

Dear Applicant:

AppalCART provides paratransit service to eligible passengers. Section 37.125 of the Americans With Disabilities Act (ADA), requires us to strictly limit eligibility to those individuals whose disabilities prevent them from using the intown bus service already serving the general public in the Boone area. One of the following three conditions must be met in order to qualify for paratransit service.

1. Individual cannot independently board, ride and/or exit from an accessible intown bus.
2. Individual can use accessible (lift equipped) vehicle but an accessible bus is not available on the intown route.
3. Individual has an impairment, which prevents him or her from getting to or from a bus stop or getting on or off the bus at the bus stop.

All of AppalCART's intown buses are equipped with a wheelchair lift or ramp and wheelchair securement areas. A person need not be wheelchair bound but must have a condition that meets the above criteria to be certified. An individual's pick up and destination location can be no further than 3/4 mile from an AppalCART intown bus route and must be during the hours of regular bus service for that route, however, a person is not disqualified from being ADA Paratransit Certified if they live outside the 3/4 mile distance from the intown routes

To qualify for paratransit service a disability should make travel on the intown bus service impossible or substantially difficult, not merely inconvenient or slightly difficult.

Enclosed are forms for you or your representative to complete and return to AppalCART. Please note that we will use the information you provide on these forms, as well as information from your healthcare provider (which you will designate), to determine your eligibility for paratransit service, as well as determining when and under what conditions you may require paratransit service. Paratransit eligibility may be determined on a trip-by-trip basis. If you have any questions, please call 828.297.1300x105 and ask for the secretary.

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you do not understand, please call the AppalCART (828.297.1300x105) Secretary for assistance before returning this form. In order to be considered complete, every question on the application must be answered.

The purpose of the application is to provide an opportunity for you to describe limitations you may have which prevent you from using the AppalCART intown bus routes. The more information you provide, the better we will understand your ability.

If you have any questions or need assistance completing your application please call and let us assist you.

Sincerely,

Joanna Wilcox

Joanna Wilcox

Administrative Secretary

Note: Please do not return this cover letter to AppalCART

PARATRANSIT APPLICATION

Please complete and fax this form to 828.297.4100 (AppalCART) to begin the ADA Paratransit Certification process

| | |
|-----------------------------|------------------------------|
| Name | Date Of Birth |
| Pickup Address | Mailing Address |
| Pickup - City - State - Zip | Mailing - City - State - Zip |
| Home Phone | Work Phone |

What is the disability which prevents you from using intown bus service?

Is your disability temporary? Please circle one : Yes No If yes, expected duration until

How does this disability prevent you from using our fixed route service? Please explain completely :

Are there any other effects of your disability of which we need to be aware?

Check off every mobility aid that you use. You may check more than one :

- Manual Wheelchair
- Motorized Wheelchair
- Powered Scooter
- Crutches
- Walker
- Cane
- Guide Dog
- Oxygen
- Personal Care Attendant (Someone you provide who assists you on your trips)

I hereby certify that the information given on this application is correct and authorize my healthcare provider to release additional information as needed.

Date Applicant's Signature

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

| | |
|------------------------|--------------|
| Name | Address |
| City - State - Zipcode | Daytime Phon |
| Signature | Date |

PLEASE DESCRIBE YOUR CURRENT TRAVEL

List your four most frequent destinations and how you get there now:

| | | |
|----------------------|------------------------|---------------------------|
| Destination Address? | How often you go there | How do you get there now? |
| | | |
| | | |
| | | |
| | | |

PLEASE GIVE US YOUR OPINION OF THE INTOWN BUS SERVICE

Questions in this section are designed to give us a better understanding of your opinions about certain aspects of accessible intown bus service. Please read each question carefully and check whether you agree, disagree, or are not sure.

| | Agree | Disagree | Not Sure |
|--|--------------------------|--------------------------|--------------------------|
| 01) The bus system is too complicated for me to figure out. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 02) I've heard good stories about AppalCART's bus service from other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 03) I'm not at all interested in using the AppalCART bus for my transportation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 04) I need to have a seat on the bus, and I'm afraid I won't get one. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 05) Everyone on the bus will be inconvenienced since it take me longer to get on. People will get angry. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 06) Riding the bus makes me more vulnerable to crime. I'm afraid for my safety. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07) I think my neighborhood has good bus service. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 08) I'm afraid I'll get off at the wrong stop. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 09) Arriving at my destination on time is not very important to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Taking my trips by bus would take me too long. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) I need help with the tie downs and I don't think the bus driver will help. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) I'd have to get up earlier in the morning to use the bus, which would be a problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) If the bus moves before I'm seated, I'm afraid I might fall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TELL US ABOUT YOUR FUNCTIONAL ABILITY

Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, please check one box. Your answers should be based on how you feel most of the time, under normal circumstances, and whether you can perform this activity independently.

| | Always | Sometimes | Never | Not Sure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 01) Can you walk up and down three steps if there are handrails? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 02) Can you use the telephone to get information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 03) Can you travel half a block in good weather? (about 300 feet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 04) Can you travel a full block in good weather? (about 600 feet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 05) Can you travel two blocks in good weather? (about 1200 feet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 06) Can you cross the street without assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07) Can you ride up and down a wheelchair lift with handrails on both sides? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 08) Can you wait ten minutes outside without a seat or a shelter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 09) Can you travel up or down a gradual hill on the sidewalk in good weather? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Can you find your own way to the bus stop, if someone shows you the way once? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Do you currently travel by yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Do you need the assistance of another person, what do they do for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: This person is not the AppalCART Driver, this is your personal care attendant who assists you on your trips.

13) What barriers in your surroundings make it difficult for you to use the bus? Check all that apply:

Busy streets I must cross Lack of curb cuts No sidewalks Steep Hill

Other:

SECTION FOR HEALTHCARE PROVIDER

Note: To qualify for paratransit service a disability should make travel on the intown bus service impossible or substantially difficult, not merely inconvenient or slightly difficult.

- 01) In what capacity do you know the applicant? _____
- 02) How long have you known or worked with the applicant? _____
- 03) When did you last see or treat the applicant? _____
- 04) What is the formal diagnosis of the applicant's disability? _____
- 05) What was the date of onset? _____
- 06) What is the prognosis? _____
- 07) How does the applicant's disability/health condition affect daily life activities _____

TELL US ABOUT THE APPLICANT'S FUNCTIONAL ABILITY

Our goal is to determine the applicant's ability to access the fixed route transit buses that serve the Boone area. Please check one box for each question.

| | Always | Sometimes | Never |
|--|--------------------------|--------------------------|--------------------------|
| 01) Can the applicant walk up and down three steps if there are handrails? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 02) Can the applicant use the telephone to get information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 03) Can the applicant travel half a block in good weather? (about 300 feet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 04) Can the applicant travel a full block in good weather? (about 600 feet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 05) Can the applicant travel two blocks in good weather? (about 1200 feet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 06) Can the applicant cross the street without assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07) Can the applicant ride up and down a wheelchair lift with handrails on both sides? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 08) Can the applicant wait ten minutes outside without a seat or a shelter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 09) Can the applicant travel up or down a gradual hill on the sidewalk in good weather? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Can the applicant find their own way to the bus stop, if someone shows you the way once? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Can the the applicant travel by themselves? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Does the applicant need the assistance of another person, what do they do for them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: This person is not the AppalCART Driver, this is your personal care attendant who assists the applicant on their trips.

Dear Healthcare Provider: To speed up the application process and eliminate the need for a confirmation call to your office please fax pages 1 through 3 of this application form direct to AppalCART (828-297-4100) or mail it to AppalCART at P O Box 2357, Boone, NC 28607 with a note on your letterhead.

Name of Healthcare Provider _____

Office Address _____

City - State - Zipcode _____

Office Phone _____ Fax Line _____

Signature of Healthcare Provider _____ Date _____