Thank you for your interest in DATA Paratransit Transportation Services. Enclosed is an application and information about our services. Please take some time to read the information in order to familiarize yourself with the process before you begin filling out the application.

As the applicant, please fill out Part 1 in detail. A licensed professional who is most familiar with the functional limitations imposed by your condition must complete and sign Part 2. Professionals who are qualified to complete this form include: Audiologist, Chiropractor, Registered Nurse; Medical Doctor; Mobility Specialist; Physical & Occupational Therapist; Optometrist; Psychologist; Licensed Independent Social Worker (LISW—must specialize in specific functional limitations). Some things that will delay/prevent the Mobility Services Department from processing an application include:

- ANY questions that are left unanswered in Part 2.
- No signature on Part 2.
- If Part 2 is completed by anyone other than a licensed professional.
- If the licensed or certified professional completing Part 2 does not include their full name, title, address and license or certification number.

After completing the application, please call our Mobility Coordinator at 740-363-3355 to schedule an appointment to submit your application and attend an interview/functional assessment. Should you need it, transportation on DATA for your interview/functional assessment can be arranged for you. You must let the Mobility Coordinator know you need transportation when you schedule the appointment. The Mobility Coordinator will schedule your ride and DATA will contact you to verify the
availability and pickup time of the trip. These trips are on a space-available basis, and travel to and from the interview/functional assessment will be free of charge. If you are unable to attend the assessment, please cancel that ride within 24 hours by calling 740-363-3355.

- You will receive a status notification at the time of your assessment or, via mail within 21 days from the date of your assessment. If you are denied eligibility, you have a right to appeal the decision.

**Purpose of Paratransit**

DATA provides Paratransit services on buses to persons who cannot use the fixed route system. To be eligible for this service, individuals must have disabilities that prevent the use or access of the fixed route. Eligibility is based on whether your disability prevents you from independently performing the tasks needed to ride fixed route service for some or all of the time. Age, inability to drive, utilizing a mobility device, income, not having access to a car, or access nor distances to the nearest bus stop by themselves, are not eligible disabilities.

Our program requires that you are not able to access our Fixed Route bus service. You will be asked to complete a written application and followed by an in-person functional assessment. If through the written application and functional assessment verification, it is deemed you are able to access our Fixed Route bus service, you will not be eligible for our ADA Paratransit service.

Transit agencies such as DATA must take specific steps to make fixed route accessible to persons with disabilities. Regular accessible bus service is intended to be the primary mode of public transportation for persons with disabilities.

The ADA also requires Paratransit service as a ‘safety net’ for persons whose disabilities prevent use of accessible non-commuter, Fixed Route bus service. The
federal government adopted minimum criteria that transit agencies must meet in operating this complementary Paratransit service. Complementary Paratransit service is intended to offer a comparable level of service provided by regular bus service. Paratransit service is not required, nor intended, to meet all the transportation needs of persons with disabilities. Rather, it is intended to provide public transportation in a more specialized form.

DATA’s ADA Paratransit Program is designed to meet the minimum service criteria established by the federal government. This certification form will be used to determine your eligibility for DATA’s ADA Paratransit Service.

**WHAT IS Paratransit SERVICE?** DATA Paratransit service is for those who cannot access the Fixed Routes due to a disability. Passengers usually ride with others who are traveling in the same general direction, and drivers may stop to pick up or drop off passengers on route. We cannot go inside your house to get you, and we do not take you inside your destination. We provide door-to-door service if applicable.

This service is a “safety net”; it is **only** for those persons who do not have the functional capability to ride the Fixed Route buses. The Americans with Disabilities Act (ADA) guarantees people with disabilities the same access to public transportation as people without disabilities. Many people with disabilities can ride the regular Fixed Route buses. People with disabilities who cannot use the Fixed Route buses can use the ADA Paratransit Service.

*All DATA vehicles are equipped with lifts*

**You must complete the entire form and answer every question. Incomplete forms will be returned.** The information you provide is confidential. It will only be shared with persons involved with DATA’s eligibility determination process and other transit providers to facilitate travel in those areas, and will not be provided to any other person or agency.
Each applicant will be notified of the eligibility determination no later than 21 days after DATA has received the completed application and when the in-person functional assessment is completed.

Important: Falsification of this application to obtain, aid, or facilitate another in obtaining Paratransit service violates Ohio Revised Code section 2921.13 and United States Code Title 18, section 1001. Penalties include fines of up to $5,000 and imprisonment up to ten years.

If you have any questions or need assistance completing this form, please call:

- 740-363-3355 (Phone)
- 1-877-363-3282 (Toll Free)
- 740-362-7603 (Fax)
- 1-800-750-0750 (TTY Ohio Relay Service)
DATA Bus provides paratransit services to individuals who cannot use DATA’s fixed-route bus service to make all of their trips. To be eligible for this service, the functional limitations of an individual’s disability must currently, significantly prevent the use of DATA’s fixed-route service. Age, distance from a bus stop, being in a wheelchair, a medical diagnosis, or being classified as having a “disability” by themselves are not criteria for determining eligibility.

Part 1 must be filled out with the applicant’s answers. The applicant may receive assistance from another person, but wherever possible the applicant’s answers must be written. If another person assists, please state their relationship at the end of Part 1 and have the applicant sign.

If you live more than ¾ of a mile from any DATA fixed route, you are outside of DATA’s paratransit service area. Please call the DATA Coordinator at 740-363-3355 if you need more information regarding service area.
Part 1
General Information to be Completed by Applicant
(PLEASE TYPE OR PRINT CLEARLY IN INK)

Last Name | First Name | Middle Initial
---|---|---

Male/Female | Date of Birth
---|---

Street Address

Apartment Name | Building No./Apt. No.
---|---

City/Town | State | Zip
---|---|---

Home Phone | Work Phone | Cell Phone
---|---|---
1. | | 
2. | | Emergency Contact Name(s) | Emergency Phone(s)
Applicant’s Release

I understand the purpose of this evaluation form is to determine my eligibility for Paratransit Service. I understand the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility.

I hereby authorize my medical representative to release any and all information regarding my medical condition to DATA.

I understand that providing false or misleading information could result in my eligibility status being revoked.

If applicant is unable to sign this form, he/she may have someone sign on his/her behalf.

____________________________  __________________
Applicant Signature                  Date

Important: Falsification of this application to obtain, aid, or facilitate another in obtaining Paratransit service violates Ohio Revised Code section 2921.13 and United States Code Title 18, section 1001. Penalties include fines of up to $5,000 and imprisonment up to ten years.
Please read the following statements and check those that best describe what you believe to be your ability to use DATA’s Fixed Route bus services without assistance. You may select more than one.

___ I use the bus frequently.

___ I believe I could learn to ride the bus, if I were taught.

___ I can get to and from the bus if the distance is not too great and the route is barrier-free.

___ I can use DATA Fixed Route bus services for some trips, but not other times because there are barriers that prevent me from using the system.

___ I have difficulty or cannot climb stairs and can only board a DATA vehicle if it has a lift.

___ I have a visual disability, which prevents me from getting to and from the bus, even with training.

___ The severity of my disability can change from day-to-day. I can only ride the Fixed Route bus when I am feeling well.

___ I have difficulty understanding and remembering all of the things that I would have to do to find my way to and from the bus.

___ I have a visual disability, which prevents me from getting to and from the bus, even with training.

___ I can never use the bus by myself.
I am not able to use the bus due to my disability. (Please explain in detail your disability that prevents you from using DATA’s Fixed Route bus service)

YOUR CURRENT TRAVEL

Please List your 3-4 most frequent destinations and how you get there now.

<table>
<thead>
<tr>
<th>Destination addresses</th>
<th>Frequency of travel</th>
<th>How you get there?</th>
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<tbody>
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</table>

1. Does your health condition/disability require you to use Paratransit Service:
   _____ Seasonal (Nov. - Apr.)
   _____ Permanently
   _____ Temporarily If temporarily, for how long? _____ Week(s) _____ Month(s) _____ Year(s)

2. Please indicate the primary mobility aid you use when traveling in the community:
   _____ Support Cane
   _____ Leg Brace
   _____ Picture Board
3. What is your current medical diagnosis?

__________________________________________________________________________
__________________________________________________________________________
By whom were you diagnosed by? ___________ Address _______________
Phone number _________________ Date you were diagnosed? ___________

4. Do you require a Personal Care Attendant (PCA)? A PCA is a person who will assist you to and from the bus or who will ride the bus with you?
   ___ Yes  ___ No

5. Are you able to be left unattended?
   ___ Yes  ___ No

QUESTIONS ON USING THE BUS
1. Have you ever used DATA’s bus services?
   ___ Yes
   ___ No

2. Are you currently using DATA’s bus services?
   ___ Yes
   ___ No
   If yes, what routes: ____________________________________________

3. Can you transfer from one bus to another if needed?
   ___ Yes
   ___ No, if no, please explain ________________________________

4. Can you, without the assistance of another person, get to or from the bus stop nearest your home?
   ___ Yes
   ___ No, if no, please explain ________________________________

5. Can you climb a 12-inch step?
   ___ Yes
   ___ No

6. Does your physical condition change from day-to-day, to the point that it may be difficult to use the bus service?
   _____ No, my physical condition does not change from day-to-day
   _____ Yes, if yes, please explain ________________________________

7. On days when your physical condition is **good**, can you, on your own, or using a mobility aid:
   _____ Get to the curb in front of your house
   _____ Travel up to one (1) block
___ Travel up to four (4) blocks
___ Travel up to six (6) blocks
___ Cannot travel outside your house. Please explain:

________________________________________

8. On days when your physical condition is **bad**, can you, on your own, or using a mobility aid:
   ___ Get to the curb in front of your house
   ___ Travel up to one (1) block
   ___ Travel up to four (4) blocks
   ___ Travel up to six (6) blocks
   ___ Cannot travel outside your house. Please explain:

________________________________________

9. Does the weather have an effect on your ability to use fixed route service?
   ___ No
   ___ Yes
   If yes, please explain:

________________________________________

10. Are you able to, on your own, use the telephone to obtain bus information?
    ___ Yes
    ___ No, if no, please explain______________________________________________

________________________________________
11. Are you able to follow written or oral instructions to use bus services? And/or a shelter?
   ___ Yes
   ___ No, please explain
   __________________________________________________________

12. Are you able to follow written/oral instructions to pay your bus fare?
    ___ Yes
    ___ No, please explain
    __________________________________________________________

13. Can you wait ten (10) minutes at a bus stop that does not have a seat and/or a shelter?
    ___ Yes
    ___ No, please explain:
    __________________________________________________________

14. Can you cross a street?
    ___ Yes    ___ No

15. Can you balance while seated?
    ___ Yes
    ___ No

16. Can you grip handles and railing?
    ___ Yes ___ No
17. Are you able to recognize a destination or landmark?
   ___ Yes
   ___ No, if no, please explain: _______________________________________

19. Do you travel with an oxygen tank?  ____ Yes  ____ No

20. Do you travel with a service animal?  ____ Yes  ____ No
    If so, specify what type of animal _______________________________________
    What services does this animal perform? ________________________________
*This page intentionally left blank*
Paratransit services are for individuals who cannot use DATA’s fixed-route bus service to make all of their trips. To be eligible for this service, the functional limitations of an individual’s disability must prevent use of DATA’s fixed-route bus service. Age, distance from a bus stop, using a wheelchair, medical diagnosis or name of “disability” by themselves are not taken into consideration in making an eligibility determination.

Part 2 must be filled out clearly, completely, and signed by the licensed or certified professional.

If this section is completed by the applicant with the professional’s signature, it will NOT be accepted. ALL sections must be completed by the professional.

Important: Falsification of this application to obtain, aid, or facilitate another in obtaining Paratransit service violates Ohio Revised Code section 2921.13 and United States Code Title 18, section 1001. Penalties include fines of up to $5,000 and imprisonment up to ten years.

Part 2

TO BE COMPLETED BY A LICENSED OR CERTIFIED PROFESSIONAL

Professionals qualified to complete Part 2 include: Audiologist; Chiropractor; Medical Doctor; Mobility Specialist; Registered Nurse; Occupational Therapist; Physical Therapist; Licensed Independent Social Worker that specializes in the functional limitation; Superintendent of County DD program

Applicant’s Last Name: _____________________ First Name: _____________________

1) What is the applicant’s current medical diagnosis?

_______________________________________________________________________________________

2) How does this condition(s) prevent the applicant’s use of DATA’s fixed-route bus service: (IMPORTANT: PLEASE GIVE DETAILED EXAMPLES)

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
3) Is this condition temporary  Yes ☐  No ☐  
   If yes, what is the expected duration?  __________________________ Months

4) Is the applicant able to get on and off a DATA fixed-route bus equipped with a wheelchair lift without assistance? The driver operates the wheelchair lift and secures the equipment.
   Yes ☐  No ☐  
   If no, please explain:  __________________________________________

5) Is the applicant able to walk/use wheelchair to the bus stop nearest his/her home?
   Yes ☐  No ☐  
   If no, please indicate all of the following reasons which are applicable:
   ☐ Cannot maneuver over hilly or rough terrain  ☐ Cannot tolerate extreme weather temperatures
   ☐ Lack of sidewalks and curb cuts in their neighborhood  ☐ Cannot Travel on surfaces covered with ice or snow
   ☐ Cannot wait outside for ten (10) minutes  ☐ Cannot cross busy intersections
   ☐ Cannot cross busy intersections  ☐ Cannot identify correct bus during the night
   ☐ Cannot identify correct bus during daylight  ☐ Poor Condition of sidewalks (i.e.: uneven/crumbled)
   ☐ Other (please give detailed specifics): ________________________________

6) Is the applicant able to perform the following functions independently?
   Find his/her way between familiar locations?  Yes ☐  No ☐
   Grasp coins, passes and handles?  Yes ☐  No ☐
   Communicate address, destinations and telephone numbers on request?  Yes ☐  No ☐
   Ask for, understand and follow directions  Yes ☐  No ☐
   Deal with unexpected situations or unexpected changes in routine?  Yes ☐  No ☐
   Go up and down steps?  Yes ☐  No ☐
   Recognize a destination or landmark?  Yes ☐  No ☐
   Walk or use a wheelchair and travel 200 feet (a city block)  Yes ☐  No ☐
   Walk or use a wheelchair and travel ¼ mile?  Yes ☐  No ☐

7) If applicant uses an aid, please check those that apply:
   ☐ Manual wheelchair  ☐ Crutches
   ☐ Electric wheelchair  ☐ Walker
   ☐ 3-wheel scooter  ☐ Service animal
   ☐ Walking cane  ☐ Portable oxygen
   ☐ Cane used by the visually impaired

8) Does the applicant require the assistance of another person (other than the driver) to assist them?
   ☐ Yes ☐  No ☐
   Does the applicant need someone to assist them in:
   ☐ Getting to or from Bus stops  ☐ Help getting where they are going
   ☐ Getting on or off the bus  ☐ Assistance at the location they are going to
   ☐ Other (please describe) __________________________________________
9) Please indicate the individual’s ability to independently perform the following functions, using the least effective mobility device:

<table>
<thead>
<tr>
<th>Function</th>
<th>Little or No Difficulty</th>
<th>Discomfort and/or Inconvenience</th>
<th>Severe Pain, Additional Impairment and Reduced Level of Function</th>
<th>Impossible or Likely to Cause a Serious Medical Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel independently to and from the nearest bus stop up to ¼ mile?</td>
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<tr>
<td>Identify the bus stop and correct bus to get on and off</td>
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<tr>
<td>Go up and down three 10 inch steps, using a handrail if needed</td>
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<tr>
<td>Get on and off the DATA bus with a passenger lift or ramp</td>
<td></td>
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<tr>
<td>Ask for, understand, and carry out instructions to take a trip</td>
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</tbody>
</table>

I certify that, based upon my skill, knowledge, experience, and reasonable degree of certainty, the above named applicant is eligible to apply for DATA’s Paratransit Services Program.

Please Print Clearly

Licensed or Certified Professional Name: ____________________________________________________________

Title: __________________________________________________________________________________________

Office Address: ________________________________________________________________________________

City: ___________________________ State: ___________ Zip Code: ________________________________

Phone Number: ___________________________ ___________________________ ___________________________

Signature: ______________________________________________________________________________________

Date: ___________________________ License/Certification Number (required): ______________________________