



## ADA Paratransit Eligibility Application

<p><u>For Office Use Only</u> Date Received: Received By:</p>
---

### WHAT IS PARATRANSIT?

The Americans with Disabilities Act (ADA) is a federal law that guarantees people with disabilities full and equal access to the same services and accommodations available to people without disabilities. Under the ADA, public transportation that runs defined routes (fixed-route service) must be accessible to people with disabilities. When a passenger with a disability is not able to use the fixed-route system, the ADA mandates that transit systems provide a paratransit service.

For eligible riders that have a disability preventing them from making some or all their trips on fixed-route buses, QTL provides a shared ride, origin-to-destination service called paratransit. This service is available to any eligible passenger traveling within the QTL District boundaries or to locations up to three quarters (0.75) of a mile outside of these boundaries. Paratransit service must be reserved at least one day in advance. Each of the vehicles used for this service are equipped with a lift to assist mobility devices. Paratransit service operates during the same days and hours as fixed-route service.

### WHO IS ELIGIBLE?

Eligibility decisions for ADA Paratransit are based on the applicant's functional ability to access and use fixed route bus services. Each application is assessed on a case-by-case basis and is **not** a decision affected by medical diagnosis.

ADA Paratransit service is a "safety net" for persons with functional limitations that *prevent* them from using fixed-route service. As described in 49 CFR 37.123(e) of the United States Department of Transportation ADA regulations, eligibility is limited to certain categories of individuals:

- Any person with a disability who is unable to board, ride, or alight from an accessible vehicle without the assistance of another person (except for the bus operator);
- Any person with a disability who can utilize an accessible vehicle, but the route is not accessible, or the lift does not meet ADA standards;
- Any person with a disability who has a specific impairment-related condition that prevents the person from traveling to or from a boarding/alighting location.

The following examples **do not** automatically establish eligibility:

- The bus system does not meet your personal schedule; trips by bus take too long; buses do not serve destinations to which you travel;
- Lack of familiarity or experience with the bus system;
- Certification of a disability from SSI, SSA, or the VA;
- Living in an area not served by regular fixed-route service;
- Fear of riding fixed-route service;
- Use of the bus system may be more difficult or less comfortable.

**APPLICATION PROCESS**

Upon receipt of a **completed** ADA Paratransit Eligibility Application, an evaluation period of up to twenty-one (21) calendar days begins. During this period, it is QTL’s responsibility to utilize the information provided by the applicant and medical professionals to determine whether they meet the criteria established in 49 CFR 37.123 (e) and are eligible for paratransit services.

If an incomplete application is received, a member of QTL’s staff will reach out to the applicant for additional information or clarification.

If a determination has not been made after twenty-one (21) calendar days of receipt of a **completed** ADA Paratransit Eligibility Application, the applicant shall be treated as fully eligible for paratransit services until a determination has been made or the application is denied.

After a determination has been made, written notification of the applicant’s eligibility status will be mailed to the address listed on their application.

Please return this application to:

**Quincy Transit Lines  
2020 Jennifer Road  
Quincy, IL 62301**

**APPEAL PROCESS**

In the case that an applicant is not satisfied with the action taken on their application, they have the right to appeal that decision.

To request a hearing, write to:

**City of Quincy  
2020 Jennifer Road  
Quincy, IL 62301**

Appeal requests must be made within 60 days of receipt of written notification of paratransit eligibility status. Please include all information that is pertinent to your case. Appeal decisions will be made within 30 days of the request and will be made in writing.

**PERSONAL INFORMATION**

**I am applying for:**  Paratransit Eligibility  Paratransit Eligibility Renewal

**Gender**  Male  Female  Other \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address (if different from home address)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY)** \_\_\_\_\_

**Primary Language:**  English  Spanish  ASL  Other \_\_\_\_\_

**Do you require information in an alternative form?**

Large Print  Braille  Email (provide address) \_\_\_\_\_

Other (Please explain) \_\_\_\_\_

**Is anyone else authorized to schedule trips for you?**

**Name** \_\_\_\_\_

**CERTIFICATIONS**

**A. Applicant Signature**

*I certify that the information I give in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information related to my disability will be kept confidential and only the information required to provide service will be disclosed to those who perform this service or related services.*

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**B. Person completing form if other than applicant (please check one):**

*I certify that the information provided in this application is true and correct, based upon the information given to me by the applicant.*

I certify that the information provided in this application is true and correct, based upon my knowledge of the applicant's health condition or disability.

Exceptions or Additions \_\_\_\_\_

Print Name \_\_\_\_\_ Agency \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>EMERGENCY CONTACT INFORMATION</b>
--------------------------------------

Gender  Male  Female  Other \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone Number (Daytime) \_\_\_\_\_ (Alternate)

Is this person authorized to schedule trips on your behalf?  Yes  No

**Gender**  Male  Female  Other \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number (Daytime)** \_\_\_\_\_ **(Alternate)** \_\_\_\_\_

**Is this person authorized to schedule trips on your behalf?**  Yes  No

**PRESENT MEANS OF TRAVEL**

**1. Have you recently (within the last 3 months) used QTL’s accessible fixed-route service?**

Yes  No

**If No, have you attempted to use to use QTL’s accessible fixed-route service within the last 3 months?**

Yes  No

If Yes, please tell us about your experience \_\_\_\_\_  
\_\_\_\_\_

**2. If you do not currently ride QTL’s accessible fixed-route service, what might help you do so?**

Route and schedule information  Training on how to travel on the bus

Having bus stops closer to where I live and need to go  Other (please explain) \_\_\_\_\_

**3. How long have you lived in the Adams County?**

Under 1 year  1 to 3 years  More than 3 years

**4. What are your 3 most frequent travel destinations and how do you reach them currently?**

Destination	Travel Frequency	Mode of Travel

5. Where is the nearest bus stop to your residence? Please give a location or intersection (e.g.; Church and State) \_\_\_\_\_

6. Select any obstacles you experience when traveling to the nearest bus stop:

Busy street(s) to cross  Lack of curb cuts  Road construction  Excessive distance  No sidewalks

Poor sidewalk conditions  Steep incline  Steep decline  Time of day

Other (please explain) \_\_\_\_\_

7. Do you use any of the following mobility aids while traveling?

Support cane  Crutches  Walker  Oxygen  Manual wheelchair  Power wheelchair

Scooter (3 wheel)  Service animal  White cane  Other (please specify) \_\_\_\_\_

If more than one aid was checked, what is your primary mobility aid used when traveling?

8. Paratransit vehicles are equipped with a lift that can accommodate up to 900 pounds. Do the combined weights of you and your mobility device fit these parameters?

Yes  No

If yes, what are the dimensions and combined weight? \_\_\_\_\_

**Note:** If the combined weight of a passenger and mobility aid exceeds 800 pounds, they are allowed to board separately from their mobility device.

**PRESENT MEANS OF TRAVEL (CONTINUED)**

9. If you do not currently ride QTL's accessible fixed-route service, please select all reasons that apply:

Not sure how to ride  Bus stop is too far away  There are no sidewalks where I live

I am afraid to ride  I do not want to ride  The ground is too uneven/steep to get to the bus stop

I need a wheelchair lift/ramp  I am not able to recognize a destination or landmark

I am able to use QTL's accessible fixed-route service under certain circumstances (please explain)\_\_\_\_\_

---

---

**DISABILITY AND FUNCTIONAL LIMITATION INFORMATION**

**1. What type of disability prevents you from using QTL's accessible fixed-route service?**

Physical  Developmental  Visual  Hearing  Cognitive  Behavioral  Other (please explain)

---

---

**2. How would you classify your health condition or disability?**

Short Term/Temporary (up to 1 Year)  Medium/Long Term (up to 3 Years)  Permanent

**3. Please select ALL disabilities that significantly affect your ability to access QTL's accessible fixed-route service:**  Alzheimer's Disease  Amputation (specify)\_\_\_\_\_

Anxiety/Panic Attacks  Arthritis  Asthma  Autism Spectrum  Cancer (specify)\_\_\_\_\_

Cataracts  Cerebral Palsy  Congestive Heart Failure  Chronic Obstructive/Pulmonary Disease (COPD)

Cystic Fibrosis  Dementia  Diabetes (severe)  Emphysema  Epilepsy (severe)  Heart Attack

Traumatic Head Injury  Kidney Disease/Dialysis  Legally Blind  Macular Degeneration

Intellectual Disability  Multiple Sclerosis  Muscular Dystrophy  Paraplegia  Parkinson's Disease

Peripheral Vascular Disease  Quadriplegia  Retinopathy  Schizophrenia/Schizoaffective Disorder

Stroke/Cerebral Trauma  Systemic Lupus Erythematosus  Thrombosis (Chronic)  Blindness

Other (please specify)\_\_\_\_\_

**DISABILITY AND FUNCTIONAL LIMITATION INFORMATION (CONTINUED)**

Please describe how the disabilities that have been selected above significantly affect your ability to access QTL's accessible fixed-route service. We ask that you be as thorough and specific as possible.

---

---

---

---

---

---

---

---

---

---

---

**4. Does your health condition or disability change from day-to-day in ways that would affect your ability to use QTL's accessible fixed-route service?**

Yes       No

If Yes, please explain \_\_\_\_\_

---

---

**5. Are you currently receiving any type of treatment or therapy related to your health condition or disability?**

Yes       No

If Yes, what is the expected duration?    \_\_\_\_ Days    \_\_\_\_ Months    \_\_\_\_ Years     Permanent

**6. Are there any other aspects of your health condition or disability that we should know about?**

Yes       No

If Yes, please explain \_\_\_\_\_

**PROFESSIONAL VERIFICATION**

**This section of the application includes two sections: a release to be signed by the applicant and a section to be completed by a licensed professional in order to provide additional information about the applicant's ability to access fixed-route transit. The application will not be considered complete without both sections included.**





To be completed by applicant:

**By signing below, I agree to the following;**

- I am applying for ADA paratransit service provided by the City Of Quincy, Quincy Transit Lines (QTL). This service is limited to persons with disabilities that *prevent* them from utilizing accessible fixed-route services.
- I authorize the release of the information described below for the sole purpose of allowing QTL to make a determination of my paratransit eligibility status.

Applicant Name (print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**This section is to be completed by a**

**Physician, Physician Assistant, Nurse Practitioner, or Physical/Occupational Therapist**

The Americans with Disabilities Act of 1990 (ADA) requires that public transportation providers offer complementary transportation to those who are unable to access fixed-route services. Paratransit service is not available to all persons with disabilities, but rather is a safety net available to those who are unable to independently access, board, ride and alight from a fixed-route vehicle.

All QTL vehicles are equipped with accessibility features that allow passengers utilizing wheelchairs or other mobility aids to board and ride. As the applicant's care provider, you are uniquely qualified to provide verification of this person's ability to access fixed-route services. Please complete the questions below to assist us in determining the applicant's ability to utilize QTL's accessible fixed-route services.

<b>GENERAL INFORMATION</b>
----------------------------

**1. Applicant's Name (please print)** \_\_\_\_\_

**2. Are you currently treating this applicant?**  Yes  No

If No, what was the last date you saw this applicant? (MM/DD/YY) \_\_\_\_\_

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

If Yes, what is the expected duration? (MM/DD/YY) \_\_\_\_\_

**4. How many blocks can the applicant travel without another person, but with the use of a mobility aid (if necessary)?**  Less than one  Two blocks  Up to four blocks (1/4 mile)  Up to 8 blocks (1/2 mile)

More than 8 blocks  Other (please explain) \_\_\_\_\_

**GENERAL INFORMATION (CONTINUED)**

5. Can the applicant climb a 12-inch step?  Yes  No

6. Can the applicant wait for up to 30 minutes without support or with only the support of a mobility aid?

Yes  No

If No, please explain \_\_\_\_\_

7. Does the applicant require the assistance of a Personal Care Attendant (PCA) to travel with them?

Never  Sometimes  Always (applicant is unable to travel unassisted)

**Note:** Obtaining a PCA is the responsibility of the applicant. PCAs travel free with the passenger on QTL vehicles.

***VISUAL IMPAIRMENT***

If vision limits the applicant's ability to independently travel, please answer the following:

1. Is the applicant's vision  Stable  Degenerative  Other

If Other, please explain \_\_\_\_\_

2. Is the applicant able to recognize familiar places such as landmarks or destinations?  Yes  No

3. Is the applicant legally blind?  Yes  No

***COGNITIVE DISABILITY***

If a cognitive disability affects the applicant's ability to independently travel, please answer the following:

Is the applicant able to:

Provide their address, phone number?  Yes  No

Recognize destinations/landmarks?  Yes  No

Ask for and follow instructions?  Yes  No

Safely cross major intersections?  Yes  No

**GENERAL INFORMATION (CONTINUED)**

Is there any additional information that QTL should be made aware of?

