

# ***VISTA TRANSIT***



## ***PARATRANSIT SERVICE INSTRUCTIONS AND APPLICATION***

DEPARTMENT OF PUBLIC WORKS  
VISTA TRANSIT  
401 GIULIO CESARE AVENUE  
SIERRA VISTA, ARIZONA 85635  
PHONE: 520 - 417 - 4888

THIS SECTION TO BE COMPLETED  
BY VISTA TRANSIT STAFF ONLY

Received: \_\_\_\_\_

Date: \_\_\_\_\_

Approved and Issued

Unconditional Service

Conditional Service

Terms of Conditional Service

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not Approved Reason: \_\_\_\_\_

Appeal Process Information Provided Date: \_\_\_\_\_

Authorization: \_\_\_\_\_

Curb - to - Curb Service ID Card mailed \_\_\_\_\_

## INTRODUCTION

### ABOUT VISTA TRANSIT

Vista Transit is a public transportation system, dedicated to providing a high quality, efficient, safe, secure and affordable transit service accessible to all residents of the City of Sierra Vista. Our buses service more than 50 locations across Sierra Vista and Fort Huachuca. Vista Transit operates in compliance with all Federal Transit Authority regulations and the Americans with Disabilities Act of 1990.

### WHY DO WE HAVE PARATRANSIT?

The Americans with Disabilities Act of 1990 (ADA), a civil rights bill, was designed to remove the barriers that prevent persons with disabilities from fully participating in American society. In the area of public transportation, the ADA clearly states that regular bus service should be the primary means of public transportation for everyone, including people with disabilities.

Under the ADA, transit agencies like Vista Transit are required to provide origin to destination, demand-responsive Paratransit service that mirrors their fixed-route service (in terms of service times and areas). The service is a safety net, only for those persons with physical, cognitive, emotional, visual, or other sensory disabilities who do not have the **functional** ability to ride fixed-route buses, either permanently or under certain conditions. The fixed-route bus system is fully accessible, with wheelchair accessible buses and a central transfer facility.

In addition, other accommodations such as bus stop and route announcements and easy-to-read signs make using the fixed-route buses possible for many people with disabilities. Persons who are able to use fixed-route buses are expected do so whenever they can. The unavailability of fixed-route service does not constitute eligibility for a person who could otherwise take the same trip on buses, if service were available.

Travel Training service is also available to those who need help in learning how to use the fixed-route buses.

### WHO IS ELIGIBLE TO USE PARATRANSIT?

Under the ADA, disability alone does not qualify a person to ride Paratransit. The person's disability must be a significant hindrance or barrier to using the fixed-route service. Paratransit service is provided to the following three general groups of persons with disabilities:

- Persons who have specific impairment-related conditions which make it impossible, not just difficult, to travel to or from the bus stop.
- Persons who need a ramp- or wheelchair lift-equipped bus, but it is not available on the fixed-route when they need to travel. *Please note: All Vista Transit fixed-route buses are ADA accessible.*
- Persons who cannot board, ride, or exit from the fixed-route buses even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.

ADA paratransit eligibility can be either conditional or unconditional. If there are any conditions of paratransit eligibility, they will be explained in your determination letter.

Those persons who are certified eligible are classified as having unconditional, temporary, or conditional eligibility for ADA Paratransit Service as follows:

**Unconditional** status is assigned to persons who are determined unable to ever independently use fixed-route buses, even with training.

**Temporary** status is assigned to persons who are determined capable of using accessible buses but cannot do so at present, either because of a temporary disability or other temporary changes to the bus route, stops, or other conditions.

**Conditional** status is assigned to persons who are able to use fixed-route buses some of the time, but would, under certain circumstances and for certain trips, be prevented from independently using fixed-route buses. Examples of conditional eligibility include persons with extreme fatigue after treatments such as dialysis, a bus stop which requires a traveler who is blind to maneuver a dangerous pedestrian area such as a large, open parking lot with no reference points, or a fixed-route bus route that is not yet accessible.

Eligibility in any one of these categories is based on your *current functional ability* to ride Vista Transit buses. It is *not* based on your age, the purpose of your trip, financial resources, ability to drive, your type of disability or medical diagnosis, having an oversized mobility aid, or having no bus service where you live.

ADA paratransit eligibility is a transportation decision, not a medical one.

The following steps are required to complete the ADA application process. Please read them carefully and answer all questions to the best of your ability.

## **THE CURBSIDE SERVICE APPLICATION PROCESS**

### **STEP 1: FILLING-OUT YOUR APPLICATION**

Included in this packet is your Curbside Service Application, consisting of five (5) pages and separated into three (3) parts. It is important that this application be filled-out thoroughly and completely, with current information about your functional abilities and any conditions that limit your use of Vista Transit buses. An incomplete application will be returned to you and will delay the eligibility determination process. You may complete the application yourself or have someone else help you with it. If someone else is assisting you in filling out the application, have them sign their name as appropriate on Page 7. When you are done, please review all pages to be sure they are complete. Don't forget to sign your application on Page 7.

## **STEP 2: INFORMATION VERIFICATION**

Vista Transit may need to contact your physician or other health care provider for additional information. For this reason, on page 11 of your application, you are asked to provide the name and phone number the health care professional who can verify your functional abilities and limitations. While not required, you may submit any additional information you feel would help to clarify your functional ability or inability to use Vista Transit buses (such as a letter from your doctor or other professional reference). However, any such statements should specifically address your current functional abilities in regard to using Vista Transit buses and not be merely a "prescription" for service or a statement of your medical diagnosis. You will still need to complete the entire application even if you submit a doctor's statement.

## **STEP 3: IN-PERSON FUNCTIONAL TESTING**

After submitting your application, you may be asked to participate with an in-person interview discussing your physical, cognitive, or visual abilities if more information is necessary to determine if you have the functional ability to use Vista Transit. The in-person interview helps determine whether an applicant has the ability to use fixed-route buses, and if so, under what circumstances. The interview consists of a series of questions designed to evaluate the functional abilities, limitations, and individual needs of each applicant. Variables in the environment, as well as the applicant's ability to perform the tasks required to use the bus, are also considered.

## **STEP 4: MOBILITY DEVICE INFORMATION**

The ADA law requires fixed route and paratransit vehicles to be able to accommodate mobility devices up to 30 inches wide x 48 inches long in size. Therefore, if you use a mobility device, it may be necessary for the Vista Transit to verify the size of your mobility aid while occupied in order to determine whether you can be accommodated on a curbside service bus. Your application will not be considered complete until this information is verified.

## **STEP 5: AWAITING YOUR DETERMINATION**

After you have done all that is required to complete the application process, Vista Transit will review all the information available and notify you by US mail of your paratransit eligibility determination within 21 days. It is not necessary to contact Vista Transit while your application is being processed. ADA Paratransit Eligibility determinations are NOT given out over the phone. You will be contacted if any additional information is needed or notified if any further action is required on your part.

PLEASE NOTE: While not all of these steps may be necessary for every applicant, by signing and submitting this application you are agreeing to comply with any of the above steps that may be necessary to determine your eligibility for Vista Transit curbside services.

## **APPEALS**

Requests for an appeals process will be directed to the Transportation Administrator. Applicants who are determined not eligible, or who do not agree with the conditions established for their use of ADA Paratransit Service, may request a review of their determination by the Transportation Administrator.

## ADA PARATRANSIT APPLICATION INSTRUCTIONS

Please complete this application to the best of your ability and as thoroughly as possible. If you have difficulty answering any questions on the application, or if you need assistance completing this form, please contact Vista Transit at (520) 417 - 4888. In order for the application to be considered complete, **every** question on the application must be answered. We cannot begin processing the application until it is complete. If a question does not apply to you, please write '*Not Applicable*' or '*NA*'.

The purpose of this application is to provide an opportunity for you to describe how your disability hinders or prevents you from riding the fixed-route system. This includes any environmental and/or physical barriers that prevent you from riding the fixed-route buses. The unavailability of fixed-route service does not constitute eligibility for a person who could otherwise take the same trip on buses, if service were available.

The more complete and accurate the information you provide, the better Vista Transit will understand your abilities and travel challenges. Information contained in this application will be kept confidential and will only be shared with the professionals involved in the evaluation of your eligibility for Vista Transit, or others if disclosure is required by law.

There are three sections to this application.

Parts A and B are to be filled out by the applicant or by someone on the applicant's behalf.

Part C is to be filled out by a LICENSED professional familiar with the applicant's FUNCTIONAL abilities. The application will not be accepted or considered complete until all three parts are completed in full and submitted to Vista Transit.

Upon completion of this application, please return in person to:

**Sierra Vista Transit Center  
2050 E Wilcox Dr  
Sierra Vista, AZ 85635**

or mail your application to:

**Vista Transit  
401 Giulio Cesare Ave  
Sierra Vista, AZ 85635**

If you have any questions please call the Vista Transit Center at **520-417-4888**.

**APPLICATION FOR VISTA TRANSIT CURBSIDE SERVICE**

**PART A**

**Release of Information**

I hereby certify that the information given in this application is correct. I understand that if my application is not found to be eligible, that I may appeal such determination within 60 calendar days and that I will be advised of the procedures for such an appeal. I hereby authorize Vista Transit to contact the professional or agency identified in this application to verify documentation of function abilities.

**Applicant's Contact Information** (please print)

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_  
Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Information** (please print)

Please provide us with the name of the person you would like us to contact in case of an emergency.  
Select someone who will not be riding with you.

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_

**To be completed by any person assisting the applicant with the completion of this application** (please print)

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_  
Signature of person assisting applicant: \_\_\_\_\_

**PART B**  
**SELF EVALUATION**

Describe why your disability hinders or prevents you from using the fixed-route bus system.

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Is your disability considered permanent?  Yes  No  
If no, how long do you expect to have this disability? \_\_\_\_\_

Does your disability require you to travel with a personal care attendant?  Yes  No  Sometimes  
*(A PCA is a person traveling as an aide, designated or employed by a person with disabilities to help that person meet his or her personal needs and/or facilitate travel.)*

*Vista Transit Paratransit is an origin to destination service. Our bus operators are not to enter any structure to find you or assist you to the curb. You must be able to get to and from the curb. If you are unable to get to the curb independently, please have a friend, relative, home health care assistant, or other assistant to help you with your mobility needs.*

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

- |   |  |
|---|--|
| <input type="checkbox"/> I do not use any mobility aids | <input type="checkbox"/> Powered wheelchair                        |
| <input type="checkbox"/> Cane                           | <input type="checkbox"/> Powered scooter                           |
| <input type="checkbox"/> Walker                         | <input type="checkbox"/> Portable oxygen                           |
| <input type="checkbox"/> Crutches                       | <input type="checkbox"/> White cane <i>(for visual impairment)</i> |
| <input type="checkbox"/> Manual wheelchair              | <input type="checkbox"/> Other (describe): _____                   |

**Required of all wheelchair and scooter users**

- Is your device more than 30 inches wide?  Yes  No  Not Sure  
Is your device more than 48 inches long?  Yes  No  Not Sure  
Is the combined weight of your device and your weight more than 1000 pounds?  Yes  No  Not Sure

**Required of passengers with service animals**

*(Please note that the crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort or companionship do not constitute work or tasks as defined by the Americans with Disabilities Act.)*

Do you have a service animal?  Yes  No  
What service has your animal been trained to assist you with? \_\_\_\_\_

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Does your service animal have a valid City license?  Yes  No

Which statement best describes your ability to use accessible Vista Transit bus service by yourself?

*(Please note that all Vista Transit buses are ramp equipped and ADA accessible)*

- I have never used Vista Transit buses before.
- I can use Vista Transit buses with little or no difficulty
- I can use Vista Transit buses with considerable difficulty
- I can use Vista Transit buses for some trips but not others
- I cannot use Vista Transit buses at all

How far can you walk outdoors without the help of another person or mobility aid?

- ½ block       2 blocks       4 blocks       6 blocks      *(The length of a city block is from 580 to 600 ft.)*

If you use a mobility device, how far can you go outdoors by yourself?

- ½ block       2 blocks       4 blocks       6 blocks      *(The length of a city block is from 580 to 600 ft.)*

Can you step up and down one 12-inch step, by yourself, using a handrail if necessary?       Yes       No

If "No", please explain: \_\_\_\_\_

Is there anything else you have not already told us that limits your ability to use Vista Transit buses by yourself?

- Yes       No

If "Yes", please explain: \_\_\_\_\_

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**PART C**

**PROFESSIONAL VERIFICATION**

Applicant's Name and Address (please print)

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

**To Applicant:**

Please take this section of the application to your health care professional, Social Worker or Case Manager for verification of your disability.

**To Evaluating Health Care Professional**

This patient/client has completed a paratransit application requesting curb-to-curb service from his/her home to destinations within Sierra Vista. The American with Disabilities Act is *very specific* on who qualifies for curb-to-curb transportation services as opposed to riding our fixed route system. Because of your professional relationship with this applicant, you are uniquely qualified to help clarify his or her functional abilities and limitations. The following are guidelines for using Vista Transit ADA. These guidelines may help you in understanding the type of information we need in order to determine the applicant's eligibility for Vista Transit ADA curbside service.

Can the applicant walk?  Yes  No

Can he or she walk/travel independently using mobility aids?  Yes  No

Under what conditions can he or she walk? \_\_\_\_\_

Under what conditions can he or she not walk? \_\_\_\_\_

How do weather conditions (heat, cold, rain, ice, snow) affect his or her mobility?

\_\_\_\_\_  
Are balance and endurance affected?  Yes  No

Is judgment or behavioral inhibition impaired?  Yes  No

Does the he or she have seizures?  Yes  No

Are they controlled by medication?  Yes  No

Does he or she experience disabling anxiety, auditory or visual hallucinations, etc.?  Yes  No

Would the individual need an assistant or companion in order to ride the bus?  Yes  No

**Can you please respond to and check the applicable following statements?**

A-1  I certify that the above named individual, because of their disability, cannot **INDEPENDENTLY** board, ride, and/or disembark from any bus in the Vista Transit fixed route system.

A-2  I certify that the above named individual has a disability related condition (s) that **SIGNIFICANTLY HINDERS OR PREVENTS** him/her from riding Vista Transit's fixed route buses.

A-3  I certify that the above named individual has a disability related condition(s) that **SIGNIFICANTLY HINDERS OR PREVENTS** him/her from getting to or from a Vista Transit fixed route bus stop.

Eligibility in any one of these categories is based on the applicant's *current functional ability* to ride Vista Transit buses. It is not based on age, the purpose of the trip, financial resources, ability to drive, type of disability or medical diagnosis, having an oversized mobility aid, or having no bus service where the applicant lives.

***Please explain applicant's disability completely.***

If you checked **A-1**, **A-2**, and/or **A-3**, explain how the disability prevents the applicant from the Vista Transit scheduled, fixed route system in accordance with the ADA.

Please keep in mind that a medical diagnosis does not help the eligibility process.

Vista Transit needs to know what physical, cognitive or functional limitations the applicant's disability presents.

*EXAMPLES: Pt. has limited respiratory capacity and cannot walk to nearest bus stop*

*or*

*Pt. has memory impairment and may not be able to navigate from bus stop to home.*

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Condition is

Permanent       Temporary – From \_\_\_\_\_ to \_\_\_\_\_

Name of Certifying Person (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_

