PART III - EMERGENCY CONTACT

Please select someone who would NOT be riding with you. In case of emergency notify:

FULL NAME: _____
Last First M.I

ADDRESS: _____
Street Address Apartment/Unit #

City State Zip Code

PHONE# 1: _____ Relationship _____

PHONE# 2: _____

Applicant **can** be left alone at destination

Applicant **can not** be left alone at destination

PART IV - APPLICATION ASSISTANCE

* If applicant has been assisted by someone else in completing this application, that person must complete the following: If assistance is needed, please contact the office of Harris County Transit.

FULL NAME: _____
 Last First M.I

ADDRESS: _____
 Street Address Apartment/Unit #

_____ City State Zip Code

PHONE#: _____ Relationship _____

PART V - HARRIS COUNTY RIGHTS AND RESPONSIBILITY OF SERVICE

Please read all of the following questions and initial that you accept the Harris County rights and responsibilities for service.

INITIALS

Paratransit is a shared-ride service and I could be sharing a ride with other passengers _____

Harris County Transit does not provided emergency services _____

I must pay fare by using my RIDES fare card each time I ride loaded with pre-paid trips..... _____

I will follow the the Cancellation Policy to the best of my ability to avoid a No Show..... _____

I understand an accumulation of too many No Show's could result in suspension of service..... _____

Paratransit has a 15 minutes before and 15 mintues after the schedule pick up time to arrive..... _____

Paratransit vehicle will wait only 5 minutes from the time it arrives for passengers to board..... _____

Paratransit is orgin-to-destination, not door-to-door, unless requested/approved on my applicatio _____

I will follow and abide by the Passenger Code of Conduct..... _____

I, (print) _____ understand I could be called in to interview for this service and I certify the information provided in this application and during my interview is accurate. I understand that false information may result in the denial of annulment of Harris County Transit - Paratransit Program. I further understand that all information will be kept confidential, and only the information required to provide services I request will be disclosed to those who perform these services.

 Applicants Signature

 Date

PART VI - ACKNOWLEDGEMENT OF TRAVEL SERVICE AREA

I, (print) _____ Acknowledge that ADA Paratransit transportation is only within the 3/4 mile of the fixed-route service area. Paratransit trips cannot be made outside the service area. I understand I can contact Harris County Transit to confirm if my desired destination is within the service area. I understand that providing false or misleading information could result in my eligibility status being re-examined as well as prosecution to the maximum extend allowed by the laws of the State of Texas.

Applicants Signature

Date

CHECK LIST:

- I filled out all Parts/Sections of the application completely and legibly
- I have included a picture I.D with application (example: Drivers License)
- I have given Part VII to a/my primary health care professional to verify my disability
- (If applicable) I have included documentation from my previous Paratransit service (example: Metrolift)

SUBMITTING YOUR APPLICATION

Return your application with all its Parts/Sections completed to:

**Harris County Office of Transit Services
ADA Paratransit Program
8410 Lantern Point Drive
Houston TX, 77054**

OR, E-Fax # 832-927-0064

The information provided will only be used in this certification process for the provision of transportation services. After Harris County Transit receives your complete application, you may be contacted to schedule an in-person interview to determine your eligibility. Transportation will be provided to you free of charge both to and from the interview location. You will receive a determination letter within 21 business days. In the event your application is denied, you have the right to appeal the decision within 60 days. If you require assistance in completing this application, you may call our office at 832-927-4953 during regular business hours or request assistance during your in-person interview. Thank you for your interest in Harris County Transit Services - ADA Paratransit Program.

OTHER TRANSPORTATION PROGRAMS BY HARRIS COUNTY TRANSIT

***Call to see if you qualify!**

Harris County RIDES

713-368-7433 / www.HarrisCountyRides.com

None-Emergency Medical Transportation

713-696-1991

2) Is this disability controlled by medication? Yes No
3) Does this disability prevent the applicant from utilizing the fixed route services (regular bus services)?
No
Yes if YES, please describe in detail: _____

4) These limitations apply: Always Usually Occasionally Rarely

5) Does the applicant use any of the following mobility aids? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Power Chair | <input type="checkbox"/> Cane | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Large Power Chair | <input type="checkbox"/> White Cane | <input type="checkbox"/> Picture/Alphabet Board |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Walker | <input type="checkbox"/> Portable Oxygen Supply |
| <input type="checkbox"/> Manuel Chair | <input type="checkbox"/> Crutches | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Personal Care Attendant | OTHER: _____ |
- Applicant **can** be left alone Applicant **can not** be left alone

4) Can the applicant walk or use a mobility device to travel (3) blocks without the assistance of another person?

Yes No

5) Can the applicant climb three 10-inch steps with assistance?

Yes
No

6) Can the applicant wait outside without support for 15 minutes?

Yes
No

7) Is the applicant on Dialysis?

Yes If YES, please include a copy of the appointment times/days with application.
No

8) Does the applicant have a hearing impairment?

Yes
No

9) Is the applicant able to give addresses and phone numbers upon request?

Yes
No

10) Is the applicant able to recognize a destination or landmark?

Yes
No

11) Is the applicant able to deal with unexpected situations or unexpected changes in routine?

Yes

No

12) Is the applicant able to ask for, understand, and follow directions?

Yes

No

13) Is the applicant able to safely and effectively travel alone through crowded and/or complex facilities?

Yes

No

14) Is the applicant visually impaired?

Yes If YES, answer questions 16 and 17

No

15) Is the applicant able to ask for, understand, and follow directions?

Yes

No

16) Visual acuity with best correction:

Right eye _____

Left eye _____

BOTH _____

17) Visual Fields:

Right eye _____

Left eye _____

BOTH _____

Date of Testing: _____

18) If cognitive impaired, what is the applicant's cognitive age, and IQ level? _____

19) Describe any other disability which can effect the applicant from using the regular bus service.

20) In your opinion, can the applicant travel independently from his/her house to the sidewalk?

Yes

No

Sometimes explain: _____


21) Assuming the use of mobility aid, if applicable, and with no major barriers in his/her path, how far can the applicant independently travel without assistance?

Less than 1/4 mile 1/4 mile 1/2 mile 3/4 mile More than 3/4 mile

22) Have you previously seen this patient?

Yes

No

23) Please rate with a  (Excellent/Good/Fair/Poor/None/Don't Know) for the following assessment below:

	Excellent	Good	Fair	Poor	None	Don't Know: Explain
Upper Body Strength						
Lower Body Strength						
Coordination						
Balance						
Self Awareness						
Independent Judgment						
Sense of Direction						
Ability to Understand and Follow Directions						
Verbal Communication						
Written Communication						
Stamina and Endurance						

Name of Facility: _____

Name of Health Care Provider Last _____ First _____ M.I. _____

Office Address _____
Street Address _____ Unit/Floor# _____

City _____ State _____ Zip Code _____

Office Phone#: _____

I, _____ certify that I have not or will not receive any monetary benefit as a result of my patient receiving ADA Paratransit services. I certify that the information I have provided herein is a fair representation of this applicant's medical impairment or condition and is accurate to the best of my knowledge. I understand that the information provided herein will be used for the sole purpose of determining the applicants eligibility for ADA Paratransit services. I also agree that Harris County Transit may contact me for clarification of any information I have provide and that I will reply in good faith.

Print Signature Date