



1 Danny Circle
Kingston, NY 12401
(845) 340-3333

www.co.ulster.ny.us/ucate

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) _____ (Cell) _____

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 ¼ mile) | _____ I can go six blocks or more (about ½ 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 ¼ mile) | _____ I can go six blocks or more (about ½ 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):

- | | |
|--|---|
| <input type="checkbox"/> I can't leave my house | <input type="checkbox"/> I can get to the curb in front of my house |
| <input type="checkbox"/> I can go one block | <input type="checkbox"/> I can go two blocks |
| <input type="checkbox"/> I can go four blocks (about ¼ mile) | <input type="checkbox"/> I can go six blocks or more (about ½ mile) |

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

- | | |
|--|---|
| <input type="checkbox"/> I can't leave my house | <input type="checkbox"/> I can get to the curb in front of my house |
| <input type="checkbox"/> I can go one block | <input type="checkbox"/> I can go two blocks |
| <input type="checkbox"/> I can go four blocks (about ¼ mile) | <input type="checkbox"/> 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:

- | | |
|--|--|
| <input type="checkbox"/> Get to the bus stop | <input type="checkbox"/> Get on or off the bus |
| <input type="checkbox"/> While you ride the bus | <input type="checkbox"/> Get to final destination once off bus |
| <input type="checkbox"/> 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
- Powered wheelchair (Please specify manufacturer and model): _____
- Powered scooter (Please specify manufacturer and model): _____
- Prosthesis Braces Manual wheelchair

Total weight of passenger & chair (approx.) _____ **Dimensions of chair/scooter:** _____

Service animal (please specify type): _____

Other, please specify: _____

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

Yes No

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

Yes No

13. 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): _____

How does this limit your ability? Please describe in detail: _____

14. 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): _____
 Other (please specify): _____
 Friend/relative

15. Do you use UCAT buses?

No Yes How many days in one week? _____ How many days in one month? _____

If No, Why? _____

16. 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 If the bus has a lift (accessible bus)
 If a communication aid was available. (Stop assistance aid, hailing card, etc.)
 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.
 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.)

other, please specify: _____

17. 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: _____

18. 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 _____

19. 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

20. 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: _____

21. 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: _____

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

___ 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)

- ___ 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
_____	_____
_____	_____
_____	_____

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

A. Origin _____ Destination _____

Round trip: _____ How Often? _____ by UCAT bus ___ other, please specify:

B. Origin _____ Destination _____

Round trip: _____ How Often? _____ by UCAT bus ___ other, please specify:

C. Origin _____ Destination _____

Round trip: _____ How Often? _____ by UCAT bus ___ other, please specify:

24. Do you have a UCAT half fare card? Yes No

25. 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

26. List the bus routes serving your neighborhood: _____

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

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

29. What is the location of that stop? _____

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

If no, why not? _____

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

32. Are there any sidewalks at your residence? Yes No

33. Are there any curb cuts on your block? Yes No

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

35. Do you have a ramp? Yes No If yes, where? _____

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?

I understand that the purpose of this form is to determine if I am eligible for ADA paratransit service. UCAT or its contracted agents may need to talk to me or to see me later to get more information. I understand that I must be truthful in answering the questions on this form and at any in-person assessment. Giving false information is against the law and may result in the loss of my paratransit service, and/or criminal penalties. I agree to notify UCAT if I no longer need to use paratransit.

I hereby certify that the information given in this application is true to the best of my knowledge. I understand if UCAT or its authorized agents receive new information regarding a change in my functional mobility, my eligibility status may be reviewed and changed. I understand that UCAT or its authorized agents will notify me in writing of any change in my eligibility status and I may appeal such decision within sixty (60) days of notification. Eligibility decisions are made within 21 days of receipt.

(Applicant's Signature)

____/____/____

(Date)

If applicant is unable to sign, Power of Attorney may sign for applicant. Please enclose copy of POA. If applicant is under age 18, parent or guardian may sign for applicant. To establish your eligibility, it may be necessary to have you consult with our health professional. You will be contacted if this is needed.

Should future correspondence be sent to the applicant, or to someone else?

_____ yes, send it to the applicant

_____ No, send it to (name and address) _____

If you are completing this application on behalf of the person requesting certification, please complete and sign below:

Name: _____

Relationship to applicant: _____ Telephone number: _____

Address: _____

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 effect on my ability to get around on my own.

A. Name of Health Care Professional _____

Street Address _____

Telephone Number (____) _____

B. Name of Health Care Professional _____

Street Address _____

Telephone Number (____) _____

C. Name of Health Care Professional _____

Street Address _____

Telephone Number (____) _____

(Applicant's Signature)

__/__/__

(Date)

(Guardian's Name and Signature, if applicable)

__/__/__

(Date)

**The next page
must be torn off,
given to doctor-
therapist-
counselor to
complete and
attached to
application prior to
submission**

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: _____