GWINNETT COUNTY
TRANSPORTATION | RIDE GWINNETT

PARATRANSIT RECERTIFICATION APPLICATION

Your Ride Gwinnett paratransit certification has expired or will expire this year. It is required that all Ride Gwinnett paratransit customers submit an application for recertification every three years or whenever the certification expires (i.e., temporary disability status). To avoid service interruption, a complete Recertification Application, including Part B (Licensed/Certified Professional Form), must be submitted within 30 days of your expiration date**. Incomplete applications will not be processed**. An in-person assessment would not be required unless your medical condition has changed.

The Recertification Application is also available in large print upon request. The application must be typed or printed clearly. Failure to do so may result in a processing delay.

Instructions on How to Complete Your Recertification Application

1. You may fill-out this application yourself or get help from anyone familiar with you or your condition. When completing this application, please keep in mind, the more detailed information you can provide the better you will enable Ride Gwinnett to make the most appropriate determination regarding your transportation needs. If you have any questions or need assistance in completing this application, please call Ride Gwinnett paratransit at 770.246.4770 and "press 2" or TDD at 711.

2. You will need to have Part B (Licensed/Certified Professional Form) completed by a health care professional to provide verification of your disability and its effect on your ability to use Ride Gwinnett's regular bus system. Some examples of health care professionals that can certify your application include clinical social worker, independent living specialist, occupational therapist, physiatrist, physical therapist, rehabilitation specialist, audiologist, ophthalmologist, physician, psychologist, registered nurse, or mobility specialist/instructor, etc.

3. Once the application is complete, including the **Licensed/Certified Professional Form**, you can fax the application to Ride Gwinnett Paratransit Department at 770.825.8162 or mail the application to:

   Ride Gwinnett Paratransit Department
   3525 Mall Boulevard, Suite 5-C
   Duluth, GA 30096

4. Your application will be reviewed, and an eligibility determination will be made within 21 days of receipt of a **complete** application, an in-person interview, and a functional assessment, if needed. You will receive a letter as to whether or not you are eligible to continue service. This review will be based on your ability to use regular bus service. The reviewer may request additional information from you or your health care professional. Please note that verification from a licensed health care professional **does not** automatically qualify you for paratransit service. Based on your in-person assessment, you may be found to have:
   - Full Eligibility: Eligible for all your travel needs within the service area of Ride Gwinnett paratransit (3/4 of a mile within the fixed route service).

- Conditional Eligibility: Eligible for some trips on Ride Gwinnett paratransit depending on the nature of your disability.
- No Eligibility: Not eligible for paratransit.

5. If you are found not eligible for Ride Gwinnett paratransit services and you disagree with the determination, you may appeal the decision. Information on the appeals process will be sent to you with your eligibility determination letter.

RECERTIFICATION APPLICATION

Today's Date: _____

Section 1 – Personal/Contact Information

Last Name _____ First Name _____ MI _____

Date of Birth_____/_____/_____ ☐ Male ☐ Female

Street Address _____

Apartment#: _____ Building #: _____ Gate Code#: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Mailing Address (if different from home):

Street Address _____

Apartment#: _____ Building #: _____ Gate Code#: _____

City _____ State _____ Zip Code _____

Primary Language: ☐ English ☐ Spanish ☐ Korean ☐ Vietnamese ☐ Chinese

☐ Other (specify): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Did someone assist you in filing out this form? ☐ Yes ☐ No

Can we contact this person if additional information is needed? ☐ Yes ☐ No

If yes, name: _____ Relationship: _____

Phone Number: _____

Please list any changes to your health or medical condition not previously listed:

_____

_____

_____

Please notify Ride Gwinnett of any changes to your health or mobility aids so we can provide the appropriate vehicle to meet your needs.

Do you require the assistance of a personal care attendant (PCA)? ☐ Yes ☐ No
A PCA is someone who travels with you to assist you with daily life functions.

Do you require the use of a service animal? Yes ☐ No ☐

Do you travel with portable medical equipment? Yes ☐ No ☐

If yes, what type of portable medical equipment?

_____

The following information is used to ensure the appropriate vehicle is scheduled to provide your transportation needs.

Which, if any, of the following mobility aids do you use? (Check all that apply).

☐ Manual wheelchair ☐ Electric wheelchair ☐ Powered scooter ☐ Oxygen

☐ Cane ☐ Crutches ☐ Walker ☐ Leg brace

☐ White cane ☐ Guide/service animal

Certification of Application

I hereby certify that, to the best of my knowledge, the information given in this application is correct. I understand that this application will be returned if it is not complete. I further understand that the results of this review will be based on my ability to use regular bus transportation and may require additional information from me, such as a phone or personal interview, or additional consultation from my physician or other professional. I agree to notify Ride Gwinnett paratransit if I no longer require service for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using Ride Gwinnett paratransit may be grounds for suspension or revoking my eligibility to participate in this program.

Applicant's Signature: _____

Date: _____

If someone other than the applicant completed this application, the following information must be provided:

Name of person completing application: _____

Relationship to applicant: _____

Daytime Phone Number: _____

Certification of Application

(TO BE COMPLETED BY APPLICANT)

I hereby authorize the following licensed professional who can verify my disability or health related condition, to release this information to my local public transit agency. ***This information will be used only to verify my eligibility for paratransit services***. I understand that I have a right to receive a copy of this authorization, and that I may revoke it at any time.

Name of professional who may release my medical information:

_____

Street Address _____

City _____ State _____ Zip Code _____

Applicant's Signature: _____

Date: _____

Clinical Social Worker, Independent Living Specialist, Occupational Therapist, Physiatrist, Physical Therapist, Rehabilitation Specialist, Audiologist, Ophthalmologist, Physician, Psychologist, Registered Nurse, or Mobility Specialist/Instructor

Section 2 — Professional Certification

The applicant who has asked you to review the information on the application and to sign this form is applying for eligibility for the Ride Gwinnett paratransit service. Please read the following information carefully since it may affect your response.

Who qualifies for paratransit?

Paratransit service is designed to serve ONLY those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disability Act (ADA), disability alone does not qualify a person to ride paratransit. A person must be FUNCTIONALLY unable to use regular Ride Gwinnet transportation service. Service is provided to the following three general groups of persons with disabilities:

1. Persons who have specific impairment — related conditions that PREVENT use of regular transit service — not just make it difficult to travel to or from the bus stop.
2. Persons who need a wheelchair lift and a wheelchair lift equipped bus is not available on the route when they need to travel.
3. Persons who are unable to board, ride, or exit from regular Ride Gwinnett buses, even if they can get to a bus stop and the bus is equipped with a wheelchair lift.

What is paratransit?

The Ride Gwinnett paratransit program is a publicly funded paratransit service, which operates specialized accessible vans for persons with disabilities who are unable to use regular fixed-route buses. Other vehicles, such as a taxi, may also be used when paratransit vans are not available. Paratransit is a shared-ride door-to-door service operating within Gwinnett County in conjunction with service times of fixed-route buses.

Please review the medical information provided in the application, fill out the certification as appropriate, and sign the document. The information provided will help us to serve ONLY those who most need paratransit.

Certification of Disability

I (name of licensed professional, ***see footnote on previous page***), _____,
certify _____ (Name of Patient) to be a
person with a severe disability who has been a patient of mine since _____ (Date)
and whose diagnosis is

_____

_____

_____

Date of onset: _____

Prognosis:_____

_____

For persons with a cognitive or psychiatric disability, please provide DSM-IV codes:

_____

_____

If diagnosis is, a seizure disorder or psychiatric disability, is condition currently controlled with medication? _____

For persons with a visual disability, please provide visual acuity statement:

_____

_____

Please indicate the individual's ability to perform independently the following functions, using the most effective mobility aid:

	Little or No Difficulty	Discomfort and/or Inconvenience	Severe Pain and Additional Impairment	Unable to Perform	Not Sure/ Don't Know
Travel independently to and from nearest bus stop up to ¾ mile with accessible sidewalk and curb cut					
Wait 10 minutes in good weather at a bus stop that does not have a seat or shelter					
Identify the correct bus stop to board and get off					

Go up and down three 10-inch steps, using a handrail if needed					
Get on and off a transit bus with a passenger lift or ramp					
Safely cross streets					
Step on and off the curb from a sidewalk					
Effectively solve problems or judge safety issues					
Ask for, understand and carry out instructions to take a trip					
Travel outdoors in adverse weather (heat, cold, ice, snow)					

Are there any other issues that affect the individual's ability to travel in the community independently?

_____

_____

_____

Signed this _____ day of _____, 20_____

_____ _____

(Signature of Licensed Professional) ***(Profession)***

_____

(License Number if Applicable)

Street Address _____

City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____