

## **Dial-A-Ride Paratransit Application City of Rapid City – Public Works Department Rapid Transit System**

Thank you for your interest in Rapid Transit System. Please read this introductory material carefully. A more detailed handbook is available upon request and once approved. 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 DIAL-A-RIDE?**

- ◆ ADA Paratransit service (Dial-A-Ride) for those persons whose disabilities **prevent them from using regular lift-equipped fixed-route bus service. This does not include disabilities that make use of regular accessible transit service difficult or inconvenient.**
- ◆ The specific criteria for determining who is eligible for ADA Paratransit are defined by ADA law.
- ◆ Dial-A-Ride is not a free service; the cost for a ride varies from \$3.00 to \$3.50 each trip.
- ◆ Dial-A-Ride is a ride share service, meaning approved applicants will need to ride on the bus with others which may impact travel times.
- ◆ 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.

### **APPLICATION PROCESS:**

- ◆ Complete your portion of the application form (Section I & II).
- ◆ You are also responsible for forwarding the enclosed Request for Professional Verification (Section III) form to a health care/rehabilitation professional familiar with your disability and your functional ability to use

lift-equipped fixed-route bus service. 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.

- ◆ Submit all portions of the application to the Rapid Transit System. After we have received all the necessary documentation, we will reach out to conduct in interview/orientation (by phone, email and/or in person.) Your eligibility for Rapid Transit System Dial-A-Ride service will be determined within 21 days.

If you have questions or if you need the information in this packet in alternative formats, please contact me.

Thank you again for your interest.

Kendra Magelky  
Operations Coordinator, Rapid Transit System  
City of Rapid City  
333 6<sup>th</sup> Street Rapid City, SD 57701  
Phone: 605-394-6631 Fax: 605-394-6608  
[kendra.magelky@rcgov.org](mailto:kendra.magelky@rcgov.org)  
[www.rapidride.org](http://www.rapidride.org)

## SECTION I: Applicant Information

It is important to **complete all parts** of this form – please type or print in ink. **Applications that are not complete or legible will not be processed.**

Name:

\_\_\_\_\_

                    First                                    Middle                                    Last

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                    Mo. Day Year

Do you need this application and future written information provided to you in an accessible format? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what format do you prefer?  
\_\_\_\_\_

What is your preferred method of interview/orientation: \_\_\_\_\_

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 (REQUIRED)

Name: \_\_\_\_\_

                    First                                    Middle                                    Last

Phone: ( ) \_\_\_\_\_ Alternate 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 fixed route buses are lift equipped. If necessary, use an additional piece of paper in order to answer all questions thoroughly. Remember: incomplete or illegible applications will be rejected.

**1. What is your specific disability and medical diagnosis that prevents you from using of our fixed route bus service? Please describe all disabilities that affect your travel.**

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**2. How does/will your disability specifically prevent you from boarding, riding, exiting or otherwise independently using our fixed-route service? Please explain completely.**

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**3. Is your disability (please circle)?**

Permanent                      Temporary                      Conditional

If Temporary, what is the expected end date? \_\_\_\_\_

If Conditional, what conditions would affect your use of the bus system?

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**4. How do you currently travel to and from your most frequent destinations? (please circle all that apply)**

Rapid Ride                      Taxi or Similar Service                      Drive Myself  
Someone Drives Me                      Other: \_\_\_\_\_

**5. Have you ever used a fixed-route bus system?**

Yes, in Rapid City                      Yes, somewhere else                      No

If Yes, please explain your experiences:

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**6. Are you ADA certified in another City?**

Yes                      No

If Yes, which City: \_\_\_\_\_

**SECTION II: TRAVEL ABILITY**

For these questions, please indicate whether you are independently able to perform the following functions with or without a mobility device. ALL “no” or “sometimes” answers must be accompanied by an explanation or the application will be considered incomplete. Remember: incomplete or illegible applications will be rejected.

**7. I am able to:**

- |           |          |   |
|-----------|----------|---|
| _____ 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  |
| _____ Yes | _____ No | Read and understand directions            |
| _____ Yes | _____ No | Hear and understand direction             |

**8. I am able to identify the correct fixed-route bus and bus stop (please circle)?**

Yes                      No

If No, why? \_\_\_\_\_

**9. Are you able to travel to and from the nearest fixed-route bus stop?**

Yes                      No

**I could travel to the nearest route if: (check all that apply)**

- I had Travel Training and understood the routes
- I knew where the bus stop was located
- I am going to and from someplace close to the stop
- There is a bench, shelter or other seating opportunity
- There are sidewalks, level ground and curb cut cuts
- There is no extreme weather, ice, snow, or high pollution
- It is day time and/or well lit
- Other: \_\_\_\_\_

**10. Are you able to wait 15 minutes at a bus stop?**

Yes                  No

Yes, as long as I have: \_\_\_\_\_

**11. How will you/do you get on and off a bus?**

Use the bus Lift                  Climbing a 12-inch Step                  I don't know

**12. Are you able to grasp handles and rails?**

Yes                  No

**13. Are you able to balance while seated on the bus?**

Yes                  No

**14. Mobility Limitations (please check all the apply):**

Can travel approximately 1-2 blocks, independently, either with or without the use of a mobility device.

Can travel approximately 3-5 blocks, independently, either with or without the use of a mobility device.

Can travel approximately 6-9 blocks, independently, either with or without the use of a mobility device

**15. Do you need assistance from your door to the bus?**

Yes                  No

**16. I use the following equipment (please circle):**

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 wheelchair/scooter? \_\_\_\_\_

**17. Do you require a personal care attendant to travel with you in order to assist you?**

Yes No

If Yes, please list their name(s): \_\_\_\_\_

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: \_\_\_\_\_

Phone \_\_\_\_\_

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 any time.

\_\_\_\_\_ Name of applicant (please print) \_\_\_\_\_ Date signed \_\_\_\_\_

\_\_\_\_\_ Applicants Signature \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



Applicant Name: \_\_\_\_\_

Dear Health Care/Rehabilitation Professional:

The above named applicant has identified you as a health care/rehabilitation professional that 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 Kendra Magelky (605) 394-6631.

Sincerely,

Rapid Transit System

**SECTION III: HEALTH CARE PROFESSIONAL INFORMATION**

1. What is applicant's specific disability and medical diagnosis that prevents him/her from using of our fixed route bus service? Please describe all disabilities that affect his/her travel.

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2. How does/will his/her disability specifically prevent him/her from boarding, riding, exiting or otherwise independently using our fixed-route service? Please explain completely.

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3. Is his/her disability (please circle)?  
Permanent      Temporary: end date \_\_\_\_\_  
Contingent upon: \_\_\_\_\_

4. Does his/her disability change from day to day in a ways that affects his/her ability to use the fixed-route buses? (please circle)  
Yes                  No  
If Yes, how? \_\_\_\_\_

5. The following applies to the applicant, with or without the use of a medical device
- \_\_\_\_\_ Recognize a destination or landmark
  - \_\_\_\_\_ Deal with unexpected situations
  - \_\_\_\_\_ Ask for, understand and follow directions
  - \_\_\_\_\_ Safely travel through crowded facilities
  - \_\_\_\_\_ Read and understand directions
  - \_\_\_\_\_ Hear and understand directions
  - \_\_\_\_\_ Can travel approximately 1-2 blocks
  - \_\_\_\_\_ Can travel approximately 3-5 blocks
  - \_\_\_\_\_ Can travel approximately 6-9 blocks
  - \_\_\_\_\_ Balance in a seat while the bus is in motion
  - \_\_\_\_\_ Grasp handles and rails if necessary
  - \_\_\_\_\_ Need someone to accompany them from their door to the bus
  - \_\_\_\_\_ Can climb a 12inch step
  - \_\_\_\_\_ Can wait at a bus stop for up to 10-15 minutes
  - \_\_\_\_\_ Requires a Personal Care Attendant (PCA) in order to travel on the bus

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 \_\_\_\_\_

Please return to:

Rapid Transit System  
333 6<sup>th</sup> Street  
Rapid City, SD 57701  
Fax (605) 394-6608