

Lafayette Transit System

Certification of ADA Paratransit Eligibility and Shared-Ride/Para-transit Service

If you have a disability which limits you in using LTS fixed route buses, please complete part 1 of this application and have a qualified professional complete part 2. Return both parts to the Lafayette Transit System. If you have questions about the services, eligibility, or need assistance call 337-291-8545. Also, call the number listed above if you need this application in another format.

Instructions: PLEASE READ CAREFULLY. Do NOT return this page. KEEP this instruction page for your records.

Please note that applicants may receive in-person functional assessments as part of the eligibility process and that eligibility is not based on a person's age. The following information is provided to assist you in completing the attached application for paratransit service from Lafayette Transit System (LTS). This application is divided into two sections listed below:

Please submit the following:

- Part 1 Applicant Information (to be filled out by the applicant or their assistant)
- Part 2 Qualified Professional Verification (to be filled out by Qualified Professional)

- ❖ Signatures are required from all applicants or their legal guardians on the application. Qualified professionals must include their professional license number and signature.

- ❖ Be sure both Parts are complete. Incomplete or illegible applications will be returned. Print clearly in ink and return the original application by means of mail, in-person, email or fax.
 - Mailing address (in-person location):
Lafayette Transit System
Attn: Paratransit Office
101 Jefferson Street Ste. 202
Lafayette, LA 70501

 - Fax: (337) 291-8019

 - Email: LTSparatransit@LafayetteLA.gov

- ❖ You will receive receipt of your application via your preferred method of contact as indicated on your application.

- ❖ Please allow 2-3 weeks for the eligibility determination. You will be notified by your preferred method of contact. Applications not reviewed within 21 days of submission will be treated as eligible and those applicants will be allowed access to the service, until the review of the application has taken place and a determination of eligibility rendered.

- ❖ The following appeal process is available to those persons who disagree with the Eligibility Office's written determination of an applicant's eligibility:

- Appeals shall be submitted to the Lafayette Consolidated Government Transit & Parking Manager.
 - The Applicant must make a written appeal within 60 calendar days of the determination.
 - Applicants who remain dissatisfied with their eligibility determination by the Transit & Parking Manager may appeal in writing within 60 calendar days to the Director of Traffic & Transportation.
 - Applicants shall continue to have the right to other legal remedies within appropriate district court.

For Office Use Only

Date Received: _____ Pt1 __ Pt2__ Receipt Sent ___ Date: _____ Method: _____ Initials _____

Date Reviewed: _____ Decision Date: _____ AT emailed/confirmed _____

Notes:

If someone assisted you in completing this application, please provide the Information below. If no one assisted you, please proceed to the next page

Print Name _____

Relationship to applicant _____

Address _____

Agency _____ Phone (____) _____

For Person Assisting:

- Would you like to receive notification that application was received? Yes No
- Would you like to receive notification of application decision? Yes No

If **YES** checked above, please provide your preferred contact method below

Mail (if different than above, please list here)

Email _____

Please check below your preferred method of contact.

- Mail Email _____
 Regular Print Large Print

Part 1

I. General Information (Please Print)

Applicants Name: _____ Birth date: _____ Date of Application: _____

The last four (4) digits of your Social Security Number: SSN 000-00- _____
(LTS uses the last 4 digits of your SSN only as a way to track applications. If you do not provide the last 4 digits of your Social Security Number, a number will be assigned to your application.)

First Name _____ Middle Initial _____

Last Name _____ Sex: M _____ F _____

Street Address: _____ Apt. # _____

City: _____ State _____ Zip _____

Phone [daytime] (____) _____ [evening] (____) _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Please provide the name and phone number of a friend or relative that can be called in case we are unable to reach you at your regular number:

Name: _____ Relationship _____

Phone [daytime] (____) _____ [evening] (____) _____

II. Disability and Mobility Equipment Information

Please describe the disability or health condition that limits you from using LTS fixed route buses. (Please list all disabilities or health conditions that apply.)

It may be helpful to maintain documentation of your health condition or disability should a personal interview be required.

Do you use any of these mobility aids or equipment? *(Check all that apply.)*

- cane
- powered wheelchair
- crutches
- powered scooter
- walker
- manual wheelchair
- leg brace
- long white cane
- prosthesis
- service animal
- portable oxygen
- I do not use any of these mobility aids

Do you ever need to bring someone with you to help you when you travel (e.g., a “personal care assistant (PCA)”)?

- Yes, always
- Yes, sometimes
- No

If this is a temporary disability or health condition, how long do you expect it to limit you from using LTS fixed route buses?

_____ Months from the date of this application

III. Abilities to Use Fixed Route LTS Buses

Please read the following statements and check those, which best describe your abilities to use fixed route LTS buses. (Check all that apply.)

Fixed route buses mean the large transit buses operated on set routes by LTS.

- I can use the fixed route buses at certain times of the day.
- I can get to and from bus stops or stations if the distance is not too great.
- I have a disability or health condition that prevents me from riding the buses if the weather is very hot or very cold.
- I can get to and from bus stops or stations only if there are curb cuts and level sidewalks.
- I have difficulty understanding or remembering all the things I would have to do to use the buses and stations.
- I am unable at time to use fixed route buses for other reasons.
Please explain:

IV. Please Give Us More Information about Your Functional Abilities

WITHOUT THE HELP OF SOMEONE ELSE CAN YOU...

1. Ask for and understand written or spoken instructions?
 Always Sometimes Never Not Sure
2. Cross the street?
 Always Sometimes Never Not Sure
3. Stand for 10 minutes if there is no place to sit?
 Always Sometimes Never Not Sure
4. Step on and off a sidewalk from the curb?
 Always Sometimes Never Not Sure
5. Find your own way to the bus stop if someone shows you the way once or twice?
 Always Sometimes Never Not Sure
6. Stand on a moving bus while holding onto a handrail?
 Always Sometimes Never Not Sure
7. Transfer from one fixed route bus to another bus?
 Always Sometimes Never Not Sure
8. Under the best of conditions, what is the FARTHEST you can walk outdoors (or travel using your mobility aid) without the help of another person?
 Less than 1 block 1 block
 2 blocks (1/4 mile) I cannot travel outdoors alone at all

Further explain particular environmental conditions or architectural barriers, which would prevent you from using fixed route system. Please include particular intersections, bus stops, bus routes, or destinations you find inaccessible.

Is there anything else you want to tell us about your disability or health condition that might help us better understand your travel abilities and limitations?

V. Please Give Us Information about your use of LTS Fixed Route Buses.

1. Do you currently use LTS fixed route buses at all? Yes No

2. When was the last time you used an LTS fixed route bus?

3. If you used an LTS fixed route bus in the past and have stopped using this service, please explain why: _____

VI. Signature:

Please Complete Box A unless you are a Minor or Have a Legal Guardian, in Which Case Your Parent or Legal Guardian Should Complete Box B and Box C.

A. I understand the purpose of this application is to determine if I am eligible to use ADA Paratransit Services. I certify the information provided in this application is true and correct. I understand falsification of information could result in a loss of ADA Paratransit Services as well as a penalty under the law. I agree to notify Lafayette Transit or its paratransit provider if I no longer need to use ADA Paratransit Services.

_____ Date _____
(Signature of Applicant)

B. I understand the purpose of this application is to determine if the Applicant is eligible to use ADA Paratransit Services. I certify the information provided in this application is true and correct. I understand falsification of information could result in a loss of ADA Paratransit Services as well as a penalty under the law. I agree to notify LTS if the Applicant no longer needs to use ADA Paratransit Services.

_____ Date _____
(Signature of Parent/Legal Guardian)

C. I consent to an Applicant’s interview and, if necessary, a functional assessment, if required, of his/her travel abilities and limitations to determine ADA Paratransit Service eligibility. I understand the Applicant must be present for the interview and any recommended functional assessment. I acknowledge I may be present with the Applicant during the interview and any functional assessment, and state
(Check one of the following)
 I will be present
 I designate _____ to be present on my behalf, or
 I waive my right to be present and do not designate another to be present on my behalf.

_____ Date _____
(Signature of Parent/Legal Guardian)

Request for Professional Verification (Instructions)

Part 2

ADA Paratransit Application

Dear Qualified Professional:

Federal law requires transit operators to provide paratransit services to persons who cannot utilize the regular bus services. The resources for this program are very limited.

You are being asked to complete and sign the attached application to provide information regarding the applicant's ability to utilize the regular public transit system.

The Professional Verification **must be filled out completely, solely** by the qualified professional. Incomplete, improper or illegible applications will not be processed.

Your evaluation of the person must be based solely upon the individual's ability to use the regular transit bus. The Lafayette Transit System will make the final determination of eligibility based in part on the information supplied in this application.

Thank you for your assistance.

Please Note:

1. Keep in mind that a regular bus **can** accommodate most wheelchair users and people with limited mobility or sensory issues.
2. The paratransit service is a limited special transportation service designed for persons that are unable to use the regular public transportation system due to physical or mental impairments.
3. The applicant's **age or social status should not factor** in the determination.
4. Your verification of a limiting condition must be within your scope of practice
5. **Qualified professionals completing this form must be currently licensed and practicing in the State of Louisiana.**
6. Please include your state license number on the application.
7. **PLEASE PRINT**

Examples of Qualified Professionals who are licensed by the State of Louisiana may include:

Physician (M.D. or D.O.)
Physical Therapist
Occupational Therapist
Social Worker

Physician Assistant
Rehabilitation Specialist/Counselor
Psychologist
Audiologist

Ophthalmologist
Psychiatrist
Registered Nurse

MUST BE COMPLETED BY A QUALIFIED PROFESSIONAL

Applicant's Name _____

Address _____

City/State/Zip _____

1. What is the diagnosis of the applicant's disability? Include all limitations; cognitive, mental, and physical. Please describe as specifically as possible in laymen's terms.

2. Does the applicant's condition prevent him/her from using regular bus service either in general or under certain circumstances? Yes No

If yes, tell us why _____

3. Is the applicant's condition temporary? Yes No

If yes, expected duration is _____ months from the date of this application.

The following information will be used to ensure appropriate type of vehicle is used to provide transportation.

4. Does the applicant use mobility aids? Yes No

If yes, what type? Wheel Chair Walker Crutches Cane Powered Scooter

5. Can the applicant be transferred from wheelchair/other mobility aid to a passenger seat, if necessary? Yes No

6. Can the applicant travel 1,250 feet (one-quarter mile) without assistance? Yes No

7. Can the applicant wait outside without support for thirty minutes? Yes No

8. Is the applicant able to give address and phone numbers upon request? Yes No

9. The applicant can use regular public transit buses only to or from certain locations (e.g., wheelchair accessible locations or destinations on which the applicant has been trained).

Yes No

10. Visual acuity (if applicable) left eye 20/____ FOV_____ right eye 20/____ FOV_____

Qualified professionals completing this form must be licensed by the State of Louisiana and include their professional license numbers on the application.

Signature: _____ Date: _____

Print or type Name and

Title: _____

State of Louisiana License

Number: _____

Business Address: _____

Phone Number: _____

City: _____ State: _____

Zip Code: _____

**For more information, please call:
LTS Paratransit Office
Phone (337) 291-8545
Fax (337) 291-8019**

Thank you for your assistance. This Professional Verification form must be returned with the applicant's completed application. Fax or email is accepted. Fax number is 337-291-8019. Email address is LTSparatransit@lafayettela.gov.

Should you have any questions, please do not hesitate to contact Lafayette Transit System, Paratransit Certification Office, at (337) 291-8545.