

Application for ADA Para-Transit Service

Para-Transit Service is specialized transportation service for persons with disabilities, seniors with disabilities, handicapped and who are unable to independently use PAT fixed routes.

Para-Transit is provided by public transportation systems as part of the requirements of the Americans with Disabilities Act (ADA).

In order to use ADA Para-Transit service, you must first be certified as eligible. Please read the following instructions before filling out the attached application form. All information that you supply will be kept strictly confidential.

1. Please answer **FULLY** all of the questions on the form, and return it to the transit system (**Incomplete applications will not be processed**, and will be returned to you for completion)
2. Your application will be reviewed, and an eligibility determination will be made within 21 days of receipt of a **COMPLETE** application. You will receive a letter as to whether or not you are eligible.
3. Eligible for all your travel needs on Para-Transit may be full eligibility or conditional eligibility depending on the nature of your disability or circumstances.

Thank You

PETERSBURG AREA TRANSIT ADA PARA-TRANSIT ELIGIBILITY APPLICATION

If you have a disability that prohibits you from riding Petersburg Area Transit's urban fixed route bus system, you may be eligible to receive Para-Transit Services thru Petersburg Area Transit in compliance with the Americans with Disabilities Act (ADA). This application will be used to determine the extent of your disability as it relates to using public transit services.

A few items to remember as you fill out the application...

- A friend or relative may fill out this application on your behalf. If someone fills out the form for you, Part D of the application must be completed.
 - It is important that you answer every question on this application form. Please give as much detail as possible. We understand that some of your answers may be personal. Any information received will not be provided to any other person or agency not directly related to the certification process.
 - Evaluation of your request cannot begin until we have received the completed form including the signed Part E, Authorization to Release Personal Information.
1. Upon approval you may go to the Petersburg Transit Station at 100 West Washington St. On the 2nd Tuesday of every month from 9am to 12pm to receive an ADA photo identification card.

Please remember:

- Reserve an advance reservation, door to door service.
- Drivers do assist passengers to and from the vehicle, in and out of seats.
- Please indicate on your ADA application if you require a Certified Aid to travel with you. A Certified Aid with their company I.D allows the Aid to ride for free.

Mail the completed application to: **Petersburg Area Transit, 309 Fairgrounds Rd, Petersburg VA 23803**. If you have any questions, please call the Petersburg Area Transit Administrative Office at **(804) 733-2413**.

ADA PARATRANSIT ELIGIBILITY APPLICATION

New Application Recertification

Please print or type and all questions must be answered.

PART A: APPLICATION DATA

1. Name: _____ Birth Date: _____

2. Street Address: _____

City: _____ Zip: _____

3. Home telephone: () _____ Work telephone: () _____

4. Emergency Contact Person: _____

Day Telephone: () _____ Evening telephone: () _____

5. Race Status:

____ White or Caucasian Only ____ Black / African American Only ____ Hispanic/Spanish
____ American Indian or Alaskan Native Only ____ Asian Only
____ Native Hawaiian or Pacific Islander Only ____ Some Other Race Only
____ Two or More Races Combined ____ Race Unknown or Unreported

6. Do you normally use any of the following mobility aids? Yes _____ No _____

____ Manual Wheelchair ____ Electric Wheelchair ____ Powered Scooter (3 or 4 wheels)

Do you have a handicap ramp that meets (Commonwealth of Virginia "Uniform State-Wide Building" code for (wheelchair ramps)? Yes _____ No _____

7. Do you need a personal care attendant (other than the operator of the passenger lift) to assist you to board, ride, or disembark from an accessible Para-Transit vehicle?

____ Yes _____ No _____ Sometimes

Please explain when an attendant is needed:

Office Use Only:

Approval Date: _____ Attendant: _____

Denial Date: _____ Photo I.D. Date: _____

By: _____ Expiration: _____

PART B: FUNCTIONAL INFORMATION

1. Describe your physical, sensory and/or mental limitation that prevents you from using the regular fixed-route bus.

2. Are your disabilities: _____Permanent _____Temporary _____Variable Until: _____
(date)

3. What is the maximum time period you can wait without support? _____ Minutes.

Is this time period affected by extremes of hot or cold weather? _____Yes _____No

If yes, please describe your situation below:

PART C: APPLICANT SIGNATURE

I hereby certify the information given in this application is correct.

Signature: _____ Date: _____

PART D: PERSON OTHER THAN APPLICANT COMPLETING FORM

Print Name: _____

Address: _____

Phone where you can be reached: (____) _____

Relationship to Applicant: _____

Signature of other person completing this form

Date: _____

PART E: AUTHORIZATION OF PROFESSIONAL TO RELEASE PERSONAL INFORMATION

Incomplete forms will not be considered. A physician must verify your disability, prognosis and date of occurrence. Verification can be obtained directly from your physician or an agency that has record of the physician statement on file. This information must be submitted with the application and written on the physicians' official letterhead or on the Physician Verification or Disability Form. The information you provide is confidential. It will not be shared with any other organization except as allowed by the Virginia Freedom of Information Act.

Verification of Information: I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize Petersburg Area Transit to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of Para-Transit eligibility. I also agree to submit myself an in-person evaluation by PAT and/or its acting agent for determination of Para-Transit eligibility.

I hereby authorize the limited release of information to the PAT about my functional travel abilities. The information released will be used solely to determine my eligibility for ADA Para-Transit Services.

Name of Professional: _____

Agency/Organization: _____

Phone Number: _____

Authorized Signature _____

I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time.

Name of Applicant (Print Please)

Date Signed

Signature of Applicant

*Verifying "Professional" may be a rehabilitation specialist, disability evaluator, mental health case worker, physician or other such individual knowledgeable of your disability or disabilities and functional travel abilities.



Petersburg Area Transit
Para-Transit Services
Under the Americans with Disabilities Act of 1990 (ADA)
Physician Verification of Disability Form
 (Deliver or mail to your doctor)

Doctor: Please complete, sign and mail this Verification of Disability form as soon as possible. Your patient is being considered for enrollment in Petersburg Area Transit Para-Transit service. The information provided in this form is intended to verify any conditions/diseases that prevent your patient from using PAT fixed-route services.

Mail to: Petersburg Area Transit 309 Fairgrounds Road, Petersburg, VA 23803, ATTN: Cynthia Banks, Para-Transit Coordinator OR
 Fax to: 804-733-6439

Patient Name _____

DOB _____ Date _____

The patient named above: _____ is currently being treated _____ was formerly treated by me.

Name of condition / disease: _____ Date of onset: _____

Prognosis: _____

Please explain how this prevents your patient from using regular bus service on a fully accessible vehicle (i.e. wheelchair lift equipped):

Does this patient require a travel aide or attendant? Yes No

Disability Status (select one):

Patient will be temporarily disabled of _____ months.

Patient is considered permanently disabled.

FOR VISUAL IMPAIRMENT

Visual Fields or Visual Acuity with best correction (must complete for both eyes): Right eye: _____ Left eye: _____

My signature below certifies that the above information is accurate.

 Signature of Physician and Credentials (M.D., O.D.)

 Print Physician Name and Credentials (M.D., O.D.)

License Number: _____

State: _____

 Physician's Office Phone Number

** Must be signed by licensed physician.

*** IMPORTANT NOTICE ***
 THIS FORM WILL NOT BE ACCEPTED
 UNLESS COMPLETED IN ITS ENTIRETY
 BY THE SIGNING PHYSICIAN.