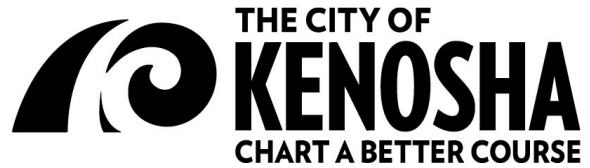


ADA Paratransit Application



The City of Kenosha Paratransit service is door-to-door public transportation for people who are unable to access a fixed route bus because of a physical or mental disability (Referred to as Care-A-Van). All buses are accessible to people using wheelchairs or other walking assistive devices. This service is intended only for those trips that the person cannot make on the bus system. Completing this application will help define when and under what circumstances you can use Care-A-Van. Before completing this application, please read the enclosed guidelines that describe eligibility for ADA paratransit service in more detail.

INSTRUCTIONS FOR COMPLETING THIS FORM:

The applicant (or someone assisting them) must complete the entire packet except for the Medical Verification section. **A licensed physician must complete and sign the Medical Verification page.**

All questions must be answered, and applications must be signed by either the applicant (or their Legal representative) and a medical physician. Incomplete applications will be returned.

If you need assistance in completing the form, or have any questions about ADA service and eligibility, please feel free to contact our office at:

(262) 653-4290 Voice

WHEN COMPLETED, PLEASE RETURN THE ENTIRE FORM TO:

Kenosha Area Transit
4303 39th Avenue
Kenosha, WI 53144
FAX: (262) 653-4295

Dear Applicant:

There are two ADA Paratransit Eligibility Standards:

1. Your disability **prevents** you from navigating the system (i.e. getting on, riding, or getting off the bus) without the assistance of another individual. Please note that all Kenosha Area Transit buses are ramp-equipped to accommodate wheelchair users or people with assistive walking devices.
2. Your disability **prevents** you from traveling to or from a bus stop location.

If, after reviewing the above, you feel that your disability may fit into one of these requirements, please continue with this application form. If you do not meet the criteria defined herein, please contact Kenosha Area Transit at (262) 653-4287 for information on fixed route bus service.

There are three types of ADA Paratransit eligibility:

1. Unconditional - this eligibility is granted if your disability prevents you from using Kenosha Area Transit bus service for any trips that you might need to make.
2. Conditional - this eligibility is granted if you can use buses some of the time, but need van service under certain circumstances.
3. Temporary- this eligibility is granted if you experience a temporary loss of functional ability and recovery is probable in the short term.

The information you provide about your disability will be kept strictly confidential. Kenosha Area Transit staff will review your application and determine your eligibility. It is extremely important that your application be filled out completely. Any incomplete applications will be returned. Properly completed applications will be processed within 21 days of receipt. If you have not heard from us in 21 days, please call and we will provide you with service until your application is processed. Please note that in some instances, we may not be able to determine your eligibility without further information. The submission of this application does not guarantee eligibility. Applicants will be notified in writing (via US Mail) of the approval or denial of eligibility, and in the case of denial, the reason(s) for such. In the event that eligibility is denied, a description of the appeals process is below, and will be included with the written determination. If we determine that you are eligible for ADA service, a Care-A-Van Paratransit Guide will be sent to you, along with your Kenosha Area Transit identification card.

Appeals

You may appeal a decision if you are denied transportation, certification, or are only approved for temporary transportation. To file an appeal you must tell the Director of Kenosha Area Transit within 60 days of the denial and explain that you want to appeal and why you think the decision is wrong.

For written appeals, send to:

Kenosha Area Transit
ATTN: Director of Transportation
4303 39th Avenue
Kenosha, WI 53144
Voice: (262) 653-4290
FAX: (262) 653-4295
Email: transit@kenosha.org

Appeals Hearing

Appeals will be handed over to the Transportation Commission. Depending on the situation, they may choose to:

- Overturn or change the conditions of the original decision.
- Give permission to use Paratransit for a specific trip(s).
- Schedule a hearing for the case to be re-examined by a Kenosha Area Transit representative. In this case, you have the right to be present and may bring additional people for support.

If a decision has not been made within 30 days of your request for an appeal, you will be allowed to ride Paratransit until a final decision is made.

Out-of-Town Riders

Riders from outside Kenosha County may ride Paratransit for any combination of 21 days during a 1 year period. Visitors must show documentation of certification to ride paratransit by their home transit system. Riders who have not been certified by another system must provide documentation of their place of residence and proof of their disability (i.e., a doctor's letter explaining how you are prevented from riding fixed route services). After 21 days, visitors must apply to continue to use Paratransit.



FOR OFFICE USE ONLY	
Date Received	_____
Status	_____
Category	_____
Effective Date	_____
Expiration Date	_____

APPLICATION FOR PARATRANSIT SERVICES
Form #KAT001 (rev. 12/15)

SECTION ONE

PLEASE TYPE OR PRINT

1. Last Name _____

First Name _____ M.I. _____

2. Address _____

Please insert facility name if applicable

City _____ State _____ ZIP _____

3. Telephone number (best number to reach you): (_____) _____

4. Date of Birth: _____/_____/_____

5. Are you receiving Medicaid (MA)? (*Not to be confused with Medicare*) YES NO

Please answer the following questions in detail. Specific answers will help us in determining your eligibility. Incomplete applications will be returned to the applicant.

6. a) What is the disability that prevents you from using Kenosha Area Transit fixed route service?

b) Is this condition temporary? YES NO

c) If YES please estimate the date the condition is expected to improve: _____/_____/_____

**7. How does your disability/health condition prevent you from using the city bus?
BE AS SPECIFIC AS POSSIBLE (attach additional information if necessary).**

8. When did you first experience the condition(s) described above?

- 0 - 1 year ago 1 - 5 years ago Longer than 5 years

9. Please check which best describes your current living situation:

- Skilled Nursing or Rehabilitation or Assisted Living Facility
 I receive assistance from someone that comes to my home to help with daily living activities
 I live with family or friends who help me
 I live independently (without the assistance of another person)

10. How do you currently travel to your frequent destinations (check all that apply):

- Drive Myself Someone Drives Me City Bus Taxi
 Other (please explain) _____

11. Have you ever used Kenosha Transit buses?

- YES NO – Please explain why not:

12. Are you currently able to use Kenosha Area Transit (city) buses for any of your transportation needs?

- YES NO I don't know – Please explain:

13. If provided with the appropriate training and practice, would you be able to use Kenosha Area Transit (city) bus service?

- YES NO Sometimes – Please explain:

SECTION TWO

NOTE: All Care-A-Van drivers, if requested, will assist riders on or off the bus and to the door of their destination.

1. When you travel, do you require the assistance of another person above and beyond the basic assistance Care-A-Van drivers are able to provide?

Always Sometimes Never

2. What type of assistance do you need (please check all that apply)?

Traveling from the bus to my destination Communication
 Medication/Equipment Assistance Transferring out of my mobility device
 Other: _____

Please note: If you require an attendant for your trips, that person, referred to as a Personal Care Attendant, is able to ride paratransit with you at no extra charge. A Personal Care Attendant is provided by the rider and is **not** a companion.

3. Which, if any, of the following mobility aids do you use (please check all that apply)?

Manual Wheelchair Electric Scooter Guide Animal Cane
 Electric Wheelchair Walker White Cane Crutches

4. If you use an oversized wheelchair or electric scooter, please provide the following information:

Make/Model _____ Size of device: Length _____ Width _____

Does the total weight of your wheelchair or scooter and yourself exceed 600 pounds?

YES
 NO

Please note, the paratransit provider will make every attempt to accommodate your mobility device so long as it does not interfere with legitimate safety requirements.

5. Please answer all of the following questions about your mobility, including while using a mobility device:

Can you travel from your residence to the curb or roadside without assistance?

YES NO Sometimes _____

Can you travel one block without the assistance of another person?

YES NO Sometimes _____

Can you travel ¼ mile (2-4 city blocks) without the assistance of another person?

YES NO Sometimes _____

Can you travel ¾ mile (6-8 city blocks) without the assistance of another person?

YES NO Sometimes _____

Can you wait outside without support from another person for 10 minutes?

YES NO Sometimes _____

Can you make your way to a bus stop?

YES NO – Check all that apply:

I cannot find the stop because I get confused.

I cannot travel to the bus stop without assistance from another person.

I cannot cross the street.

Heavy rain/snow makes it impossible for me to get there.

Other: _____

6. Please answer all of the following questions about your abilities:

Are you able to give your address, destination, and phone number upon request if needed?

YES NO Sometimes _____

Are you able to recognize a destination or landmark?

YES NO Sometimes _____

Are you able to ask for, understand, and follow directions?

YES NO Sometimes _____

Do you use a communication aid?

YES NO If "YES" please specify: _____

Please list the names of two people that can be contacted in case of an emergency:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Do you require that information and material given to you be sent in any of the following ways (please check all that apply)?

Large Print Audio Tape Other: _____

Please proceed to Certification Statement and Release of Medical Information Authorization.

Certification Statement and Release of Medical Information Authorization (Applicant)

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the bus service provided by Kenosha Area Transit and must use paratransit service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-examined as well as other actions by Kenosha Area Transit.

I hereby authorize the below professional to provide the required information to Kenosha Area Transit. I certify that the information here and on the preceding pages is correct. I understand that falsification of information may result in denial of service.

Applicant's Signature (REQUIRED): _____ Date: _____

Physician Name: _____

Facility: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () - _____ Fax: () - _____

Please mail or fax this COMPLETED application form to:

**Kenosha Area Transit
4303 39th Avenue
Kenosha, WI 53144
(262) 653-4290
(262) 653-4295 (FAX)**

Please note that you will be contacted via telephone if you need to be evaluated in person. All applicants will receive a letter within 21 days of receipt of the **completed** application with a determination. If you are denied, information about the appeals process will be provided.

THIS ENDS THE PORTION OF THE FORM TO BE COMPLETED BY THE APPLICANT. THE LAST SECTION (ON THE FOLLOWING PAGE) MUST BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN.

MEDICAL VERIFICATION: must be completed by a licensed physician EXCEPT when being filled out by a long term care facility, in which case it may be completed by a registered nurse.

Care-A-Van paratransit service is door-to-door public transportation for people who are unable to ride a fixed route bus due to a disability. The applicant who has asked you to review and sign this form is applying to Kenosha Area Transit to be considered eligible for this service. Paratransit service is intended only for those trips that the person cannot make on the bus system.

This application form is intended to determine ***when, and under what circumstances, the applicant can use Kenosha Area Transit buses and when they require paratransit service.***

Please carefully review the information provided by the applicant and answer the following questions.

a) Please describe the physical and/or cognitive condition which functionally prevents the applicant from using standard Kenosha Area Transit bus service (please note that Kenosha Area Transit buses are equipped with wheelchair ramps).

b) To the best of your knowledge, is the information provided by the applicant true and correct?

Yes No - Note any exceptions below:

Print Physician Name and Title: _____

Physician Signature: _____ Date ____ / ____ / ____

State of Wisconsin Medical License #: _____

Business Name: _____

Street Address: _____

City / State: _____ Zip Code: _____

Telephone Number: (____) _____ - _____ Fax Number: (____) _____ - _____