



Suffolk Paratransit by Virginia Regional Transit

ADA TRANSPORTATION APPLICATION

Thank you for your interest in Suffolk Paratransit by Virginia Regional Transit.

There are two types of public transportation available throughout the State of Virginia:

Fixed route buses provide service at designated bus stops along specific routes on set schedules. Many fixed route buses now have features to make riding easier for people with disabilities, including wheelchair lifts, kneeling features, low floor buses, and voice announcements.

Paratransit service is a curb-to-curb, shared-ride public transportation service for people whose disability prevents them from riding fixed route buses. **You must call in advance to make a reservation to travel.**

If your disability or medical condition, system accessibility or environmental barriers prevent you from riding fixed route buses, you may be eligible for paratransit service some or all of the time. If your disability just makes riding fixed route more difficult or inconvenient, you may not be eligible for paratransit service under the Americans with Disabilities Act (ADA). Your ability to ride fixed route buses will be evaluated through the use of this application, and in some circumstances, an in-person interview.

What is the American with Disabilities Act (ADA)?

The American 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 buses are to be the primary means of public transportation for everyone, including people with disabilities.

Paratransit service is intended as a safety net only for those people whose disabilities prevent them from using fixed route buses.

IMPORTANT: Medical condition or eligibility in any other disability program does not necessarily qualify you to use paratransit services.

The Application Process:

All information you supply is confidential and will only be used to help determine if you can ride fixed route buses or if you are eligible for paratransit service.

To assist with a proper evaluation of your ability to ride fixed route buses and/or your need for paratransit service, you may be scheduled for an in-person interview. This interview will give applicants an opportunity to present issues in “their own words.” It will also provide an opportunity to ask follow-up questions in order to have a clear understanding of the abilities and needs of the applicant.

An in-person interview may be scheduled if it is determined that the fixed route may meet some or all of your transportation needs. A thorough review of the routes needed to meet your needs will be conducted, including an analysis of the accessibility of the routes and stops, as well as the environmental barriers that may exist. An in-person interview may also be conducted if a determination of eligibility cannot be made based on the application alone.

All questions must be answered in order for your application to be considered complete.

You will be notified in writing whether or not you are eligible for paratransit service within 21 days of the receipt of an application that has been filled out completely. If you are not eligible, information regarding how to appeal will be sent to you.

If you have any questions, need help filling out this application, or need an alternative format, please contact Suffolk Paratransit by Virginia Regional Transit at (757) 214-6442.

Please return your completed application to:

**Suffolk Paratransit by VRT
Virginia Regional Transit
P.O. 3471
Suffolk, VA. 23434**



Suffolk Paratransit by VRT “Rules of the Road” To Help Us Serve You Better

- **Please cancel a trip at least two (2) hours before the scheduled pick-up time.**
- **Please have your fare ready before boarding.**
- **Please make your reservation at least one (1) business day in advance.**
- **Please be ready before your scheduled pick-up time. Your pick-up window is between 15 minutes before and 15 minutes after your scheduled pick-up time. When the driver arrives during your pick-up window, he/she will wait up to five (5) minutes for you to board.**
- **You will be responsible for carrying your own packages. The driver may not carry packages on or off the vehicles.**
- **If you will have additional riders accompanying you, please let us know when you schedule your ride.**



Application
Suffolk Paratransit by VRT
ADA Transportation Application

All questions must be answered before your application will be considered.

PART A

To be completed by the applicant or on behalf of the applicant.

PLEASE PRINT

Applicant _____

- Male
- Female

Date of Birth _____

Last Name _____ First _____ Middle _____

Residence Address: Street _____ Apt _____

Development _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Please provide additional details regarding your address that will assist us in locating you.
 (Directions, cross streets, landmarks, name of nursing home, group home, etc.)

Home Phone (_____) _____ Cell (_____) _____

Work Phone (_____) _____ Ext _____ TTY (_____) _____



Application

Applicant Name

EMERGENCY CONTACTS (Required)

Primary:

Name Relationship

Home Phone () Work () Ext

Cell () TTY ()

Address

Secondary Contact:

Name Relationship

Home Phone () Work () Ext

Cell () TTY ()

Address

Applicant Information:

1. Are you a:

- Current Paratransit Rider
New Applicant

2. Do you need information given to you in any of the following formats?

- Yes
No

Large Print Audio Tape Braille
Another Language
Other

3. Which of the following condition(s), if any, prevents you from using the Fixed Route system?

Check all that apply:

None Physical Visual
Mental Illness Brain Injury Mental Retardation
Deaf/Hard of Hearing Other

Briefly explain why this prevents you from using the Fixed Route system.

Four horizontal lines for explanation.



Application

Applicant Name _____

- 4. Is your disability or health condition
 - Permanent
 - Varies Daily
 - Temporary (Expected duration) _____

- 5. Please indicate the primary mobility aids you use when traveling in the community:

Support Cane	___	Leg Braces	___	Picture Board	___
Long White Cane	___	Crutches	___	Alphabet Board	___
Animal	___	Walker	___	Powered Wheelchair	___
Hearing Aid	___	Prosthesis	___	Manual Wheelchair	___
Oxygen Tank	___	Hearing Device	___	Scooter	___
Other	_____	None	___		

Note: Suffolk Paratransit by I-Ride may not be able to accommodate you if your wheelchair or scooter is longer than 48” or wider than 30” or if your total weight with your wheelchair is more than 600 pounds. (ADA*37.165)

- 6. Can you climb three steps with a hand rail without assistance?
 - Yes
 - No
 - Sometimes

- 7. Do you require a Personal Care Attendant (PCA) to help you travel? (A PCA is a person specifically employed or designated to help with your daily living needs. The PCA must be at your location. No deviations will be made to another location to pick up a PCA.)
 - Yes
 - No
 - Sometimes

- 8. Have you applied and been denied the use of paratransit service before?
 - Yes
 - No

If yes, how has your situation changed?

- 9. Have you ever used fixed route buses?
 - Yes
 - No

10. What is the closest bus route to your home? Route _____ I don't know _____



Application

Applicant Name

Applicant Verification

Application must be signed at the bottom to be considered complete.

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.

Exceptions or additions:

Print Name Day Phone ()

Address City State Zip

Signature Date

Relationship to Applicant

Agency Name

Applicant Signature

I understand that the purpose of this application form is to determine if there are times when I cannot use 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 Suffolk Paratransit by VRT staff to contact the professional who has filled out this application or given supplemental verification of my condition.

Applicant Signature

Date

Print Name



Application

Applicant Name

PART B

To be completed by a professional who is knowledgeable about the applicant's disability.

Dear Medical Professional:

Please assist us in our ADA transportation eligibility determination process by providing additional information about the applicant stated on the Medical/Professional Verification Form.

Please do not list diagnosis as a reason for the need of paratransit services; we need to know how the limitation that the applicant has will limit his/her ability to ride a fixed route bus. The following information is necessary for us to process the applicant's request:

- **Thorough detail** of the applicant's functional limitation(s), and how it inhibits that person's ability to board, use and disembark from a fixed route bus.
- **Thorough detail** of the applicant's cognitive limitation(s), and how it inhibits that person's ability to navigate using a fixed route bus.
- **Thorough detail** of the applicant's physical limitation(s), and how it inhibits that person's ability to reach a bus stop or the destination from a bus stop.

Under the American's with Disabilities Act (ADA), if a person has the functional capability to use fixed route buses, that person is not eligible for paratransit services. Disability alone, and distance to and from a bus stop, by itself, does not qualify a person for paratransit service.

Thank you for your assistance. If you have any questions while completing the verification form, please feel free to contact **Suffolk Paratransit by VRT at (757) 214-6442.**



Application
ADA ELIGIBILITY INFORMATION
MEDICAL/PROFESSIONAL VERIFICATION FORM

Applicant _____

TO THE APPLICANT: Sign below to allow the **Release of Information** from the professional who will be filling out this form.

I hereby request that information pertaining to my limitations that prevent me from using fixed route buses be released to Suffolk Paratransit by VRT for further determination of my ADA paratransit eligibility.

Applicant Signature _____ **Date** _____

TO THE PROFESSIONAL COMPLETING THIS FORM:

A professional who is knowledgeable about the applicant's disability and his/her limitations must fill out this form. **Please check the appropriate category for the professional completing this form.**

Vocational Rehabilitation Counselor	_____	O & M Instructor	_____
Licensed Social Worker	_____	Physician	_____
Respiratory Therapist	_____	Physical Therapist	_____
Psychologist	_____	Mental Health Counselor	_____
Psychiatrist	_____	Podiatrist	_____
Audiologist	_____	Optometrist	_____
Independent Living Specialist	_____	Other	_____

1) Please indicate the nature of the applicant's disability. (Check All That Apply)

- Impaired/assisted ambulation (Specify Mobility Aid) _____
- Arthritis (Specify Extremity) _____
- Cerebrovascular Accident
- Pulmonary: Does he/she travel with portable oxygen tank? Yes ___ No ___
- Neurological Handicap
- Cardiac
- Kidney Diseased
- Legally Blind
- Severely Visually Impaired
- Alzheimer's
- Dementia
- Mental Retardation (Specify) Moderate _____ Severe _____ Profound _____
- Cerebral Palsy
- Autism
- Deaf/Hard of Hearing
- Seizures (Specify) _____
- Mental Illness
- Other _____



Application

Applicant Name

2) How does the applicant's disability limit his/her ability to use a lift-equipped fixed route bus?

3) What is the expected duration of the applicant's disability?

- Permanent
Temporary Expected duration: _____

4) Is there any other aspect of the disability that would assist Suffolk Transit in making a determination on the applicant's ability to use Fixed Route buses?

This section must be completed for the application to be considered complete.

I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

Signature _____ Date _____

Print Name _____

Professional Title _____

Clinic/Agency _____

Address _____

Phone (_____) _____

If you have any questions on completing this section of the application, please contact:

Suffolk Paratransit by VRT
(757) 214-6442