Targhee Regional Public Transportation Authority
1810 W. Broadway #7, Idaho Falls, ID 83402-5072
Phone: (208) 535-0356 Fax: (208) 524-0216

APPLICATION FOR PARATRANSIT ELIGIBLE SERVICE

There are two types of public transportation available through TRPTA:

Fixed Route Service (regular city buses) provides service at designated bus stops along specific routes on set schedules. All buses now have features to make riding easier for people with disabilities, including wheelchair lifts, kneeling features, voice announcements and coming soon low floor buses.

ADA Paratransit Service (door-to-door) shared-ride public transportation service for people whose disability prevents them from using Fixed Route Service (regular city buses). You must call in advance to make a reservation to travel. If your disability and/or environmental barriers, prevent you from using Fixed Route service (regular city buses), you may be eligible for Paratransit Service (door-to-door) some or all of the time. Your ability to use fixed route buses will be evaluated through the use of this application, an in-person Interview, and, in some cases, a functional assessment. A determination will be made within 21 days of your in-person interview or presumptive eligibility will be granted. When you are contacted for your in-person interview, it is to your benefit to schedule as soon as possible. Your application will not be processed without this step.

IMPORTANT: Medical condition or eligibility for other disability programs do not necessarily qualify you to use Paratransit Service (door-to-door). Not having access to fixed route bus service is not a qualifier.

What is the American with Disabilities Act (ADA)? The Americans with Disabilities Act (ADA) is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life. Under the ADA, Fixed Route service (regular city buses) is to be the primary means of public transportation for everyone, including people with disabilities.

Travel Training TRPTA offers free one-on-one or group training to teach people with disabilities how to ride Fixed Route buses. If interested, you may call one of our travel trainers for more information call 208-535-0356 ext. 119.

TRPTA ADA Paratransit Service Application

To ensure your application is processed in a timely manner, ***all questions*** must be answered. ***Part A and Part B must be submitted at the same time***. Incomplete applications will be returned to applicant and/or individual/agency completing application. All information is kept confidential.

PART A: **General information regarding applicant** to be completed by applicant or on behalf of applicant.

[ ] New Applicant [ ] Current Rider (Annual Update) [ ] Female [ ] Male

Name

Street Address

Mailing Address (if different from street address)

City State Zip

Phone Number(s) [Cell] [Other]

Date of Birth

ID #_____

[ ] Last 4 digits of Social Security [ ] Driver's License

[ ] State ID [ ] Other (please be specific

_____

Emergency Contacts

Name_____ Relationship_____

Phone #_____ Phone #_____

Name_____ Relationship_____

Phone #_____ Phone #_____

Questions to Applicant Regarding Disability

Applicant Name	

Describe your disability and how you believe it prevents or limits your use of the regular city bus (please be specific)

Is the condition(s) temporary? [ ] No [ ] Yes If temporary, what is the expected duration?

How do you travel now?
[ ] Walk [ ] Drive a Car [ ] Ride in a car [ ] Agency Provided [ ] Taxi
[ ] Fixed Route [ ] Paratransit [ ] Fixed Route & Paratransit
[ ] Other (please explain)

Which of these aids do you currently use when traveling?
[ ] Portable Oxygen [ ] Straight Cane [ ] Leg Brace
[ ] Walker [ ] White Cane [ ] Alphabet/Picture Board
[ ] Service Animal [ ] 3-4 Pronged Cane [ ] Crutches
[ ] Prosthetic Leg [ ] Rollator
[ ] Power Scooter
[ ] Wheelchair (Manual or Power)
If you use a Power Scooter/Wheelchair, is it considered extra wide? [ ] Yes [ ] No
[ ] Other (please be specific)

Do you need assistance from another person when you travel in the community?
[ ] No [ ] Yes [ ] Sometimes

If yes or sometimes - what type of assistance do, they provide for you?

Can you climb three steps (11 to 15 inches) with a handrail, without assistance from another person? [ ] Yes [ ] No [ ] Sometimes

Have you ever used the regular city bus? [ ] No [ ] Yes

- If yes, when was the last time you used it?
- If yes, why are you no longer able to use it?

Does weather impact your ability to use the regular city bus?
[ ] No [ ] Yes [ ] Sometimes

- If Yes or Sometimes, please explain how?

Applicant Name	

Are you able to get to the closest bus stop from your home?
[ ] Yes [ ] No [ ] Sometimes

- If No or Sometimes, what prevents you?

Can you cross at streets with a very little traffic, where there are no traffic controls or stop signs without assistance? [ ] Yes [ ] No [ ] Sometimes

- If No or Sometimes, what prevents you?

Can you cross at traffic lights? [ ] Yes [ ] No [ ] Sometimes

- If no or Sometimes, what prevents you?

Can you cross at busy intersections? [ ] Yes [ ] No [ ] Sometimes

- If no or Sometimes, what prevents you?

Are you able to recognize your destination or landmark near your destination?
[ ] Yes [ ] No [ ] Sometimes

- If no or Sometimes, what prevents you?

Are you able to tell time? [ ] Yes [ ] No

Are you able to count money? [ ] Yes [ ] No

Is there any other information you want to provide that will help us in making an appropriate eligibility determination?

Applicant Verification

Applicant Name	

Application must be signed to be considered complete

Applicant Signature

I understand that the purpose of this application form is to determine if there are times when I cannot use TRPTA Fixed Route buses and will require paratransit services. I understand that the information on this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I give permission for TRPTA staff to contact the professional who has filled out this application or given supplemental verification of my condition.

_____ _____

Applicants Signature Date

_____

Print Name

Person completing this form if other than Applicant (check one):

[ ] I certify that the information in this application is true and correct based upon the information given to me by the applicant.

[ ] I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability or I have legal authority to complete this application.

Relationship to Applicant: _____

Agency Name:_____

_____ _____

Print Name Day Phone

_____

Address

_____ _____ _____

City State Zip

_____ _____

Signature Date

Part B – Health Care Professional

Applicant Name	

Who can complete Part B: (Must be licensed/Certified)

Vocational Rehabilitation Counselor	O&M Instructor
Social Worker	Physician
Respiratory Therapist	Physician Assistant
Psychologist	Nurse Practitioner
Psychiatrist	Physical Therapist
Audiologist	Optometrist/Ophthalmologist
Independent Living Specialist	Registered Nurse

Dear Health Care Professional:

In order to complete this application on behalf of the applicant, you must be either a certified or license professional. [If you feel you are qualified to complete this application as a health care professional, but do not have a certification or license number, please contact TRPTA at 208-535-0356 ext. 119, and request to speak to the Eligibility Supervisor for approval to complete]

The applicant is asking you to complete and sign Part B of this form certifying that they have a disability that prevents them from using fixed route bus service (regular city buses). This information will be used to help determine whether or not the applicant needs to use paratransit (door-to-door) service or is able to use fixed route service for all or some of their travels.

Under the Americans with Disabilities Act (ADA), if a person has the functional and cognitive ability to use TRPTA Fixed Route buses, that person is not eligible for paratransit services. Disability alone, distance to and from a bus stop, or the availability of fixed route bus service, is not by itself, a qualifier for paratransit services. Eligibility for other programs is also not a qualifier.

All TRPTA Fixed Route buses are lift equipped for use by individuals using wheelchairs or by individuals who are not able to use steps. Additionally, TRPTA has kneeling buses, which lowers the bus to the ground, making the first step from the curb easier to make. TRPTA also offers travel training to assist persons with disabilities to use the fixed route bus service to enhance their independence.

If you have any questions while completing Part B, please contact us at (208) 535-0356 ext. 119

Please note: If you do not have Part A, you will need to return Part B to the applicant. We must receive both Part A and Part B as one submission.

Part B – Health Care Professional

Applicant Name	

To be completed by a Licensed/Certified Health Care Professional who has knowledge about the applicant's functional ability. **Part B must be returned with Part A**.

Required Information – Licensed/Certified Health Care Professional

_____ _____

Name (Please Print) Signature

_____ _____

Professional Title Area of Professional Specialization

_____

Professional License #

_____ _____

Clinic or Agency Name Phone Number

_____

Address (street and/or mailing address, city, state, zip)

Questions Regarding the Applicant's Disability. Please complete all sections that apply. Incomplete applications will be returned to applicant.

General Medical or Physical Disability Information

Applicant has been a patient of mine since:
Date of applicant's last evaluation:
Is the condition(s) temporary? [ ] No [ ] Yes o If yes, what is the expected duration?
Are there environmental conditions that would have a negative impact on the applicant's condition? [ ] No [ ] Yes o If yes, what are the conditions? o What is the impact?
Do you feel the applicant could be trained to independently use regular city buses safely and effectively? [ ] Yes [ ] No o If no, why?

Applicant Name	

How far do you feel the applicant could independently propel a wheelchair or ambulate with or without a mobility aid, and without lengthy rest breaks?

[ ] No independent functional mobility [ ] Less than ½ mile

[ ] _____ Blocks (500 feet = 1 block) [ ] Greater than ½ mile

How long can the applicant wait at a bus stop?

Seizure Disorders (if no seizure disorders go to next box)

- Type(s) of seizures? _____
- How often do the seizures occur? _____
- After a seizure, how long does it take before the applicant is able to function safely?

  _____
- Are the seizures preceded by an aura? [ ] Yes [ ] No
- What triggers the applicant's seizures? _____
- Is the applicant taking medication for the seizures? [ ] Yes [ ] No
- Are the seizures currently controlled? [ ] Yes [ ] No
- Is he/she able to function safely and effectively in the community? [ ] Yes [ ] No
- When was the applicant's last seizure? _____

Cognitive Disability (If no Cognitive Disability, go to next box)

- What is the formal diagnosis of the applicant's conditions?

  _____
- Does the applicant have any specific behavioral problems? [ ] No [ ] Yes
  If yes, describe: _____
- Is the applicant able to travel alone? [ ] Yes [ ] No
- Does the applicant have the ability to follow directions?
  [ ] 1 step directions [ ] 2 step directions [ ] 3 step directions [ ] None
- Would the applicant know what to do if he/she became lost while out in the community?
  [ ] Yes [ ] No
- Would the applicant be able to recognize and avoid dangers he/she might encounter when traveling in the community? [ ] Yes [ ] No
  If No, explain: _____
- Does the applicant have the ability to safely cross streets? [ ] Yes [ ] No
- Please check all that apply to applicant and provide additional information if necessary:
  [ ] Problem Solving [ ] Short-term Memory [ ] Attention [ ] Processing
  [ ] Foresight/Planning [ ] Safety Awareness/Judgment
  How would these prevent the applicant from being able to safely use regular city buses?

  _____
- Is the applicant currently enrolled in any programs? [ ] No [ ] Yes
  If yes, please list_____

Applicant Name	

Behavioral Health (if no Behavioral Health go to next box)

- What is the formal diagnosis of the applicant's condition?
- What is the prognosis for this condition for independent function?
- Has the applicant been prescribed medications for his/her condition? [ ] No [ ] Yes
  If yes, does this medication allow applicant to function safely in the community? [ ]Yes[ ]No
- Has the applicant recently had a decline in function due to an adjustment in medication?
  [ ] No [ ] Yes Describe:_____
- Does the applicant experience auditory or visual hallucinations? [ ] No [ ] Yes
  How do the hallucinations impair the applicant's ability to function in the community?
- Does the applicant have anxiety or panic attacks in closed/crowded spaces? [ ] No [ ] Yes
  Please explain: _____
- Are the life skills that the applicant lacks that would prevent him/her from safely using regular city buses? [ ] No [ ] Yes
  If yes, please explain _____

Vision Disability (if no Vision Disability, go to next box)

- What is the formal diagnosis of the applicant's condition? _____
- Best Corrected Vision? _____
- What is the prognosis? Is this condition stable, degenerative or otherwise changing?
  _____
- Is the individual able to walk outdoors alone? [ ] No [ ] Yes
  If yes, where can the applicant walk?
  [ ] Only on his/her own property and to familiar places
  [ ] To places nearby (for example, on the same block)
  [ ] To places further away
- If applicant is able to travel outdoors alone, is he/she able to cross streets without help?
  [ ] At quiet streets with very little traffic
  [ ] At traffic lights
  [ ] At busy intersections
  [ ] With auditory cross signals only
  [ ] Other

If Applicant is Partially Sighted (if no Partial Sight, go to next box)

- Is he/she able to see steps or curbs? [ ] Yes [ ] No
- Is his/her vision affected by different lighting conditions?
  [ ] Bright sunlight
  [ ] Dimly lit or shaded places
  [ ] Night time
  [ ] Other
- Is the applicant's ability to travel outside alone affected by other conditions? [ ] Yes [ ] No
  (Consider impact of environmental noise and ability to distinguish traffic flow patterns.)
  Please explain: _____

Applicant Name	

Is there any other information you want to provide that will help us in making an appropriate eligibility determination?

_____

Please indicate the nature of your patient's condition or disability. This list is not all inclusive, it lists what we predominantly see on submitted applications.

[ ] Diabetes
[ ] End stage Renal Disease
[ ] Dialysis
[ ] Undergoing Cancer Treatment Expected Duration:_____
[ ] Arthritis: Please specify type and area(s):_____
[ ] Amputation: Please specify extremity and/or use of prosthesis: _____
[ ] Neurological Condition/Cognitive Please circle one: Mild Moderate Severe Profound
[ ] Neuromuscular Condition
[ ] Pulmonary Disease: If on oxygen, what is the usage:_____
[ ] Cardiac Disease
[ ] Mental Illness
[ ] Traumatic Brain Injury
[ ] Legally Blind
[ ] Severely Visually Impaired
[ ] Alzheimer's
[ ] Dementia
[ ] Autism
[ ] Hearing Impairment (Specify degree of hearing loss)
[ ] Seizures
[ ] Other (Please explain) _____

Please ensure Complete Application (Parts A & B must be submitted together.)

Mail: 1810 W. Broadway #7, Idaho Falls, ID 83402
Fax: 208-524-0216

This completes the application – Thank you.