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 ¾ 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 713-578-2216. 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 curb-to-curb 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 713-578-2216.

ADA PARATRANSIT APPLICATION

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

FULL NAME: _____
Last First M.I

ADDRESS: _____
Street Adress Apartment/Unit #

_____
City State Zip Code

PHONE# 1: DOB: Ethnicity:

PHONE# 2: SSN: 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?

☐ Extreme sensitivity to climatic conditions
☐ Allergic/enviromental sensitivities
☐ Hyper-fatigue, frailty
☐ Night blindness
☐ Inablility to cross a busy intersection
☐ Inablility to climb 3 10-inch steps
☐ No side walks
☐ 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. Descibe 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 Adress 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 Adress 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 Paratransit Ticket and RIDES fare card each time I ride …… _____

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 curb-to-curb, not door-to-door, unless requesed/approved on my application……. _____

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 legibily
- ☐ 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 (HCT) receives your complete application, you will be contacted to schedule an in-person interview and a functional physical assessment on the same day to determine your eligibility. HCT recognizes the FTA's unreasonable administrative burdens to ask applicants to separate their interview and physical assessment appointments. However, should you wish to separate the interview and assessment, due to personal or scheduling reasons, HCT will be happy to accommodate you. Transportation to both interview and assessments will be provided at no cost. You will receive a determination letter within 21 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 713-578-2216 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

PART VII - PRIMARY HEALTH CARE PROVIDER / LOCATION

To Be Completed By Appropritate Primary Health Care Provider

The Americans with Disabilities Act (ADA) and its implementing federal regulations established categories of persons who are eligible to receive paratransit services complementary to fixed-route bus service. The (3) categories of persons with rights to complementary paratransit are:

1) An individual who is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual, (except the operator of a wheelchair lift or other boarding device), to board, ride, or disembark from an accessible bus vehicle.

2) An individual who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, and disembark from accessible transit vehicle. (The individual would be eligible if an accessible vehicle is not available) **NOTE*** All vehicles under Harris County Transit are accessible and equipped with ramps, lifts, and kneeling features to assist boarding as well as automatic announcments of major stops and transfer

3) An individual who has a specific impariment-related condition which prevents the individual from traveling to or from a Harris County Transit stop or transfer point location.

MEDICAL REPRESENTATIVE: Any individual is to be certified as ADA paratransit eligible if there is any part of the transit system that cannot be used by that individual because of a disability. Individuals must have a medically documented disability that limits their functional abilities to ride fixed-route. Individuals are not to be qualified or disqualified on the basis of a specific diagnosis or disability. The information requested on the following pages will allow Harris County Transit to obtain the information necessary to establish eligibility. We require Part VII section of this form to be completed, and to expedite applicant process, please attach objective medical findings which substantiate the disability. Thank you for your assistance.

Please Print or Type

I am a _____

Check (1) ☐ Licensed Medical Doctor ☐ Registered Nurse
☐ Licensed Nurse Practitioner ☐ Licensed Physical Therapist

Applicant's Name: _____
Last, First, Middle

Medical diagnosis of condition causing disability (in detail): _____

_____

_____

_____

1) Is the disability: ☐ Permanent ☐ Temporary (If temporary, date of disability_____)
length of recovery _____

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)

☐ Power Chair	☐ Cane	☐ Communication Board
☐ Large Power Chair	☐ White Cane	☐ Picture/Alphabet Board
☐ Power Scooter	☐ Walker	☐ Portable Oxygen Supply
☐ Manuel Chair	☐ Crutches	☐ Service Animal
☐ Leg Braces	☐ 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						
Indpendent Judgment						
Sense of Direction						
Ablility to understand Directions and follow						
Verbal Communication						
Written Communication						
Stamina and Endurance						

Name of Facility: _____

Name of Health Care Provider _____
Last First M.I

Office Address _____
Street Adress 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 herin 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 herin 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 _____