Town of Chapel Hill
TRANSIT DEPARTMENT
6900 Millhouse Rd.
Chapel Hill, NC. 27516

Dear Prospective EZ Rider Patron:

Thank you for your interest in our EZ Rider Service. This service is a supplement to our fixed route transit services. It is intended for those individuals who have either permanent or temporary "mobility impairment" that prohibits their use of the fixed route service.

Attached is an Application for Certification that must be completed by a doctor, nurse or other health service counselor or someone who is medically qualified and familiar with your particular mobility impairment. You should sign the form authorizing the release of medical information. It should be sent to your doctor, who should complete the form and return it to Chapel Hill Transit. Final approval of your eligibility will be made by Chapel Hill Transit. You will be notified of any special conditions of your certification. Certification will be valid for approximately four years. We will contact you regarding recertification at that time.

Please discuss your need for a Personal Care Attendant with the certifying official. Your use of an attendant for future trips will depend on our determination during the EZ Rider certification process.

If you have been certified for a similar service in another community, you can provide us with a copy of an ID card or any other information which can verify your prior certification. If we still have questions about your eligibility, we may ask you to obtain a local certification.

You may request to use EZ Rider while your Application for Certification is being processed once a completed application has been received by CHT. EZ Rider service is currently available Monday through Saturday. Also, weekday evening and Sunday service is available to patrons through our Shared Ride service.

TO SCHEDULE TRIPS, CALL THE RESERVATIONIST AT 969-5544!

The Town of Chapel Hill provides public transportation service within the Chapel Hill/Carrboro community. Most service is provided with fixed route transit buses, which cover about 93% of the Town (bus stops are within a 1/4 mile walk of 93% of the households). Some buses are equipped with hydraulic lifts and are accessible to wheelchair patrons. For people who have mobility problems which prohibit their ability to travel to bus stops and board buses, a demand-responsive service called EZ Rider is provided. EZ Rider uses lift-equipped vans for door-to-door service. The operators can assist patrons with boarding the vans.

EZ Rider does not provide ambulance-type service and will not be provided for emergency medical trips. Patrons are expected to be in good health, except for their particular mobility related problem.

This statement should be completed by a physician, nurse, or other medically qualified individual who is familiar with the patron's mobility impairment. It is a certification that the applicant has a physical, psychological or other mobility impairment, which limits their ability to use regular bus service and would, therefore, be eligible for demand-responsive EZ Rider Service.

APPLICANT AUTHORIZES THE RELEASE OF MEDICAL INFORMATION:

_____ _____ _____

Signature of Applicant **Telephone#** **Date of Birth**

CERTIFICATION INFORMATION: (please print)

I certify that Mr./Ms._____, residing at_____
_____

is unable to use Chapel Hill Transit fixed route bus service, because of the mobility related problem described below. I recommend that he/she be considered for EZ Rider Service.

MobilityRelated
Problem:_____
_____

Temporary condition? (circle one) Yes No Anticipated recovery date:_____

Is an attendant required? (circle one) No All trips Some trips

_____ _____

Physician's Name (print) **Physician's Signature**

Title:_____ Agency:_____

Address:_____ Phone#:_____

RETURN THIS FORM TO: Chapel Hill Transit
Phone#: 969-4900 6900 Millhouse Rd.
Fax#: 968-2808 Chapel Hill, NC 27516
ATTN: ADA Certification Reviewer

Upon approval, a copy of this form will be returned to the patron

FOR OFFICIAL USE ONLY:

OS_____ DISP_____ FILE_____ RECERT_____

Chapel Hill Transit

EZ Rider Services

ADA Paratransit Eligibility Application

Please Return Completed Application to:

Chapel Hill Transit

6900 Mill House Road

Chapel Hill, NC 27516

Fax: (919) 968-2808

Attn: ADA Certification Review

Note: A completed application must be returned to Chapel Hill Transit. Incomplete applications will not be processed and will be returned to the applicant.

To apply for eligibility you must fully complete the attached application form. We will review your ability to use accessible public transportation. After studying your application, we may need more information. We may need to:

- Contact you by phone
- Schedule a personal interview or a functional evaluation, or
- Consult with your doctor, health professional, or other specialist about your condition and abilities.

For help with the application process or to check on the status of your application call 919-969-4900

This packet includes information and forms you need to apply for paratransit eligibility with Chapel Hill Transit. As part of the requirements of the Americans with Disabilities Act (ADA), paratransit service is provided by all public transportation systems. This special type of public transportation service is limited to persons who are unable to independently use regular public transit, some or all of the time, due to a disability or health related condition.

In order to use ADA paratransit service, you must be certified as eligible. Eligibility is determined on a case-by-case basis. According to ADA regulations, eligibility is strictly limited to those who have specific limitations that prevent them from using accessible public transportation.

Your application may be approved for full eligibility (unconditional) or on a limited basis for some trips only (conditional eligibility). If you are found to be capable of using regular bus service for all trips, without the help of another person, you will not be eligible for paratransit.

Applicants and persons assisting them are encouraged to read the EZ Rider Rider's Guide before completing the attached form. If you need a Guide call your transit agency. It provides more details about ADA paratransit and the criteria for eligibility.

Your application will be processed within 21 days after it has been received. The application must be properly completed and you must make yourself available for a second level assessment if requested. A second level assessment could include a telephone interview with you, medical verification, or an in-person interview. The in-person interview may include a functional test to determine your ability to take a public transit trip, such as being capable of walking to a bus stop, reading signs etc.

You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be eligible to travel throughout the Chapel Hill/Carrboro Community. If you do not agree with the eligibility determination, you have the right to appeal. Information on how to file an appeal will be included with your eligibility notice. If an eligibility determination takes longer than 21 days, you may be given eligibility that allows you to use the paratransit system until a final decision about your eligibility is made. This does not apply if, through inactions on your part, we are unable to complete the processing of your application.

Please Print

Personal/Contact Information

Name *(first, middle, last):*

_____

Home Address: _____ Apt. #: _____

City: _____ Zip: _____

Mailing Address *(if different from home):*
_____ Apt. #: _____

City: _____ Zip: _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____ Cell Phone: (_____) _____

Birth Date: ____/____/____ ☐ Female ☐ Male

Primary Language *(please check):* ☐ English ☐ Other *(specify)*_____

In case of emergency, whom should we contact?

Name: _____

Relationship: _____

Day Phone: (____) _____ Eve. Phone: (____) _____

Do you currently use any regular fixed route bus services _____ NO _____ YES

If yes, which routes?_____

What is the closest bus stop to your home? _____

Can you get to the bus stop by yourself? _____NO _____YES

If no, what limits you from getting there? _____
_____

Please check all that apply of the following statements, which best defines the nature of the disability or limitation which prevents you from using fixed route bus service. Describe your specific needs in the space provided:

☐ **(MOB)** I have a mobility impairment, which prevents me from getting to and/or getting on a fully accessible vehicle without assistance. Describe the nature of this condition and any environmental obstacles (such as inclines, curbs, and distances) which affect your ability to access public transportation: _____

_____

This condition is: _____temporary _____permanent

☐ **(END)** I have an endurance problem, which prevents me from moving the distance needed to get to the bus stop. Please describe the cause and nature of this condition: _____

_____

_____

This condition is: _____temporary _____permanent

☐ **(VIS)** I have a visual impairment that prevents me from finding my way to and from a fixed route bus stop without assistance. Describe the nature of your condition and your functional level of vision:

_____

_____

☐ **(COG)** I have a cognitive disability which prevents me from remembering and understanding information needed to get myself safely to and from the bus stop. Please describe the origin and characteristics of your condition: _____

_____

_____

☐ **(OTH)** I have a severe medical condition, which limits my ability to function. Please describe and note whether your condition is temporary or permanent, and if it is episodic in nature (i.e. do you have "good" days or times when you can access transportation, and "bad" days when you cannot?)

_____

_____

_____

☐ **(OTH)** I am dealing with functional losses due to aging. I feel I am not able to access regular bus service due to the following limitations: _____

_____

_____

☐ **(OTH)** Other. My functional limitations do not fit into any of the above categories. I am unable to use regular bus service because: _____

This condition is _____temporary _____permanent

Please check any of the following Environmental or Individual Factors which are applicable to your situation: If I am waiting outside at a bus stop, I must have: ____ a bench ____ a shelter ____ nothing additional

When crossing a street, I need: ____ curb cuts ____ tactile curb warnings ____ audible signals ____accessible median ____ no more than # ____ lanes of traffic

I cannot make my way across ground which is: ____ paved or sidewalk ____ grassy ____ gravel ____ hilly

My ability to access transportation is affected by weather which is:
____ warm (above____degrees) ____ cold (below____degrees)
____ rainy ____ icy ____ windy

My ability to access transportation is dependent on the time of day. I cannot see in:
____ full daylight ____ partial light ____ darkness/ semi-darkness

My ability to access stairs is as follows. I can manage: ____ only one or two steps
____ only with a handrail ____ no steps

The distance I can travel to and from bus stops is: ____ no more than ____feet
____ at least five blocks

I can wait at a bus stop: ____ no more than ____ minutes ____ at least one hour

I travel: ____ alone ____ both alone and with a companion ____ only with an attendant or companion (this does NOT affect eligibility)

If you travel with someone who assists you, does this person assist you in:
____ getting to or from bus stops ____ getting on or off the bus ____ helping me where I am going ____ other (describe): _____

I can cross a street with: ____ 2-3 lanes ____ 4-6 lanes ____ I cannot cross

List your 5-6 most frequent destinations and how you currently get there:

Destinations	Frequency of travel	How you there now:

Which of the following mobility aids do you use? (please check all that apply)

__ Cane __ Manual Wheelchair __ Service animal __ White Cane __ Powered Wheelchair
__ Picture board __ Walker __ Powered scooter/cart __ Alphabet board __ Crutches
__ Boarding chair __ Portable oxygen __ Prosthesis __ Transfer board __ None of these
__ Other (describe): _____

If you use a manual or powered wheelchair or scooter, what year, make, and model is it?
_____

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, when in use weigh more than 600 pounds (person plus mobility device)?
____ Yes ____ No

Applicant Certification

I **certify** that the information in this application is **true** and **correct**. I understand that knowingly falsifying the information will result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services.

I **hereby authorize** the licensed professional on the following documents (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to Chapel Hill Transit. This information will be used only to verify my eligibility for paratransit services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

Sign here:

Applicant's signature _____ Date _____

Did someone help you in filling out this form? ☐ Yes ☐ No

If yes, Name: _____ Phone: (____) _____

Relationship: _____

Please Note: It is your responsibility to notify us if your disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible or we discover you submitted false information, your eligibility could be suspended or you may be asked to re-apply.

PART B

You are being asked by the applicant named in PART A of this application to provide information regarding his/her ability to use the regular fixed route services provided by the transit systems in the region. For those persons who cannot use the regular fixed route services, the transit systems will allow them to use the paratransit services that are also provided. The information you provide will allow us to evaluate the request and determine this individual's specific needs. Thank you for your cooperation in this matter.

Please note:

All regular fixed route are currently accessible to persons with disabilities who need lift-equipped vehicles, vehicles which kneel to the curb, and/or announcement of bus stops. In order to be eligible for the paratransit services, therefore, the individual must be unable to access these services due to conditions which prevent them from getting to or from a regular fixed route bus stop, or transferring between vehicles, and/or conditions which prevent them from being able to get on, ride, or get off a lift-equipped vehicle. Individuals for whom performing these tasks is inconvenient or uncomfortable are not eligible for services, and you are asked to verify this information.

Eligibility for paratransit services is determined on a trip-by-trip basis. It is extremely important that you provide specific information about the individuals' functional limitations, so that these determinations can be made. For example, an individual who can easily and safely get to the bus stop nearest their home may not be able to get to a bus stop at their desired destination and thus would be eligible to use the paratransit services based on the destination.

Please follow these steps to verify this application:

1. Read PART A of the application in its entirety.
2. Fill out PART B of the application completely, using the criteria provided.
3. Return the completed application to the applicant within 7 days of receipt.

The applicant is responsible for returning the application to the paratransit service provider.

4. Be aware that you may be contacted for further information if questions remain about the applicant's abilities.
5. If you have any questions, contact the paratransit service provider at: (919) 969-4900 and ask to be connected to the ADA/EZ Rider Certification Department.

To be completed by a Registered Health Care Professional Only

Please complete the following:

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:_____

A. Indicate the condition that causes the applicant's disability:

_____

_____

B. Indicate the nature of the applicant's disability (check all that apply)
□ Mobility impairment: Specify_____
□ Arthritis: Please specify extremity (ies)_____ _____
□ Hearing impairment
□ Cardiac Illness
□ Kidney Disease: Dialysis Yes No
□ Sight Disabilities □ Totally Blind □ Legally Blind □Visually Impaired
□ Severe Muscle Spasms/Seizures
□ Cognitive
□ Other _____

If this individual has functional limitations due to cognitive impairment, please indicate any of the following issues that are pertinent to this individual:
□ Can not be left alone to wait for transportation
□ Displays behavior that is unsafe for self or others using public transportation
□ Can not recognize vehicles that applicant should board

For any impairment checked above, please note specific precautions that the applicant must follow in terms of
How far can the applicant travel independently:_____
Limitations regarding time of day to travel:_____
Weather Conditions:_____
Environmental Conditions:_____

What is the severity of this individual's condition?
□ Mild □ Moderate □ Severe □ Profound

What is the expected duration of this individual's condition:
Temporary: Approximate expected duration until _____
Long-Term: Potential for functional improvements or periods of remission
Permanent: No expectation of functional improvement

Please provide any additional information that may help CHT determine the applicant's eligibility:
_____

To the best of my knowledge, the previous information is correct, based on my examination of the applicant and /or my review of official files

Signature:_____

Date:_____

Print Name and Title:_____

Office Address:_____

Office Phone:_____

Check one of the following:

□ Professional affiliation (check the appropriate designation):
□ Licensed physician Licensed physical therapist
□ Licensed occupational therapist Licensed social worker
□ Nurse (LPN or RN) Certified psychologist
□ Certified rehabilitation counselor Speech pathologist
□ Vision specialist Orientation/mobility specialist
□ Audiologist/ Hearing specialist MR/DD qualified specialist

Thank you for your assistance