

Return Completed Applications To:
Attn. AATA A-Ride Applications
2700 S. Industrial Hwy.
Ann Arbor, MI 48104

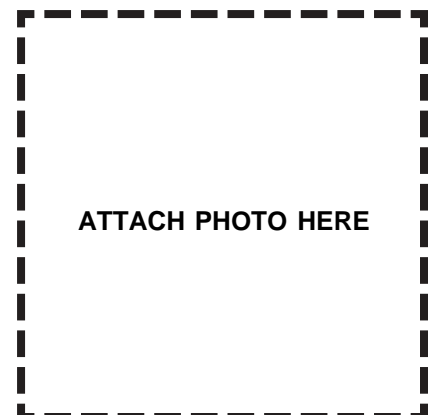


APPLICATION

YOU MUST COMPLETE THE ENTIRE FORM. EVERY QUESTION MUST BE ANSWERED. ATTACH A PHOTO OF YOURSELF TO THE FRONT OF THIS FORM. ELIGIBILITY DECISIONS FOR A-RIDE SERVICES ARE MADE WITHIN **21** DAYS FOLLOWING THE SUBMISSION OF A COMPLETED APPLICATION. INCOMPLETE FORMS MAY NOT BE CONSIDERED. A MEDICAL PROFESSIONAL MUST VERIFY YOUR DISABILITY. PART B OF THIS FORM MUST BE COMPLETED BY AN ACCEPTABLE MEDICAL PROFESSIONAL. THIS FORM MUST BE SUBMITTED IN ITS ENTIRETY. THE INFORMATION YOU PROVIDE IS CONFIDENTIAL. IT WILL ONLY BE SHARED WITH AGENCIES INVOLVED WITH AATA'S ELIGIBILITY DETERMINATION PROCESS AND AATA PROVIDERS WHO FACILITATE TRAVEL FOR THE APPLICANT.

AATA
Paratransit Application

*For New and Renewal
Applicants*



ATTACH PHOTO HERE

APPLICANT INFORMATION & INSTRUCTIONS

WHAT IS THE ADA?

The American with Disabilities Act (ADA) is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life. Under the ADA, AATA city buses are to be the primary means of public transportation for everyone, including people with disabilities.

The Americans with Disabilities Act (ADA) requires that complementary paratransit service be available to persons who, because of a disability, are unable to use the regular bus system.

The Ann Arbor Transportation Authority (AATA) either operates or provides funding to operate this service in Ann Arbor and Ypsilanti cities, and Pittsfield, Superior and Ypsilanti Townships.

ELIGIBILITY

Eligibility for paratransit service is based upon a person's functional inability to use regular AATA bus service. Applicable categories of persons who are eligible for AATA paratransit service as established by the ADA are:

- Any person who is unable, because of a disability, to independently board, ride, and/or disembark from a lift equipped bus. This includes persons who are unable to “navigate” the AATA system without the assistance of another person.
- Any person with a disability who has a specific impairment-related condition that prevents him or her from traveling to or from a boarding or disembarking location.

Conditional Eligibility

Some people with disabilities may be able to use the regular AATA bus service under certain conditions, but not under others. Therefore, eligibility for paratransit for some people will be determined on a trip-by trip basis.

Temporary Eligibility

A person with a temporary disability may be eligible for paratransit service if the disability results in his/her functional inability to use the AATA bus system as described in the above eligibility categories.

APPLICATIONS

Applications must be submitted in their entirety. Eligibility determinations are made within 21 days following the receipt of a completed application, however, incomplete applications may take longer to process or may be returned. **Please attach a color photo of yourself no smaller than 1.5 x 2 inches to the front of this application** (photos cannot be returned). You may also visit the AATA headquarters to have your photo taken. If you require assistance with your photo call **973-6500**. Unless otherwise requested all notifications of eligibility will be mailed to the applicant in writing.

In-Person Evaluation

It may be necessary for the applicant to participate in an in-person evaluation to determine eligibility for paratransit services. Notification will be given if this is required.

Renewals

Paratransit eligibility may be granted for up to three years. New applications must be submitted to renew service. Renewal applications should be submitted at least 30 days prior to the expiration date of your eligibility period. To request an application please call **734-973-6500** or visit our website at www.theride.org.

Right to Appeal

Persons who disagree with the determination of their eligibility for paratransit services have the right to appeal the decision. A request for appeal must be filed in writing within 60 days of the denial of the application. The AATA Manager of transportation will review your appeal. Appeal decisions are made within 30 days of their delivery.

Visitors

If you are eligible for paratransit services by another agency or have a disability and plan on visiting our area, you may be given “presumptive” eligibility to use paratransit services for up to 21 day’s within a one-year period. **Visitors should complete only part A of this application and return it to AATA.**

Travel Training

AATA offers free one-on-one training to teach people with disabilities how to ride the regular city buses. Call AATA for Travel Training information at **734-677-3948**

To request this application in an alternative format please call AATA
(734) 973-6500, or TDD at (734) 973-6997

PART A - FOR THE APPLICANT TO COMPLETE

PLEASE PRINT

Are you a ? New Applicant Renewal Applicant

If you have an A-Ride I.D. card please provide #

Last Name

First Name

Mid Init

Male/Female

Street Address

Building/Apt. No.

Apt. Name

City or Town

State

Zip

Home Phone

Work Phone

Date of Birth

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Street Address

Building/Apt. No.

Apt. Name

City or Town

State

Zip

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone: _____

TYPE OF ALTERNATIVE FORMAT REQUIRED FOR FUTURE MAILINGS:

None CD Email _____

Cassette Large Print Other _____

PART A - FOR THE APPLICANT TO COMPLETE

DISABILITY INFORMATION

1. Please read the following statements and check those which best describe your ability to use AATA bus service without assistance.

- I can use AATA buses for some trips, but not other times because there are barriers that prevent me from using the system.
- I use the bus system frequently.
- I have difficulty understanding and remembering all the things I would have to do to find my way to and from the bus.
- I believe I could learn how to ride the bus if someone taught me.
- I have difficulty or cannot climb stairs and can only board the bus if it has a lift.
- I have a visual disability which prevents me from ever getting to and from the bus even with training.
- The severity of my disability changes from day to day. I can ride the bus only when I am feeling well.
- I can never use the bus by myself.
- I can get to and from the bus if the distance is not too great, and the route is barrier-free.
- I am not able to use the bus for other reasons (please explain):

2. What is it about your disability that prevents you from using AATA bus services. Be specific. (Attach separate sheets, if necessary)

PART A - FOR THE APPLICANT TO COMPLETE

3. Do you require an attendant to accompany you when you travel by public transit? (Either AATA buses or A-Ride services)

No. Yes, why? _____

4. Do you require Door to Door Assistance? (Drivers may provide assistance from your door to the vehicle depending on the level of help you require).

No. Yes, why? _____

MOBILITY INFORMATION

5. Which of these mobility aids do you use?

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Crutches | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Walker | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Other: _____ | |

6. Is your wheelchair or scooter larger than 30 inches wide by 48 inches long?

Yes, (Width) _____ (Length) _____ No, it is under these sizes.

7. Can you transfer from your wheelchair to another seat without assistance?

Yes. No.

QUESTIONS ON BUS USE

8. Have you ever used AATA bus service?

Yes. No.

9. Have you ever participated in AATA's Reduced Fare Program (Fare Deal)?

Yes. No.

10. Does the weather have an affect on your ability to use AATA bus services?

Yes, how? _____
 No.

PART A - FOR THE APPLICANT TO COMPLETE

11. Does your disability change from day to day where it may be difficult to use the bus?

- Yes, my condition is good on some days and bad on others.
- No, my condition does not change from day to day.
- Not sure.
- Other reasons _____

12. On days when your condition is good can you, on your own, or using a mobility aid: (i.e. Wheelchair, scooter, walker, crutches etc.)

- Get to the curb in front of your house.
- Travel up to 1 block.
- Travel up to 4 blocks.
- Travel up to 6 blocks.
- Can't travel outside your house. Please explain _____

13. On days when your condition is bad can you, on your own, or using a mobility aid:

- Get to the curb in front of your house.
- Travel up to 1 block.
- Travel up to 4 blocks.
- Travel up to 6 blocks.
- Can't travel outside your house. Please explain _____

14. Are you currently using AATA bus service?

- Yes, if yes name route(s) you use _____
- No.

15. Can you transfer from one bus to another?

- Yes.
- No, if no why? _____

PART A - FOR THE APPLICANT TO COMPLETE

16. Are you able to, on your own, use the telephone to obtain bus information?

Yes. Not sure.

No, why? _____

17. Are you able to follow written or oral instructions to use the bus?

Yes. Not sure.

No, why? _____

18. Can you, on your own, get to or from the nearest bus stop to your home?

Yes. Not sure.

No, why? _____

19. Can you wait 10 minutes at a bus stop that has a seat and or a shelter?

Yes. Not sure.

No, why? _____

20. Can you wait 10 minutes at a bus stop that does not have a seat or shelter?

Yes. Not sure.

No, why? _____

21. Are you able to get on or off a bus if it had a passenger lift or ramp?

Yes. Not sure.

No, why? _____

22. Are you able to follow written or oral instructions to pay your bus fare?

Yes. Not sure.

No, why? _____

23. Are you able to recognize when it's time to get on or off the bus?

Yes. Not sure.

No, why? _____

PART A - FOR THE APPLICANT TO COMPLETE

QUESTIONS ON TRAINING

24. Have you ever had training on how to use the bus?

Yes. No.

25. If yes what skills did you learn on how to ride the bus? (Chose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> To travel to & from bus stops | <input type="checkbox"/> To cross streets |
| <input type="checkbox"/> To Navigate independently | <input type="checkbox"/> To read the bus schedule |
| <input type="checkbox"/> Deal with unexpected situations | <input type="checkbox"/> Read informational signs |
| <input type="checkbox"/> To ride some or all bus routes | <input type="checkbox"/> Ask for and understand directions |
- (Routes learned?) _____

26. Did you finish the training?

Yes. No, why? _____

27. Would you like to receive training or retraining for AATA bus service?

Yes. No, why? _____

CURRENT TRAVEL

28. List your 3 most frequent destinations and how you currently get there?

1. Destination Address _____
Frequency of Travel _____
How do you get there _____
2. Destination Address _____
Frequency of Travel _____
How do you get there _____
3. Destination Address _____
Frequency of Travel _____
How do you get there _____

PART A - FOR THE APPLICANT TO COMPLETE

AUTHORIZATION

In order for AATA to evaluate your request for paratransit services, it may be necessary for us to contact your medical professional, health care provider to confirm the information you have provided.

Please sign the following authorization

I hereby certify that the information given in this application is correct. I understand that falsification of information to obtain service is a wrongful act that may result in legal action including indefinite suspension or denial of A-Ride services.

I further authorize AATA to contact the medical professional that completed Part-B of this application to obtain information regarding my disability and its affect on my ability to ride the bus. I understand that all information will be kept confidential, and only the information required to provide the services will be disclosed to those who perform those services.

Applicant Signature **Date**

If you are not the applicant but have completed this application on the applicant's behalf, you must provide the following information:

Your Name (print) / **Signature**

Address

Phone Number

Relationship to Applicant **Date** _____

STOP

YOU HAVE COMPLETED PART-A

Part-B of this document must be completed by your medical professional.

WHO CAN CERTIFY

If your disability prevents you from using AATA's regular bus system, one of the following professionals, as appropriate to your case, should complete Part-B. If you plan to use another professional not listed below you must get prior approval from the AATA Paratransit Coordinator first. Please understand that AATA may contact your chosen professional for additional assistance.

- **Occupational Therapist**
- **O&M Specialist**
- **Ophthalmologist**
- **Physiatrist**
- **Physical Therapist**
- **Physician**
- **Psychiatrist**
- **Psychologist**
- **Registered Nurse**
- **Rehab Specialist**
- **Social Worker**
- **Special Education Teacher**
- **Other (AATA Approval)**

PART-B

A-RIDE APPLICATION INSTRUCTIONS FOR THE PROFESSIONAL

- **Part-B must be personally completed by an accepted licensed professional.**
- **Please write legibly. Typed applications may not be considered.**

Professional: You are being asked by the applicant to provide information regarding his or her ability to use AATA's fixed-route transit services. The Ann Arbor Transportation Authority may provide A-Ride services to persons who are unable to ride the regular fixed-route bus service. The information you provide will help us evaluate the request and to provide appropriate transportation services for the applicant. All information will be kept confidential.

To qualify for paratransit services the applicant must be unable to use AATA's accessible fixed-route buses due to the effects of a disability. Your assessment should consider only the affects of the applicants' disability that prevents them from riding AATA buses.

Please note this does not include persons who find it uncomfortable or difficult to ride the bus or get to and from the bus stop.

AATA BUSES ARE 100% ACCESSIBLE FOR INDIVIDUALS WITH DISABILITIES. YOUR ASSESSMENT OF THE APPLICANT SHOULD CONSIDER THAT AATA BUSES ARE EQUIPPED WITH:

- Low floor entrances, there are no steps to climb when boarding or exiting the bus.
- Kneeling features that lower the bus to the same height of a curb.
- Audio announcements that identify buses, stops, and major landmarks.
- Interior displays that show dates, times, route numbers and destinations.
- Exterior displays that identify individual buses and their destinations.
- Designated seating near the driver for passengers with disabilities and seniors.
- Ramps that can be deployed over sidewalks for no-step or wheelchair boarding.
- Wheelchair seating locations and wheelchair securement devices.
- Fare boxes that accept passes or tokens instead of money.
- Drivers, who will assist with boarding, exiting, or giving directions.

PART B - REQUEST FOR PROFESSIONAL CERTIFICATION

PLEASE ANSWER **ALL** OF THE FOLLOWING ABOUT THE FUNCTIONAL ABILITY OF THE APPLICANT

Name of Applicant: _____

Capacity in which you know the applicant: _____

Primary Condition Causing Disability: (Please Describe)

Severity: Mild. Moderate. Severe. Profound.

Secondary Condition Causing Disability: (Please Describe)

Severity: Mild. Moderate. Severe. Profound.

Is the condition temporary? No. Yes. (duration) _____

1. Does the applicants disability prevent them from riding the regular bus?

Yes. No. Sometimes.

If Yes why? _____

If No why? _____

If Sometimes why? _____

2. If the applicant has a visual impairment please provide:

2.a. The visual acuity for each eye L_____ R_____

2.b. The field of vision for each eye L_____ R_____

2.c. The visual acuity with best correction for each eye L_____ R_____

3. How does the applicants disability/condition affect their daily life activities?

4. Please explain the applicants ability to deal with unexpected situations on the bus?

PART B - REQUEST FOR PROFESSIONAL CERTIFICATION

5. Assuming the length of one block is 500 feet, how many blocks can the applicant travel?

- up to 2.
 up to 4.
 up to 6. Other _____

6. Can applicant cross streets without assistance?

- Always.
 sometimes, why? _____
 never, why? _____

7. Can applicant wait outside at a bus stop for 15 minutes?

- Always.
 sometimes, why? _____
 never, why? _____

8. Can applicant travel on a bus independently?

- Always.
 sometimes, why? _____
 never, why? _____

9. Can applicant ask for and follow directions?

- Always.
 sometimes, why? _____
 never, why? _____

10. Can applicant recognize their destination and leave the bus?

- Always.
 sometimes, why? _____
 never, why? _____

11. Can applicant see and or recognize streets and landmarks?

- Always.
 sometimes, why? _____
 never, why? _____

PART B - REQUEST FOR PROFESSIONAL CERTIFICATION

12. Does the applicants ability to get around on his/her own vary in degree at different times?

- Always.why ? _____
- sometimes, why? _____
- never

13. Does the applicant require the assistance of a competent aid to travel with them?

- Yes always, why? _____
If "Yes Always" then you are requiring this applicant to travel with a personal aid at all times and requiring that AATA not schedule independent trips for this applicant. Acquiring and paying for a personal aid is the responsibility of the applicant, not AATA. Personal aids travel free on AATA A-Ride services.
- Yes sometimes, why? _____
- No.

14. Could this person benefit from Travel Training (learning how to ride the bus)?

- No (if no why?) _____
- Yes (*chose type of training below*)
 - Destination Training:**
One-to-one instruction on how to ride the city bus to and from specific destinations.
 - General Training:**
Applicants learn how to read bus schedules and navigate AATA's fixed bus routes.
 - Mobility Practice:**
Applicants practice boarding and exiting AATA city buses.

15. Explain any other effects of the applicants disability that AATA should be aware of? Please print (attach additional sheets, if necessary).

PART B - REQUEST FOR PROFESSIONAL CERTIFICATION

I have read and understand the qualifications of eligibility for A-Ride service and have reviewed the information in this section (Part-B) and hereby certify that it is true and correct to the best of my knowledge. I understand that knowingly providing false information on this application to obtain, aid or facilitate another in obtaining complementary paratransit service violates United States Code Title 18. Penalties are fines and imprisonment.

Print Name and Title: _____

Signature: _____ Date: _____

Clinic / Agency: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Professional License, Registration or Certification #: _____

Completion of this application by any other professional will not be accepted without prior authorization of AATA's Paratransit Coordinator.

Profession (check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Physical therapist | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> Psychiatrist Social worker | <input type="checkbox"/> O&M Specialist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Rehabilitation specialist | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Physiatrist |
| <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Ophthalmologist | <input type="checkbox"/> Other (AATA Approval) |

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