

GWINNETT COUNTY TRANSIT PARATRANSIT APPLICATION

Dear Applicant:

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that prohibits discrimination against people with disabilities. The intent of ADA is to ensure that persons with specific disabilities have equal access to public transportation. In accordance with ADA, Gwinnett County Transit (GCT) must provide a variety of services, including paratransit service. Paratransit service is a specialized service providing a curb-to-curb shared ride for eligible individuals with disabilities who are unable to use the regular fixed-route bus service.

GCT is required to determine the eligibility for paratransit service for individual applicants. Categories of eligibility for Gwinnett County's paratransit service are as follows:

- Persons who are unable to board, ride, or disembark from a fixed-route bus, regardless of their ability to get to a bus stop or availability of accessible vehicles.
- Persons with specific impairments who cannot travel to a bus stop to board the fixed-route bus, or travel to their final destination after disembarking from the fixed-route bus.

If you believe your disability may fit into one of the categories described above, you must apply for certification by completing the attached "Paratransit Application" form. In addition, a licensed professional (i.e., physician, physical therapist or social worker) must verify your eligibility application.

GWINNETT COUNTY TRANSIT PARATRANSIT APPLICATION

Eligibility Review and Determination Process

Gwinnett County Transit (GCT) will review applications for completeness. Incomplete applications will be returned to the applicant with an explanation of the missing information.

Upon receipt by GCT, completed applications will be date stamped. GCT may consult the appropriate licensed professional regarding your eligibility and/or request an interview with you if an accurate determination cannot be made based upon the written application.

GCT will determine eligibility within 21 days of receipt of the application. If approved, the applicant will be notified in writing and eligibility will be granted for a period of 2 years. After 2 years, GCT may request applicants to reapply. Eligible applicants will be requested to schedule an appointment to receive their photo identification card and will be given materials explaining the rules and regulations governing the service.

If an application is not approved, GCT will send a written statement, including the reason for ineligibility and full description of the process for appeal.

If GCT does not make a determination within 21 days, the applicant will be granted temporary eligibility and allowed to ride paratransit service until such time as a determination is made. Please note, the submission of this application does not guarantee eligibility.

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The following materials are enclosed to assist you with the application process:

- Attachment 1: Application Form (Parts A, B and C) and Checklist
- Attachment 2: Paratransit Rider's Guide
- Attachment 3: Local Route Guides

If you are eligible for Gwinnett County's paratransit service, you will be mailed a determination letter within 21 days of the receipt of your completed application.¹ If you are not eligible, you will be mailed a determination letter within 21 days of the receipt of your completed application. The letter will explain the reason why you are not eligible and will advise you of procedures to follow if you wish to appeal. Incomplete applications will be returned to the applicant with an explanation of the missing information. If for any reason you are not contacted within 21 days of applying, you will be entitled to receive Gwinnett County's paratransit service until you receive a final determination on your application.

If you have any questions or need help completing the application, please call 770.822.7446 or write to the address below.

Thank you for your interest in Gwinnett County's paratransit service.

Gwinnett County Department of Transportation
Transit Division
75 Langley Drive
Lawrenceville, Georgia 30046

¹IMPORTANT: Incomplete applications will be returned to you with an explanation of the missing information.

**GWINNETT COUNTY TRANSIT
PARATRANSIT APPLICATION**

**PART A:
APPLICANT PROFILE**

To be completed by the applicant.

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Applicant Information: <i>(Please print or type.)</i>		
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Telephone (day):	(evening):	
(cell):	Pager:	
E-mail (optional):		
Date of Birth <i>(mm/dd/yy)</i> :	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Language Ability:	<input type="checkbox"/> English <input type="checkbox"/> Spanish	
<i>(Check all that apply)</i>	<input type="checkbox"/> Other, please specify: _____	
Emergency Contact Information:		
Full Name:		
Telephone (day):	(evening):	
Relationship to Applicant:		
Gwinnett County Transit Use Only:		
Applicant Identification Number:		Expiration Date:
Mobility Aids:	PCA: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed	
ADA Eligibility Category Code:	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2	
	<input type="checkbox"/> 3 Unconditional <input type="checkbox"/> 3 Conditional <input type="checkbox"/> Temporary	
Comments:	<input type="checkbox"/> Lack of sidewalks and/or curb cuts <input type="checkbox"/> Steep terrain <input type="checkbox"/> Extreme temperatures (hot or cold) <input type="checkbox"/> Severe air pollution <input type="checkbox"/> Major intersections or other difficult to negotiate structural barriers <input type="checkbox"/> Temporary construction projects <input type="checkbox"/> Other _____ _____ _____	

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**PART B:
SELF-CERTIFICATION**

To be completed by the applicant.

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PART B: SELF-CERTIFICATION

Section 1: Mobility Information

1. Which of these mobility aids or equipment do you use to help you travel?
(Check all that apply to you.)

- | | |
|---|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal _____ |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Picture Board | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> None |

2. Using a mobility aid or on your own, how far can you go on level ground?
(Check all that apply to you.)

- 1 city block (or $\frac{1}{10}$ mile)
- 2 to 4 city blocks (or $\frac{1}{4}$ mile)
- 4 to 6 city blocks (or $\frac{1}{2}$ mile)
- 6 to 8 city blocks (or $\frac{3}{4}$ mile)

3. If you were to ride the regular Gwinnett County Transit bus, would you need someone with you? *(Check all that apply to you.)*

- Always to help me get to the bus stop.
- Always to help me get on or off the bus.
- Always to help me get where I'm going.
- Sometimes to help me get to the bus stop.
- Sometimes to help me get on or off the bus.
- Sometimes to help me get where I'm going.
- I do not need assistance.

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4. Have you ever had any training to learn how to use a regular bus?
- Yes. The training was provided by: _____
- No
5. Are you interested in training to learn how to use the regular Gwinnett County Transit bus?
- Yes
- No
6. Have you ever taken a trip on a regular transit bus?
- Yes. How often did you ride? _____ days per week.
- No
7. Can you communicate with the bus driver yourself or with the help of an aid?
- Yes
- No, I cannot understand the driver.
- No, other people cannot understand me.
8. Using a mobility device or on your own, can you make your way to a regular Gwinnett County Transit bus stop?
- Yes
- No *(Check all that apply to you.)*
- I cannot find the stop because I get confused.
- I need assistance when I travel to the bus stop.
- I cannot cross the street.
- I do not want to ride the regular bus.
- Heavy rain makes it impossible for me to get there.
- Other _____

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9. Can you wait 30 minutes at a Gwinnett County Transit bus stop that does not have seats and a shelter?

Yes

No *(Check all that apply to you.)*

I cannot find the stop because I get confused.

I do not like to wait that long.

I do not want to ride the regular bus.

Very hot weather is dangerous to my health.

Very cold weather is dangerous to my health.

Standing makes me too tired to ride.

I could wait if the stop had a seat and a shelter.

Other _____

10. Do you know or can you find out where to get on and off the regular Gwinnett County Transit bus?

Yes

No *(Check all that apply to you.)*

I cannot find the stop because I get confused.

I cannot cross the street to get to the stop.

I do not know where the stop is.

Other _____

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11. If you have difficulty using the steps, Gwinnett County Transit buses have ramps to help you get on and off the bus. If you were to use the bus ramp, could you get on and off the ramp by yourself (whether standing or with a mobility aid)?

- I do not know, I have never tried.
- Yes. I can get on or off by myself.
- No *(Check all that apply to you.)*
 - There is not room at my bus stop.
 - The ground at my bus stop is too uneven or steep.
 - I feel unsafe on the ramp.
 - My mobility aid will not fit on the ramp.
 - I need someone to help me on and off.
 - Other _____

12. When you get off the regular Gwinnett County Transit bus, can you make your way to the place you need to go?

- Yes
- No *(Check all that apply to you.)*
 - I get confused or cannot remember where I need to go.
 - I need someone to help me get where I need to go.
 - I do not feel safe getting where I need to go.
 - The ground is too uneven or steep where I need to go.
 - I cannot walk that far to get where I need to go.
 - I could get to where I need to go with training.
 - Other _____

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Please read the next section before completing it and indicate all conditions that affect your ability to use the regular Gwinnett County Transit local bus.

Section 2: Disability or Health Condition Information

14. General Medical Conditions

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Kidney Failure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> None |
| <input type="checkbox"/> Organ Transplant | |

15. Bone and Joint Conditions

- | | |
|--|---|
| <input type="checkbox"/> Amputation: <i>(please specify)</i>
_____ | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Ankylosing Spondylitis | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Broken Bone: <i>(please specify)</i>
_____ | <input type="checkbox"/> None |

16. Brain / Nerve / Muscle Conditions

- | | |
|---|--|
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Peripheral Neuropathy |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Postpolio Myelitis Syndrome |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Quadraplegia |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Guillain-Barre! Syndrome | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Hemiplegia | <input type="checkbox"/> Vertigo / Dizziness |
| <input type="checkbox"/> Huntington's Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> None |
| <input type="checkbox"/> Muscular Dystrophy | |

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17. Heart and Circulatory Conditions

- | | |
|---|--|
| <input type="checkbox"/> Angina | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Peripheral Vascular Disease |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heart Attack/Surgery | <input type="checkbox"/> None |

18. Lung and Breathing Conditions

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lung Cancer |
| <input type="checkbox"/> Chronic Obstructive
Pulmonary Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> None |

19. Vision / Hearing / Speech Conditions

- | | |
|---|---|
| <input type="checkbox"/> Aphasia | <input type="checkbox"/> Legal Blindness |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Night Blindness |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Partial Sight |
| <input type="checkbox"/> Diabetic Retinopathy | <input type="checkbox"/> Visual Field Deficit |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> None |

20. Developmental / Mental Conditions

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Mood Disorder |
| <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Developmental Disability:
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental Retardation:
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> None |

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21. Is your health condition temporary?

- Yes If yes, how long do you expect it to last?
Number of: Months: _____ Years: _____
- No

22. How long have you had this condition?

Number of: Months: _____ Years: _____

23. Does your disability or health condition change from time to time in ways that affect your ability to use the bus?

- Yes Please explain: _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

No

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Section 3: Applicant Signature

I have reviewed all the information contained in this application. I certify that all the information is true and correct to the best of my knowledge and ability. I understand that falsification of information may result in denial of service. I understand that only certain information may be kept confidential. This confidential information includes the specific diagnosis provided by the licensed professional (pages 18 and 19), the nature of the disability provided by the applicant (pages 12, 13, and 14), and the applicant's day and month of birth. I understand that only the information required to provide paratransit services will be disclosed to those who perform those services. I understand that Gwinnett County Transit may contact the licensed professional who has completed the Professional Verification Form (PART C) attached to this application in order to confirm or clarify this information. I hereby authorize release of this medical information as requested by Gwinnett County for a period of 2 years from this date.

24. Applicant Signature: _____ Date: _____

25. If a person other than the applicant has completed this form, please check one:

- 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.

Print Name:	
Signature:	
Relationship to Applicant:	
Telephone: (day)	(evening)

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PART C: PROFESSIONAL VERIFICATION

To be completed by one of the following licensed professionals:

- Chiropractor
- Licensed Psychologist
- Licensed Social Worker
- Mental Health Counselor
- Nurse Practitioner
- Orientation/Mobility Specialist
- Physician
- Physician's Assistant
- Registered Nurse
- Registered Occupational Therapist
- Registered Physical Therapist
- Respiratory Care Professional
- Speech Pathologist
- Vocational Rehabilitation Counselor

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PART C: LICENSED PROFESSIONAL VERIFICATION

Dear Licensed Professional:

The Americans with Disabilities Act (ADA) of 1990 is a civil rights bill prohibiting discrimination against people with disabilities. In accordance with the Act, Gwinnett County Transit offers a curb-to-curb bus service for those who cannot use the regular fixed-route Gwinnett County Transit buses.

Passengers must be certified eligible in order to use the curb-to-curb bus service. Applicants may be found eligible for this bus service for some trip requests but not for all trips they request. Eligibility is based upon a functional inability to use the regular transit service.

All regular fixed-route buses are equipped with a ramp for people who use a wheelchair or cannot climb stairs.

The information you provide, along with the applicant's information, will enable us to make an appropriate determination. All information will be kept confidential.

Thank you for your assistance.

Gwinnett County Department of Transportation
Transit Division
75 Langley Drive
Lawrenceville, Georgia 30046
770.822.7446

GWINNETT COUNTY TRANSIT PARATRANSIT APPLICATION

PART C: LICENSED PROFESSIONAL VERIFICATION

Paratransit Applicant's Information

Last Name:

First Name:

Date of last visit (mm/dd/yy):

Medical diagnosis of disability:

1. Is this condition temporary?

- Yes If yes, for how long? _____ (days/weeks/months)
 No

2. Is the disability episodic?

- Yes No

3. Please discuss how this disability affects the applicant's mobility.

4. Does the applicant have the mental capacity, visual acuity and/or hearing ability to:

- | | | |
|--|------------------------------|-----------------------------|
| a. Provide address and telephone number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Recognize a destination or landmark? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Deal with unexpected change(s) in routine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Ask for, understand, and follow directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. How far can the applicant walk without the assistance of another person?

- | | |
|---|---|
| <input type="checkbox"/> 1 city block (or $\frac{1}{10}$ mile) | <input type="checkbox"/> 4 to 6 city blocks (or $\frac{1}{2}$ mile) |
| <input type="checkbox"/> 2 to 4 city blocks (or $\frac{1}{4}$ mile) | <input type="checkbox"/> 6 to 8 city blocks (or $\frac{3}{4}$ mile) |

GWINNETT COUNTY TRANSIT PARATRANSIT APPLICATION

Licensed Professional's Information

Full Name:

Title:

Clinic/Business:

Street Address:

City:

State:

Zip Code:

Telephone:

Fax No.:

E-mail (*optional*):

Professional License, Registration or Certification Number:

Agency Issuing License/Certification:

I have reviewed all of the information contained in this application and hereby certify that all the information is true and correct to the best of my knowledge and ability. I certify that the applicant named herein, _____, is under my professional care. I hereby swear and affirm that the applicant is disabled as indicated.

Signature: _____

Date: _____

GWINNETT COUNTY TRANSIT PARATRANSIT APPLICATION

Instructions and Applicant Checklist

1. Before mailing the paratransit application form, please complete the following checklist:

- Did you review the application carefully?
- Did you review the eligibility requirements carefully?
- Did you type or print?
- Did you fill out the form completely?

Remember: Any incomplete forms will be returned without being processed.

- Did you complete all questions in Part A and B of the application?
 - Have you signed and dated Part B of the application?
 - If applicable, has the person who assisted you signed and dated Part B of the application?
 - Has a licensed professional completed all the questions in Part C of the application?
 - Has a licensed professional signed and dated Part C of the application?
2. If you have completed all the items on the checklist, please return the completed application to:

Gwinnett County Department of Transportation
Transit Division
75 Langley Drive
Lawrenceville, Georgia 30046