

GWTA ADA COMPLEMENTARY PARTRANSIT APPLICATION—INSTRUCTIONS

Dear GWTA Applicant:

Thank you for inquiring about applying for the GWTA ADA complementary paratransit service. GWTA ADA complementary paratransit is the City of Goldsboro's Transit System's ride sharing program for eligible riders that have a disability that sometimes or always prevents them from riding the fixed route bus.

Please read these enclosed materials carefully before completing the application.

- **Fixed route bus (regular) services:** All of our buses are equipped with ramps or lifts for people who use wheelchairs or scooters. There is priority seating behind the bus driver for people with disabilities and seniors.
- **Travel training:** GWTA offers assistance and training to those interested in learning how to ride the fixed route buses. This training is free. Please contact our office at 919-736-1374 if you would like to learn how to ride GWTA's buses.

What You Should Know About This Program:

- GWTA ADA complementary paratransit serves riders who travel within a ¾ mile corridor of the GWTA non-commuter fixed bus routes. Outside of this corridor an applicant may ride for \$5.00 per person one way.
- The current price for ADA is \$2.00 for a one-way trip. Fares are to be paid with exact cash. Fares are collected by the driver and must be paid prior to riding the van. GWTA drivers do not make change.
- Passengers who use wheelchairs or scooters must have a ramp if there are stairs present. Drivers will not "bump" passengers up/down stairs or in/out of houses.

Eligibility:

- Individuals who can access GWTA's regular fixed route bus service may not be eligible for ADA service. Individuals applying for this service must be unable to access the fixed route services due to conditions which prevent them from getting to/from a GWTA fixed route bus stop and/or conditions which prevent them from being able to get on, ride, or get off an ADA accessible vehicle.
- Simply having a disability does not guarantee eligibility.
- An individual for whom performing these tasks is inconvenient or uncomfortable is not a definition for needing this service.

There are three (3) types of certification granted to eligible ADA clients:

- **Unconditional Certification**—the individual has a disability or health condition that always prevents the use of GWTA's fixed route buses and ADA service is provided for all trips.
- **Conditional Certification**—the individual can use or learn to use GWTA's fixed route buses but their disability or health condition prevents some travel on the bus. ADA could be provided on these trips where the individual is unable to take the bus.

- **Temporary Certification**—the individual has a specific short-term disability or health condition that prevents them from using GWTA’s fixed route buses.

Eligibility for Goldsboro-Wayne Transit System Paratransit services (ADA) is granted for a period not to exceed three (3) years, regardless of the permanence or temporary nature of the functional limitations.

To enable us to accurately determine your eligibility for this service, **please complete the enclosed application as completely and accurately as possible.** Completed applications should be returned to

Goldsboro-Wayne Transportation Authority
 PO Box 227
 Goldsboro, NC 27533
 Fax: (919) 731-1558

The application has two parts and both must be completed and turned into the GWTA office. Incomplete applications will be returned to the applicant. The questions are meant to determine the circumstances under which you can use fixed route or Paratransit (ADA) services.

Part “A” should be filled out by the applicant or the applicant’s representative. This should be completely filled out and signed by the applicant or if the applicant is less than 18 years of age or unable to sign, the applicant’s guardian or anyone who assisted in completing the form.

Part “B” is the Professional Verification Form. The applicant should complete the authorization for release of information form and then send the release form and Part B to a professional familiar with the applicant’s disability. Professionals include, but are not limited to, the following:

Family Physician	Independent Specialist	Orientation & Mobility Therapist
Physical Therapist	Rehabilitation Specialist	Psychiatrist
Occupational Therapist	Licensed Social Worker	Psychologist
Registered Nurse	Case Manager	Ophthalmologist

The selected professional must complete Part “B” and return the entire application either directly to the applicant or to the GWTA office. **Applications must be submitted to GWTA within thirty (30) days of selected professional completing Part “B”**

The completed application will be processed within 21 days of receipt. You will then be notified in writing of your eligibility status. If we determine that you are able to use GWTA’s fixed route bus service, and are therefore ineligible for ADA, we will notify you of the reason(s) for this determination. You can appeal any eligibility decision made by GWTA that limits your ability to use ADA Complementary Paratransit service. For example:

- You were found "Not Eligible" for ADA Complementary Paratransit
- You were found "Conditionally Eligible" and disagree with the eligibility conditions you were given or you think the conditional status is wrong.

Appeals should be made within 60 days from the date of the letter that notified you of the eligibility decision. All requests for an appeal must be in writing and should be mailed to:

Goldsboro-Wayne Transportation Authority
Attn: Director
PO Box 227
Goldsboro, NC 27533

This application should only be completed if you have a disability or health condition that prevents you from sometimes or always using fixed route bus service. Individuals for whom performing these tasks are inconvenient or more difficult but do not prevent use of the fixed route bus system are **NOT ELIGIBLE** for services. Persons completing this application will be considered for ADA. Information about disability or health conditions will be kept strictly confidential.

--- **PLEASE PRINT LEGIBLY** ---

Part A (This part must be completed by all applicants)

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Date of Birth (month/day/year) _____ Gender (M/F) _____

Height: _____ Weight: _____

In case of emergency: Please provide information for two people GWTA can contact. This can be a friend, relative or support professional familiar with your disability.

Name _____ Relationship _____

Address _____ Apt _____

City: _____ State: _____ Zip: _____

Work Phone# _____ Home Phone # _____

Cell Phone: _____

Name _____ Relationship _____

Address _____ Apt _____

City: _____ State: _____ Zip: _____

Work Phone# _____ Home Phone # _____

Cell Phone# _____

1. Have you used the GWTA fixed route bus system? _____ No _____ Yes

2. What is the disability or health condition that prevents you from using GWTA's fixed route buses? **(Please be specific but use layman's terms)**

3. Please describe why or how this disability or health condition prevents you from using GWTA's fixed route service?

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

Manual wheelchair Powered Wheelchair Powered Scooter

Wheelchair size _____(L) _____(W) Wheelchair weight _____lbs

Cane Walker Crutches Braces

Oxygen White Cane

Service Animal (describe) _____

Other (describe) _____

No, I do not use any mobility aids

IMPORTANT NOTE

GWTA will not be able to transport you if your wheelchair/scooter is longer than 48 in., wider than 30 in., or if your total weight including wheelchair is more than 800 pounds.

5. If you use a wheelchair or scooter, is your home equipped with a wheelchair ramp?

Yes No N/A

IMPORTANT NOTE

Passengers who use wheelchairs/scooters must have a ramp if steps are present. Driver's will not "bump" passengers up/down stairs or in/out of houses.

6. Do you require a Personal Care Assistant (PCA) to travel with you?

No Yes, Sometimes Yes, Always

IMPORTANT NOTE

If a PCA is needed, the applicant must provide their own. Passengers are allowed one (1) PCA to ride free of charge. GWTA does not provide this service.

7. How far can you walk/travel by yourself or with the assistance of a mobility aid?

_____ (PLEASE FILL IN NUMBER--CAN BE IN BLOCKS, MILES, FEET)

8. Are any the following skills affected by your disability? If answer is Sometimes, Never, or Not Sure, please explain by describing the effect and the extent of limitation caused by the disability.

Skills: Applicant can

a) Cross a street with: 2-3 lanes 4-6 lanes I cannot cross

Comments: _____

b) Step on/off curbs Always Sometimes Never Not Sure

Comments: _____

c) Stand on a moving bus holding onto a handrail? Always Sometimes Never Not sure

If sometimes, how long? _____

Comments: _____

d) Find way to/from bus stop Always Sometimes Never Not sure

Comments: _____

e) Find my own way to the bus stop if I receive training?

Always Sometimes Never Not sure

Comments: _____

f) Travel alone outside the house Always Sometimes Never Not sure

Comments: _____

g) Leave the house on time Always Sometimes Never Not sure

Comments: _____

h) Seek and act on directions Always Sometimes Never Not sure

Comments: _____

i) Wait at a bus stop Always Sometimes Never Not sure

If sometimes, how long? _____

Comments: _____

j) Board the correct bus Always Sometimes Never Not sure

Comments: _____

k) Board a bus with a ramp Always Sometimes Never Not sure

Comments: _____

l) Transfer from one bus to another? Always Sometimes Never Not sure

Comments: _____

m) Ride on the bus Always Sometimes Never Not sure

Comments: _____

n) Exit at the correct destination Always Sometimes Never Not sure

Comments: _____

o) Transfer to a second bus Always Sometimes Never Not sure

Comments: _____

p) Tell/Monitor time Always Sometimes Never Not sure

Comments: _____

q) Negotiate hills/steep terrain Always Sometimes Never Not sure

Comments: _____

r) Deal with unexpected situations Always Sometimes Never Not sure

Comments: _____

9. If GWTA offered free training on how to ride the fixed route buses, would you be interested?

Yes No (Please explain) _____

I understand that the purpose of the application is to determine if I am eligible for Goldsboro-Wayne Transportation System’s ADA complementary paratransit service. I certify that the information I gave in this application is true and correct and that the application will be returned to me if not complete, which delays processing. I understand that falsification or misrepresentation of facts, or changes in my medical condition, may result in changes to my certification status. I further understand that additional information from my healthcare professional related to my disability or medical condition is required, and will be used to help determine my eligibility. I agree to notify GWTA if I no longer need to use ADA complementary paratransit services.

Signature of Applicant: _____ **Date:** _____

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

Applicant’s Representative

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

Name: _____

Daytime Telephone Number: _____

Relationship to Applicant: _____ Date: _____

Authorization for Release of Information

I authorize the professional who has completed Part B of this application to release to Goldsboro-Wayne Transportation Authority information about my disability or health condition and its effect on my ability to travel on the Goldsboro-Wayne Transportation bus service. I understand that I may revoke this authorization at any time.

I, the applicant, understand that the purpose of this application is to determine my eligibility to use the ADA complementary paratransit services. I agree to release the information requested to Goldsboro-Wayne Transportation and any eligibility review panel, and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that Goldsboro-Wayne Transportation reserves the right to request additional information at its discretion. I agree to notify Goldsboro-Wayne Transportation of any changes in the status of my disability that affects my ability to use the ADA complementary paratransit service. I also understand that this may affect my eligibility as a rider.

Applicant's Name _____

Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

Applicant's Telephone Number _____

_____ Date

(Signature of Applicant or Responsible Party)

**GWTA ADA Complementary Paratransit Application—Part B
Professional Verification**

Dear Verifying Professional:

You are being asked by the applicant named in Part A of this application to provide information regarding his/her ability to use the public transportation services of Goldsboro. GWTA provides ADA complementary paratransit services to eligible persons with disabilities who sometimes or always cannot use regular fixed route bus services. The information you provide will allow us to evaluate the request and determine the individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: GWTA fixed route bus services available within the city are currently accessible to persons with disabilities who need lift-equipped vehicles, vehicles which kneel to the curb. There is free training on how to ride the bus available for individuals who need it.

The individual applying for ADA service **MUST BE UNABLE TO ACCESS THESE SERVICES** due to:

- Conditions which prevent them from getting to or from a GWTA fixed route bus stop, or transferring between vehicles **and/or**
- Conditions which prevent them from being able to get on, ride, or get off an ADA accessible vehicle.

Individuals for whom performing these tasks is inconvenient or more difficult but does not prevent use of the fixed route bus system are **NOT ELIGIBLE** for services, and you are asked to verify this information.

The completed application must be submitted to GWTA within thirty (30) days of completion by selected professional and can be returned to the applicant or sent to the following:

Goldsboro-Wayne Transportation Authority
PO Box 227
Goldsboro, NC 27533
Fax: (919) 731-1558

(PLEASE WRITE LEGIBLY)

Name of Client: _____

1. Capacity in which you know the applicant: _____

2. When was the applicant last treated or seen by you? _____
3. On average, how frequently is the applicant seen by you? _____
4. Has the applicant been diagnosed with physical, cognitive, psychological, or other disability that would prevent him or her from using GWTA's fixed route bus service?
 No
 Yes
5. Is the applicant's disability:

Physical Cognitive Psychological Visual

6. What is the applicant's disability (Please be specific but use layman's terms)?

7. What is the date of onset? _____

8. How does the applicant's disability/health condition affect daily life activities?

9. Does the applicant's disability or condition prevent the use of regular fixed route bus service?

No Sometimes Yes

If Sometimes or Yes, please explain why:

10. Could the applicant use regular fixed route buses with free how to ride the bus training?

Yes Sometimes No

11. How far can the applicant walk/travel by themselves or with the assistance of a mobility aid?

_____ **(PLEASE FILL IN NUMBER—CAN BE BLOCKS, MILES, FEET)**

12. **Are the following skills affected by the applicant's disability? If answer is Sometimes, Never or Not Sure, please explain, by describing the effect and the extent of limitation caused by the disability.**

Skills: Applicant can:

a) Travel alone outside the house Always Sometimes Never Not sure

Comments: _____

b) Leave the house on time Always Sometimes Never Not sure

Comments: _____

c) Seek and act on directions Always Sometimes Never Not sure

Comments: _____

d) Understand how to get to/from bus stop Always Sometimes Never Not sure

Comments: _____

e) Step on/off curbs Always Sometimes Never Not sure

Comments: _____

f) Negotiate hills/steep terrain Always Sometimes Never Not sure

Comments: _____

g) Cross streets Always Sometimes Never Not sure

Comments: _____

h) Wait at a bus stop Always Sometimes Never Not sure

If sometimes, how long? _____

Comments: _____

i) Board the correct bus Always Sometimes Never Not sure

Comments: _____

j) Board a bus with ramp Always Sometimes Never Not sure

Comments: _____

k) Ride on the bus Always Sometimes Never Not sure

Comments: _____

l) Stand on moving bus with handrail Always Sometimes Never Not sure

If sometimes, how long? _____

Comments: _____

m) Exit at the correct destination Always Sometimes Never Not sure

Comments: _____

n) Transfer from one bus to another Always Sometimes Never Not sure

Comments: _____

o) Tell/Monitor time Always Sometimes Never Not sure

Comments: _____

p) Deal with unexpected situations Always Sometimes Never Not sure

Comments: _____

13. What is the expected duration of this individual's condition?

Temporary: Approximate expected duration until ____/____/____

Long-term: Potential for improvement or periods of remission

Permanent: No expectation of functional improvement

14. Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

- This individual should be able to access public transportation successfully.
- This individual can use public transportation under certain situations as stated above.
- This individual cannot use public transportation due to multiple functional limitations.

Thank you for your assistance!!

Signature: _____

Date: _____

Please Print Legibly

Printed Name _____

Organization / Practice: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____

Fax # _____

FOR GWTA USE ONLY

APPROVED DENIED

UNCONDITIONAL CONDITIONAL TEMPORARY: _____

ISSUED BY _____ TITLE _____

DATE _____ FILE NUMBER _____