

GWTA Complementary ADA Paratransit Application

Thank you for your interest in GWTA Paratransit. This service is available to persons who meet the requirements of the Americans with Disabilities Act (ADA) and cannot ride fixed-route transit because of their disability. To qualify for GWTA Paratransit, individuals must complete an application process and provide documentation of their disability. This may include medical records, doctor's statements, or other supporting documents. Once approved, eligible individuals can schedule rides on GWTA Paratransit for essential trips within the designated service area, which is within a ¾-mile radius of GWTA fixed-route bus stops.

Please read the 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. The fixed-route bus services operate on a set schedule and cover various routes throughout the city, providing transportation options for everyone.
- Travel Training: We understand that navigating public transportation can be intimidating, especially for individuals with disabilities or seniors. That's why GWTA offers travel training to help you feel confident and comfortable riding our fixed-route buses. Our trained staff will provide assistance and guidance, ensuring that you understand how to use the ramps or lifts and locate priority seating. Best of all, this training is completely free. If you're interested in learning how to ride GWTA's buses, please don't hesitate to contact our office at 919-736-1374. We'll be more than happy to schedule a training session for you.

Who is Eligible?

Individuals who can use GWTA's normal fixed bus route service may be ineligible for ADA service. Simply having a disability does not guarantee eligibility, and an *individual who simply finds it difficult or uncomfortable to ride the fixed route does not meet the criteria for needing this assistance*. A medical diagnosis has no bearing on the individual case-by-case evaluation of each application. The eligibility process is related more closely to your functional ability to use the bus and requires you to answer the enclosed questionnaire very carefully. You are encouraged to have someone help you with the questionnaire if you have questions.

What you should know about this ride program

GWTA provides ADA complementary paratransit for riders within a ¾-mile corridor of non-commuter fixed routes. Outside of this corridor, an applicant can ride for \$5.00 per person one-way. If you qualify for ADA service but live outside of this area, you must arrange transportation to get within ¾ mile of the service route.

ADA is currently priced at \$2.00 per one-way trip. Fares must be paid in exact cash. Fares are collected by the driver and must be paid before riding the van. GWTA drivers don't carry change.

If there are steps, passengers using wheelchairs or scooters must have a ramp. Drivers do not "bump" passengers up or down stairs or in and out of homes.

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

- **Unconditional Certification:** All trips within the service area are covered by ADA service, and the person has a disability or medical condition that makes it impossible for them to use the GWTA's fixed-route buses.
- **Conditional Certification:** The person is able to use or learn how to use the fixed-route buses run by the GWTA, but some of their travel is not possible due to a disability or medical condition. On these excursions, ADA could be offered if the person is unable to use a fixed route.
- **Temporary Certification:** This type of certification indicates that the person is unable to use the GWTA's fixed-route buses due to a specific temporary illness or disability.

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.

Application Process

The application has two parts, and both must be completed and turned into the GWTA office. If you believe you qualify for ADA paratransit services, *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

Part "A" should be filled out by the applicant or their agent. This form must be entirely filled out and signed by the applicant, or, if the applicant is under the age of 18 or unable to sign, by the applicant's guardian or anyone who assisted in completing it.

Part "B" is the Professional Verification Form. The applicant should fill out the "authorization for release of information" form and then send it, together with Part B, to a specialist who is familiar with their disabilities. Professionals include physicians, licensed social workers, and rehabilitation specialists.

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

Your completed application will be processed within 21 days of receipt. You will be notified in writing about your eligibility status. If we conclude that you can use GWTA's fixed-route bus service but are ineligible for ADA, we will tell you of the reason(s) for this decision. You may appeal any eligibility decision made by GWTA that restricts your ability to use the ADA Complementary Paratransit Service.

Appeals should be made within sixty (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 prohibits you from using fixed-route bus service on occasion or on a regular basis. Individuals who find doing these duties uncomfortable or difficult but do not prevent them from using the fixed-route bus system are **NOT ELIGIBLE** for services. Persons who complete this application will be considered for the ADA. Information regarding disabilities or health conditions will be kept completely confidential.

Alternative formats are available. This application can be downloaded or mailed to you in large print. Users with TDD can email ridegwta@waynegov.com or call 1-800-735-2962 to speak with the ADA coordinator by asking to be connected to 919-736-1374.

—PLEASE PRINT LEGIBLY—

Part A - PERSONAL INFORMATION

I am Applying for Paratransit Eligibility Paratransit Renewal

First Name _____ Middle Initial _____

Last Name _____

Address: _____ Apt. # _____

City _____ State _____ Zip _____

Mailing Address (If Different): _____

City _____ State _____ Zip _____

Phone (Home) _____ Cell _____

If Hearing Impaired, TDD number: _____

Primary Language English Spanish ASL Other _____

Date of Birth _____ Gender (M/F) _____

Is there anyone else who has the authority to discuss your application or services with GWTA or arrange transportation for you?

Capable of organizing transportation and discussing services and applications

Can schedule Transportation only

Name: _____ Phone Number: _____

In case of an emergency, please provide contact information for someone who GWTA can contact. This could be a friend, family member, or support worker who is familiar with your disabilities.

Name: _____ Relationship: _____

Address: _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

1. Do you currently use any city transportation, including the GWTA regular fixed-route bus?
 Yes No

2. If No, have you attempted to use GWTA's accessible fixed-route service within the last 3 months?

Yes No

If yes, please tell us about your experience. _____

3. If you do not currently ride GWTA's accessible fixed-route service, what might help you do so?

Route and Schedule Information Training on how to travel on the bus

Other: Please Explain _____

4. Where is the nearest bus stop to your residence? Please give a location or intersection (e.g.; Center and Walnut St.) _____

5. Can you get to the bus stop by yourself? Yes No

6. Select any obstacles you experience when traveling to the nearest bus stop:
 Busy Street(s) to cross Excessive Distance No Sidewalks Other: _____

7. Do you use any of the following mobility aids while traveling?
 Support Cane Crutches Walker Oxygen Manual Wheelchair Power Wheelchair
 Scooter (3 wheel) Service Animal White Cane Other: _____
 No, I do not use any mobility aids

8. If you use a wheelchair or scooter, is your home equipped with a wheelchair ramp? Yes No

9. *Paratransit vehicles are equipped with a lift that is 30 inches wide, 48 inches long, and can accommodate up to 800 pounds.* Do the combined measurements of you and your mobility device fit these parameters? Yes No

If yes what are the dimensions and combined weight? _____

Important Note - Passengers who use wheelchairs/scooters must have a ramp if steps are present. Driver's will not "bump" passengers up or down stairs, or in and out of houses. If the combined weight of a passenger and mobility aid exceeds 800 pounds, they are allowed to board separately from their mobility device.

10. I travel: alone both alone and with a companion Only with an attendant or companion

If you travel with someone who assists you, does this person assist you in:

Getting to or from bus stop Getting on or off the bus To help me where I am going
 Other (describe) _____

11. Please Check **ONE** of the following statements which best defines the nature of the disability or limitation that prevents you from using GWTA's fixed-route bus service. Describe your specific needs in the space provided.

I have a mobility impairment. Describe the nature of this condition and any natural barriers (such as inclines, curbs, and distances) that limit your ability to use public transportation.

I have an endurance limitation that prevents me from walking the distance required to reach the bus stop. Please explain the cause and nature of this condition.

I have a visual impairment that prevents me from finding my way to and from a GWTA bus stop without help. Please describe the nature of your ailment and your functional level of eyesight. _____

I have a cognitive condition that prevents me from remembering and comprehending the information required to properly transport myself to and from the bus stop. Please state the causes and symptoms of our condition.

I have a significant medical issue that impairs my ability to function. Please describe and indicate whether your condition is temporary or permanent and whether it is episodic in nature (e.g., do you have "good" days or periods when you can use transportation and "bad" days when you cannot?). _____

I'm struggling with functional losses caused by age. I believe I am unable to use regular bus service because of the following limitations: _____

Other. My functional limitations do not fall into any of the following categories: I am unable to use conventional bus services because: _____

12. This Condition is:

Permanent Medium/Long Term (up to 3 years) Short term/temporary (up to one year)

13. Please select ALL disabilities that significantly affect your ability to access GWTA's accessible fixed-route service:

- Alzheimer's Disease
- Amputation (specify) _____
- Anxiety/panic attacks
- Arthritis
- Asthma
- Autism Spectrum
- Cancer (specify) _____
- Cataracts
- Cerebral Palsy
- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Dementia
- Diabetes (severe)
- Emphysema
- Epilepsy (severe)
- Heart Attack
- Traumatic Brain Injury
- Kidney Disease/Dialysis
- Legally Blind
- Macular Degeneration
- Intellectual Disability
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's Disease
- Peripheral Vascular Disease
- Quadriplegia
- Retinopathy
- Schizophrenia Disorder
- Blindness
- Stroke/Cerebral Trauma
- Other (please specify) _____

14. Please describe how the limitations listed above severely affect your ability to use the GWTA's accessible fixed-route service. We ask that you be as detailed and specific as possible.

I understand that the purpose of this application is to establish my eligibility for Goldsboro-Wayne Transportation System's ADA supplementary paratransit service. I certify that the information I provided in this application is true and correct, and that if it is incomplete, it will be returned to me, delaying processing. I understand that falsifying or misrepresenting facts, or changes in my medical condition, may result in changes to my certification status. I also understand that further information from my healthcare provider regarding my disability or medical condition is required and will be utilized to 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 old to sign independently. Otherwise, the guardian's signature is required.)

Applicant's Representative

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

Name: _____

Phone Number: _____

Relationship to Applicant: _____ Date: _____

Release of Information

Part B of this application must be completed by a health care or human services practitioner who is knowledgeable about the applicant's debilitating condition and/or functional limitations. Your signature on this application permits this professional to provide information to the Goldsboro-Wayne Transportation Authority about your eligibility for ADA services. In the space provided below, clearly print the name of the expert who will be verifying your application and describe their position.

Name of Professional: _____

Licensed Physician Licensed Physical Therapist Licensed Occupational Therapist

Licensed Social Worker Certified Psychologist Other: _____

Authorization for Release of Information

I authorize the professional who completed Part B of this application to provide information to the Goldsboro-Wayne Transportation Authority concerning my limitations or health condition and how it affects my ability to travel on the Goldsboro-Wayne Transportation bus service. I understand that I can revoke this authorization at any moment.

I, the applicant, understand that the purpose of this application is to establish whether I am eligible to receive ADA complementary paratransit services. I agree to release the requested information to Goldsboro-Wayne Transportation and any eligibility review panel, and I understand that the information contained below will be kept confidential, unless otherwise required by law. I further understand that Goldsboro-Wayne Transportation maintains the right to request more information at its own discretion. I agree to notify Goldsboro-Wayne Transportation of any changes in my disability status that may impact my ability to use the ADA complementary paratransit service. I am also aware that this may affect my eligibility as a rider.

Applicant's Name: _____

Date of Birth: _____ Phone Number: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

_____ **Date:** _____

(Signature of Applicant or Responsible Party)

GWTA ADA Paratransit Application, - PART B

Professional ADA Verification

The applicant named in PART A of this application has requested that you supply information on their ability to use Goldsboro's transit services. The Goldsboro-Wayne Transportation Authority provides ADA paratransit services to ADA-eligible individuals with disabilities who are unable to use traditional transportation. The information you submit will help us examine the request and establish the individual's unique requirements. Thank you for your cooperation on this subject.

PLEASE NOTE: The GWTA's Fixed Route Transit services provided across the city are currently accessible to those with disabilities who require lift-equipped vehicles and bus stop announcements. The person asking for ADA paratransit service must be unable to use these services owing to functional limitations. The individuals' condition must **prevent** travel on a fixed bus route, either all of the time, temporarily, or only under certain circumstances. **Inconvenience, decreased comfort, and/or pain are not a basis for qualification, and you are requested to verify this.** It is extremely important that you provide specific information about the individuals' functional limitations.

(Please type or Print clearly. Do NOT use ICD-10 codes or DSM codes)

Applicant's Name: _____

Capacity in which you know the applicant: _____

I have read Part A in its entirety Yes No

I agree with the information provided in Part A Yes No

If no, please explain: _____

Medical Diagnosis: _____

Date of Onset: _____

Prognosis: _____

Applicant's: Height: _____ Weight: _____

1. Specify which functional limitations are associated with this condition and be specific when asked to supply additional information.

- Mobility Impairment
- Visual Impairment Total Partial
- Hearing Impairment Total Partial
- Compromised endurance Muscular Respiratory
- Cognitive Impairment
- Other (please specify): _____

*If this individual has functional limitations due to a cognitive impairment, please indicate any of the following issues that are pertinent to this individual:

- Cannot be left alone to wait for transportation.
- Displays behavior that is unsafe for themselves or others using public transportation.
- Cannot recognize vehicles that they should board.

2. Does the Applicant use any of the following mobility aids?

- Manual Wheelchair Electric Wheelchair Power Scooter Cane Crutches
- Walker Service Animal Other: _____ None

3. Does the Applicant Require the assistance of a Personal Care Attendant (PCA) to travel with them?

- Never Sometimes Always (applicant is unable to travel unassisted)

Note: Obtaining a PCA is the responsibility of the applicant. One PCA can travel free with the passenger on GWTA vehicles.

VISUAL IMPAIRMENT

- Is the applicant's vision Stable Degenerative Other: _____
- Is the applicant able to recognize familiar places such as landmarks or destinations Yes No
- Is the applicant legally blind Yes No

COGNITIVE DISABILITY

- Is the applicant able to:
 - Provide their address, phone number? Yes No
 - Recognize destinations/landmarks? Yes No
 - Ask for and follow instructions Yes No
 - Safely cross major intersections? Yes No

4. Is there any additional information GWTA should be made aware of?

By signing below, the medical professional attests that:

I understand that my client is applying for paratransit eligibility with GWTA. The information I have provided is true to the best of my knowledge. I understand that providing falsified or incomplete information can lead to the suspension of paratransit services for the applicant.

Clinic/Agency Name: _____

Office Address: _____

City: _____ Zip: _____

Office Phone # _____ Office Fax: # _____

Name: _____
(Please Print) (Credentials)

Signature: _____ Date: _____

Please Mail or Fax Completed Form to:

*Goldsboro Wayne Transportation Authority
PO Box 227
Goldsboro, NC 27433
Fax: (919) 731-1558*

For GWTA Use Only:

Approved Denied

Unconditional Conditional Temporary

Issued by: _____ Date: _____

Card Number: _____ Agency: _____