

**ADA Paratransit Eligibility Application and
Instructions Information**

Dear Applicant,

Thank you for inquiring about applying for Casper Area Transit's Paratransit service. Enclosed is a copy of the application for Certification for ADA Paratransit Eligibility.

Please read the enclosed materials carefully before completing the application.

Casper Area Transit Program ADA Paratransit service in Casper and the surrounding area, provides service to individuals who are unable to use the fixed-route bus service because of a disability. An inability to use fixed route service may include being unable to travel to and from bus stops, board or exit buses, or understand how to ride and use the bus system.

Casper Area Paratransit provides shared ride, curb-to-curb service to persons determined to be "ADA eligible" for those trips that cannot be made using the fixed route service. You may, for example, be able to use fixed-route service for some trips if stops are nearby and there are no barriers that prevent you from getting to and from the bus. At other times, when you may not be able to use the bus, Casper Area Paratransit service is meant to assist you.

If you need assistance completing this form or have questions, please contact our office at 307-235-8214. This letter and application are available in different formats.

After you have completed the application information, please have your licensed health care professional complete the Professional Verification section. The information you provide in this application is confidential.

PLEASE DO NOT ATTACH MEDICAL INFORMATION TO THIS APPLICATION.

Instructions on next page

Instructions

In order to be eligible to use Casper Area Paratransit service as an ADA eligible rider, your disability must prevent you from using the existing accessible fixed route bus service. In accordance with the “*Americans with Disabilities Act of 1990*” (ADA), there are three specific circumstances under which a person would be considered ADA eligible for Paratransit service:

1. The individual is unable, as a result of physical, visual or mental impairment, and without the assistance of another individual (other than the driver of the bus) to board, ride or disembark from any vehicle in the fixed route system, which is accessible to individuals with disabilities.
2. The individual with a disability could utilize an accessible vehicle but such a vehicle does not operate on the fixed route he/she wishes to travel.
3. The individual with a disability has a specific impairment related condition, which prevents travel to a boarding location or from a disembarking location on the fixed route system.

Disability, age and/or distance to and from a bus stop **DO NOT**, by themselves, qualify a person for paratransit. Inconvenience and/or decreased comfort **ARE NOT** a basis for qualification.

The condition must **PREVENT** travel by fixed route bus. Please keep in mind; all fixed route buses are equipped with wheelchair lifts or ramps, along with securement devices. Whenever possible, fixed route buses are to be utilized.

The information you provide will assist us in making an appropriate determination. Our evaluation is a transportation decision, not a medical decision. All information will be kept confidential. All questions must be answered in full or the application will be considered incomplete. An incomplete application will be returned to the applicant one time. If it is submitted a second time and is still incomplete, it will be held for 60 calendar days before it is discarded. Casper Area Transit may retain the services of a registered occupational therapist or a registered physical therapist if consultation about a disability is thought necessary.

Please type or print clearly.

Once the completed application and professional verification has been received, a determination of your eligibility will be made within 21 calendar days by the Casper Area Transit Manager. You will be notified of your eligibility by mail. **Any fees charged for the completion of certification forms are NOT the responsibility of the City of Casper or Casper Area Transit Program.** Eligibility will be valid for at least 90 calendar days (depending on eligibility criterion) and recertification is required every 3 years. If you are dissatisfied with your eligibility determination, you may appeal within sixty days of the date of the letter notifying you of your eligibility status.

In order to be eligible for this service, you must reside within 3/4 of a mile of our fixed route corridor and the time of your trip must fall within the hours of the closest Casper Area Transit bus route. A map of our service area is available at www.casperareatransit.org. If you do not reside within the 3/4 radius, you must have a means of getting within our service area before transportation is provided.

This document is available in large print and Spanish upon request.

Documents to be filled out and returned

1

ADA Paratransit Eligibility Application

This form must be completed by the applicant or someone authorized to sign on the applicant's behalf.

2

Authorization to Release Medical Information and Professional Verification Form

All applicants must sign the Authorization for the Release of Medical Information included in part 2, page 11. The remainder of the form must be completed by a professional who is familiar with the applicants condition and qualified to respond.

3

Submit Both Forms Together

Submit both the Eligibility Application and the Professional Verification together in a **sealed envelope**. All applications will be processed within 21 calendar days of receipt of the completed packet and the applicant will be notified in writing of Casper Area Transit's determination eligibility.

Any fees charged for the completion of certification forms are *NOT* the responsibility of the City of Casper or Casper Area Transit Program.

1

ADA Paratransit Eligibility Application

App Received _____
 Approved _____
 Certification _____

Complete the entire application. Incomplete applications will be returned.

Is this a new application, or a recertification? ☐ New ☐ Recertification

Applicant Information

First Name	Last Name	Middle Initial
Home Address		Apt. #
City	State	Zip Code
Mailing Address		Apt. #
City	State	Zip Code
Home Phone	Mobile Phone	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer
Date of Birth (mm/dd/yyyy)	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other _____	

Please provide the name of a LOCAL friend or relative in the event of an emergency

First Name	Last Name	Middle Initial
Street Address		Apartment #
City	State	Zip Code
Home Phone	Mobile Phone	
Relationship to Applicant (Family Member, Case Worker, etc.)		

Do you need information given to you in any of the following formats?

☐ Large Print ☐ Verbal ☐ Braille ☐ Flash Drive ☐ None

☐ Check this box if someone other than the applicant is completing this form and provide the following information

If this application is being completed by someone other than the applicant requesting certification, that person must complete the following:

First Name	Last Name	Relationship
Mailing Address		Apt. #
City	State	Zip Code
Home Phone	Mobile Phone	

Please check one of the items below:

- ☐ I certify that the information provided in this application is true and correct based upon the information given to me by the applicant.
- ☐ I certify that the information provided in this application is true and correct, based upon my own knowledge of the Applicant's health condition or disability.

Signature _____ Date: _____



General Information About Your Disability

Do you have a disability which prevents you from using the Casper Area Transit Program fixed-route bus service (LINK)?

☐ Yes

☐ No

If yes, please describe any and all physical, mental, visual, or functional disabilities which prevent you from using Casper Area transit Program fixed-route bus services.

1. Explain how your disability prevents you from independently using fixed-route bus service:

2. Are the conditions you described?

☐ Permanent

☐ Temporary

☐ Vary day to day

If temporary, what is the expected duration? _____

3. Do you have a medically defined cold or heat sensitivity? ☐ Yes

☐ No

Above or below what temperatures? _____

If yes, please explain: _____

4. Do you have a visual impairment? ☐ Yes ☐ No ☐ Sometimes

If yes or sometimes, please explain

5. Are you able to wait outside without assistance or support for ten (10) minutes?

☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain

6. Does the extent of your disability change after medical treatment?

☐ Yes ☐ No ☐ Sometimes

If yes or sometimes, please explain

7. Are there other comments or additional information relating to your disability that you would like to explain?

B Traveling To and From Bus Stops

1. Do you currently use Public Transportation (city bus)? ☐ Yes ☐ No

2. Have you ever ridden on a Casper Area Transit Fixed Route Bus? ☐ Yes ☐ No

If yes, when?

3. Are you able to locate fixed-route bus stops, destinations, locations, or cross streets independently? ☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain:

4. How far from your home is the nearest Casper Area Transit public bus stop?

☐ Less than 1 block ☐ 1-2 blocks ☐ 3-4 blocks
☐ 5 blocks ☐ I don't know

5. Are you able to reach and return from your neighborhood bus stop independently?

☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain:

6. Are you able to travel on flat surfaces in good weather?

☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain:

7. Are you able to travel on slight inclines in good weather?

☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain:

8. Are you able to cross multi-lane streets with crosswalks?

☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain:

9. How do you currently travel to your most frequent destinations? (Check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Fixed-Route Bus | <input type="checkbox"/> Paratransit | <input type="checkbox"/> Friend/Relative drives |
| <input type="checkbox"/> Walk | <input type="checkbox"/> School Bus | <input type="checkbox"/> Private Taxi, Car or Van |
| <input type="checkbox"/> Drive myself | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Other, specify _____ |

10. Please list your three (3) most frequent trips and how you get there now:

A. Destination: _____
Address: _____
How do you get there now? _____
Times per week: _____ Get there how: _____

B. Destination: _____
Address: _____
How do you get there now? _____
Times per week: _____ Get there how: _____

C. Destination: _____
Address: _____
How do you get there now? _____
Times per week: _____ Get there how: _____

11. Have you had training to learn how to travel around the community or on how to use the fixed-route buses? ☐ Yes ☐ No

Would you like information about free training to use the fixed-route buses?

☐ Yes ☐ No

Boarding and Alighting the Bus

1. Can you safely and independently walk up and down three (3) 12-inch steps?

☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain:

2. Are you able to board a wheelchair accessible bus without assistance?

☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain:

D Analysis of Applicant Needs

1. How far can you travel on your own or do you use a mobility aid?

☐ Less than 1 block ☐ 1 block ☐ 2 blocks
☐ ¼ mile (3 blocks) ☐ ½ mile (6 blocks) ☐ ¾ mile (9 blocks)

2. Do you use a wheelchair or scooter? ☐ Yes ☐ No

- a. How wide is it? _____ inches
b. How long is it? _____ inches
c. How heavy is it when occupied? _____ pounds

This information is not used to determine paratransit eligibility. It is the applicant's responsibility to know the dimensions of their mobility device and the weight of it while in use.

****Please Note: In accordance with the ADA, Casper Area Transit vehicles are designed to accommodate mobility devices that weigh no more than six hundred pounds when occupied. If your mobility device exceeds these specifications, please call Casper Area Transit for an evaluation to determine whether we can accommodate your mobility device.**

3. Do you use any of the following mobility aids or specialized equipment when traveling?

Check all that apply:

☐ Manual Wheelchair ☐ Long White Cane ☐ Cane
☐ Power Wheelchair ☐ Walker ☐ Crutches
☐ **Service Animal ☐ Portable Oxygen Tank ☐ Power Scooter (3 wheel)
☐ Respirator ☐ Communication Board ☐ Other Aid: _____
☐ Large Power Chair
(exceeds ADA)

- a. ** What type of animal? _____
b. What task(s) does the service animal provide? _____

****Comfort/companion animals do not fall under the definition of a service animal.**

c. If you use a wheelchair or scooter, will you use it on paratransit?

☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain: _____

4. Do you require an attendant (personal care, sight guide) to travel with you? An attendant may assist you with any personal or travel needs, such as crossing the street, navigating stairs, etc.

☐ Yes ☐ No ☐ Sometimes

If yes or sometimes, please explain:

5. Is there anything else you want to tell us about your disability or health condition that might help us better understand your travel abilities and limitations?

E Applicants Signature

I certify that the information I gave in the application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential; only the information required to provide services I request will be disclosed to those who perform those services. The application will not be processed without application signature.

_____ Date: _____
Applicant Signature

Applicant Name (Please Print)

If the applicant is a minor or has a legal guardian, the parent or guardian must sign this application, and attest to the accuracy of the information contained herein.

_____ Date: _____
Signature of parent or legal guardian

Guardian Name (Please Print)

Please return the completed application form (pages 4-9) and the Professional Verification Form in a sealed envelope to:

Casper Area Transit Program
ADA Paratransit
1715 East 4th Street
Casper, WY 82601
(307) 235-8214

The following pages must be sent to and filled out by your Health Care Provider *after* you complete section 2, page 12, Authorization to Release Medical Information

2

Professional Verification ADA Paratransit Eligibility Application

Authorization to Release Medical Information

(TO BE COMPLETED BY THE APPLICANT)

I hereby authorize the following licensed professional (doctor, therapist, social worker, etc.), who can verify my disability or health-related condition, to release this information to the Casper Area Transit Program eligibility certification staff or a contractor working for the agency to conduct eligibility screenings. This information will be used only to verify my eligibility for ADA paratransit services. I understand that I have the right to request and receive a copy of this authorization, and that I may revoke it at any time.

Applicant Signature

Date

Applicant Name (printed)

Date of Birth

Your Health Care Provider

Health Care Provider		
Name of Medical Professional who may release my medical information:		
Address of Medical Professional		
City	State	Zip Code
Phone #	Fax #	Medical Record or Identification Number, if known

**The following pages must be filled out by your
Health Care Provider**

A General Disability Questions for Health Care Provider

This part of the application form should be completed by a health care professional **who is currently treating the applicant for their disability**, and is authorized to provide this information to the Casper Area Transit Program. **Any fees charged for the completion of certification forms are *NOT* the responsibility of the City of Casper or Casper Area Transit Program.**

The individual who has asked you to review and sign this application is applying to the Casper Area Transit Program to be considered eligible for paratransit service. **ADA paratransit service is intended ONLY for those trips that the person cannot take on the regular public bus fixed route system due to his/her physical or mental disability.**

Failure to complete this form could result in denial of service for the applicant.

Applicant Name: _____

1. In what capacity do you know the applicant and for how long?

2. Is the applicant your regular client? ☐ Yes ☐ No

3. Please indicate all the medical diagnoses of the applicant's disability. (Please Print Clearly)

4. If the disability is cognitive or developmental, please supply information regarding the applicant's functional abilities and any recent evaluations. All information will be kept confidential.

5. Is the condition temporary? ☐ Yes ☐ No

If yes, please specify the time from (example: 6 months) within which you anticipate the applicant to recover or next reevaluation.

6. How does the diagnosed disability prevent travel on ADA accessible fixed-route buses?

7. Does the applicant require use of the following? (Check each where it applies)

	Yes	No	Sometimes
Manual Wheelchair			
Motorized Wheelchair			
Cane, Crutches, or Walker			
Service Animal			
Personal Care Attendant			

8. Is the applicant able to do any of the following with the use of a mobility aid and without the assistance of another person?

	Yes	No	Sometimes
Travel ½ block?			
Travel 1 block?			
Travel 2 block2?			
Travel 4 blocks or more?			
Climb three (3) 12" steps			

If "no" or "sometimes," describe in detail any factors which would have an adverse impact on the applicants abilities to travel.

9. Can the applicant independently cross the street? ☐ Yes ☐ No

10. Does weather impact the applicant's ability to ambulate? Yes ☐ No

If yes, please explain and list the temperatures at which the applicant would be impacted.

11. Please note any additional information you feel is relevant about the applicant's disability and the disability preventing travel on ADA accessible fixed-route buses.



Provider Affirmation

Provider Information		
Address	Phone	Fax
City	State	Zip code
Provider UPIN # or Tax ID	Employer / Agency	

Provider Signature and Affirmation

I am a licensed medical provider or qualified service provider and certify that the above mentioned individual has the disability and limitations indicated above. I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

Provider Signature

Date

Print Provider's Name

Date

3

Submit Both Forms Together

Complete the entire application. Incomplete applications will be returned.

Make sure all question have been answered, and required signatures are in place.

Submit both the Eligibility Application and the Professional Verification Form

Mail to: Casper Area Transit ASSIST
ADA Paratransit
1715 E. 4th Street
Casper, WY 82601

You may also submit all forms in person at the address above, M-F, 8:00 am – 5:00 pm.

All applications will be processed within 21 calendar days of receipt of a completed packet and the applicants will be notified in writing of Casper Area Transit's determination of eligibility.

Thank you for completing the Casper Area Transit ASSIST Paratransit Application. Please make sure all questions have been answered, signatures gathered, and both forms are included in your submission. We look forward to serving you.