



ADA Paratransit Eligibility Application Information and Instructions

Orange Public Transportation (OPT) provides complementary paratransit to eligible persons living within $\frac{3}{4}$ -mile of OPT's fixed routes or those visiting locations within $\frac{3}{4}$ mile of the fixed routes.

Through our Complementary Paratransit services, Orange Public Transportation provides an equivalent accessible transportation option to people who are unable to use the fixed-route bus service because of a disability. Orange Public Transportation provides rides, from origin to destination, within the $\frac{3}{4}$ -mile of its fixed routes.

Transportation services are accessed by completing this application and being certified through Orange Public Transportation, or if you are visiting from another area, by providing documentation of ADA certification from a transportation service in another area of the country.

Who should apply for ADA Paratransit services?

- People who are unable to use the fixed-route public bus services because of barriers like steep stairs, busy intersections, hills, lack of curb cuts, lack of sidewalks, unavailability of a lift on a public bus, weather-related heat or cold, difficulty traveling along and/or recognizing new destinations.
- People with mobility impairments due to visual limitations, arthritis, spinal cord injury, or other physical and/or cognitive limitations that are a barrier to using fixed route services.

How do you apply for ADA Paratransit services?

- Complete this application and **sign the Applicant Agreement** section.
- Have your doctor, rehabilitation specialist, or other qualified health care provider complete and sign the professional verification section.
- Send the completed application to:

Orange Public Transportation
PO BOX 8181
Hillsborough, NC 27278

Or fax to: (919) 732-2137

If you need an alternative format of this application or additional information, please contact us at (919) 245-2008 or pmurphy@orangecountync.gov.



ADA PARATRANSIT SERVICE APPLICATION

If you have a **physical or functional disability, as defined by the Americans with Disabilities Act (ADA), which limits you from using Orange Public Transportation's fixed-route accessible buses**, you may be eligible for Orange Public Transportation ADA Paratransit service. The information obtained in this certification process will be used by to determine your eligibility. The information may be shared with other transit providers to facilitate your travel in other areas.

This application must be **filled out completely**, including the verification of eligibility by a qualified professional. Incomplete applications will be returned to applicants.

Step 1: Complete the General Information Section

Name:

Last _____ First _____ MI _____

Address:

Street _____ City _____ State _____ Zip _____

Phone:

Home _____ Work _____ Cell _____

Date of Birth: _____

Step 2: Information about your disability

1. What disability prevents you from using Orange Public Transportation Fixed-Route Bus Service? Please specify all that apply.

2. How does your disability prevent you from using Orange Public Transportation Bus Service?

3. Please describe the area where you live (e.g., rural, urban, suburban, flat, very steep hill, gradual hill, etc)?



4. Are there sidewalks at your residence? ____ YES ____ NO

5. What is the most difficult part of riding the bus for you?

6. What is the closest bus stop to your home? (Please give location)?

In the next section, please check "Yes," "No," or "Sometimes." If you answer "No" or "Sometimes" to any of these questions, explain your answer in the space below the question.

7. Can you get to this bus stop by yourself?

____ YES ____ NO ____ SOMETIMES

8. Can you board the bus by yourself?

____ YES ____ NO ____ SOMETIMES

9. If vision-impaired, are you able to travel a distance of 200 feet without assistance?

____ YES ____ NO ____ SOMETIMES

10. Are you able to travel a distance of 3 blocks (1/4-mile) without assistance over different types of terrain?

____ YES ____ NO ____ SOMETIMES

11. Able to climb three 12-inch steps without assistance?

____ YES ____ NO ____ SOMETIMES



12. Able to cross: _____ 2-way stop _____ 4-way stop?

_____ YES _____ NO _____ SOMETIMES

13. Able to cross traffic light-controlled intersection in the following areas:

_____ residential _____ semi-business _____ business

14. If you have a cognitive disability, are you able to give name, address, and telephone numbers upon request?

_____ YES _____ NO _____ SOMETIMES

15. Are you able to recognize your destination or landmark?

_____ YES _____ NO _____ SOMETIMES

16. Deal with unexpected situations or unexpected changes in routine?

_____ YES _____ NO _____ SOMETIMES

17. Ask for, understand, and follow directions?

_____ YES _____ NO _____ SOMETIMES

18. Safely and effectively travel through crowded and/or complex facilities?

_____ YES _____ NO _____ SOMETIMES



19. Do you use Orange Public Transportation fixed-route buses now? If NO or SOMETIMES, what limits or prevents you from using the buses? (e.g. no sidewalks)

YES NO SOMETIMES

20. Have you ever received any training to use the fixed-route bus service?

YES NO

If not, would you like to participate in training? YES NO

21. If you do not ride Orange Public Transportation fixed-route buses, how do you currently travel? (e.g. family, friends, volunteer drivers)

22. Do you use any of the following assistive devices? Check all that apply:

Manual wheelchair – passenger is able to transfer to a seat

Passenger is not able to transfer to a seat without assistance

High Wheelchair

Long Wheel chair

Electric Wheelchair

Power Scooter

Walker (foldable)

Cane

Crutches

Service Animal

Oxygen

23. If you use a mobility assistance device such as a wheelchair or power scooter, what is the total weight of the device inclusive of the passenger when the device is in use?



APPLICANT AGREEMENT

I agree that, if I am certified for Orange Public Transportation ADA Paratransit, I will pay the exact fare, if required, for each trip. I agree to notify the office of any changes in my status that may affect my eligibility to use the service. I also understand that failure to adhere to the policies and procedures will be grounds for revoking my application and the right to participate in the program.

I understand and agree to hold Orange County and Orange Public Transportation harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to equip or maintain the safety of the adaptive equipment or certified guide/service animal that I require for mobility.

I hereby authorize the release of verification information and any additional information to Orange County/Orange Public Transportation for the purpose of evaluating my eligibility to participate in the Program.

I certify that the information provided in this application is true and correct.

Signature

Date

If someone assisted you in completing this application, please provide his/her information and signature below:

NAME: _____ DAYTIME PHONE: _____

ADDRESS: _____

Street _____ Apt. # _____

City State Zip

Signature

Date



The Orange Public Transportation Administrator will review your application and may ask you additional questions. You may also be required to participate in an assessment so we can further evaluate your functional abilities.



**Orange Public Transportation
Health Care Professional
ADA Paratransit Verification of Eligibility**

As a requirement of the Americans with Disabilities Act of 1990 (ADA), Orange Public Transportation is a federally subsidized public transportation service set aside for passengers who are prevented from using fixed-route service due to a mobility limitation. ADA paratransit service is not intended to include persons who find it inconvenient or even difficult to get to or from fixed-route bus stops. Disability alone is not an automatic qualifying determinant for ADA paratransit bus service. As a medical provider, you are uniquely familiar with the general health and abilities of your patient. As such, please provide answers to the following questions as they relate to mobility limitations resulting from a functional or cognitive disability.

ALL INFORMATION FOR VERIFICATION OF ELIGIBILITY MUST BE FILLED IN BY A QUALIFIED HEALTH CARE PROFESSIONAL.

PERSON COMPLETING VERIFICATON:

PROFESSIONAL TITLE:

AGENCY AFFILIATION:

STATE OF NORTH CAROLINA CERTIFICATION ID# _____

BUSINESS ADDRESS: _____
Street Ste. #

City State Zip

BUSINESS PHONE NUMBER _____

If you mark NO or SOMETIMES on any of the following items, please explain.

- 1) What is the medical diagnosis that causes the disability? (e.g. epilepsy, intellectual & development disability)

Is this condition: Temporary _____ Permanent _____

If temporary, what is the expected duration? _____
Dates of Duration



2. Does the applicant's disability require that he or she travel with an attendant?

____ YES ____ NO ____ SOMETIMES

Explain: _____

3. Is there any other medical information we should know in the event of an emergency?

(e.g. hepatitis, tuberculosis, cardiac) _____

4. If the person has a cognitive disability, is he or she able to give name, address, and telephone numbers upon request?

____ YES ____ NO ____ SOMETIMES

Explain: _____

Recognize a destination or landmark?

____ YES ____ NO ____ SOMETIMES

Explain: _____

5. If the person is speech impaired, is he or she able to communicate verbally?

____ YES ____ NO ____ SOMETIMES

Explain: _____

I verify that the information provided above for verification is true and correct to the best of my knowledge.

Signature of Qualified Professional

Date