



APPLICATION COMPLEMENTARY PARATRANSIT SERVICE

937-425-8301 • TDD 937-425-8388 • Ohio Relay 800-750-0750

Project Mobility is a specialized transportation service of the Greater Dayton Regional Transit Authority. In July 1990 the Americans With Disabilities Act was mandated stating that persons are functionally defined based upon their inability to use existing fixed route services. Eligibility of an individual must be applied to each trip request. Transit services for persons with disabilities will largely be provided by fixed route services. The Americans With Disabilities Act makes no attempt to define the overall transportation needs of persons with disabilities. Nor does the ADA guarantee that these needs will be met. Section 37.125(a) of the ADA implementing regulations requires that each public entity shall strictly limit ADA Paratransit Eligibility to individuals specified in the regulations. The regulations identify three categories an individual may be eligible for complementary paratransit service.

When you have finished the application please call our office at 937-425-8301 to schedule the assessment appointment.

What you must bring to the assessment appointment:

1. Your valid state issued photo identification card
2. The completed application
3. Your mobility device you use when traveling (cane, walker, wheelchair, power wheelchair, oxygen, etc.).

PART A (Please Print)

Check One: Mr. Mrs. Miss Ms.

Last Name _____

First Name _____ M _____

Address _____ Apt. No. _____

City _____ Zip _____

Name of Apartment Complex or Building _____

Closet Intersection _____ and _____

If you live more than $\frac{3}{4}$ of a mile from any RTA fixed route, you are outside Project Mobility's service area. Please call the certification center if you need more information regarding service area.

Telephone Number _____ Cell _____

Date of Birth _____

In case of an emergency, is there someone in the local area who should be notified? Yes No

Name _____ Phone Number _____

Cell Number _____ Relationship _____

Why are you applying for complementary transportation service?

How does your disability prevent you from using RTA's fixed route service?

PART B

Check the category and all criteria that apply:

CATEGORY 1

I have physical, mental, or visual disability, or impairment, which prevents me from using fixed route buses without an attendant for:

- a. Boarding the fixed route bus
- b. Riding the fixed route bus
- c. Getting off the fixed route bus
- d. Other (describe): _____

CATEGORY 2

I can use buses with wheelchair lifts, but

- a. Buses with wheelchair lifts are not available in my area.
- b. Wheelchair lifts can not be deployed at my stop(s): List locations:

- c. My mobility aid is 30" by 48" or less, but the bus will not accommodate it.

CATEGORY 3

I can use accessible buses, but have an impairment related condition that prevents me from traveling to/from a bus stop. Describe the impairment or conditions:

PART C

The Greater Dayton Regional Transit Authority (RTA) has established a process for determining the Americans with Disabilities (ADA) Paratransit Eligibility of persons seeking to use the service. RTA will strictly limit ADA Paratransit Eligibility to persons required to be eligible under the ADA law. That is to say individuals with permanent or temporary disabilities in the categories summarized in Part B of this application may be eligible for the service at all times or with respect to a particular type of trip or trip under particular conditions, depending on the assessment outcome, even when the fixed route system is completely accessible. **Transit services for persons with disabilities will largely be provided by fixed route services.** For this reason, please answer all the questions below relating to your personal use and/or knowledge of RTA's fixed routes.

What RTA fixed route number serves your home residence? _____

Where is the nearest RTA bus stop to your home residence?

Did you know that all of RTA buses have wheelchair lifts and securements on them?

Yes No

Did you know if the steps on the bus are difficult for you that you could ask the driver to put the lift down for you?

Yes No

Did you know RTA offers Travel Training to show consumers how to use the fixed route system?

Yes No

Would you be interested in Fixed Route Travel Training?

Yes No

Are you aware that RTA provides "Hailer Kits" and other aids to help facilitate the use of fixed route for consumers with visual or hearing disabilities?

Yes No

Would you be interested in receiving more information about these kits?

Yes No

How far can you safely and effectively walk or propel your wheelchair?

I can get to the curb in front of my house

Up to 3 blocks

Up to 6 blocks

I don't want to travel outside

Why? _____

How long could you wait at a bus stop with a bench for seating?

- 10 minutes
- 20 minutes
- 40 minutes
- 60 minutes
- not at all
- Why? _____

How long could you wait at a bus stop with no bench for seating

- 10 minutes
- 20 minutes
- 40 minutes
- 60 minutes
- not at all
- Why? _____

Describe under what circumstances you are able to use RTA's fixed routes.

Describe in detail what hinders you from using RTA's fixed routes, i.e. I can't be out in extreme weather conditions or I don't understand how to use the fixed route buses.

I have used RTA's fixed route:

- in the past week
- in the past month
- in the past year
- never Why? _____

PART D

Do you use any of the following aids (check all that apply)?

- | | |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Manual Wheelchair* | <input type="checkbox"/> Electric Wheelchair* |
| <input type="checkbox"/> Power Scooter* | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Walker with seat |
| <input type="checkbox"/> Communications Board | <input type="checkbox"/> Boarding Chair |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Other | <input type="checkbox"/> Oxygen |

To avoid delay in certification please be sure to come to the assessment appointment using the mobility aid that you use when you travel.

Wheelchair Size and Weight

The Americans with Disabilities Act (ADA) specifies the maximum wheelchair (including scooters) dimensions and weight that can be accommodated on public transportation. At the Greater Dayton RTA, we can accommodate wheelchairs that are no more than 30” wide and 48” long.

Additionally the wheelchair’s maximum weight can be no more that 800 pounds when occupied by the user pursuant to RTA’s policy. However, RTA policy also stipulates that anyone who has a wheelchair weighing more 600 pounds when occupied, that particular wheelchair or scooter must be a fully operational power wheelchair and must be operated solely by the user of the wheelchair or their designated Personal Care Attendant (PCA).

Please note the RTA also reserves the right to recertify any clients that exceed the 550 pounds including their mobility device more frequently that every five (5) years.

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

- | | |
|----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Obesity/Weight | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Need for catheter |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Dizziness |

Other, please explain: _____

PART E

Project Mobility publications are in large print. If you wish to receive Project Mobility publications in an alternate format, please check **one** desired format:

- Compact Disc
- Braille

PART F

CERTIFICATION

I understand that the purpose of this application is to determine if I, or the applicant for whom I represent, is eligible to use RTA's Complementary Paratransit services. I certify that the information provided in this application is true and correct. I understand that falsification of this application to obtain Project Mobility service violates Ohio Revised Code section 2921.12, and the United States Code Title 18, Section 1001. Penalties are fines of up to \$5,000 and imprisonment up to ten years. I agree to notify the RTA if I, or the applicant for whom I represent, no longer need to use Project Mobility services.

Signature of Applicant or Legal Guardian
If Legal Guardian:

Date

Address

Phone Number

PART G

PHYSICIAN CERTIFICATION *(to be completed by licensed physician only)*

Physician's Name _____

Address _____

City _____ Zip _____

Phone _____ Fax _____

Physician Signature

Date

ELIGIBILITY CRITERIA

The impairment or disability is considered: Permanent Temporary

If temporary, what is the estimated period of time?

From _____ To _____
Date Date

PHYSICAL DISABILITIES
THESE QUESTIONS MUST BE ANSWERED

Complete this section if the applicant has physical disabilities or impairments:

A physical impairment is defined by the ADA as: "Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respirator (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine."

What is the applicant's specific disability or impairment:

Describe the applicant's specific disability or impairment:

Explain how the applicant's disability or impairment substantially limits one or more major life activities impacting their ability to use fixed route transportation: This question must be answered or the application will not be considered.

MENTAL DISABILITIES
THESE QUESTIONS MUST BE ANSWERED

Complete this section if the applicant has mental disabilities or impairments:

A mental impairment is defined by the ADA as: “[A]ny mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional illness, and specific learning disabilities.”

What is the applicant’s specific disability or impairment:

Describe the applicant’s specific disability or impairment:

Explain how the applicant’s disability or impairment substantially limits one or more major life activities impacting their ability to use fixed route transportation: ***This question must be answered or the application will not be considered.***