

CITY OF RAPID CITY

RAPID CITY, SOUTH DAKOTA 57701-5035

Public Works Department

Rapid Transit Division
333 Sixth Street
Telephone: (605) 394-6631
FAX: (605) 394-6608

Thank you for your interest in Rapid Transit System. Please read this Introductory material carefully. This information explains transportation requirements of the Americans with Disabilities Act (ADA) and identifies the features of Rapid Transit System Dial A Ride, which is a shared ride service provided to certified individuals who are unable to use lift-equipped accessible fixed-route bus services provided by *RapidRide*.

WHAT IS ADA ?

The ADA law recognized that some individuals with disabilities would not be able to use regular fixed-route bus service *even with* improvements to make the services fully accessible. Because of this, the ADA said that transit agencies which provide regular fixed-route bus service must also provide complementary ADA Paratransit service for those persons whose disabilities, prevent them from using regular lift-equipped fixed-route bus service. This ADA Paratransit service is intended for individuals whose disabilities are so significant that they are unable to use regular lift-equipped fixed-route bus service. This does not include disabilities that make use of regular accessible transit service difficult or inconvenient. According to the law, ADA Paratransit is to “complement” the regular bus service, providing service that is comparable to the regular bus service in terms of service area, hours and days of service, and several other factors. The specific criteria for determining who is eligible for ADA Paratransit are defined by ADA law.

DETERMINING ELIGIBILITY FOR RAPID TRANSIT SYSTEM PARATRANSIT

- ◆ Complete the application form. Be sure to answer all the questions and be very specific as to what your disability is and why your disability prevents your use of lift-equipped, accessible fixed-route bus service.
- ◆ Include the name and identifying information of a health care/rehabilitation professional who is familiar with your disability and your functional abilities to use transit services. Forward the Request for Professional Verification to the health care/rehabilitation professional identified in your application.

- ◆ Rapid Transit may contact the health care/rehabilitation professional to verify your information and to ask supplemental questions related to your ability to use regular, lift-equipped fixed-route bus service now that it is fully accessible.
- ◆ Once a completed application, including the health care/rehabilitation professional information, is received, Rapid Transit will review the information and determine whether you are eligible for Rapid Transit Dial A Ride Paratransit. There are two types of eligibility: unconditional and conditional. Unconditional eligibility is granted if your disability prevents your use of regular, lift-equipped fixed-route buses for any trips. Conditional eligibility would apply if the determination finds that there are some trips for which you can use regular lift-equipped accessible fixed-route bus service. This means that you would use regular lift-equipped fixed-route buses for certain trips and would be eligible for Rapid Transit Dial A Ride Paratransit service for others.

If, after reviewing all the material, you think you would be eligible for Rapid Transit System Dial A Ride service because your disability prevents you from using lift-equipped, accessible fixed-route buses operated by *RapidRide*, and you are interested in applying, please fill out the enclosed application form and return it to Rapid Transit. **You are also responsible for forwarding the enclosed Request for Professional Verification form to a health care/rehabilitation professional familiar with your disability and your functional ability to use lift-equipped fixed-route bus service.**

After we have received your completed application, including the completed professional verification from your designated health care/rehabilitation professional, we will review the information and determine your eligibility for Rapid Transit System Dial A Ride service within 21 days. When returning the form by mail, please discard the pages containing the directions.

If you have questions or if you need the information in this packet in alternative formats, please call Rapid Transit at 394-6631.

Thank you again for your interest.

Rapid Transit System

RAPID TRANSIT SYSTEM ADA APPLICATION
GENERAL INFORMATION

The Rapid Transit System office is open Monday through Friday, from 7:00 a.m. to 4:00 p.m. and is located at 333 6th Street. For applications, please call 605-394-6631.

It is important to **complete all parts** of this form – type or print, please.
Applications that are not complete or clearly written will be returned, which will delay the eligibility process.

Name: _____
 First Middle Last

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone:(____) _____

Birthdate _____ / _____ / _____
 Mo. Day Year

Do you need this application and future written information provided to you in an accessible format? No__ Yes__ (if yes, what format do you prefer?)

If assistance was provided in completing this form, please indicate by

whom: Name _____

Phone # _____ Relationship _____

Please indicate if this person should be contacted directly if additional information is requested: _____yes _____no

Emergency Contact

Name: _____
 First Middle Last

Home Phone: (____) _____ Work Phone: (____) _____

Relationship: _____

Please answer the following questions in detail – your specific answers to the questions will help us determine your eligibility. Please keep in mind that all of our fixed route buses are lift equipped.

1. a. What is the specific disability preventing you from using our fixed route bus service? No longer driving is not a limitation.

b. How does your disability prevent you from boarding, riding, exiting, or otherwise independently using our fixed-route service?

c. Is the disability you described permanent or temporary? _____ If temporary, how long do you expect this condition to continue? _____

2. How do you currently travel to your most frequent destinations? Circle all that apply.
fixed-route bus taxi drive myself someone drives me other

3. Does your disability change from day to day in a way that affects your ability to use the fixed-route buses? ___yes ___no ___do not know. If yes or do not know is selected, please explain why: _____

For questions 4 through 10, please indicate whether you are independently able to perform the following functions. ALL *no* or *sometimes* answers must be accompanied by an explanation or the application will be considered incomplete.

4. Are you able to understand directions needed to complete a trip on the fixed-route bus system? (This does not refer to being unaccustomed to the English language) ___Yes ___No ___ Sometimes. If no or sometimes is selected, explain why: _____

5. Are you able to identify the correct fixed-route bus and bus stop? ___ Yes ___ No ___ Sometimes. If no or sometimes is selected, explain why:

6. Are you able to travel to and from the nearest fixed-route bus stop? ___ Yes ___ No ___ Sometimes. If no or sometimes is selected, explain why.

7. Are you able to wait at least 15 minutes at a fixed-route bus stop? ___ Yes ___ No ___ Sometimes. Could you wait there if there were a bus bench or bus shelter? ___ Yes ___ No ___ Sometimes. If no or sometimes is selected, explain why:

8. Are you able to get on or off a public transit bus if it is lift-equipped?

Yes No Sometimes Do not know, never tried it. If no or sometimes is selected, explain why: _____

9. Are you able to grasp handles or railings, coins, or tickets while boarding or exiting the bus? Yes No Sometimes. If no or sometimes is selected, explain why: _____

10. Mobility Limitations (Please check correct box)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can board bus without the use of a lift
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can only board bus with use of a lift
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can travel to nearest bus stop
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can wait at bus stop
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can identify correct bus
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can handle coins and tickets
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can grip railings and handles
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can balance while seated
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can read / hear / understand directions
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can travel 200 feet without assistance
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can travel ¼ mile without assistance (3 blocks)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can travel ½ mile without assistance (6 blocks)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can travel ¾ mile without assistance (9 blocks)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can climb a 12-inch step without assistance
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can wait outside without support for 10 minutes

11. Can get to and from regular fixed route bus only if:

There are curb cuts

There is a sidewalk

Ground is level or slightly inclined

No snow or ice on sidewalk

No extreme weather

It's daytime

No high pollution

Receive travel training

Other _____

12. Have you ever received travel training for the regular fixed route bus? Yes No

13. Do you use any of the following mobility aids or specialized equipment? Circle all that apply: Cane Walker Portable Oxygen Manual Wheelchair

Electric Wheelchair 3 Wheel Scooter Service Animal Other _____

If you use a wheelchair or scooter, what is the **combined weight of the occupant and the wheelchair or scooter?** _____ pounds.

14. Do you need to have someone travel with you to assist you? Please circle one:
Always Never

Please give the name(s) of the person(s) you will be using to travel with you as your Personal Care Attendant (PCA) _____

Do you need assistance getting from your door to the bus? Yes No

15. Are you ADA certified in another city? _____ yes _____ no
If yes, which city? _____

I certify that the information in this application is true and **correct**. I understand that falsification of the information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services. **I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in determination of eligibility.**

Applicant's Signature: _____ Date: _____

Person submitting application:

Name: _____

Address: _____

City, State, ZIP: _____

Daytime Phone(____) _____ EXT# _____

Relationship: _____

Professional Authorization

I hereby authorize _____
Name of licensed professional familiar with your disability or health related condition

Address Phone

to release to Rapid Transit System the necessary information about my disability in order to verify my eligibility for Paratransit services. The information released will be used solely to determine my eligibility. I realize that I have the right to receive a copy of this authorization at anytime.

Name of applicant (please print) Date signed

Applicants Signature

Name:
Address:
City/State/Zip:

Dear Health Care/Rehabilitation Professional:

Mr./Ms. _____ has identified you as a health care/rehabilitation professional who is familiar with his or her disability and functional abilities to use transit services and has given us permission to contact you for additional information. This information is necessary to determine which transit services the individual is eligible to use under the regulations of the federal Americans with Disabilities Act (ADA). The ADA mandated improvements to public transit services so they are easier to use by persons with disabilities. With this mandate, Rapid Transit System has made significant improvements to ensure that our regular fixed-route bus service is usable by riders with disabilities. Importantly, since the purchase of new buses in the summer of 1992, all of the fixed-route buses operated by Rapid Transit System have wheelchair lifts to allow boarding by individuals using mobility devices as well as other riders who find use of the steps difficult.

The ADA also mandated that ADA Paratransit service be available to persons whose disabilities **prevent their use of regular lift-equipped fixed-route bus services**. This does not include persons who find it uncomfortable or difficult to get to and from fixed-route bus stops, as **disability alone does not automatically qualify an individual** for ADA Paratransit service. We are asking you as a professional to give us accurate information regarding the functional abilities of the individual named above so that we can determine whether the individual is eligible for Rapid Transit System's ADA Paratransit service.

Please complete the attached form and mail or fax it back to our offices at:

Rapid Transit System
333 6th Street
Rapid City, SD 57701

Fax – 605-394-6608

Please provide this information within one week of your receipt of this request so that we may respond in a timely fashion.

Thank you very much for your prompt assistance. If you have any questions, please call Megan Gould at (605) 394-6631.

Sincerely,

Rapid Transit System

**Rapid Transit System
Professional Verification of Disability
To Be Completed By Health Care Specialist**

Applicant's Name: _____
First
Middle
Last

1. Can the applicant travel to/from the bus stop? Yes___ No___
 Does the applicant need door to door assistance? Yes___ No___
 Is the applicant disabled? Yes___ No___
 Does the disability preclude the use of a bus? Yes___ No___
 Is the condition temporary? Yes / No. **If yes, expected duration** ___/___/___.

2. Medical diagnosis of condition causing disability: _____

3. Mobility Limitations (please check)

- | | | |
|-----------|----------|--|
| _____ Yes | _____ No | Can travel 200 feet with out assistance |
| _____ Yes | _____ No | Can travel ¼ mile (3 blocks) without assistance |
| _____ Yes | _____ No | Can travel ½ miles (6 blocks) without assistance |
| _____ Yes | _____ No | Can travel ¾ mile (9 blocks) without assistance |
| _____ Yes | _____ No | Can climb a 12-inch step without assistance |
| _____ Yes | _____ No | Can access bus using lift |
| _____ Yes | _____ No | Can wait outside without support for 10 minutes |

4. Visual acuity with best correction (if applicable)

Right Eye _____
 Left Eye _____
 Both Eyes _____

5. Cognitive Disability (please check)

- | | | |
|-----------|----------|---|
| _____ Yes | _____ No | Provide address and telephone number |
| _____ Yes | _____ No | Recognize a destination or landmark |
| _____ Yes | _____ No | Deal with unexpected situations |
| _____ Yes | _____ No | Ask for, understand and follow directions |
| _____ Yes | _____ No | Safely travel through crowded facilities |

6. Is there any other effect of the disability of which Rapid Transit should be aware?

7. Has the applicant's medical condition changed within the past three months? Yes / No.
 If so, how has the effected his/her disability? _____

Health Care Professional:

Please print the following information:

Name: _____

First

Middle

Last

Address: _____

City, St, Zip: _____

Phone: _____

Agency: _____

Signature: _____ Date: _____

Professional (please check)

____ Licensed Physician

____ Licensed Physician Assistant

____ Licensed Physical Therapist

____ Certified Rehabilitation Specialist

____ Licensed Optometrist

____ Registered Speech Therapist

____ Certified Audiologist

____ Certified Psychologist

____ Licensed Podiatrist

____ Nurse (LPN or RN)

____ Registered OT

____ Other _____

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