



ADA Paratransit Service Eligibility Criteria GUIDELINES



Please read this completely before submitting an ADA application

ADA Paratransit Service

Broward County Transportation Department's ADA Paratransit Service is offered in accordance with the Americans with Disabilities Act (ADA) of 1990. The ADA Paratransit Service is for persons with physical, cognitive, emotional, visual or other disabilities which functionally prevent them from using the Broward County Transit (BCT) fixed-route bus system permanently, temporarily or under certain conditions.

Disability alone does not create eligibility for ADA Paratransit Service. The decision is based solely on the applicant's functional ability to use BCT buses. The BCT fixed-route bus system is fully accessible, with wheelchair accessible buses and major transfer facilities. The unavailability of fixed-route service, difficulties using fixed route or long travel times do not constitute eligibility for Paratransit.

Passenger co-pay is due each way of the trip. Please use exact change as drivers do not carry cash. Co-pay is required PRIOR to entering vehicle. Failure to make co-pay may result in loss of transportation privileges.

The Application Process

All applicants seeking eligibility for the ADA Paratransit Service must go through an eligibility determination process. The ADA Paratransit eligibility application process includes, but is not limited to, a medical verification of the disability, a review of the applicant's own assessment of their ability to use BCT buses, and a functional assessment. Information provided by treating health care facilities or medical professionals may also be considered. Incomplete application forms will be returned for completion and additional information may be requested as well during the processing of an eligibility request.



All requested information must be provided and the application process complete before an eligibility determination can be rendered.

Evaluation Procedure and Functional Assessments

An in-person functional evaluation is usually required to determine if the applicant can use the BCT fixed-route system. Transportation assistance is provided as necessary to and from the evaluation appointment. The purpose of the evaluation is to determine when and under what circumstances the applicant can use BCT buses and when Paratransit shared-ride service is required. The functional physical evaluation consists of a simulated bus travel experience, including boarding a bus, maneuvering a curb and a curb cut, and crossing the street. Skills evaluated include balance, strength, coordination and range of motion. The cognitive functional assessment consists of

certain standardized tests designed to measure skills such as memory, attention span and route-finding ability. Functional vision and respiratory considerations are reviewed. Variables in the environment, as well as the applicant's ability to perform the tasks required to use the bus, are also considered.

Categories of Eligibility

Those persons who are certified eligible are classified as having unconditional, temporary or conditional eligibility for ADA Paratransit Service as follows:



Unconditional status is assigned to persons who are determined unable to ever independently use BCT buses, even with training.

Temporary status is assigned to persons who are determined capable of using accessible BCT buses but cannot do so at present, either because of a temporary disability and/or because of some other temporary changes to the bus route(s), stop(s) or other conditions.

Conditional status is assigned to persons who are able to use BCT buses most of the time, but would, under certain circumstances and for certain trips, be prevented from using BCT buses independently.

Alternative Programs and Appeals

“Travel Training” service is available free of charge to those who need help in learning how to use the BCT buses.

In addition, other accommodations such as accessible bus stops and route announcements, and easy-to-read signs, make using BCT buses possible for many people with disabilities.

Individuals who do not meet the eligibility criteria for ADA Paratransit service or do not complete the ADA eligibility process may be eligible for alternative programs that go to specific destinations such as medical appointments.

No ADA eligibility determination will be rendered if the ADA application is withdrawn and an alternative program is selected and approved.

Information regarding the ADA eligibility appeals process is available from the BCT ADA Paratransit eligibility unit. Applicants who are determined not eligible, or who do not agree with the conditions established for their use of BCT ADA Paratransit Service, may request a review at an informal or formal hearing level.



Call us at: **954.357.8400** TTY Access: **954-357-8302**
Toll Free **1.800.599.5432**

This document can be made available in audio cassette or other appropriate alternative formats by request.



ADA PARATRANSIT APPLICATION FORM



All questions must be answered. Incomplete forms will be returned.

In compliance with the Americans with Disabilities Act of 1990 (**ADA**), Broward County provides Broward County Transit (**BCT**) "Paratransit" (i.e., van/shared-ride) service to an area served by **BCT** buses. This "Paratransit" van/shared-ride service is intended only for those trips that the person cannot make on **BCT** buses. This application form is one of the tools used to determine when and under what circumstances the applicant can use Broward County Transit buses and when "Paratransit" van/shared-ride service is required. Before completing this application form, please read the attached **Eligibility Criteria Guidelines** for ADA Paratransit service for more details.

INSTRUCTIONS FOR COMPLETING THIS FORM:

The applicant (or someone assisting the applicant) must complete pages 2 through 6 and sign on the bottom of page 2. The Florida licensed medical professional most familiar with your disabling condition(s) must complete and sign the MEDICAL VERIFICATION section on page 8.

We must have original signatures as we cannot accept copies or faxes.

All applicants must be at least 13 years old. All applicants, whether new or persons applying for recertification, must complete a new application. The **ADA** certification process may involve an in-person functional evaluation to determine if the applicant can use the **BCT** fixed-route bus system. **BCT** will pay for this evaluation.

The application process will not be complete until all forms and any in-person assessments have been completed, and medical records submitted (if requested).

If you have any questions or need assistance completing this form, please contact:

954-357-8400 (Voice)

1-800-599-5432 (Toll Free)

954-357-8302 (TTY)

www.broward.org/bct/pages/paratransit.aspx

WHEN COMPLETED, PLEASE MAIL THIS FORM TO:

Broward County Transit, Paratransit Services
1 N. UNIVERSITY DRIVE, PLANTATION FL 33324

Due to safety, security & other concerns, applications are only accepted by mail.

This form can be downloaded from BCT's web site at: www.broward.org/bct/pages/paratransit.aspx

Auxiliary aids for communication are available with advance notice.

Available in alternate formats by request.

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

We are an equal opportunity employer and provider of services.

This public document was promulgated at a cost of \$160.00, or \$.16 per copy, to inform the public about the Paratransit program.



05/2012

Part 1 General Information

DO NOT WRITE IN THIS SPACE

Input Date: _____ 3rd party review: _____
Exp Date: _____ ADA Category: 1 2 3 4
ADA Conditions: _____ PCA: _____
Equip/Disability: _____
Reviewed by: _____ Date: _____

PLEASE PRINT NEATLY

Last Name: _____ First name: _____ MI: _____
Street Address: _____ Apt: _____ Bldg: _____
Bldg/Subdivision Name: _____ E-mail: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Other Phone: _____
Social Security #: _____ Date of Birth: _____

If someone assisted you in completing this form, please identify them below:

Name: _____ Phone: _____

In which format(s) do you require information & material to be sent to you?

Large Print Audio Tape Audio CD CD-ROM Other: _____

In case of emergency, who should we notify?

Name: _____ Phone: _____

Relationship: _____ Other Phone or E-mail: _____

Part 2 - Applicant Certification

Please indicate below the reason you are seeking ADA Paratransit eligibility

- I can use BCT sometimes, as long as I can get to and from the bus stops.
 Because of my disability, I can never use the BCT bus service.

- I understand that the purpose of this form is to determine if there are times when I cannot use the BCT bus service provided by Broward County and must therefore use the van/shared-ride service.
- I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility.
- I certify the information provided in this application is true and correct.
- I understand that providing false or misleading information, or making false statements on behalf of others constitutes fraud and is considered a felony under the laws of the State of Florida.
- I authorize any health care professional involved in my treatment to release information relating to the disability to any medical facility contracted by Broward County to perform eligibility determinations, or BCT's eligibility unit.

Applicant's signature: _____ Date: _____
(or Power of Attorney – POA proof must accompany application)

Part 3 – Information about Applicant’s Disability

1. What type or types of disabilities prevent you from using BCT buses?
Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Visual impairment/blindness* |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Other | <input type="checkbox"/> None |

Describe your disability in more detail:

* Applicants claiming visual disabilities **MUST** have their doctor provide their **most recent** visual acuity on Page 8, question 3 of this application.

2. Is the disability described above temporary or permanent?

- | |
|--|
| <input type="checkbox"/> Temporary, I expect it to last for another _____ months |
| <input type="checkbox"/> Permanent <input type="checkbox"/> I don't know |

3. Do you use any of the following mobility aids or equipment?

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Cane | <input type="checkbox"/> Powered scooter |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Walker | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Long white cane | <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual wheelchair |
| <input type="checkbox"/> Alphabet/Picture Board | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Service animal - Describe: _____ | | |
| <input type="checkbox"/> I do not use any of the above aids or equipment | | |

NOTE: Service vehicles are equipped with lifts that will accommodate mobility devices that are no longer than 48-inches and no wider than 30-inches, with the combined weight of the passenger and the device not to exceed 600 lbs. Devices that exceed these standards may not be transportable.

A WC-19 compliant mobility device is the newest part of transit safety technology. Mobility devices built to this standard have suitable points for attaching tie down straps and it is recommended that mobility aids used in Paratransit be WC-19 compliant.

4. Do you require the assistance of a Personal Care Attendant (PCA)
(someone who **must** assist you with daily life functions)?

(PCA not provided by BCT and is authorized only when a justifiable need is established)
(See page 5 for TOPS definition of a Personal Care Attendant (PCA))

- | |
|---|
| <input type="checkbox"/> YES, I need assistance with: |
| <input type="checkbox"/> Eating <input type="checkbox"/> Mobility <input type="checkbox"/> Reading <input type="checkbox"/> Transfers |
| <input type="checkbox"/> Medication <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> NO, I do not need assistance when I travel. |

Part 4 – Questions About Using County Buses

5. Have you ever used the BCT buses?

- YES, I typically use the BCT buses _____ times a week
 YES, I used to but stopped because: _____
 NO

6. What might help you ride the BCT buses? Check all that apply

- A communication aid
 Route and schedule information
 Being able to get BCT buses with lifts
 Learning to use BCT buses with travel training
 If the bus stops were closer to where I live and where I need to go
 Other, describe: _____
 None of these would help

7. Can you ask for and follow written or oral instructions to use BCT buses?

- YES NO SOMETIMES

If you choose either NO or SOMETIMES, check all that apply

- I probably could with instruction
 I get confused and might get lost
 Other people cannot understand me
 Other: _____

8. Are you able to get to and from bus stops on your own?

- YES NO SOMETIMES.

If you choose either NO or SOMETIMES, check all that apply

- I feel unsafe traveling alone
 I probably could with travel training
 I get confused and cannot find my way
 I cannot travel outside when it is too hot
 I cannot if the street or sidewalk is too steep
 I cannot cross busy streets and intersections
 I cannot get to places if there are no curb-cuts
 I cannot find my way at night because of a vision problem.
 Other: _____

9. Using a mobility aid or on your own, how far can you travel?

- I cannot get outside my house/apartment
 I can get to the curb in front of my house/apartment
 I can get up to 3 blocks
 I can get up to 6 blocks
 I can get up to 9 blocks or more

10. Can you WAIT up to 30 minutes for a county bus at a bus stop?

- YES
 YES, but only if the stop has a bench and shelter
 YES, but I do not like to wait that long
 NO, explain: _____

11. Are you able to use a bus ramp or lift?

- YES NO SOMETIMES I do not know, I have never tried

If you choose either NO or SOMETIMES, check all that apply

- I am not familiar with bus ramps or lifts I cannot climb the stairs
 I probably could with travel training I do not want to use the lift
 Other: _____

12. If you are able to get on and off county buses, can you get to a seat or wheelchair position by yourself and ride the bus?

- YES NO SOMETIMES I do not know, I have never tried

If you choose either NO or SOMETIMES, check all that apply

- I have a balance problem I need a seat nearest the door
 I have trouble finding a seat
 Other: _____

13. If you are able to get on and off county buses, do you know where to get off the bus or can you find out by yourself?

- YES NO SOMETIMES I do not know, I have never tried

If you choose either NO or SOMETIMES, check all that apply

- I get confused and cannot remember where I am going
 I can if the driver calls out the stops
 I probably could with travel training
 Other: _____

14. Are there any other conditions which limit your ability to use BCT buses?

- YES, please describe them: _____

 NO

Personal Care Attendant (PCA) shall mean someone who is designated or employed specifically to help the eligible Client meet their personal needs, including traveling. A PCA may always travel with an eligible Client.

Part 5 – Current Travel Information

15. Where do you need the van/shared-ride service to take you?

EXAMPLE:

From: Place, Address Home, 35 Palm Drive	To: Place, address Publix, 150 Main Street
--	--

From: *Place and address*

To: *Place and address*

- 1.) _____
- 2.) _____
- 3.) _____

Part 6 – Information about Travel Training

NOTE: Travel training is personalized (individual or group) instruction that teaches the skills necessary to use the BCT Fixed Route buses.

16. Have you ever had any personal instruction on how to use BCT buses?

- NO, I have not received any travel training
- YES, I have received personal instruction through an agency
Name of agency: _____

Indicate below all the skills you learned:

- To cross streets
- To travel to and from bus stops
- To ride on specific routes, (please list the routes you learned):
Route # _____ Route # _____ Route # _____ Route # _____
- Reading bus timetables and planning trips
- Other: _____

Have you put the above referenced skills to use?

- YES
- NO – Explain: _____

17. Broward County offers free travel training to anyone interested in learning how to ride BCT fixed route city and county buses. Would you be interested in getting information about this free Service?

- YES
- NO

Part 7 – Transportation Disadvantaged Program

To be considered for our Transportation Disadvantaged (TD) program, please complete every question of this optional section:

NOTE: A valid Florida Driver's License **and/or** a valid Florida ID is required.

18. Drivers License/Identification Card Number: _____

19. Do you have Medicaid? Yes No If yes: Program Code: _____
 Medicaid/Gold Card #: _____ Expiration Date: _____

20. Are you a "Meals on Wheels" recipient? Yes No

21. Current means of Transportation: TOPS Bus EMT
 Shuttle Private Car Bicycle Walk Family Friends
 Residential Facility Taxi Drive Self

22. Applicant's total monthly Income*: _____

23. Including Applicant, Total number of persons living at residence: _____
 (N/A if living in Group Home, ALF, etc.)

24. Total combined monthly income* of all persons living in the home: _____
 (N/A if living in Group Home, ALF, etc.)

*Income includes: wages, tips, pension, disability benefits, social security, etc.

NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

Broward County collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007)), requires the County to give you this written statement explaining the purpose and authority for collecting your social security number.

<u>Form</u>	<u>Purpose</u>	<u>Authorization</u>
ADA & TD program eligibility application forms	To conduct eligibility verification, cross-checks, and to monitor for possible abuse.	County policy (See Note 1).

Note: 1. Broward County collects your Social Security Number in the performance of a duty or responsibility the County must complete in accordance with law or business necessity. In the event a law does not specifically provide the County with the authority to collect your Social Security Number, it is imperative that the County collect your Social Security Number and this is expressly provided in 119.071(5)2.b.



**THIS CONCLUDES THE APPLICANT'S PORTION OF THE FORM
 PAGE 8 MUST BE COMPLETED BY A LICENSED PHYSICIAN**

THIS SECTION TO BE COMPLETED BY A FLORIDA LICENSED PHYSICIAN

The Americans with Disabilities Act of 1990 (ADA) requires that Broward County provide "Paratransit" service to anyone who cannot use BCT buses because of a disability. Paratransit services are provided in an area contiguous to BCT fixed route services. The applicant who has asked you to review and sign this form is applying to Broward County to be considered eligible for the Paratransit service. ADA van/shared-ride service is intended only for those trips that the person cannot make using BCT fixed route buses.

The purpose of this application form is to determine when and under what circumstances the applicant can use BCT buses and when they require van/shared-ride service.

Please, carefully review the information provided by the applicant in parts 2 through 4 of this form and then answer the questions below.

PHYSICIAN SECTION ONLY

- 1.) Describe all conditions (physical, cognitive, emotional, other) which functionally prevent the applicant from using BCT buses. _____

- 2.) HOW does this condition PREVENT the applicant from using the BCT fixed route bus service? _____

- 3.) Applicants claiming visual disabilities **MUST** provide their most recent visual status:
Test Date: _____ Best Corrected Visual Acuity: _____
Has the applicant received services/training from Lighthouse or DBS? YES NO
Is Applicant Totally Blind with NO light perception? YES NO
- 4.) To the best of your professional knowledge, is the information provided by the applicant in Parts 2 through 4 of this application true and correct? Don't know YES NO
- 5.) Do you believe this applicant could use City/County buses with training? YES NO
- 6.) Does this applicant require a PCA (see page 5 for definition) for travel? YES NO
If yes, what daily life functions and/or ADL's will the PCA provide for the client that they cannot perform for themselves? _____

Doctor's Signature: _____ Date: _____
Name & Title: _____
Florida Medical License #: _____ Phone: _____
Business Address: _____ Suite: _____
City & State: _____ Zip Code: _____