



ADA PARATRANSIT ELIGIBILITY APPLICATION AND INSTRUCTIONS

Dear Customer:

Thank you for inquiring about eligibility for ADA Paratransit service, provided by Bis-Man Transit in the Bismarck-Mandan area. Enclosed is an ADA Paratransit Application Form. **Please read this and the enclosed material carefully before completing the application.**

The Americans with Disabilities Act of 1990 and the Department of Transportation Regulations 49-CFR Part 37 requires Bis-Man Transit to provide paratransit bus service to any individual with a disability who is unable, as a result of a physical or mental impairment, to board, ride or disembark from any vehicle on the transit system which is readily accessible to and useable by individuals with disabilities. Regulations require each transit system to develop a certification process wherein anyone needing paratransit bus service must be certified as ADA eligible pursuant to the guidelines set down in Part 37.123 of the Department of Transportation regulations. The law is very specific as to whom and under what circumstances eligibility may be granted and is not automatically assumed because of a disability.

You, or your designee, must completely answer all questions to the best of your ability and you must certify that the information is complete and correct by signing and dating the application. In addition, we ask that you fill out the Professional Release of Information allowing us to contact the professional (not a relative or friend) of your choosing who can confirm the information you have provided. This person may be a registered nurse, social worker, physician, physical therapist, psychologist, occupational therapist, chiropractor, speech pathologist, physician's assistant, nurse practitioner, mental counselor or other professional who is currently certified or licensed in their field. This person should be familiar with your disability and how it affects you.

Please complete your application as thoroughly as possible. Your answers will assist us in determining the specific limitations you have in using our service. All applicants, whether new or those applying for re-certification, must complete a new application. The Bis-Man Transit ADA Paratransit certification process includes completing the application, submission of a professional verification, and if needed, an in-person interview in order to determine eligibility for paratransit services based upon ADA regulations. Paratransit transportation will be provided free of charge upon request in the event of an interview. Should you have any questions about the certification process, please contact Bis-Man Transit at



info@bisantransit.com or call us at (701) 258-6817. For additional information regarding our services visit www.bisantransit.com.

Please mail your completed application and Professional Release of Information form to Bis-Man Transit, or to: ADA Paratransit Applications, Bis-Man Transit, 3750 Rosser Ave., Bismarck, ND 58501.

The final eligibility determination will be made within 21 days of completion of the application process. **NOTE: Applications are not considered complete until the professional verification has been received and the interview is completed.** If a decision is not made within the 21 days, Bis-Man paratransit service will be provided on a temporary status, until a final determination is made. Bis-Man Transit will notify you, in writing, of the results of your evaluation and your eligibility status.

TYPES OF ELIGIBILITY

If you are determined eligible for Bis-Man Transit paratransit service, your eligibility will be one of the following types:

1. UNCONDITIONAL ELIGIBILITY:

Your disability, or health condition, always prevents you from using fixed route buses and you qualify for ADA Paratransit for **ALL** of your trips.

2. CONDITIONAL ELIGIBILITY:

You are able to use the fixed route buses for **SOME** of your trips, and qualify for ADA Paratransit Service for other trips.

3. TEMPORARY ELIGIBILITY:

You have a health condition or disability that **TEMPORARILY** prevents you from using the fixed route buses and you qualify for ADA paratransit for a specified period of time.

If you are dissatisfied with Bis-Man Transit's eligibility determination, a written appeal request may be submitted following the appeal procedure outlined on page 3. A determination is made based upon an individual's ability to board, ride and disembark independently from a fully accessible fixed route bus. The terrain and architectural structure are also considered. It is important for all applicants to realize that this is a transportation decision, not a medical authorization.

Lack of fixed route service in an area or at specific scheduled times does not qualify as adequate justification for ADA paratransit eligibility. Bis-Man Transit paratransit service provides service within the city limits of Bismarck, Mandan, and three-quarters of a mile outside of any Bis-Man Transit (CAT) fixed bus route during the same hours as fixed route bus service for those determined eligible.



APPEAL PROCEDURE

A determination of eligibility will be made by Bis-Man Transit within 21 days of the completed application process. **NOTE: Applications are not considered complete until the professional verification has been received and if required an interview is completed.** Bis-Man Transit will notify you in writing with the decision of your eligibility status. If it is determined that you are able to use the fixed route service and are found not eligible for paratransit service, Bis-Man Transit will provide explanation for the determination. If you are determined “Not Eligible”, or are dissatisfied with your eligibility type, you may appeal the decision. A written request to appeal the decision must be received within 60 days of the written eligibility notification letter.

Submit a letter stating your wish to appeal the decision that was made. You may include information as to why you feel you were incorrectly denied (or limited) for ADA Paratransit service and attach copies of any other information you feel supports your appeal, though this is not required. A hearing date will be set for within thirty (30) days of receipt of the appeal request.

The decision of the appeals committee will be given within thirty (30) days of the hearing date, and will be provided in writing (and/or other accessible formats as requested). The decision made by the appeal panel will be the final determination. You may then only re-submit an application if your condition changes. ADA Paratransit service will not be provided for new applicants during the appeal process, unless the appeal process cannot be concluded within thirty (30) days.

Appeals must be in writing and forwarded to:

Executive Director
c/o Bis-Man Transit
3750 East Rosser Avenue
Bismarck, ND 58501



PROFESSIONAL RELEASE OF INFORMATION

In order to allow Bis-Man Transit to evaluate your request for paratransit eligibility, it will be necessary for us to contact a physician or other professional to confirm the information that you have provided. **Please complete the following information and professional release authorization form and return it with your application.**

I, the applicant, understand that the purpose of this application is to determine my eligibility to use Bis-Man Transit paratransit service. I hereby authorize my health care provider or other professional listed below to release information about my disability and its effect on my ability to travel, which may be needed in connection with my request for ADA paratransit eligibility certification.

Signed: _____ Date: _____

Printed name of Applicant: _____

Applicant Date of Birth: _____

If the applicant is a minor or has a legal guardian, the parent or guardian must sign this application and attest to the accuracy:

Signature of Parent or Legal Guardian: _____

Relationship: _____ Phone: _____ Date: _____

In the space below, CLEARLY PRINT the name of the Health Care Professional who will be verifying your application and his/her medical position.

Name of Professional: _____

Address/city/state/zip: _____

Phone: _____ Fax: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> licensed physician | <input type="checkbox"/> certified psychologist | <input type="checkbox"/> nurse (LPN/RN) |
| <input type="checkbox"/> vision specialist | <input type="checkbox"/> ophthalmologist | <input type="checkbox"/> mobility specialist |
| <input type="checkbox"/> speech pathologist | <input type="checkbox"/> licensed physical therapist | <input type="checkbox"/> hearing specialist |
| <input type="checkbox"/> licensed social worker | <input type="checkbox"/> mental health counselor | |
| <input type="checkbox"/> licensed occupational therapist | <input type="checkbox"/> certified rehabilitation specialist | |
| <input type="checkbox"/> other: _____ | | |



APPLICATION FOR BIS-MAN TRANSIT ADA PARATRANSIT SERVICES

It is important to complete all parts of the application. Applications that are not fully completed or clearly written will be returned, which will delay the eligibility process. Please use additional sheets of paper as necessary. Please print legibly. **If qualifying based on age (70 or older), please complete pages 5-7, 11 and include a copy of your ID.**

Name: _____
First Middle Last

Mailing address: _____

City: _____ State: _____ Zip code: _____

Physical address (if different): _____

City: _____ State: _____ Zip code: _____

Primary phone: _____ Cell / Work / Home (Circle one)

Secondary phone: _____ Cell / Work / Home (Circle one)

If approved, would you like to receive text messages regarding your ride? (Must provide cell phone number)

Yes No

Date of Birth: _____ Age: _____
MM DD YYYY

If this application has been completed by someone other than the applicant requesting certification, that person must complete the following.

Name/Relationship: _____

Address: _____

Phone: (____) _____

Should this person be contacted directly if additional information is requested?

[] Yes [] No



Emergency Contact Person(s):

Name (primary contact)/relationship: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Name (secondary contact)/relationship: _____

Day Phone: (____) _____ Evening Phone: (____) _____

About Your Disability

1. What type, or types, of disabilities prevent you from using fixed route services?

- Physical disability Visual impairment Mental/Emotional disability
- Cognitive / Intellectual / Developmental disability Hearing impairment
- Other _____ None

Onset: How long have you had your disability? Date: _____

What is your disability/diagnosis? How does it prevent you from independently using the fixed route bus system? What should we know when making our determination?

2. Is your disability: Permanent Temporary

If temporary; what is the expected duration: Date: _____

3. Which of the following mobility aids do you use while traveling? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> cane | <input type="checkbox"/> x-large wheelchair | <input type="checkbox"/> prosthesis |
| <input type="checkbox"/> long white cane | <input type="checkbox"/> manual wheelchair | <input type="checkbox"/> portable oxygen |
| <input type="checkbox"/> sighted guide | <input type="checkbox"/> power wheelchair | <input type="checkbox"/> walker |
| <input type="checkbox"/> service animal | <input type="checkbox"/> power scooter/cart | <input type="checkbox"/> none |
| <input type="checkbox"/> crutches | <input type="checkbox"/> other _____ | |



REQUIRED: If you use a manual wheelchair of any size, power wheelchair, or an electric scooter/cart, you must provide the following information about your device.

This information is necessary to ensure Bis-Man Transit sends the vehicle that is best able to accommodate you and your device, should you be approved for Bis-Man Transit.

- Width: _____ Length: _____
 - Weight of rider + mobility device (combined): _____ **OR, if unknown:**
 - Rider weight: _____ **AND**
- Make & Model of device: _____

4. Do you require the services of a Personal Care Attendant/Personal Assistant when you travel? (This person is not a companion or escort, but someone who will be helping you with mobility assistance, personal care, communication, transportation, sign language interpretation, providing services as a reader, etc., as you make your trip).
- Yes** **No** **Sometimes**

NOTE: In order for your Personal Care Attendant/Personal Assistant to ride with you at no charge, you must inform the reservation/dispatch office staff that you will be accompanied by a Personal Care Attendant when making your ride request. Bis-Man Transit does not provide Personal Care Attendants/Personal Assistants.

**Getting To and From the Bus Stop,
Boarding, Riding, and Exiting the Bus**

Please expand on the following questions as needed (space is provided after #19).

- | | Yes | No | Sometimes |
|---|-----|-----|-----------|
| 5. Are you able to travel to/from your neighborhood bus stop independently (without help from someone else)? | [] | [] | [] |
| 6. Are there physical barriers that prevent you from getting to/from the bus stop(s) (ex: no sidewalks, steep hills, etc.)? Please describe: _____ | [] | [] | [] |
| 7. Are you able to cross streets by yourself? | [] | [] | [] |
| 8. Are you able to detect curbs and other drop offs? | [] | [] | [] |

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 9. Are you able to travel on flat surfaces in good weather? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you able to travel on slight inclines in good weather? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you able to travel by yourself after dark? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you able to wait outside <i>independently...</i> | | | |
| a. For 10 minutes (with/without a mobility device)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If there was a bench or bus shelter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If there was NOT a bench or bus shelter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | Sometimes |
| 13. Are you able to recognize specific buses that you should board for your route? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have to go up and down steps in your home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. How many? _____ | | | |
| b. Do you need support or a handrail? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Can you climb one (1) 12 inch step independently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Can you climb three (3) 12 inch steps independently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Can you physically pay bus fare by putting coins or a dollar in the fare box, or by showing a pass to the bus driver? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you able to board, ride, and exit a bus that has a wheelchair accessible lift or ramp and a kneeler that lowers the front of the bus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are you able to grasp handles or a railing while boarding or exiting a bus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “no” or “sometimes” on #5-19, please give details as needed:



Tell us about what you can do & what affects your abilities:

Please expand on the following questions as needed (space is provided after #23).

- | | Yes | No | Sometimes |
|---|-----|-----|-----------|
| 20. Do weather and/or lighting conditions affect your disability? | [] | [] | [] |
| 21. Is your breathing affected by weather or environmental conditions? | [] | [] | [] |
| 22. Does your disability make you: | | | |
| a. a. Sensitive to heat? Above what temp.? _____ | [] | [] | [] |
| b. b. Sensitive to cold? Below what temp.? _____ | [] | [] | [] |
| | Yes | No | Sometimes |
| 23. Does your disability change after medical treatment | [] | [] | [] |

If you answered "yes" or "sometimes" on #20-23, please give details as needed:

On your best day, under the best conditions (weather, sidewalks, etc...), what is the farthest you can walk/travel using your mobility aid without the help of another person?

- [] Cannot travel outdoors alone [] Length of 2 pick-up trucks (30 ft)
- [] Length of a basketball court (95 feet) [] Length of one football field (300 ft)
- [] One football field and back? (600 feet, about 1 city block)
- [] One lap around a track? (1,320 feet or 1/4 mile)
- [] Half a mile [] More than half a mile

Explain if needed: _____

Please expand on the following questions as needed (space is provided after #33)

- | | Yes | No | Sometimes |
|---|-----|-----|-----------|
| 24. Are you able to read and comprehend printed information? | [] | [] | [] |
| 25. Can you provide addresses and phone numbers upon request? (these could come from a phone or date-book) | [] | [] | [] |
| 26. Are you able to ask for, understand, and follow directions? | [] | [] | [] |
| 27. Are you able to adapt to unexpected changes in routine? (a missed bus, or a route detour?) | [] | [] | [] |



- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 28. Are you able to recognize a destination or landmark? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are you able to independently call and make or cancel trip reservations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Are you able to travel by yourself along sidewalks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Are you able to leave and return to your regular destinations independently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | Sometimes |
| 32. Can you wait alone at your residence and places to which you travel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “no” or “sometimes” to #25-33, please give additional details as needed:

Using the fixed route Bus

33. What is the nearest bus stop to your home? _____
34. Have you used fixed route transportation in the past year (the CAT bus)? Yes No
- If yes, what route/where did you go? _____
- If No, why not? (Check all that apply)
- | |
|---|
| <input type="checkbox"/> It doesn't go where I need to go |
| <input type="checkbox"/> I don't know if I can |
| <input type="checkbox"/> It takes too long/it is too much work |
| <input type="checkbox"/> The stop is too far away |
| <input type="checkbox"/> Due to constraints of my disability |
| <input type="checkbox"/> I don't know how (where to get a bus, how to pay, where it goes) |
| <input type="checkbox"/> other: _____ |
35. Have you ever had training to learn how to travel independently around the community or how to use the fixed route buses? Yes No
36. Fixed route transportation provides the freedom of spontaneous travel, and costs less than paratransit service. Is there something that might help you ride the fixed route bus? (Check all that apply)
- | |
|---|
| <input type="checkbox"/> Yes, if someone taught me the routes, schedules and fares |
| <input type="checkbox"/> Yes, if someone were to show me how to ride the bus |
| <input type="checkbox"/> Yes, if someone showed me how to get on and off the bus using the lift |
| <input type="checkbox"/> Yes, if the bus were to come closer to where I live and need to go |
| <input type="checkbox"/> No, none of these would help |
| <input type="checkbox"/> Other (describe): _____ |



NOTE: ALL APPLICATIONS MUST BE SIGNED:

I agree to notify Bis-Man Transit of any changes in status of my disability that affects my ability to use paratransit service. I hereby certify that the information in this application is true and accurate. I understand that falsification of the information may result in denial of service. I understand that all information will be kept confidential.

Name (printed) _____

Signed _____ Date _____

If this application has been completed by someone other than the person requesting certification, that person must also certify by signing:

Name & relationship (printed) _____

Signed _____ Date _____

