



REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

Dear Customer,

Thank you for inquiring about Dial-A-COLT, Porterville's ADA Paratransit Service. Enclosed is information about the service and a copy of an Application for Certification of ADA Paratransit Eligibility.

PLEASE READ THESE ENCLOSED MATERIALS CAREFULLY BEFORE COMPLETING THE APPLICATION.

What is Dial-A-COLT Paratransit?

The City of Porterville operates Dial-A-Colt, or COLT, as its paratransit service. COLT provides curb-to-curb transportation service for individuals whose disabilities prevents independent access to, and use of, Porterville Transit's accessible bus service. This service is provided per the American with Disabilities Act (49CFR37). The general public can also use Dial-A-COLT, but at a lower priority than Seniors/ADA/Medical passengers. Personal Care Attendants travelling with ADA passengers are not charged a fare. Although COLT accepts advanced ADA reservations up to fourteen days in advance, most trips can be accommodated with 24 hours advanced reservations.

Who is eligible?

Individuals that have physical, visual, or mental functional limitations which prevent them from using the fixed route bus service. The following factors are considered in determining ADA paratransit eligibility certification:

- A person's disability and functional abilities;
- Accessibility of the fixed route bus system;
- Architectural barriers and environmental conditions.

A person's age, distance to bus stops, weather and environmental barriers do not alone establish eligibility. Once a person is determined eligible, ADA Certification is granted at three levels:

***Unconditional:** Due to a disability or health condition, you are always prevented from independently using the fixed route bus system.*

***Conditional:** you are only prevented from using the fixed route bus system at times when certain disabling or extreme environmental conditions exist.*

***Temporary:** You have a health issue or disability that temporarily prevents you from using the fixed route bus system.*

ALL PERSONS MUST RECERTIFY EVERY FIVE YEARS REGARDLESS OF THEIR ADA

CERTIFICATION LEVEL.

What does it cost?

Seniors (age 62+)/ADA/Medical card holders:	\$2.00/one-way trip
General Public (age 5+):	\$3.00/one-way trip
Personal Care Attendant (one per ADA registrant):	Free

How do I apply for ADA Certification?

There are two parts to the certification process:

PART 1	➡	Applicant Information
PART 2	➡	Health Care Professional Verification

- **PART 1:** Be sure to complete the **ENTIRE** application. Incomplete applications will be returned. Print clearly in ink and return the original application to Porterville Transit (see below for address). **Copies and faxes are not accepted.**
- **PART 2:** You must take your completed application to your healthcare professional for their verification. You must **ask them to provide to you a letter** stating that the information within this application is true and correct and that you are eligible for paratransit service.

Once Parts 1 and 2 are completed, return both the completed application and the letter from your healthcare professional to the City of Porterville for further processing. Please allow 21 days for certification. You will be contacted by mail of the results of your certification application.

Where do I submit my completed application?

Send completed applications and healthcare professional eligibility verification letters to:

Richard Tree
Transit Manager
City of Porterville
291 North Main St.
Porterville, CA 93257

Please call our office at (559) 782-7448 for more information or questions.

The information obtained in this certification process will be used by the City of Porterville and the Federal Transit Administration (FTA) for the provision of public transit services. Information will only be shared with other transit providers to facilitate travel in those areas. This information will not be provided to any other person or agency.

TITLE VI POLICY STATEMENT

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. 2000d). For more information, visit us on the web at www.PortervilleTransit.com and click on the Title VI Policy Link, or call (559) 782-7448.

APPLICATION FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

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APPLICANT INFORMATION

1. Name _____
2. Address _____
3. Telephone No. (Home) _____ (Work) _____
4. Date of Birth: ____/____/_____
5. Last four digits of your Social Security Number or Tax ID Number:
____ _

EMERGENCY CONTACT INFORMATION

6. Name _____ Relationship _____
7. Address _____
8. Telephone No. (Home) _____ (Work) _____

QUESTIONNAIRE

About Your Disability

1. What is the disability that prevents you from using the fixed route bus?

2. Explain how your disability prevents you from independently using a fixed route bus:

3. **Are the conditions you described above:**
 Permanent Varies day-to-day Temporary?
If temporary, what is the expected duration?

4. **Do you have medically defined cold sensitivity?** Yes No
If yes, above or below what temperatures? _____
If Yes, please explain:

5. **Do you have medically defined heat sensitivity?** Yes No
If yes, above or below what temperatures? _____
If Yes, please explain:

6. **Do other weather conditions (wind, dusk, dark and/or glare) affect your disability?**
 Yes No
If yes, please explain:

7. **Do you have a visual impairment?** Yes No Sometimes
If Yes or Sometimes, please explain:

9. **Is your breathing affected by weather or environmental conditions?**
 Yes No Sometimes
If Yes or Sometimes, please explain:

9. **Does the extent of your disability change after medical treatment?**
 Yes No Sometimes

If Yes or Sometimes, please explain:

- 10. Are there any other comments or additional information relating to your disability that you would like to explain?**

Traveling To/From Bus Stop

- 11. Are you able to locate fixed route bus stops, destinations, locations and/or cross streets independently?**

Yes No Sometimes

If No or Sometimes, please explain:

- 12. Are you able to travel independently after dark?**

Yes No Sometimes

If No or Sometimes, please explain:

- 13. Are you able to safely and independently travel ¼ of a mile without help from another person? Yes No Sometimes**

If No or Sometimes, please explain:

14. Are you able to safely and independently travel 200 feet without help from another person? Yes No Sometimes

If No or Sometimes, please explain:

15. Are you able to reach and return your neighborhood bus stop independently? Yes No Sometimes
If No or Sometimes, please explain:

16. Are you able to wait outside without assistance or support for ten (10) minutes? Yes No Sometimes
If No or Sometimes, please explain:

17. Are you able to leave and return to your regular destinations (local bus stops) independently? Yes No Sometimes
If No or Sometimes, please explain:

18. Are you able to wait longer than 15 minutes? Yes No Sometimes
If Yes, how long? _____ minutes.

19. Are you able to travel on flat surfaces in good weather? Yes No Sometimes
If No or Sometimes, please explain:

20. Are you able to travel on slight inclines in good weather? Yes No Sometimes
If No or Sometimes, please explain:

21. Are you able to get to and from the nearest public transit stop?

Yes No Sometimes

If No or Sometimes, please explain:

22. Could you wait if there were a seat or a bus shelter?

Yes No Sometimes

If No or Sometimes, please explain:

23. Could you wait if there were no seat or bus shelter?

Yes No Sometimes

If No or sometimes, please explain:

24. How long are you able to wait for a bus to arrive? _____ minutes.

Boarding and Alighting the Bus

25. Can you safely and independently walk up and down three (3) 12 inch steps?

Yes No Sometimes

If No or sometimes, please explain:

26. Are you able to board, ride or exit a wheelchair accessible bus without assistance?

Yes No Sometimes

If No or sometimes, please explain:

27. Are you able to grasp handles or railings, coins or tickets while boarding or exiting a bus? Yes No Sometimes

If No or sometimes, please explain:

28. Are you able to get on and off a bus without assistance?

Yes No Sometimes

If No or sometimes, please explain:

Service Delivery

The following information will be used to ensure that an appropriate vehicle is utilized to provide our transportation service and that an accurate analysis of your trip requests can be made by the City of Porterville.

29. Do you use wheel chair or scooter? Yes No

If Yes, how wide is it? _____ inches

How heavy is it when occupied? _____ pounds.

30. Do you use any of the following mobility aids or specialized equipment when traveling? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Large Power Chair |
| <input type="checkbox"/> Walker | <input type="checkbox"/> 3 wheel Power Scooter | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Other Aid: _____ | |

31. If you use a wheelchair or scooter, will you use it on paratransit?

Yes No Sometimes

If No or sometimes, please explain:

32. Are you able to wait 15 minutes at a public bus stop with your mobility device? Yes No Sometimes
If No or sometimes, please explain:

33. Do you require an attendant (personal care, sighted guide) to travel with you? An attendant may assist you with any personal or travel needs, such as crossing the street; navigating stairs, etc.
 Yes No Sometimes
If Yes or Sometimes, please explain the type of assistance this person provides:

34. Do you travel with children under the age of 10? Yes No

Release of Information

I, the applicant, understand that the purpose of this application is to determine my eligibility to use Porterville Paratransit Service. I agree to release the information requested to the City of Porterville, 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 the City of Porterville reserves the right to request additional information at its discretion. I agree to notify the City of Porterville of any changes in the status of my disability that affects my ability to use complementary paratransit service. I also understand that this may affect my eligibility as a rider. I hereby certify that I am the individual requesting certification for ADA complementary paratransit service and that the above information is true and accurate:

Applicant's Signature _____ Date _____

Printed Name of Applicant _____

Printed Name of Preparer, if any _____

If preparer represents an agency, please print the agency name here:
_____ Phone# _____

Thank you for completing this application. You will be notified in writing within 21 days of the receipt of this application of the determination that has been made and the reason(s) for that determination.