



GWINNETT COUNTY TRANSIT

## Gwinnett County Transit ADA Paratransit Service

### ***PART A: Information materials and application form for Paratransit***

Thank you for your interest in the ADA Paratransit Program for Gwinnett County Transit. Please read the GCT Paratransit Rider's Guide and this application carefully before completing the application. If you have any questions regarding this application, please contact the Paratransit Department at 770.822.5010 and "press 3" or TDD at 711.

The Rider's Guide and these materials explain transportation requirements of the Americans with Disabilities Act (ADA) and will help you assess if you may qualify for Paratransit service.

- STEP 1: Read carefully GCT Paratransit Rider's Guide and the section "What is ADA? What is Paratransit?" below.
- STEP 2: Complete the ADA eligibility worksheet. If your answers on this worksheet indicate that Paratransit might be appropriate for you, please go to step 3 below. If your answers indicate Paratransit may not be appropriate, there may be specialized services available for you including the GCT reduced fare program. Call 770.822.5010 for reduced fare information. GCT also offers free travel training to anyone interested in learning how to ride GCT buses; call 770.822.7400.
- STEP 3: After completing Steps 1 and 2, if you think Paratransit might be appropriate for you and you are interested in applying, please complete the application form. The application consists of two parts:
- Part A is to be completed by the applicant
  - Part B is to be completed by a licensed professional knowledgeable about the applicant's primary disability
- STEP 4: PART A of the application is to be mailed to Gwinnett County Transit. It is the applicant's responsibility to forward PART B of the application to the ***Licensed/Certified Professional***, who was listed by you in PART A, for completion. Your application will be considered complete once your Licensed/Certified Professional has completed and returned PART B to GCT. Gwinnett County Transit will provide a decision as to your eligibility within twenty-one (21) calendar days once the completed application is received. If the determination process is not completed

within twenty-one (21) calendar days, per ADA requirements, on the 22<sup>nd</sup> day the applicant is presumed to be eligible and may use the complementary paratransit service until a decision is made.

***Please Note: A Licensed/Certified Professional can include the following: Clinical Social Worker, Independent Living Specialist, Occupational Therapist, Psychiatrist, Physical Therapist, Rehabilitation Specialist, Audiologist, Ophthalmologist, Physician, Psychologist, Registered Nurse or Mobility Specialist/Instructor.***

If you still have questions, please call the Paratransit Department at 770.822.5010 and “press 3.”

## What is ADA? What is Paratransit?

### What is ADA?

The Americans with Disabilities Act of 1990 (ADA) is a civil rights law 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 an origin to destination shared-ride service 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 Paratransit service are as follows:

#### “UNCONDITIONAL ELIGIBILITY” (or “ALL TRIP ELIGIBILITY”)

This outcome would be appropriate if it is determined that it is not reasonable to expect the applicant to use fixed route service for any trips, under all conditions.

#### “CONDITIONAL ELIGIBILITY” (or “SOME TRIP ELIGIBILITY”)

This outcome might be appropriate if the individual can reasonably be expected to use fixed route service for some trips (when barriers that prevent travel are not present) but cannot be expected to use fixed route service under some conditions.

#### “TEMPORARY ELIGIBILITY” (or “TRANSITIONAL ELIGIBILITY”)

This outcome might be appropriate if the applicant’s disability is only temporary or if his or her functional abilities are expected to change in the short-term. A term of eligibility that is less than the term typically granted might be appropriate.

Temporary eligibility can be unconditional or conditional.

#### “NOT ELIGIBLE” (or “FIXED ROUTE ELIGIBLE”)

This determination would be appropriate if the applicant can reasonably be expected to use fixed route service for any trips under all conditions.

**A DISABILITY DOES NOT AUTOMATICALLY MAKE SOMEONE ELIGIBLE FOR PARATRANSIT SERVICE. GWINNETT COUNTY TRANSIT’S FIXED ROUTE BUSES ARE FULLY ACCESSIBLE TO PERSON’S WITH DISABILITIES AND SENIORS.**

Eligibility for ADA Complementary Paratransit Service is based on limitations to an individual’s abilities not just the presence of a disability. Eligibility is determined by your functional ability to ride or access the fixed route

accessible bus service. It is not a medical determination; it is a functional ability analysis. A disability that makes travel more difficult, but not impossible, does not qualify you for eligibility.

### **What is Paratransit?**

The Gwinnett County Transit 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 also may be used when Paratransit vans are not available. Paratransit is an alternative shared-ride origin to destination demand response service. It is designed to “mirror” GCT’s regular bus route service. Origin to destination and “mirroring” provisions of ADA means curb-to-curb service with the assistance to board and exit vehicles. Additional assistance can be provided upon request to the vehicle if the individual is unable to negotiate the distance from the door of his or her home (or destination point) to the curb. Gwinnett County Transit Paratransit is only required to provide service if both the starting point and destination of a trip is located within  $\frac{3}{4}$  mile of an operating GCT fixed-route. However, paratransit eligible customers who are outside of the service area can still use the service if they are able to get themselves into the service area. Paratransit operates within Gwinnett County in conjunction with service times of fixed-route buses.

# ADA Eligibility Worksheet: Is Paratransit Right for You?

Your Name: \_\_\_\_\_

***This worksheet is for your own use.*** It will help you understand ADA eligibility and determine if Paratransit is the appropriate service for you. As explained in **What is ADA? What is Paratransit?**, the ADA law states that ADA eligibility is given to persons whose disabilities prevent use of regular accessible fixed-route transit services. An individual's disabilities must be so significant that the individual is not able to use fixed-route transit service.

Read the 5 questions on the left side of the worksheet and then check your answers on the right side. Your answers will help you determine if Paratransit might be appropriate for you.

Questions	Check your answers below		
	YES	SOMETIMES	NO, NEVER
1. Are you able to get to and from the bus stop closest to where you live?			
2. With help from the bus driver, are you able to get on and off a bus which has a lift or ramp?			
3. Are you able to get on and off a bus, which does not have a lift of ramp, by entering using the steps?			
4. With help from the bus driver who announces major bus stops and transfer points, are you able to figure out the right bus stop to get off?			
5. If your trip on the bus involves transferring to another bus, are you able to make the transfer?			

Look at your answers:

- If you checked “YES” to all 5 questions, you are probably not ADA eligible. However, there may be specialized services available for you including the GCT reduced fare program. Call 700.822.5010 for more information about the reduced fare program.
- GCT also offers free travel training to anyone interested in learning how to ride GCT buses; call 770.822.7400 to schedule your training.
- If you checked “Sometimes” to one or more questions, you might be determined ADA eligible for certain trips under certain circumstances.
- If you answered “No, Never” to one or more questions, you might be ADA eligible. A complete application, Part A & Part B, is necessary to formally determine ADA eligibility.

# APPLICATION INSTRUCTIONS

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Gwinnett County Transit's (GCT) Paratransit Service provides specialized transportation for persons who are unable to independently use regular bus service due to a disability or health related condition on a short- or long-term basis. Paratransit is provided by GCT as a part of the requirements of the Americans with Disabilities Act (ADA).

To use Paratransit, you must first be certified as eligible. Please read the following instructions thoroughly before filing out the attached application form. All information that you supply will be kept strictly confidential.

This information is also available in other languages upon request (Spanish, Korean, Vietnamese, Chinese). However, the application must be filled out in English and must be typed or printed clearly.

1. You may fill out this application yourself, or you may get help from anyone familiar with you and your condition. When completing this application, please keep in mind, the more detailed information you can provide the better you will enable GCT to make the most appropriate determination regarding your transportation needs. If you have questions or need assistance in completing this form, please call GCT Paratransit at 770.822.5010 and "press 3" or TDD at 711.
2. It is your responsibility to return the completed and signed PART A to GCT. You also **MUST SIGN** the *Authorization Page* of this form authorizing your **Licensed/Certified Professional** to release information regarding your disability and functional ability to access and use the accessible fixed route bus service. On the Authorization Page, please be certain to provide complete information on the Licensed/Certified Professional who can appropriately answer questions about your disability and your functional ability to travel.

***Please note: the person filling out PART A of this application cannot be the same person who will fill out PART B as the Licensed/Certified Professional.***

3. Mail completed Part A application including all required signatures to the following address:

**Gwinnett County Transit**  
**Re: Paratransit Application Part A**  
**3525 Mall Boulevard, Suite 5-C**  
**Duluth, GA 30096**

4. It is the applicant's responsibility to forward PART B of the application to the **Licensed/Certified Professional**, who was listed by you in PART A, for completion. Your application will be considered complete once your **Licensed/Certified Professional** has completed and returned PART B to GCT. Gwinnett County Transit will provide a decision as to your eligibility within twenty-one (21) calendar days once the completed application is received. If the determination process is not completed within

twenty-one (21) calendar days, per ADA requirements, on the 22<sup>nd</sup> day the applicant is presumed to be eligible and may use the complementary paratransit service until a decision is made.

5. You will receive a notice as to whether or not you are eligible. Please note that verification from a licensed health care professional DOES NOT automatically qualify you for Paratransit service. You may be found to have:
  - a. Full Eligibility: Eligible for all your travel needs within the service area of GCT Paratransit (3/4 of a mile within the fixed route service).
  - b. Conditional Eligibility: Eligible for some trips on GCT Paratransit depending on the nature of your disability.
  - c. No Eligibility: Not eligible for Paratransit
6. If you are found not eligible for GCT 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.



**PART A APPLICANT INFORMATION (PLEASE PRINT)**

**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: \_\_\_\_\_

**ALL QUESTIONS ON THIS APPLICATION ARE REFERRING TO YOUR FUNCTIONAL ABILITY TO USE THE FIXED ROUTE, ACCESSIBLE BUS.**

What is the closest bus stop to your residence? (If you are not sure, please call 770.822.5010 and “press 3”).

\_\_\_\_\_

Name of subdivision or apartment complex: \_\_\_\_\_

Nearest major intersecting street: \_\_\_\_\_

Nearest cross street to your residence: \_\_\_\_\_

Please fill out the requested information:

List the Medical Names of Your Disabilities or Medical Conditions	Is the Condition Permanent?	Duration of Condition	Medications taken for the Condition
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

1. How does the condition(s) affect your ability to ride the regular (big), fixed route, accessible bus service?

Be very specific.

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2. Do you have a **Cognitive Disability**? (Have you ever been diagnosed with Traumatic/ Non-Traumatic Brain Injury, Intellectual Disability, Borderline Intelligence, Down’s Syndrome, Autism, etc.?)

Yes  No

Please explain:

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3. Do you experience any of the following? Please check all that apply and explain:

- |  |   |
|--|---|
| <input type="checkbox"/> Panic Attacks                       | <input type="checkbox"/> Confusion                        |
| <input type="checkbox"/> Hallucinations                      | <input type="checkbox"/> Easily Agitated or Angered       |
| <input type="checkbox"/> Delusions                           | <input type="checkbox"/> Experience Paranoia              |
| <input type="checkbox"/> Short Term Memory Difficulties      | <input type="checkbox"/> Cannot Identify Pictures         |
| <input type="checkbox"/> Long Term Memory Difficulties       | <input type="checkbox"/> Cannot Read or Write             |
| <input type="checkbox"/> Easily Wander Off                   | <input type="checkbox"/> Difficulty Understanding Written |
| <input type="checkbox"/> Easily Taken Advantage of by Others | <input type="checkbox"/> or Verbal Instructions           |
| <input type="checkbox"/> Visual Difficulties                 | <input type="checkbox"/> Anxiety                          |
| <input type="checkbox"/> Inappropriate Behaviors             | <input type="checkbox"/> Hear Voices                      |

Please explain:

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4. Do you experience **Seizures**? Yes  No  If yes, please check all that apply and explain:

\_\_\_\_\_ Grand Mal                      \_\_\_\_\_ Petit Mal                      \_\_\_\_\_ Temporal Lobe                      \_\_\_\_\_ Epileptic Lobe

Please explain: \_\_\_\_\_  
\_\_\_\_\_

5. When having a seizure, I: Please check all that apply:

\_\_\_\_\_ Am Difficult to Arouse                      \_\_\_\_\_ Need Immediate Medical Attention  
\_\_\_\_\_ Black Out                      \_\_\_\_\_ Stare Blankly into Space  
\_\_\_\_\_ Fall Asleep

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How often do they occur? \_\_\_\_\_

7. Are you currently taking medication to control them? Yes  No

8. Do you have a **Visual Disability** (to include Blindness)? Yes  No

Please check all that apply and explain in detail:

- \_\_\_\_\_ I wear contacts or glasses.
- \_\_\_\_\_ I can recognize my stop if announcements are made.
- \_\_\_\_\_ I am legally blind and cannot distinguish my appropriate stop, disembark, and navigate the route to my destination. I do not use a guide dog or other service animal, or any assistive device.
- \_\_\_\_\_ I use a guide dog or other service animal, but I need Paratransit to get to destinations that I cannot safely travel to on the route.
- \_\_\_\_\_ I can easily hear and recognize environmental sounds that help me to determine the traffic flow patterns.
- \_\_\_\_\_ I cannot easily hear environmental sounds that help me to determine traffic flow.
- \_\_\_\_\_ I cannot always get out of the roadway before the traffic signal changes.

\_\_\_\_\_ I require a sighted guide to assist me with the following tasks:

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9. Do you have a **Mental/Psychological Disability**? Yes  No

If yes, please state the disability and explain how it affects you.

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10. Are there any other physical or mental disabilities that impact your **FUNCTIONAL ABILITY** to ride the regular (big), fixed route, accessible bus service? (Example: difficulty with getting to the bus, waiting at the stop for the correct bus, boarding the bus, knowing when you get to your stop and notifying the driver that you need to get off.) Yes  No

If yes, please explain.

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11. Can you wait 30 minutes at a GCT bus stop that **DOES NOT** have seats and/or a shelter?

Yes  No  If no, please explain.

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12. Can you wait 30 minutes at a GCT bus stop that **DOES** have seats and a shelter? Yes  No

If no, please explain.

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13. Can you wait 30 minutes at a GCT bus stop unassisted? Yes  No

If no, please explain.

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14. How far can you walk without the assistance of another person?

The length of one football field (300ft)? Yes  No

One lap around a 1/4 mile track? Yes  No

Two laps around a 1/4 mile track? Yes  No

Three laps around a 1/4 mile track? Yes  No

Are you able to walk up 12-14 inch steps unassisted? Yes  No

If unassisted, can you grip a handrail to support yourself? Yes  No

15. Do you require walking on a bus lift and gripping the handrail to board/exit the bus? Yes  No

16. Do you use a mobility device to travel? Yes  No  Please check all that apply:

\_\_\_\_\_ White Cane

\_\_\_\_\_ Braces

\_\_\_\_\_ Orthopedic Cane (three or four prong  
base)

\_\_\_\_\_ Crutches

\_\_\_\_\_ Standard Cane

\_\_\_\_\_ Manual Wheelchair

\_\_\_\_\_ Walker

\_\_\_\_\_ Motorized Wheelchair

\_\_\_\_\_ Segway

\_\_\_\_\_ Scooter

\_\_\_\_\_ OPDMD (Other Power-Driven Mobility Dev.)

17. What is the height/width of your unoccupied wheelchair/scooter? Height \_\_\_\_\_ Width \_\_\_\_\_

18. What is the weight of your wheelchair/scooter while it is occupied by you? \_\_\_\_\_

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

If yes, what type of animal is used?

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20. What function does the animal provide for you?

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21. Do you travel with portable medical equipment? Yes  No

If yes, what type of portable medical equipment?

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22. Do you require a **Personal Care Assistant (PCA)** to travel with you to provide assistance? Yes  No

23. If you do not require a personal care assistant for bus travel, are you required to be met by a caregiver when exiting the bus? Yes  No

24. If the bus arrives at your destination and the caregiver is not there to assist you off the bus, who must be contacted?

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

Telephone: \_\_\_\_\_

**Please note: If the contact number is not answered, or if the number is disconnected, DFCS/911 will be called to take custody of the passenger.**

25. Are there situations when your caregiver will not be required to meet the bus? Yes  No

If yes, please explain:

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26. Do you need assistance recognizing your stop? Yes  No

If yes, please explain:

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27. Do you use a communication device to communicate with others such as a driver?

Yes  No  Please check all that apply.

\_\_\_\_\_ Letter Board

\_\_\_\_\_ Route ID Card

\_\_\_\_\_ Picture Board

\_\_\_\_\_ Other Form of Augmentative Communication

Please explain: \_\_\_\_\_

28. Do you require an alternate format for the Passenger Guide, Fixed Route schedules or any written correspondence? Yes  No  Please check the format you would like to receive them in?

**Check only one format:**

\_\_\_\_\_ Audio

\_\_\_\_\_ Email

\_\_\_\_\_ Braille

\_\_\_\_\_ Large print

29. How do you travel now? Please check all that apply.

\_\_\_\_\_ Wheelchair/scooter

\_\_\_\_\_ Walk

\_\_\_\_\_ Drive myself

\_\_\_\_\_ Passenger in someone else's car

\_\_\_\_\_ A different van service

\_\_\_\_\_ Uber/Lyft (similar service)

\_\_\_\_\_ Regular (big), fixed route, accessible bus service

\_\_\_\_\_ Operate my own wheelchair

\_\_\_\_\_ Assisted in my wheelchair by a service animal

\_\_\_\_\_ Assisted in using the wheelchair by a caregiver or mobility aide

\_\_\_\_\_ I currently have no means of travel

30. Have you ever ridden a regular (big), fixed route, accessible bus? Yes  No

If yes, when was the last time you rode a, regular (big), fixed route accessible bus?

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



31. Why did you stop using the regular (big), fixed route accessible bus?

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32. Would you be able to ride the regular (big), fixed route, accessible bus system if you receive mobility training? Yes  No

33. Have you ever been trained in the use of GCT's bus system? Yes  No

If yes, please explain:

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34. Who trained you in the use of the GCT bus system? \_\_\_\_\_

35. Have you ever been trained in the use of any other public bus system? Yes  No

36. Do you feel that you could ride the regular (big), fixed route, accessible bus if the Paratransit vehicle could get you to a regular (big), fixed route, accessible bus stop? Yes  No

If no, please explain how your disability restricts this.

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37. Do you feel that you could ride the regular (big), fixed route, accessible bus if your trip involved riding the regular (big), fixed route, accessible bus, getting off at a bus stop and the Paratransit vehicle could pick you up at the bus stop to take you the remainder of your trip? Yes  No

If no, please explain why.

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38. Please check all that apply to you:

\_\_\_\_\_ I am able to board, ride, and disembark from regular (big), fixed route, accessible bus.

\_\_\_\_\_ I need assistance understanding and navigating the fixed route system.

\_\_\_\_\_ I can stand on a moving bus, holding the handrail, if no seat is available.

\_\_\_\_\_ I do not have the stamina to travel long distances.

\_\_\_\_\_ I can use a telephone to get bus schedule information.

\_\_\_\_\_ I can find my way to the bus stop after being shown where it is based.

\_\_\_\_\_ I can hear and understand the automatic location announcement system on the bus.

Please explain those items checked above. \_\_\_\_\_

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**To the best of my knowledge, the information I have provided as part of this application has been properly recorded. I have reviewed all answers and certify that the information is complete and correct. I understand that any intentional false or misleading information may be grounds for denial of service.**

**Signature of applicant, representative, or guardian:** \_\_\_\_\_

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

**PATIENT CONSENT TO RELEASE & DISCLOSURE OF MEDICAL INFORMATION**

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This Consent to Release Medical Information is to be provided to:

*(PLEASE GIVE **COMPLETE INFORMATION ABOUT THE HEALTH CARE PROFESSIONAL** WHO WILL VERIFY YOUR APPLICATION INFORMATION)*

**LICENSED/CERTIFIED PROFESSIONAL'S NAME** (see list below):

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

**I, the undersigned, do hereby consent to the release and disclosure of any relevant medical information to GCT Paratransit Services as called for in Part B of this application for the sole purpose of determining ADA paratransit eligibility. I understand that this information will be shared only with persons making decisions related to my eligibility for paratransit services and to other transit providers needing such information to facilitate travel.**

**I have read this document carefully and understand that I have the right to revoke this release in writing, excepting information that may have previously been released under this authorization.**

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

\_\_\_\_\_  
**Signature of applicant, representative, or guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

**Please Note:**

**Below is a list of the Licensed/Certified Professionals that are authorized to complete Part B:**

*Physicians, registered nurse, social worker, psychologist, physical therapist, chiropractor, occupational therapist, speech pathologist, special education teacher, nurse practitioner, physician's assistant, mental health counselor, orientation/mobility specialist, respiratory therapist, vocational rehabilitation counselor, or recreation therapist employed by a medical facility.*

**If someone other than the applicant has completed this application/authorization, that person must complete the following:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

TDD/TTY \_\_\_\_\_

**I certify, to the best of my knowledge that the information provided in this application is complete and correct based upon the information given me by the applicant or my own knowledge of the applicant's health condition or disability.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**FOR GCT OFFICE USE ONLY:**

APPROVED \_\_\_\_\_ CONDITIONAL \_\_\_\_\_ UNCONDITIONAL \_\_\_\_\_

CODE(S) \_\_\_\_\_

DENIED \_\_\_\_\_

LIST SPECIFIC REASON FOR DENIAL THAT WILL BE STATED ON THE DENIAL LETTER

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SIGNED \_\_\_\_\_

DATED \_\_\_\_\_



GWINNETT COUNTY TRANSIT

## **Gwinnett County Transit ADA Paratransit Service**

### ***PART B: Licensed/Certified Professional Section***

If you have any questions regarding this application, please contact the Paratransit Department at 770.822.5010 and “press 3” or TDD at 711.

The person named on the attached application is applying for eligibility for the Gwinnett County Transit (GCT) ADA Complementary Paratransit Service. Please read the following information carefully since it may affect your response. To determine eligibility, we need to ask the applicant’s licensed/certified healthcare professional questions about their functional abilities.

### **Who Qualifies for Paratransit?**

ADA Complementary Paratransit service is designed to serve ONLY those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disabilities Act (ADA), disability alone does not qualify a person to ride Paratransit. Eligibility for ADA Complementary Paratransit service is based on limitations to an individual’s abilities not just the presence of a disability. A person must be FUNCTIONALLY unable to use regular GCT service. It is not a medical determination but a functional ability analysis. A disability that makes travel more difficult, but not impossible, does not qualify the person for eligibility.

Service is provided to the following three general groups of persons with disabilities:

1. Persons who have specific impairment-related conditions which 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 GCT buses, even if they can get to a bus stop and the bus is equipped with a wheelchair lift.

### **What Is Paratransit?**

Paratransit is an alternative shared-ride origin to destination demand response service. It is designed to “mirror” GCT’s regular bus route service. Origin to destination and “mirroring” provisions of ADA means curb-to-curb service with the assistance to board and exit vehicles. Additional assistance can be provided upon request to the vehicle if the individual is unable to negotiate the distance from the door of his or her home (or

destination point) to the curb. Gwinnett County Transit Paratransit is only required to provide service if both the starting point and destination of a trip is located within  $\frac{3}{4}$  mile of an operating GCT fixed-route. However, paratransit eligible customers who are outside of the service area can still use the service if they are able to get themselves into the service area. Paratransit operates within Gwinnett County in conjunction with service times of fixed-route buses.

This portion MUST be completed by one of the following currently Licensed/Certified Professionals:

*Physicians, registered nurse, social worker, psychologist, physical therapist, chiropractor, occupational therapist, speech pathologist, special education teacher, nurse practitioner, physician's assistant, mental health counselor, orientation/mobility specialist, respiratory therapist, vocational rehabilitation counselor, or recreation therapist employed by a medical facility.*

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of applicant's last assessment or interaction with you: \_\_\_\_\_

Please fill out the requested information:

List the Medical Names of Your Disabilities or Medical Conditions	Is the Condition Permanent?	Duration of Condition	Medications taken for the Condition
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

3. Please discuss the impact this disability has on the applicant's **functional ability** to ride a GCT regular (big), fixed route bus.

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4. If this is a temporary disability, when will the applicant be able to resume normal travel patterns? Please list an actual date.

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5. Under what circumstance does the disability worsen?

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Please indicate the individual's ability to independently perform 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 ¼ mile with accessible sidewalk and curb cut.					
Wait ten (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).					

Other issues that affect the individual's ability to travel in the community independently:

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

- Give addresses and phone numbers? Yes  No
- Recognize a destination or landmark? Yes  No
- Deal with unexpected change in routine? Yes  No
- Ask for, understand and follow directions? Yes  No
- Safely/effectively travel through crowded/complex facilities? Yes  No

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

- The length of one football field (300ft)? Yes  No
- One lap around a 1/4 mile track? Yes  No
- Two laps around a 1/4 mile track? Yes  No
- Three laps around a 1/4 mile track? Yes  No
- Are you able to walk up 12-14 inch steps unassisted? Yes  No
- If unassisted, can you grip a handrail to support yourself? Yes  No

6. Can the applicant walk up 12 inch to 14 inch steps assisted? Yes  No

7. Does the applicant use a mobility device to travel? Yes  No  Please check all that apply:

- \_\_\_\_\_ White Cane
- \_\_\_\_\_ Orthopedic Cane (three or four prong base)
- \_\_\_\_\_ Standard Cane
- \_\_\_\_\_ Walker
- \_\_\_\_\_ Braces
- \_\_\_\_\_ Crutches
- \_\_\_\_\_ Manual Wheelchair
- \_\_\_\_\_ Motorized Wheelchair
- \_\_\_\_\_ Scooter
- \_\_\_\_\_ Segway
- \_\_\_\_\_ OPDMD (Other Power-Driven Mobility Dev.)

8. Does the applicant's **occupied** wheelchair/scooter weigh 800 pounds or more? Yes  No

If yes, how much does the occupied device weigh? \_\_\_\_\_

9. Does the applicant weigh over 600 pounds? Yes  No

10. Does the applicant require the use of a service animal? Yes  No

11. Does the applicant's disability/condition prevent them from traveling to, or riding the regular (big), fixed route accessible bus? Yes  No  If yes, please explain.

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12. Does weather impact the applicant's ability to travel? Yes  No  If yes, please explain.

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13. Does the applicant require a personal care attendant (PCA) to travel with them? Yes  No

14. Does the applicant require a caregiver? Yes  No

15. Are there any other medical conditions of which GCT should be aware? Yes  No

If yes, please explain.

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## Certification of Disability

I (name of licensed professional/*see page 2*) \_\_\_\_\_,  
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 by medication?

Please explain. Yes  No

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

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## LICENSED/CERTIFIED PROFESSIONAL INFORMATION

**This certification has been completed by:**

**Print** name of certifying professional \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone Number ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

License/Certification # \_\_\_\_\_

What organization issued your License? \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

***To expedite the processing of this application, GCT requests that you please fill out and fax back Part B within 3 business days of receipt of the application by your office to 770.300.9419.***