



Applicant,

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, licensed health care provider, or licensed social caregiver familiar with your disability.

After Harris County Transit receives your completed application you may be contacted to schedule an in-person interview to determine your eligibility. Transportation will be provided to you free of charge both to and from the interview location . You will receive a determination letter within 21 business days. If you require any assistance in completing this application you may call our scheduling office at 713-696-1996 . You can also request assistance during your in-person interview.

Again, we thank you for your interest in Harris County Transit.

Director of Transportation

713-578-2216

Harris County Office of Transit Services

CERTIFICATION

OF

ADA ELIGIBILITY

Return completed application to:

**Harris County Transit
Director of Transportation
8410 Lantern Point Drive
Houston, Texas 77054**

Harris County Transit will only use the information obtained in this certification process for the provision of transportation services.

PART I -- To Be Completed By Applicant (*Please Print or Type*)

Last Name First Name Mid. Initial

Street Address Apt. No.

City State Zip Code

Home Phone Work Phone Social Security No. Date of Birth

PART II – Please answer all of the following questions.

1. Are you able to board and disembark without assistance from a Harris County Transit Bus *without* a wheelchair lift?

Yes___ No___ If no, please explain:_____

2. Are you able to board and disembark without assistance from a Harris County Transit bus *with* a wheelchair lift?

Yes___ No___ If no, please explain:_____

3. Are you able to travel to the nearest bus stop?

Yes___ No___ If no, please explain:_____

Location:_____ How Far:_____

OFFICE USE ONLY

Determination:

Expiration Date:

Assessment Date:

4. Do you currently use Harris County Transit services, RIDES vouchers or the Red Cross?

Yes___ No___

What routes?_____

5. Are you able to handle money and transfers?

Yes___ No___ If no, please explain:_____

6. And are you able to use railings and handles?

Yes___ No___ If no, please explain:_____

7. Are you able to keep balance while seated on a moving bus?

Yes___ No___

8. Are you able to understand bus schedules? Yes___ No___

Understand and follow directions? Yes___ No___

Process information to ride Harris County Transit? Yes___ No___

9. If you can use a lift-equipped bus, are you presently unable to ride because:

___The lift cannot be operated at bus stops where you need to board?

___Your wheelchair cannot be accommodated on a transit vehicle?

___Other reasons. Please explain:_____

10. Are you prevented from traveling to or from a bus stop boarding location for one or more of the following reasons?

___Extreme sensitivity to climatic conditions

___Allergic/environmental sensitivities

___Hyper-fatigue, frailty

___Night blindness

___Inability to cross busy intersections

___Inability to climb three 10-inch steps

___Bus stop too far away

Please explain:_____

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 perform the following functions without the assistance of another person?

___ Travel 200 feet (the length of a city block)

___ Travel . mile (the length of 3 city blocks)

___ What is the maximum distance you can travel to get to a bus stop?

13. Is your ability to get from place to place affected by:

___ Terrain

___ Rain, snow, ice

___ Extreme temperatures of heat or very cold, windy weather

14. Are you able to wait outdoors for 15 minutes?

Yes___ No___ Sometimes___

If no, please explain_____

15. Do you have trouble standing for more than 15 minutes?

Yes___ No___ Sometimes___

If yes, please explain_____

16. Does your disability allow you to use the bus when you are feeling well?

Yes___ No___

17. Does your disability allow you to use the bus when you are *not* feeling well?

Yes___ No___

18. How would you describe the terrain where you live? (very steep hill, long gradual hill, flat, etc.) _____

19. Are you able to cross the street or a busy intersection by yourself?

Yes___ No___

If yes, under what circumstances?_____

20. Have you ever received mobility training for routes or destinations?

Yes___ No___

What did you learn? _____

21. If travel training were available, would you be interested in participating?

Yes___ No___

22. List three of your most frequent destinations, and how you get there?

Frequency

Destination or Street Address of Travel How do you get there now?

23. Are there places you would like to go that you *cannot* get to now?

Frequency

Destination or Street Address of Travel Barrier?

24. How did you find out about the Harris County Transit service? _____

PART III – Please select someone who would NOT be riding with you.

In Case Of Emergency Notify:

Name Relationship

Home Phone Work Phone

Address City State Zip Code

Please indicate below if the applicant can be left alone at their destination

___ Applicant can be left alone at destination ___ Applicant can't be left alone at destination

PART IV – Please read all of the following questions and initial that you accept the Harris County rights and responsibilities for service.

I understand my rights and responsibilities for Harris County Transit Service and they are:

- 1. Harris County Transit is public transportation and I will be INITIALS
sharing rides with other passengers..... _____
- 2. Harris County Transit does not provide emergency service..... _____
- 3. I must show my picture I.D. card and pay the fare
each time I ride..... _____
- 4. Three "No Shows" in 30 days could result in ridership
suspension..... _____

- 5. Harris County Transit has 15 minutes before and 15 minutes after the scheduled pick up time to arrive..... _____
- 6. Harris County Transit will wait only 5 minutes from the time it arrives..... _____
- 7. Harris County Transit is door to door service..... _____

I certify that the information provided in this application is accurate. I understand that false information may result in the denial or annulment of Harris County Transit service. I further understand that all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services.

Applicant's Signature _____ Date _____

Interviewer's Signature _____ Date _____

**If applicant has been assisted by someone else in completing this application, that person must complete the following:

Last Name First Name Mid. Initial

Street Address Apt. No.

City State Zip Code

Home Phone Work Phone Relation to Applicant

Office Use Only

Screening Committee Review:

Reviewed By: _____ Date: _____ Decision: _____

Reviewed By: _____ Date: _____ Decision: _____

Reviewed By: _____ Date: _____ Decision: _____

Comments: _____

Dear Health Care Provider:

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

1. Persons who, because of their disability, cannot independently board, ride and/or disembark from an accessible vehicle.
2. Person who, because of their disability, cannot use vehicles without lifts or other accommodations.
3. Persons who, because of their disability, cannot get to or from a boarding or disembarking location.

Any individual is to be certified as ADA paratransit eligible if there is any part of the transit system that cannot be used or navigated by that individual because of a disability. Persons are not to be qualified or disqualified on the basis of a specific diagnosis or disability. The information requested from you on the following pages will allow Harris County Transit to obtain the information necessary to establish eligibility of the applicant. Thank you for your assistance.

PART V -- To Be Completed By Appropriate Health Care Provider

(Please Print or Type)

- Please Check One: Physician
 Licensed Health Care Provider
 Licensed Rehab/Social Worker

Applicant's Name _____

Last First Mid. Initial

Medical diagnosis of condition causing disability: _____

Is the condition permanent?

Yes ___ No ___ If not, expected duration: _____

Does this disability prevent the applicant from utilizing the fixed route services (regular bus service)? If yes, please describe in detail. _____

PART VI – Please answer all of the following questions.

The following information will be used to ensure that an appropriate vehicle is sent to provide transportation and that Harris County Transit can make an accurate analysis of the applicant's trip requests.

Does the applicant use any of the following mobility aids? (Check all that apply)

- Cane Power Chair Communication Board
 White Cane Large Power Chair Service Animal
 Walker Power Scooter Portable Oxygen Supply
 Crutches Manual Chair Personal Care Attendant
 Leg Braces Picture/Alphabet Board Other: _____

Please indicate below if the applicant can be left alone

Applicant can be left alone Applicant can't be left alone

Can the applicant walk or wheel . mile (3 blocks) without the assistance of another person?

Yes No

1. Can the applicant climb three 10-inch steps with assistance?

Yes No

2. Can the applicant wait outside without support for 15 minutes?

Yes No

3. Is applicant on dialysis?

Yes No

4. Does the applicant have a hearing impairment?

Yes No

5. Is the applicant able to give addresses and phone numbers upon request?

Yes No

6. Is the applicant able to recognize a destination or landmark?

Yes No

7. Is the applicant able to deal with unexpected situations or unexpected changes in routine?

Yes No

8. Is the applicant able to ask for, understand, and follow directions?

Yes No

9. Is the applicant able to safely and effectively travel alone through crowded and/or complex facilities?

Yes No

**** 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 _____

Please describe any other disability or effect that prevents the applicant from using the regular bus service. _____

PART VII

Based upon my professional knowledge of the applicant, I certify that the preceding information is true and correct.

Name of Health Care Provider (Please Print) Office Phone Number

Office Street Address City State Zip Code

State License Number (Complete if Applicable – Must be Current)

Signature _____ Date _____