

**ADA Paratransit Services**

**610 W. 7<sup>TH</sup> Street**

**Hanford, CA 93230**

**PHONE: (559)852-2717 FAX: (559)-582-5003**

[www.kartbus.org](http://www.kartbus.org)

**KART STAFF ONLY**

CLIENT NAME \_\_\_\_\_

PCA \_\_\_ YES \_\_\_ NO ADA # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

DATE APPROVED/DENIED \_\_\_\_\_

DATE EXPIRED \_\_\_\_\_

DATE ENTERED IN ADEPT \_\_\_\_\_

Dear KART Paratransit Applicant,

Enclosed is the application for Kings Area Rural Transit (KART) Paratransit, the origin to destination alternative for people whose disabilities prevent them from using KART's standard fixed-route buses.

Please take a few minutes to read the enclosed materials that explain the program; then answer the questions regarding your abilities and limitations of using regular public transportation. ***This application is for all new applicants and individuals that need to recertify.***

Incomplete applications will delay the review process.

***Upon completion of your application, please call 559-852-2717 to schedule your interview/assessment with a Transit Assistant; please note that the assessment may take up to one hour to complete, please be sure to wear comfortable shoes. This process is for all new applicants and recertifications.***

My scheduled appointment is on:

DATE \_\_\_\_\_

TIME \_\_\_\_\_

YOUR TRANSPORTATION ASSESSMENT WILL BE @

610 W. 7<sup>TH</sup> Street Hanford, CA

**Please bring your COMPLETED application to your scheduled interview/assessment.**

The process may take up to 21 days for a decision on eligibility, provided that the application form is complete and additional information is not needed. After the 21 days, if a decision has not been reached, paratransit service will be provided temporarily until a determination is made. Once a decision is made, you will be notified by letter of the determination of your eligibility.

If you should have any questions regarding this application, please contact KART Staff at (559) 852-2717.

Sincerely,

KART ADA Determinations Staff

## KART Application for Paratransit Service

### What is Paratransit?

Paratransit is an alternative, origin to destination, reservation required shared-ride public transportation service for any trip purpose within the designated service area and during the same days and hours as the fixed-route bus service. It is designed to "mirror" the KART fixed-route service in terms of available times and areas.

Curb-to-curb and "mirroring" provisions of ADA mean that NO assistance is provided to individuals between the door of their starting point or destination and the Paratransit vehicle. Assistance is offered ONLY to help board and exit vehicles (i.e., wheelchair lift). Paratransit is required to provide service only if both the starting point and the destination of a trip are located within  $\frac{3}{4}$  mile of a KART fixed route during hours when that route is operating.

### Who Qualifies for Paratransit?

Paratransit service is designed to serve ONLY those persons whose severity of disability prevents them from using public transportation. ***Under the Americans with Disabilities Act (ADA), disability, or age does not automatically qualify a person to ride Paratransit.*** A person must be FUNCTIONALLY unable to use the fixed-route KART service. A person merely being reluctant to use the fixed-route because they think it is inconvenient is not a consideration in determining paratransit eligibility.

Persons with disabilities may be considered eligible to use KART ADA service if they meet the following criteria:

- If the person's disability prevents him/her from getting to and from a station/stop at the point of origin or destination.
- If the person's disability prevents him/her from boarding, utilizing, or disembarking from the vehicle at the station/stop, even with the assistance of a lift-equipped bus.
- If the person's disability prevents him or her from recognizing the pick-up point or the destination point once the person is on the vehicle.
- If the person's disability would not allow the person to negotiate transfers or connections if any should exist, on the desired fixed-route path of travel.

Architectural or environmental barriers not under the control of KART, (e.g., distance, terrain, lack of curb cuts, weather) standing alone, do not form a basis for eligibility. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility if the effect is to prevent the individual from traveling to a boarding location or from a disembarking place.

The following examples are provided as a guideline only to help in the determination of the type of ADA eligibility certification/recertification.

- **Permanent Eligibility:** Any impairment which would cause the individual to become disorientated, confused, or otherwise incapable of navigating without the assistance of another person, and/or inability to physically reach a fixed boarding/disembarking location, or to physically board/disembark from a regular fixed-route bus which is otherwise accessible.
  
- **Temporary Eligibility:** Any temporary impairment (for a specified period of time renders the person disabled) which would cause the individual to become disorientated, confused or otherwise incapable of navigating without the assistance of another person, and/or inability to physically reach fixed boarding/disembarking location, or to physically board/disembark from a regular fixed-route bus which is otherwise accessible.
  
- **Conditional Eligibility:** Any impairment that, depending upon environmental conditions, terrain, vehicle accessibility, and/or facility accessibility, and/or facility accessibility, makes it impossible for the individual to independently board/disembark from any fixed-route location. (This category is distinguished from the first category in that the degree of disability of individuals in the first category prohibits from using the fixed-route system, while individuals in this category can use the fixed-route system within specific parameters.)

**ADA Eligibility Objective:**

- Eligibility is not based on the disability, but rather the functional inability of a disabled person to use the fixed-route service.
- To determine when and under what circumstances an individual can and cannot use the fixed-route service.
- Paratransit eligibility is not based on a medical decision.
- Objectively identify functional ability.

**Please sign below after you have read the above information in full.**

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Applicant's Signature

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Date

# Paratransit Application

Please answer the following questions, if an item does not apply to you, clearly mark N/A in the space provided. **All incomplete applications will be returned.** *All information will remain confidential.*

## GENERAL INFORMATION

New Application                       Recertification

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Name of Facility/Apartment Building: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Indicate BUS STOP nearest to your home and approximate distance:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

### *Emergency Contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Home): \_\_\_\_\_ Telephone: (Work): \_\_\_\_\_

If someone assisted you in completing this form, please identify him or her:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

**INFORMATION ABOUT THE APPLICANT'S DISABILITY**

Please check the reason(s) why you are seeking ADA paratransit eligibility.

- I can use fixed route buses to go some places, but not for other places. (Briefly explain.)

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- I can use fixed-route buses sometimes, but only if they are equipped with wheelchair lifts.

- I can NEVER use fixed route bus. (Briefly explain.)

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How do you currently travel? (Check all that apply)

- Drive myself
- Someone else drives
- KART Paratransit
- Walk
- Taxi
- Fixed Route Bus
- Other: \_\_\_\_\_

Provide a brief explanation regarding you disability that **prevents** you from using KART's fixed route system.

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Is this condition temporary? \_\_\_\_Yes \_\_\_\_No if temporary, expected duration until: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a mobility device? \_\_\_\_Yes \_\_\_\_No If YES, please list devices used-

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## APPLICANT AGREEMENT FORM

I understand the purpose of this application form is to determine if I, the applicant, am eligible to use the ADA Paratransit service according to the guidelines of the American with Disability Act.

I understand that this application cannot be processed if it is not complete. I understand that the Kings Area Rural Transit Paratransit (KART) Coordinator may contact my healthcare professional/agency to verify my disability. I understand that the KART Coordinator may need to talk to me or see me at a later date to clarify or get further information.

I agree to notify Kings Area Rural Transit Paratransit at (559) 852-2611 if I no longer need Paratransit for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using Paratransit may be grounds for suspending or revoking my eligibility to participate in this program.

I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services.

I understand that the Paratransit Assessment is used to determine eligibility and may be recorded for the purpose of review. I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services. \_\_\_\_\_ **(Please initial)**

I understand the application process can take up to 21 days from the time KART receives a complete application and completes a Paratransit Assessment. If my application is returned for clarification or additional information, this can delay the process. I will receive notification of the determination of this application. If I am eligible for this service on a permanent, temporary or conditional basis, I will be given a KART Policies and Procedures Handbook along with a KART ID card.

I understand that I may appeal the determination within 60 days after receipt of written notification if I am determined ineligible for the KART service or if I am dissatisfied with my eligibility type.

I understand that if the KART Coordinator receives new information regarding a change in my functional or cognitive ability, my eligibility status may be reviewed and changed. I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that my application is subject to review and verification, and that misrepresentation of any material information will lead to the revocation of my certification/recertification. I understand that a false statement made herein may result in the rejection of my application for Paratransit service.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian or Person assisting with this application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to the Applicant

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS (MUST BE COMPLETED BY APPLICANT)**

Disability verification by a qualified professional does not guarantee eligibility for paratransit transportation, but it can play a significant role in the eligibility determination process. While verification by a physician is not required, it is vital that any professional that verifies an individual's disability be familiar not only with that person's particular disability but also with his/her ability or inability to travel on KART's fixed-route system.

**Statement of Release**

I, the undersigned, understand that the medical information requested is confidential and will not be shared with any other person or agency, with the possible exception of another transit provider or transportation program to facilitate travel. I authorize the release of any and all medical records and/or information by the professionals listed below to KART for the express purpose of determining my eligibility for paratransit transportation.

**Qualified Professionals**

Note: Only the following professionals are authorized to verify your disability: Family physician, physical therapist, occupational therapist, O & M specialist, therapist, rehabilitation specialist, licensed social worker, registered nurse, ophthalmologist, psychiatrist, psychologist, and case manager.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please Print) First Name Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Agency or Clinic

\_\_\_\_\_  
Name of Medical Professional

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**PLEASE NOTE THIS APPLICATION MAY TAKE  
UP TO 21 DAYS TO PROCESS**