CARTA

Dear Paratransit Applicant:

Enclosed is an application for the CARTA Tel-A-Ride accessible transit paratransit system. Tel-A-Ride is for individuals whose mobility impairment prevents them from using fixed-schedule bus routes. The application is intended to assess your abilities to determine if you are medically eligible to use Tel-A-Ride complementary service.

All sections of the application must be completed to process the application. Part II of the application must be completed by a Health Care Professional. This is necessary to determine your eligibility, as well as determining when and under what conditions you may require paratransit service. Paratransit eligibility may be determined on a trip-by-trip basis. All information will be kept confidential.

When you have completed and signed the application, mail it to:

TEL-A-RIDE
ADA Coordinator
5790 Casper Padgett Way
North Charleston, SC 29406

You will be notified as to your eligibility to use the service by mail within three weeks.

Please note that the Tel-A-Ride service area is a ¾ mile corridor on either side of the local fixed-route bus lines. Your origin and destination must be located within this service area. If you are requesting a pick-up at your home, it must be within the ¾ mile corridor. The ADA Coordinator will be happy to help you determine if your home is within the service area.

If you have any questions, or need assistance filling out the application, please contact the ADA Coordinator at (843) 529-0400 (voice), or if hearing impaired phone 711 (TTY).

TEL•A•RIDE
Application for ADA Paratransit Eligibility

ACCESSIBLE SERVICES AND THE AMERICANS WITH DISABILITIES ACT

Individuals, who cannot board, ride or get to or from a regular public transit bus because of a disability may be eligible under the Americans with Disabilities Act (the ADA) for paratransit services. Charleston Area Regional Transit Authority (CARTA) provides TEL•A•RIDE, origin-to-destination, shared-ride accessible paratransit throughout its service area.

TEL•A• RIDE drivers can assist passengers from their residence to the vehicle or from the vehicle to their destination point upon request. Please remember to make this request when making your reservation.

If the effects of your disability prevent you from riding CARTA buses, you may be eligible for TEL•A• RIDE some or all of the time. If your disability just makes riding the bus more difficult or inconvenient, you may not be eligible for TEL•A• RIDE under the Americans with Disabilities Act (ADA).

If you believe that you may be eligible, please complete the enclosed Application for ADA Paratransit Eligibility and return it to the address given on Page 11.

Part I of this application is to be completed by the applicant. Part II of this application is to be completed by a health care professional familiar with your disability. It is important that you provide complete information about the effects of your disability in the application.

You will be notified in writing on whether or not you are eligible for TEL•A• RIDE services within **21 days** of receiving your completed application. After 21 days presumptive (If a decision is not made within 21 days service will be provides until a decision is made.)

If you do not agree with the decision, you have a right to appeal. Appeals information will be sent to you, if your request for eligibility is denied. Appeals will be accepted within 60 days of the initial eligibility decision.

Part I

For the Applicant to Complete

Please Print

A. Personal / Contact Information

Name (first, middle, last):

_____ E-Mail: _____

Home Address: _____ Apt. #: _____

City: _____ Zip: _____

Mailing Address (if different from home):

_____ Apt. #: _____

City: _____ Zip: _____

Daytime Phone: ( ) TDD/TTY: ( )

Evening Phone: ( ) _____ Cell Phone: ( ) _____

Birth Date: __/__/__ ☐ Male ☐ Female

If you need any future written information provided to you in an accessible format, please check which format you prefer:

☐ Diskette/CDR ☐ Audio Tape ☐ Braille ☐ Large Print

☐ Other _____

In case of emergency, whom should we contact?

Name: _____

Relationship: _____

Day Phone: ( ) _____ Evening Phone: ( ) _____

For the Applicant to Complete

B. Disability Information

1. What is the disability which prevents you from using our fixed route service?

Is this condition temporary? ☐ Yes ☐ No

If yes, please indicate the expected recovery date: / /

2. Please briefly describe how your disability prevents you from using the fixed route system.

3. Which of the following mobility aids (if any) do you use?
(Please check all that apply)

_____ Manual Wheelchair	_____ Support Cane
_____ Electric Wheelchair	_____ White Cane
_____ Powered Scooter	_____ Crutches
_____ Service Animal	_____ Walker
_____ Portable Oxygen	_____ Other

Do you require the assistance of a Personal Care Attendant when you travel using transit?

_____ Yes _____ No _____ Sometimes (Please explain)

If yes, does the personal care attendant riding with you on the vehicle help you in: (Please check all that apply)

_____ Getting on and off the bus
_____ Helping me when I get where I am going
_____ Interpret for me
_____ Other bus-related assistance (please explain)

For the Applicant to Complete

C. Mobility Information

1. With the use of a mobility aid, or on your own, are you able to travel from your residence to the curb?

___ Yes ___ No ___ Sometimes ___ Not Sure (please explain)

Explain: _____

2. Does the weather affect your ability to travel outside and use the bus service?

___ Yes ___ No ___ Sometimes ___ Not Sure (please explain

Explain: _____

3. With the use of a mobility aid, or on your own, how far are you able to travel without the assistance of another person?

___ Less than 200 feet ___ ¾ mile (9 blocks)

___ ¼ mile (3 blocks) ___ No

___ ½ mile (6 blocks)

4. Are you able to climb three 12-inch steps without assistance?

___ Yes ___ No ___ Sometimes ___ Not Sure (please explain)

Explain: _____

5. Are you able to wait outside without support for up to fifteen minutes?

___ Yes ___ No ___ Sometimes ___ Not Sure (please explain)

Explain: _____

6. Are you able to give addresses and telephone numbers upon request?

___ Yes ___ No ___ Sometimes ___ Not Sure (please explain)

Explain: _____

7. Are you able to recognize a destination or landmark?

___ Yes ___ No ___ Sometimes ___ Not Sure (please explain)

Explain: _____

8. Are you able to ask for, understand, and follow directions?

___ Yes ___ No ___ Sometimes ___ Not Sure (please explain)

Explain: _____

9. Are you able to deal with unexpected situations or changes in routine?

Explain: _____

10. Are you able to independently travel through crowded and/or complex facilities??

___ Yes ___ No ___ Sometimes ___ Not Sure (please explain)

Explain: _____

11. Can you get to and board the TEL•A• RIDE vehicle without the help of another person?

___ Yes ___ No ___ Sometimes ___ Not Sure (please explain)

Explain: _____

For the Applicant to Complete

D. Travel Information

1. When are you unable to use Fixed Route bus? (Please check any of the following that apply to you):

☐ I can use a regular fixed-route bus service for some trips, but other times there are barriers that prevent me from using the bus.

☐ I have difficulty understanding and/or remembering all of the things I would have to do to find my way to and from the bus and ride the bus.

☐ I have difficulty getting to and from bus stops because I become disoriented easily.

☐ I have a visual disability and I have difficulty finding my way to and from the bus stop.

☐ I can only get to and from bus stops if the distance is not too great and there are curb cuts and sidewalks on the route.

☐ I can only wait at bus stops if there is a bench and shelter.

☐ I have difficulty or cannot climb stairs and can only board a bus if there is a lift or ramp.

☐ I have a health condition and cannot ride the bus if there walk is too far or if the weather is too hot.

☐ I have difficulty getting to and from bus stops because of busy streets and intersections.

☐ The severity of my disability can change from day to day.

☐ I can ride the bus only when I am feeling well.

☐ I can never use the fixed-route bus service by myself.
Please explain _____

☐ I am not able to use the bus for the other reasons.
Please explain _____

For the Applicant to Complete

2. Have you ever used the Fixed-Route bus service?

☐ Yes, I typically use the fixed-route service _____ times a week.

☐ Yes, I used to but stopped because _____.

☐ No, I have never used the fixed-route service.

3. Is there something that might help you to ride the fixed-route buses?

☐ Yes, route and schedule information.

☐ Yes, being able to get buses with ramps/lifts.

☐ Yes, if the bus stops were closer to where I live.

☐ Yes, if the bus stops were closer to the places I need to go.

☐ Yes, learning to use the buses.

☐ Yes, a communication aide.

☐ Yes, other (describe)

_____

☐ No, none of these would help.

4. If The CARTA offered free instruction to anyone interested in learning how to ride the fixed-route buses, would you be interested in this type of training.

☐ Yes ☐ No

If No, Explain: _____

For the Applicant to Complete

E. Applicant Certification

I certify that the information in this application is true and correct. I understand that knowingly falsifying the information will result in denial of service. I understand all information will be kept confidential and only information required to provide the services I request will be disclosed to those who perform the services.

Sign Here:

Applicant's signature _____ Date _____

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name _____

Mailing Address _____

City _____ State ____ Zip Code _____

Daytime Phone _____

Signed _____ Date ___ / ___ / ___

Please Note: It is your responsibility to notify us if you disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible or we discover you submitted false information, your eligibility could be suspended or you may be asked to reapply.

Have you answered all of the questions
and provided explanations where required?

INCOMPLETE APPLICATIONS WILL BE RETURNED.

CARTA

CHARLESTON AREA REGIONAL TRANSPORTATION AUTHORITY

Part II

For the Health Care Professional to Complete

Part II must be personally completed by an accepted, licensed health care professional.

A. Applicant Authorization – <u>to be completed by applicant</u>

I authorize the professional(s), listed below, to provide any information required to complete this certification. The information released will be used solely to determine my eligibility and I realize that I have a right to receive a copy of this information. I understand that I may revoke this authorization at any time.

Applicant's signature _____ Date ___ / ___ / _____

Name (health care professional) _____

Agency name (if applicable) _____

Mailing Address _____

City _____ State ____ Zip Code _____

Telephone Number _____

Overview: As a health care professional familiar with the applicant, you are being asked by the applicant to provide information regarding his/her ability to use CARTA's fixed-route transit services. CARTA may provide paratransit services (TEL•A•RIDE) to persons who cannot use the accessible fixed-route services. The information you provide will allow us to evaluate the request and to provide appropriate transportation services for the applicant. All information will be kept confidential.

<u>To qualify for paratransit service</u>: The applicant must be unable to use the accessible fixed-route bus services due to the effects of a disability.

Your certification should consider only the effects of disabling conditions.

Part II

Request for Professional Certification

Name of Applicant _____

1. **Primary condition causing disability (please describe):**

   _____

   _____

   _____

   Severity ___ Mild ___ Moderate ___ Severe ___ Profound

2. **Secondary condition causing disability (please describe):**

   _____

   _____

   _____

   Severity ___ Mild ___ Moderate ___ Severe ___ Profound

3. **Expected duration of disability:**

   _____ Temporary: Expected duration until _____

   _____ Long **Term**: Conditions with potential for improvement or long periods of remission.

   _____ Permanent: Conditions with no expectations of improvement.

4. **Capacity in which you know the applicant:** _____

5. **Complete if the applicant has a visual impairment.**

   Visual Acuity with Best Correction
   Right Eye _____ Left Eye _____ Both Eyes _____

   Visual Fields
   Right Eye _____ Left Eye _____ Both Eyes _____

Part II

Request for Professional Certification

6. If the applicant has a cognitive disability is the applicant able to:

Give addresses/telephone numbers upon request?	☐ Yes	☐ No	☐ Sometimes	☐ Not Sure
Recognizing a destination or landmark?	☐ Yes	☐ No	☐ Sometimes	☐ Not Sure
Ask for, understand and follow directions?	☐ Yes	☐ No	☐ Sometimes	☐ Not Sure
Safely and effectively travel through crowded facilities?	☐ Yes	☐ No	☐ Sometimes	☐ Not Sure

7. If the applicant has a disability affecting mobility is the applicant able to:

Wait outside without support for 10 minutes?	☐ Yes	☐ No	☐ Sometimes	☐ Not Sure

8. Is the applicant's ability to independently travel to a fixed- route bus stop affected by (check all that apply):

_____ Hot weather
_____ Cold weather
_____ Steep hills
_____ Street crossings
_____ Other _____
_____ None of these

I hereby certify that the information in this section (Part II) is complete and accurate and was completed by the undersigned.

_____ _____
Signed Date

_____ _____
Print Name Street Address

_____ _____ _____
City State Zip

_____ _____ _____
Telephone Number License / Certification Number State

Completion of this application by any other profession will not be accepted without prior authorization.
Profession (check one)

_____ Physician
_____ Psychiatrist
_____ Psychologist
_____ Occupational Therapist
_____ Physical Therapist
_____ Social Worker
_____ Rehabilitation Specialist
_____ Physiatrist

Check List for Completion of Application

Please Return Completed Application (Parts I and II) to:

TEL.A.RIDE
ADA Coordinator
5790 Casper Padgett Way
North Charleston, SC 29405

If you have any questions about the completion of this application please call the ADA Coordinator at 843-529-0400.

Applicant must complete:

- All information, Part I, Pages 1-7
- Applicant Signature, Part I, Page 7E
- Signature of the person completing application (if other than applicant), Part I, Page 7E
- Applicant authorization signature, Part II, Page 8A

Health Care Professional must complete:

- All information, Part II, Pages 9-10
- Professional signature, Part II, Page 10