

Dial-A-Ride Paratransit Application

City of Rapid City – Public Works Department

Rapid Transit System

Thank you for your interest in the Rapid Transit System – Dial-A-Ride Program. 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.

Please read this introductory information before beginning the application process.

FREQUENTLY ASKED QUESTIONS:

- ◆ What is Dial-A-Ride?
 - It is an ADA Paratransit service 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.
- ◆ Is Dial-A-Ride the only transportation offered for those with disabilities?
 - No, all Rapid Transit buses, including the fixed-route RapidRide system, are accessible.
- ◆ Where do the eligibility requirements come from?
 - The specific criteria for determining who is eligible for ADA Paratransit are defined by ADA law.
- ◆ Is Dial-A-Ride free?
 - Dial-A-Ride is not a free service; the cost for a ride varies from \$3.00 to \$3.50 each trip.
- ◆ Is Dial-A-Ride like a taxi service?
 - 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.
- ◆ Are there different types of eligibility and approval?
 - 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.

- Additionally, a rider may be approved permanently or temporarily. If an applicant has a temporary disability, they may be granted approval until they become able to use alternate forms of transportation.
- ◆ Where can the Dial-A-Ride buses go?
 - Dial-A-Ride buses will not transport outside of City limits. Additionally, some locations may be inaccessible to a Dial-A-Ride bus, however every reasonable attempt will be made to transport riders as close to their location as possible.

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.
- ◆ Complete the Professional Authorization page so that 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.
- ◆ Submit all portions of the application to the Rapid Transit System. Processing can only begin once RTS has received all the necessary documentation. Your eligibility for Rapid Transit System Dial-A-Ride service will be determined within 21 days.
- ◆ Applications can be submitted by postal mail, in person or by email.

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 6th Street Rapid City, SD 57701
Phone: 605-394-6631
kendra.magelky@rcgov.org
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 ____ / ____ / ____ (Optional)
 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.

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

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?

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:

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
- _____ If I knew where it was located
- _____ I knew where the bus stop was
- _____ 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

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
(This document in REQUIRED for processing)

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

Provider Address

Provider 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

Applicant' Signature

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 return to our office by email, postal mail or in person.

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

Email: kendra.magelky@rcgov.org

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 contact Kendra Magelky (605) 394-6631 ext. 2 or kendra.magelky@rcgov.org.

Sincerely,

Rapid Transit System

SECTION III: HEALTH CARE PROFESSIONAL INFORMATION

1. Is the applicant disabled? _____ Yes _____ No
2. 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.

3. 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.

4. Is his/her disability (please circle)?

Permanent Temporary: anticipated end date required: _____

Contingent upon: _____

5. Does his/her disability change from day to day in a ways that affects his/her ability to use the fixed-route buses? _____ Yes _____ No

If Yes, how? _____

6. Applicant is able to do the following 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 direction
- _____ 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

Medical Provider's Information: please print.

Name: _____
 First Middle Last

Address: _____

City, St, Zip: _____

Phone: _____ Agency: _____

Signature: _____ Date: _____

Professional (please check)

- | | |
|--|---|
| <input type="checkbox"/> Licensed Physician | <input type="checkbox"/> Certified Audiologist |
| <input type="checkbox"/> Licensed Physician Assistant | <input type="checkbox"/> Certified Psychologist |
| <input type="checkbox"/> Licensed Physical Therapist | <input type="checkbox"/> Licensed Podiatrist |
| <input type="checkbox"/> Certified Rehabilitation Specialist | <input type="checkbox"/> Nurse (LPN or RN) |
| <input type="checkbox"/> Licensed Optometrist | <input type="checkbox"/> Registered OT |
| <input type="checkbox"/> Registered Speech Therapist | <input type="checkbox"/> Other _____ |

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