



1 Danny Circle
Kingston, NY 12401
(845) 340-3333
www.co.ulster.ny.us/ucat

ADA PARATRANSIT CERTIFICATION APPLICATION

Date ____ / ____ / ____

1. Name _____

Address _____ Apt # _____

City/Town _____ State _____ Zip _____

Is this a (check one)

- Private home
- Group home
- Residential care facility
- Nursing home
- Apartment complex

Other, please specify: _____

Phone No.: (Home) _____ (Work) _____

Date of Birth ____ / ____ / ____ Sex: M _____ F _____

2. What is your disability? (Please describe, in detail, how your disability prevents you from using the regular UCAT bus service):

3. Is your disability temporary?

No , it is a permanent condition.

Yes , I expect it to last for another _____ months.

4. Have you had this disability for more than a year?

Yes No

5. How far can you travel without assistance or when using a mobility aid?

6. Does your disability or condition change from day to day in ways that affect your ability to use the regular bus service?

No , my condition does not change much from day to day.

Yes , my condition is good on some days and bad on other days.

Please explain:

If you have a disability that changes from day to day (you answered yes to question #6 above):

A. On a day when my condition is good: (choose only one answer)

I can't leave my house

I can get to the curb in front of my house

I can go one block

I can go two blocks

I can go four blocks (about $\frac{1}{4}$ mile)

I can go six blocks or more (about $\frac{1}{2}$ mile)

B. On a day when my condition is bad: (choose only one answer)

I can't leave my house

I can get to the curb in front of my house

I can go one block

I can go two blocks

I can go four blocks (about $\frac{1}{4}$ mile)

I can go six blocks or more (about $\frac{1}{2}$ mile)

7. Does the weather ever keep you from using the regular UCAT bus service?

Yes No

If yes, what kind of weather and how does this weather keep you from using the regular UCAT buses?

8. When the weather affects your ability to use the regular UCAT buses, how far can you travel on your own or with a mobility aid?

A. When the weather is good, and my condition is good
(Choose only one answer):

- I can't leave my house
- I can get to the curb in front of my house
- I can go one block
- I can go two blocks
- I can go four blocks (about ¼ mile)
- I can go six blocks or more (about ½ mile)

B. When the weather is bad, but my condition is good
(choose only one answer):

- I can't leave my house
- I can get to the curb in front of my house
- I can go one block
- I can go two blocks
- I can go four blocks (about ¼ mile)
- I can go six blocks or more (about ½ mile)

9. Do you need to travel with someone who assists you (e.g. personal care attendant)?
 Always Sometimes No

If you need someone to travel with you always or sometimes, do you need this person to help you:

- Get to the bus stop
- Get on or off the bus
- While you ride the bus
- Get where you are going once you are off the bus
- Other (please specify): _____

10. Which of the following mobility aids or equipment do you use to help you get where you need to go? (Check all that apply)

- Cane
- Crutches
- Walker
- Respirator/oxygen tank
- Personal care attendant

_____ Powered wheelchair (Please specify manufacturer and model):

_____ Powered scooter (Please specify manufacturer and model)

_____ Service animal (please specify type):

_____ Prosthesis

_____ Braces

_____ Manual wheelchair

_____ Other, please specify:

_____ I do not use a mobility aid, personal care attendant, or service animal.

11. If you use a manual or powered wheelchair or scooter, is it more than 30 inches wide, more than 48 inches long, or does it weigh more than 600 lbs.?

_____ Yes _____ No

12. Do you need assistance to get to the bus from your door?

_____ Yes _____ No

13. If you use a wheelchair or scooter, can you transfer to a seat?

_____ Yes _____ No

14. Which of the following limits your ability to use regular UCAT buses (Please check all that apply):

_____ Physical disability

_____ Visual impairment/blindness

_____ Developmental disability

_____ Mental illness

_____ Other (please specify):

Why? Please describe in detail:

15. How are your transportation needs being met now? (Please check all that apply)

- Walking
 Personal transportation (i.e. car)
 Public transportation
 Agency sponsored rides (please specify):

Paratransit (please specify):

Ambulance (please specify):

Friend/relative
 Other (please specify):

16. Do you use UCAT buses?

Yes

How many days in one week? _____

How many days in one month? _____

No Why?

17. Is there something that would help you to ride the regular UCAT bus?

Yes

No Please explain:

If you check yes, please mark all that apply below:

- Knowing more about regular buses
 - being travel trained to go to work or school (Travel training can include system orientation, specific destination training, handling travel emergencies (use of a public phone, detours, missing stops, etc.), demonstrating awareness of personal safety, and 100% proficiency in street crossing.)
 - if the bus has a lift (accessible bus)
 - if a communication aid (stop assistance aid, hailing card, etc.) was available
 - learning to travel with crowds, noises, traffic
 - I would ride if there were accessible bus routes where I need to go.
 - I would ride if there were no barriers to prevent me from getting to/from the places I need to go.
 - other, please specify:
-

18. Are you currently able to travel by yourself on public transportation?

- Always Sometimes Never Not Sure

If you checked never or not sure, please explain why:

19. Can you transfer from one regular UCAT bus to another?

- Always Sometimes No Possibly, if trained

If you checked no or possible, if trained, please check all that apply:

- I find it confusing
 - I can transfer if it is someplace I go all the time
 - I do not like to transfer
 - I do not want to use the bus
 - Other
-

20. Using a mobility aid or on your own, can you make your way to or from the bus stop nearest your home?

- Yes, always
- Yes, sometimes
- No
- I do not know because I have never tried

21. If you cannot make your way to the bus stop nearest your home (No, to above question), please check all that apply below:

- I do not know where the bus stop is
 - I do not want to ride the buses
 - I cannot go that far
 - Barriers like sidewalks, curbs and steps keep me from getting there
 - I possibly could with training
 - I cannot travel to the bus stop in bad weather
 - I can travel to the bus stop when my condition is good, but not when I am having a bad day
 - other, please specify:
-

22. Most of the time, can you:

A. Cross the street, if there are curb cuts?

Always Sometimes Never Not sure

B. Cross a two-lane street?

Always Sometimes Never Not sure

23. Can you wait 15 to 20 minutes at a bus stop?

Always Sometimes No, I can only wait at a bus stop

I do not know because I have never tried

If no, why? _____

24. Can you get on and off a regular bus when it has a passenger lift, by using the steps, getting the bus to kneel or using the lift with a mobility aid?

Always Sometimes No I do not need a lift

I have never tried

If you answered "sometimes" or "no" to the above question, please check all that apply below:

- my mobility aid will not fit on the lift
- I cannot steady myself when the lift is moving
- I do not feel secure on the lift
- I possibly could with training
- other, please specify:

25. Have you ever had any training to learn how to use the regular buses?

26.

Yes No

If yes, please continue. If no, please go to question #26.

Yes, I was trained by:

I was trained in: month _____ year _____

I learned: (please check all that apply)

- to travel to and from bus stops
- general bus travel
- how to read bus destination signs
- getting on or off the bus
- how to communicate with bus drivers
- asking for help or saying no when offered help
- destination or site training (point A to point B)
- how to handle problems or travel contingencies
- specific destination training
- how to cross streets with 100% accuracy
- how to use public phones
- demonstrate awareness of personal safety

I started but did not finish the training. Why? _____

I received training but to learn to ride specific bus routes.
Please list the bus routes:

I learned to travel to a specific place on the following bus routes:

Place/Address	Route
_____	_____
_____	_____
_____	_____

26. Please list your most frequent trips and how you get there now:

A. Origin _____ Round trip: _____

Destination _____ How Often? _____

Address _____ City _____

_____ by UCAT bus _____ other, please specify:

B. Origin _____ Round trip: _____

Destination _____ How Often? _____

Address _____ City _____

_____ by UCAT bus _____ other _____

C. Origin _____ Round trip: _____

Destination _____ How Often? _____

Address _____ City _____

_____ by UCAT bus _____ other, please specify:

27. Do you have a UCAT half fare card?

_____ Yes _____ No

28. Do you currently use regular buses?

_____ Yes _____ No

When was the last time you used a bus:

- _____ this week
- _____ last week
- _____ one month ago
- _____ longer than a month
- _____ never

29. List the bus routes serving your neighborhood:

30. If you use the buses now, which routes do you use?

31. How far is the UCAT bus stop from your home?

What is the location of that stop? _____

Can you get to that stop by yourself? Yes No Sometimes

If no, why not? _____

32. How would you describe the terrain where you live? (e.g: steep hill, long gradual hill, flat, etc.)

33. Are there any sidewalks at your residence?

Yes No

34. Are there any curb cuts on your block?

Yes No

35. How many steps are there at the entrance of your residence? _____

36. Do you have a ramp? Yes No

If yes, where is it located? _____

37. If a certified travel or mobility trainer were to assess your skills to travel independently and found you to be eligible, would you be interested in learning to travel to or from your workplace (or any other specific destination) if paratransit could still be used for destinations for which you are not travel- or mobility-trained?

Yes No

38. Due to my disability I need (check all that apply):

- a seat in the front of the bus
- the stops announced
- the bus to remain stopped until I am seated
- all tie downs to be working
- all tie downs to be secure
- the lift to be functional
- the kneeling device to be operational
- other, please be specific: _____

39. Is there anything else you want to tell us about your health condition, disability or transportation needs?

Address: _____

City/Town _____ State _____ Zip _____

Daytime Telephone (_____) _____

Signed _____ Date ____/____/____

It may also be necessary to contact your own health care or rehabilitation professional. These may include a physician, physical therapist, occupational therapist, social worker, vocational counselor, or agency representative.

Please scroll down and complete and sign the following authorization. You will need to send the completed form below, by mail, to UCAT at 1 Danny Circle, Kingston, NY 12401.

I authorize the ADA Transit Office of Ulster County Area Transit (UCAT) to contact the health care or rehabilitation professional listed below to obtain information regarding my disability and its affect on my ability to get around on my own.

Name of Health Care Professional _____

Street Address _____

City/Town _____ State _____ Zip _____

Telephone Number (____) _____

Name of Health Care Professional _____

Street Address _____

City/Town _____ State _____ Zip _____

Telephone Number (____) _____

Name of Health Care Professional _____

Street Address _____

City/Town _____ State _____ Zip _____

Telephone Number (____) _____

(Applicant's Signature)

____/____/____
(Date)

(Guardian's Name and Signature, if applicable)

____/____/____
(Date)

**The next
page must be
torn off and
given to
doctor-
therapist-
counselor to
complete**

MEDICAL VERIFICATION FOR ADA PARATRANSIT SERVICES

IMPORTANT NOTICE: *The information, which you provide, will assist UCAT in determining your patient's functional and cognitive ability to use public transportation. This form assists UCAT in determining when and under what circumstance the consumer can utilize the bus system. All of our vehicles are equipped with a wheelchair lift for individuals who need to use a wheelchair or cannot climb stairs. It is essential that you be as precise as possible in your evaluation. All information on this form will be kept strictly confidential and will not be released. Thank you for your cooperation.*

1. NAME OF PHYSICIAN OR HEALTH CARE PROFESSIONAL COMPLETING FORM:

OFFICE ADDRESS: _____

OFFICE PHONE #: _____

CAPACITY IN WHICH YOU KNOW THE APPLICANT: _____

2. PLEASE DESCRIBE THE CONDITION (WHETHER PHYSICAL OR COGNITIVE) WHICH FUNCTIONALLY PREVENTS THE APPLICANT FROM USING REGULAR BUS SERVICE. BE AS SPECIFIC AS POSSIBLE IN YOUR DESCRIPTION:

3. PROGNOSIS / EXPECTED DURATION OF DISABILITY:

4. DOES THE APPLICANT NEED A WHEELCHAIR FOR AMBULATION OUTSIDE OF THEIR HOME? Yes ___ No ___

5. FUNCTIONAL ASSESSMENT

TASK DESCRIPTION	CANNOT PERFORM TASK	PERFORMS TASK WITH ASSISTANCE	PERFORMS TASK INDEPENDENTLY
Climb Stairs			
Read Information Signs			
Hear Spoken Directions			
Able to Use Bus			

6. COGNITIVE ASSESSMENT

TASK DESCRIPTION	CANNOT PERFORM TASK	PERFORMS TASK WITH ASSISTANCE	PERFORMS TASK INDEPENDENTLY
Can applicant give address and telephone number upon request			
Can applicant recognize a destination or landmark			
Can applicant deal with unexpected situations or an unexpected change in routine			
Can applicant ask for, understand and follow directions			
Can applicant safely and effectively travel through crowded and/or complex facilities			

Doctor's Signature: _____ Date: _____

Print Name and Title: _____ Telephone: _____ Patient Name: _____