

Attached is an application to request certification for Call-A-Ride (ADA paratransit) services eligibility. When the application is completed please forward to:

CVTD Paratransit Eligibility Office

754 W 600 N

Logan, UT 84321

Phone: 435-792-3122

FAX: 435-713-6991

Call-A-Ride is Cache Valley Transit District's shared-ride, origin-to-destination service for people whose disabilities prevent them from using fixed-route bus service. A "reasonable accommodation" request will be reviewed, individually, for persons needing assistance from the entry of a residence to the vehicle and/or vice versa. Call-A-Ride drivers are not authorized and will not enter any residence.

When a completed application is received, information will be reviewed for eligibility by CVTD's Paratransit Eligibility Office in accordance with the criteria outlined in 49 CFR par 37. Once the application review is complete, applicants will be notified by letter from the Eligibility Coordinator as to the level of eligibility and length of certification.

If an application for eligibility is denied, an appeal of the decision can be made. The request for appeal review must be submitted within 60 days of notification of eligibility denial. CVTD will provide an opportunity to be heard and to present information and arguments to an Appeals Committee within 30 days of receipt of the appeal. All requests must be submitted to the Paratransit Eligibility Office in writing to:

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Logan, UT 84321

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If you have any questions, would like assistance completing the application, or would like to request a hearing or appeal, please feel free to contact the Paratransit Eligibility Office at 435-792-3122



Personal/Contact Information - Please Print

Name _____
Last First Middle

Preferred Phone _____ Other Phone _____

Email Address _____

Birth Date ____ / ____ / _____ Gender _____

Home Address _____
Number Street Apt. #

City _____ Zip Code _____

Mailing Address if different than above

C/O _____

_____ Number Street Apt. # or PO Box

City _____ State _____ Zip Code _____

Emergency Contact Information

Name _____ Relationship _____

Other Phone or Email _____

Additional Contact _____

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CVTD Contact Information

ADA Eligibility Office: 435-792-3122
CVTD Fax: 435-713-6991
Online: cvtdbus.org/accessibility

Tell Us About Your Disability / Health Related Condition

Please answer the following questions in detail - your specific answers to the questions will help us in determining your eligibility.

- 1 What disability or disabling health condition PREVENTS you from using CVTD's fixed route service without the help of another person?

- 2 Explain HOW the disability or disabling health conditions you described above prevent you from using CVTD's fixed route service without the help of another person.

- 3 Do the conditions you described change from day to day in a way that affects your ability to use the CVTD fixed route service?

- I don't know
 No, doesn't change from day to day
 Yes, I could use transit on some days, but on other days I couldn't

If yes, explain _____

- 4 Are the conditions you described:

- Permanent Temporary Don't Know

If temporary, how long do you expect this to continue? _____ months

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Tell Us About Your Capabilities and Usual Activities

5 Do you use any of the following mobility aids or specialized equipment? (Check all that Apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Power Wheelchair ** | <input type="checkbox"/> Communication Devices |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Portable Oxygen Tank | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual Wheelchair ** | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Power Scooter ** | <input type="checkbox"/> Service Animal - Describe _____ | |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Other Aid _____ | |

Due to vehicle lift capacity, please indicate the combined weight of passenger and any devices that will be used. _____ pounds

6 Please check the box that best describes your current living situation:

- Live independently (without the assistance of another person)
- 24 hour care or Skilled Nursing Facility
- Live with family members who help me
- Assisted Living Facility
- Receive assistance from someone that comes to my home to help with daily living activities

7 Do you require the assistance of a Personal Care Attendant* (PCA)?

* Personal Care Attendant (PCA) is someone who is designated or employed by you specifically to help you meet your personal needs, including traveling. A PCA may always travel with an eligible passenger. A PCA is not provided by CVTD.

- Yes, I need assistance. Explain _____
- No, I do not need assistance when traveling

8 Which of the following statements best describes you if you had to wait outside for a ride? (Check only one response)

- I could wait by myself for 20-30 minutes
- I could wait by myself for 20-30 minutes only if I had a seat and shelter.
- I would need someone to wait with me because _____

Questions About Using CVTD Fixed-Route Buses

9 Which of the following statements best describes you? (Check only one response)

- I have never used CVTD fixed route buses
- I have used CVTD fixed route buses but not since the onset of my disability
- I have used CVTD fixed route buses within the last six months

10 What might help you ride CVTD fixed route buses? (check all that apply)

- A communication aid
- Route and schedule information
- If someone would teach me how to travel on the buses
- If the bus stops were closer to where I live and where I need to go
- Other, describe _____
- None of these would help me ride CVTD fixed route buses

11 Can you ask for and follow written / oral instructions to use CVTD fixed route buses?

- Yes No Sometimes

If you choose No or Sometimes, (check all that apply)

- I probably could with instruction
- I get confused and might get lost
- Other people cannot understand me
- Other: _____

12 Are you able to get to and from bus stops on your own?

- Yes No Sometimes

If you choose No or Sometimes, (check all that apply)

- I probably could if someone shows me how
- I get confused and cannot find my way
- I cannot travel outside when it is above _____ degrees farenheit
- I cannot travel outside when it is below _____ degrees farenheit
- I cannot if the street or sidewalk is too steep
- I cannot cross busy streets and intersections
- I cannot get to places if there are no curb-cuts
- I cannot if it is raining or snowing, explain _____
- _____

13 How far can you travel on your own or using your mobility aid?

- I cannot get out of my residence
- I can get to the curb in front of my residence
- I can travel up to _____ blocks

14 Are you able to use a bus ramp or lift?

- Yes
- No
- Sometimes

If you choose No or Sometimes, (check all that apply)

- I am not familiar with bus ramps or lifts
- I probably could if someone shows me how
- I do not want to use the lift
- Other: _____

15 If you are able to get on a fixed route bus, can you get to a seat or wheelchair position by yourself and ride the bus?

- Yes
- No
- Sometimes

If you choose No or Sometimes, (check all that apply)

- I have a balance problem
- I need a seat nearest the door
- I have trouble finding a seat
- Other: _____

16 If you are able to get on and off a fixed route bus, do you know where to get off or can you find out by yourself?

- Yes
- No
- Sometimes

If you choose No or Sometimes, (check all that apply)

- I get confused and cannot remember where I am going
- I can if the driver calls out the stops
- I probably could with travel training

17 Check all boxes that reflect the reason you cannot ride the fixed route bus.

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Busy street to cross | <input type="checkbox"/> Inclines | <input type="checkbox"/> Time of day |
| <input type="checkbox"/> Lack of curb cuts | <input type="checkbox"/> No crosswalk light | <input type="checkbox"/> Snow and Ice |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Distance | |
| <input type="checkbox"/> No sidewalk or poor sidewalk condition | | |

Professional Verification of Disability

In order for CVTD to evaluate your request for eligibility we may need to contact a professional who is familiar with your health condition or disability as well as your functional abilities and limitations. Please list at least two professionals. Please include their name, address, phone number, and fax number to ensure faster processing.

1 Name of Professional _____

Address _____
Street City State

Phone Number _____ Fax Number _____

2 Name of Professional _____

Address _____
Street City State

Phone Number _____ Fax Number _____

3 Name of Professional _____

Address _____
Street City State

Phone Number _____ Fax Number _____

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Signature Page

Applicant Certification

By signing below you agree the information you provided is correct to the best of your knowledge.

I understand the purpose of this application is to determine if there are times when I cannot use the Cache Valley Transit District fixed route service and must use ADA Paratransit services (Call-A-Ride). I certify, to the best of my knowledge, that the information in this application is true and correct. I understand providing false or misleading information or making false statements on behalf of others may result in a reevaluation or revocation of my eligibility.

Applicant Signature

Date

Applicant Medical Information Release

By signing below I give permission for my Health Care Provider(s) to release information for the purpose of facilitating my eligibility determination or providing me with transportation.

Applicant Signature

Date

If someone other than the applicant completed this form on behalf of the applicant, that person must complete the following.

Signature of person filling out the application _____

Name _____

Relationship to applicant _____

Phone Number _____

Email _____

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