

Reno County Area Transit (Rcat)
Application for Certification of ADA Paratransit Eligibility
120 W. Avenue B, Hutchinson, KS 67501
Ph.: (620) 694-2913 Fax: (620) 694-2767

The Reno County Area Transit (Rcat) Americans with Disabilities Act (ADA) complementary Paratransit service is a shared-ride, door-to-door service for individuals who have a disability that prevents them from being functionally able to use the Rcat fixed route bus service, either all the time, some of the time or temporarily under certain circumstances recognized under ADA.

Federal regulations define the service area as being provided within 3/4 mile of a local fixed route when that route is in operation. Rcat complimentary Paratransit provides service to eligible passengers throughout and within the City of Hutchinson and South Hutchinson city limits.

The three general criteria for Paratransit eligibility established by ADA are:

- *Can't navigate the transit system independently*
- *Needs an accessible vehicle*
- *Obstacles prevent reaching the fixed routes/bus*

An individual's physical or mental disability must be verified by a qualified professional. A qualified professional has a degree/license or certification etc. in their field and based upon their education and/or training can make an eligibility determination of an applicant's physical or mental impairment. A qualified professional must be an appropriate choice to verify the disability. For example, a Mental Health Counselor should not be asked to verify a cardiovascular disorder.

A completed and signed document, must be accompanied with a color copy of a legal photo I.D., mailed, faxed or delivered to:

Rcat Transfer Station
120 W. Avenue B
Hutchinson, KS 67501

Office Hours: Monday – Friday, 8am-5pm and Saturday 9am-2pm

Reminders:

- Incomplete applications delay processing (color photo I.D. required for processing)
- If more information is required, Customer Care will reach out to individuals as listed.
- Eligibility will be determined within 21 days from receiving a completed application.
- Upon acceptance, a Rcat Paratransit card will be sent by USPS mail.
- Card Replacement – A non-expired replacement card can be issued for \$1.00. Cards used improperly will be revoked.
- Please keep the document together and return the whole application.

Questions about the application process, call Rcat Customer Center at (620) 694-2913.

Thank you for your inquiry about Rcat ADA service.

Reno County Area Transit (Rcat)

APPLICATION FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

The information obtained in this certification process will be kept confidential and only used by Rcat to determine an applicant's eligibility for Paratransit service.

APPLICANT INFORMATION

Application Type: ___ New ___ Renewal ___ Temporary [months needed ___]

Print Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Date of Birth: ___/___/___
Month Day Year

Cell Phone: _____ Other Phone: _____

Email (optional): _____

List your emergency contact below:

Name: _____ Relationship: _____ Phone: _____

INTERNAL USE ONLY

Date received: ___/___/___

Type of Application: ___ New ___ Renewal

Determination: ___ Unconditional (all trips) ___ Conditional (some trips) ___ Temporary

Date of Certification: ___/___/___ Expiration Date: ___/___/___

Notes: _____

SECTION 1 – DISABILITIES AND HEALTH CONDITIONS

Please answer the questions below regarding general eligibility:

What is the applicant's disability? Please select all that apply:

Physical **Visual** **Mental** **Other:** _____

All disabilities must be verified by a qualified professional.

A. Physical Disabilities

- Restricted Mobility – Disabilities requiring the use of a cane, crutches, leg braces walker, wheelchair or other mobility device.
- Arthritis – Arthritis disability which meets or equals a medical listing
- Loss of Extremities – Anatomical deformity or loss of an extremity or body organ
- Cerebrovascular Condition – Ongoing debilitation due to a Cerebrovascular accident (CVA), brain attack, cerebral infarction or stroke
- Cardio-pulmonary disease – Disability involving shortness of breath, pain and fatigue due to loss of heart or lung capacity.
- Dialysis Disability due to a medical disorder requiring mechanical kidney dialysis to live.

B. Visual Disabilities

Terms used to describe levels of vision disability include: 'Partially Sighted,' 'Low-Vision,' 'Legally Blind,' and 'Totally Blind.' Partially Sighted means the person has some form of visual disability that may require special education. Low-Vision usually refers to people who experience a more severe loss of vision that is not necessarily limited to distance vision. Persons with low vision may be unable to read a newspaper at an average distance with eyeglasses or contacts and may need large print or Braille Persons who are legally blind have less than 20/200 vision in their better eye, or a very limited field of vision, often 20 degrees at its widest point. Individuals who are totally blind are unable to see and often use Braille or other non-visual forms of media. Please identify applicant's level of vision: _____.

C. Hearing Disabilities

- Hearing impairment that cannot be restored by a hearing aid, and it must be manifested by: Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximal levels, in the better ear, determined by the simple average hearing threshold levels at 500, 1000, and 2000 Hz. or Speech discrimination scores of 40 percent or less in the better ear.

D. Mental Disabilities

- Intellectual Disability - IQ of less than 70 to 75.
- Developmental Disability – mental or physical disability that occurs in childhood and impairs the ability to learn or care for oneself
- Autism spectrum disorder (ASD) is a range of complex neurodevelopment disorders

E. Epilepsy is a brain disorder in which a person has repeated seizures over time. Please select from below:

- Absence (staring spells)
- Generalized tonic-clonic (Grand Mal) seizure is one type of seizure that involves the entire body
- Partial (focal) seizure (can involve any of the symptoms described above).

F. Neurological Disabilities

- Neurological or physical impairment not controlled by medication such as Stroke, Alzheimer's, Dementia, Cerebral Palsy, Multiple Sclerosis, Huntington's or Parkinson's disease.

Please list the specific type of Neurological Disability you have: _____.

SECTION 2 – MOBILITY AIDS, FUNCTIONAL MOBILITY AND DEVICES

A Personal Care Attendant (PCA) is defined as any person that is required to travel with an individual to assure that the individual’s trip and/or trip purpose can be completed. The need for the PCA may occur during the ride or at the destination. A PCA must have the same origination and destination as the eligible passenger. Drivers are not allowed to act as a personal care attendant.

Will the applicant have a PCA? Yes No

If yes, will the PCA travel with the applicant on the vehicle? Yes No Sometimes

A. Without the assistance of someone else, please check all the following that the applicant can do:

- | | |
|---|---|
| <input type="checkbox"/> Board a bus | <input type="checkbox"/> Identify correct bus |
| <input type="checkbox"/> Handle coins | <input type="checkbox"/> Grip handles and railings |
| <input type="checkbox"/> Climb a step or stair | <input type="checkbox"/> Balance while seated |
| <input type="checkbox"/> Lower to and raise from a passenger seat | <input type="checkbox"/> Give address and phone number |
| <input type="checkbox"/> Read/understand directions | <input type="checkbox"/> Understand time - such as a clock, watch, etc. |
| <input type="checkbox"/> Wait outside for more than 15 minutes | <input type="checkbox"/> Recognize landmarks |
| <input type="checkbox"/> Travel on a sidewalk | |

B. Please select all that pertain to the applicant:

- | | |
|--|---|
| <input type="checkbox"/> Support Cane | <input type="checkbox"/> White Cane for Blind/Visually Impaired |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Seated Rollator Walker |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Prothesis |
| <input type="checkbox"/> Portable Oxygen - carry or tank | <input type="checkbox"/> Leg braces |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Oversized Powered - wheeled device | <input type="checkbox"/> Over-sized manual wheelchair |
| <input type="checkbox"/> Powered Scooter | |
| <input type="checkbox"/> Alphabet Board – Picture Board (to communicate) | |
| <input type="checkbox"/> Other (please specify): _____ | |
| <input type="checkbox"/> Service Animal | |

If the applicant receives assistance from a service animal, please indicate what kind of animal it is and the task the animal will perform:

Vehicle Lift & Ramp Capacity:

Section 37.3 of the Department of Transportation (DOT) regulations implementing ADA of 1990, the (49 CFR Parts 27. 37, and 38) defines a “wheelchair” as a mobility aid belonging to any class of three-or more-wheeled devices. Usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered. Reno County Area Transit (Rcat) is not required to transport any mobility device that exceeds the weight capacity or dimensional capacities of the lift. The measurement of the lift platform is 34” x 48” with a maximum combined lift capacity of 800 pounds.

C. Will the applicant need use of a power lift or ramp to board a vehicle? Yes No

D. If any of the wheeled devices on page 4 were selected, please provide the physical dimensions:

Width: _____ inches Length: _____ inches

If the mobility device is customized, please include specifications:

E. If using of a wheelchair or scooter, does the combined weight of the applicant and the device exceed 800 pounds? Yes No Don't know

F. If using a wheelchair or scooter, is it equipped with a lap belt and used? Yes No

G. If using a wheelchair or scooter, does the residence of the applicant have an accessible wheelchair ramp? Yes No

H. If using a powered device, is the applicant willing to schedule an appointment to have the device evaluated and/or tethered for securement purposes? Yes No

I. Would the applicant be interested in having Travel Training support? Yes No

Note: Service is unable to accommodate emergency trips, Geri-Chairs, Stretchers, Segway’s or Carts. This is a general public transportation program and there are limitations to what this service may perform.

SECTION 3 – APPLICANT CERTIFICATION AND SIGNATURE

I certify that the information provided in this application is true and correct to the best of my knowledge and have released this information to Reno County Area Transit (Rcat) for the purpose of determining eligibility for use of paratransit services. It is understood that receiving a card for paratransit service is for the applicant’s use and cannot be transferred to any other person. I grant Rcat permission to verify the information provided within and understand that the medical information provided is protected by the Health Insurance Portability & Accountability Act (HIPPA) and that Rcat staff will protect this information as required by law.

Applicant Signature: _____ Date: ____/____/____

If you are completing this application on the applicant’s behalf, fill out the following section and sign your name in the designated space below:

Print Name: _____

Phone Number: (____) _____ Relationship to Applicant: _____

Designee Signature: _____ Date: ____/____/____

**THE NEXT SECTION IS TO BE COMPLETED BY
A QUALIFIED PROFESSIONAL ONLY**

HEALTHCARE PROFESSIONAL CERTIFICATION
TO BE COMPLETED BY QUALIFIED PROFESSIONAL ONLY

Dear Qualified Professional

You have been asked to provide verification of disability for your patient/client. Reno County Area Transportation's service to the public is governed by Title 49 - Transportation of the Federal Code of Regulations. Please read the excerpt below and use the information to determine the eligibility of the applicant as defined by the regulation. Thank you for your cooperation in this matter.

CODE OF FEDERAL REGULATIONS:

TITLE 49 – TRANSPORTATION

PART 37—TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES (ADA)

Subpart a — General Section 37.3 Definitions

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

(1) The phrase physical or mental impairment means-(i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine;

(ii) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities;

(iii) The term physical or mental impairment includes, but is not limited to, such contagious or noncontagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism;

(iv) The phrase physical or mental impairment does not include homosexuality or bisexuality.

(2) The phrase major life activities mean functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work.

(3) The phrase has a record of such impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

(4) The phrase is regarded as having such an impairment means— (i) Has a physical or mental impairment that does not substantially limit major life activities, but which is treated by a public or private entity as constituting such a limitation; (ii) Has a physical or mental impairment that substantially limits a major life activity only as a result of the attitudes of others toward such an impairment; or (iii) Has none of the impairments defined in paragraph (1) of this definition but is treated by a public or private entity as having such an impairment.

(5) The term disability does not include-(i) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders; (ii) Compulsive gambling, kleptomania, or pyromania; (iii) Psychoactive substance abuse disorders resulting from the current illegal use of drugs.

Please briefly define the disability exhibited by the applicant.

Does the applicant have the mental capacity, visual and/or hearing ability to do the following:

Give addresses and phone numbers	Yes or No
Recognize destinations and landmarks	Yes or No
Deal with unexpected change in routine	Yes or No
Be left alone unattended	Yes or No
Pay their bus fare with or without assistance	Yes or No

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**HEALTHCARE PROFESSIONAL CERTIFICATION
TO BE COMPLETED BY QUALIFIED PROFESSIONAL ONLY**

Is disability permanent? ___ Yes ___ No ___ Unknown If temporary, number of *months* _____.

Does the applicant require a Personal Care Attendant (PCA) to accompany them when traveling on a transit vehicle?

___ Never ___ Always ___ Sometimes (please explain those times when a PCA is needed below)

Healthcare Professional Contact Information (Please Print):

I verify that **applicant**, _____ has an eligible disability as defined by the Federal Code of Regulations Title 49-Transportation Part 37 and that the information on this form is true.

Printed Name of Qualified Professional

Date

Signature of Qualified Professional

Phone

Address City State Zip Code