



Americans with Disabilities (ADA) Paratransit Eligibility Application

The Steps in the Eligibility Process

1. Request/receive an Application Packet
2. Read the Eligibility Guide
3. Complete ALL questions on the ADA paratransit Application
4. Submit your Professional Verification Form if required to do so. This form should be completely filled out and signed by one of the professionals listed on the form.
5. Send in your application:
 - **Email:** bwilson@wncsource.org
 - **Mail:** Apple Country Public Transit c/o WNCSource, PO Box 685, Hendersonville, NC 28793
 - **Fax:** (828) 692-0685
6. You may be asked to attend an in-person interview.
7. Your eligibility will be determined within 21 days from the date your **COMPLETE** application is received by the ACPT Office.

EVERY QUESTION MUST BE ANSWERED.

AN INCOMPLETE APPLICATION WILL BE RETURNED AND WILL DELAY PROCESSING. All applications are confidential.

Application for ADA Eligibility Certification

This application must be filled out entirely in order to be processed.

New Applicant

Recertification

Applicant Information

Name: _____ Birth Date: ____/____/____

Residential Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Person Information

Name: _____ Relationship: _____

Phone (daytime): _____ Phone (evening): _____



Americans with Disabilities (ADA) Paratransit Eligibility Application

If this application has been completed by someone other than the Applicant, please complete the following:

Name: _____ Phone Number: _____

Relationship:

The following questions are to help us determine your eligibility.

1. What is your current mode of transportation? Please check all that apply to you.

- | | |
|---|---------------------------------------|
| <input type="radio"/> Walk/Ride mobility device | <input type="radio"/> Bicycle |
| <input type="radio"/> Drive a vehicle | <input type="radio"/> Paratransit |
| <input type="radio"/> Ride in someone's vehicle | <input type="radio"/> Fixed Route Bus |
| <input type="radio"/> Taxi/Rideshare | <input type="radio"/> Other: _____ |

2. Have you ever ridden on an ACPT Fixed Route Bus?

- Yes No

If yes, how long ago and how frequently did/do you use ACPT?

3. Are you able to use the ACPT System now?

- Yes No

4. Based on where you live, where is the closest bus stop available to you? (To view the bus stops on the ACPT Route please visit our website at www.applecountrytransit.com)

5. Could you use the bus system if you could get to a stop?

- Yes No



Americans with Disabilities (ADA) Paratransit Eligibility Application

If no, please explain: _____

6. In other places you may have lived, did you use their public bus, trolley, or train system?

- Yes No

If yes, how long ago and how frequently did/do you use that system?

7. Please explain why you currently can or cannot use the ACPT Fixed Route system.

8. Is your condition:

- Temporary Permanent

9. When did your condition begin?

- 0-1 year ago longer than 5 years
 1-5 years ago from birth

10. Does your condition require use of the following (please select all that apply):

- | | | |
|---|---|---|
| <input type="radio"/> Support Cane | <input type="radio"/> Wheelchair
(manual) | <input type="radio"/> Leg Brace(s) |
| <input type="radio"/> White Cane | <input type="radio"/> Wheelchair
(reclining) | <input type="radio"/> Charcot Boot |
| <input type="radio"/> Walker
(collapsible) | <input type="radio"/> Power Chair | <input type="radio"/> Portable Oxygen
Device |
| <input type="radio"/> Walker (with
seat) | <input type="radio"/> Scooter | <input type="radio"/> Hearing Aide(s) |
| | <input type="radio"/> Crutches | <input type="radio"/> Prosthesis |
| | | <input type="radio"/> Other Device |



Americans with Disabilities (ADA) Paratransit Eligibility Application

Please describe "Other Device" if selected: _____

11. Does your condition require you to travel with portable medical equipment?

Yes

No

If Yes, please explain: _____

12. Are you able to walk with a mobility device?

Yes

No

13. Please indicate which of the following you are able to do on your own or with the help of a mobility device (please check all that apply)

Get in and out of a vehicle

Grasp handles to get on or off a vehicle

Go up or down 3 or 4 stairs

Step up and down on a curb

Understand bus schedules

Get on and off a vehicle using steps, ramp, or a lift

14. How far can you go on level ground with the use of your mobility aide, if you use any?

Less than 1 block

2 blocks

1 block

3 or more blocks

15. Can you climb and descend at least three steps into a Fixed Route Bus?

Yes

No

16. Please tell us about any barriers that may prevent you from using ACPT and whether those barriers are temporary or permanent.



Americans with Disabilities (ADA) Paratransit Eligibility Application

17. Functional abilities using the Fixed Route Buses (check all that apply)

- I can get to and from a bus stop if the distance is not too far.
- My ability to use the Fixed Route Bus System can change from day to day.
- I can get to and from bus stops only if there are curb ramps and level sidewalks.
- I have difficulty understanding or remembering all the things to use a Fixed Route Bus System.
- I have difficulty recalling information needed to travel alone.

18. Does your condition require you to travel with a Service Animal? (Emotional support or comfort animals are not considered service animals under the ADA.)

- Yes
- No
- Sometimes

If sometimes, please explain: _____

What is your service animal trained to do for you? _____

19. Does your condition require you to travel with a Personal Care Attendant (PCA)?

- Yes
- No
- Sometimes

If yes or sometimes, please explain: _____

20. If your condition prevents you from using ACPT Fixed Route Bus System, can it be verified in writing by a Healthcare Professional (see verification form for list of approved persons who can fill it out)

- Yes
- No



Americans with Disabilities (ADA) Paratransit Eligibility Application

If no, please explain: _____

21. Would you be interested in learning about other WNCSource Transportation Services that may be available or you?

Yes

No



Americans with Disabilities (ADA) Paratransit Eligibility Application

Eligibility

Individuals applying for ACPT ADA Paratransit services must demonstrate an inability to use the ACPT Fixed Route Bus due to condition(s) which prevents them from using the fixed route transit service.

Simply having a disability does not guarantee eligibility. An individual, for whom performing these tasks is inconvenient or uncomfortable, is not a reason for needing this service.

There are three (3) types of certifications granted to eligible ACPT clients:

1. **Permanent Certification:** The individual has a permanent condition that will not improve that *always* prevents the use of the ACPT Fixed Route Bus.
2. **Conditional Certification:** The individual can use, or learn to use, the ACPT Fixed Route Bus, but their condition prevents some travel on the Bus. ACPT Paratransit may be provided on qualifying trips where the individual is unable to take the bus.
3. **Temporary Certification:** The individual has a specific, short term condition that prevents them from using the ACPT Fixed Route Bus. Or, the individual is eligible for paratransit services on a different transit system and is visiting the area. Proof of eligibility on the individual's local system may be required.
Certification length will be on a case-by-case basis.

WNCSOURCE is the current provider for ACPT Paratransit Services. Permanent or conditional eligibility is granted for Paratransit services for three (3) years. After three years, individuals must recertify their eligibility status.



Americans with Disabilities (ADA)
Paratransit Eligibility Application

Certification of Applicant

I, _____

(print name)

certify that the information contained in this application is true and complete to the best of my knowledge. The purpose of this application is to determine if I am eligible to use ADA Paratransit Services, or if at times I can ride the ACPT Fixed Route Bus. I understand that any falsification of information on this form may lead to disqualification of eligibility.

Signature

Date

END OF APPLICATION

OFFICE USE ONLY

Received Date: ____/____/____

Reviewed Date: ____/____/____

Status:

Approved Date: ____/____/____

Denied Date: ____/____/____

If denied reason: _____