



PARATRANSIT APPLICATION OVERVIEW AND INSTRUCTIONS

ADA Accessible Services Application for Persons with Disabilities

Who qualifies for Coast RTA's Paratransit Program? Individuals, who cannot board, ride or get to or from a regular public transit bus because of a disability may be eligible under the Americans with Disabilities Act (ADA) for paratransit services offered by Coast RTA along its fixed-routes in Horry and Georgetown Counties. Coast RTA drivers provide curb-to-curb service for paratransit passengers. Paratransit fares for double the fixed route fare, but no more than \$3 per person each way.

Should a disability prevent an individual from riding Coast RTA fixed-route buses, he/she may be eligible for Coast RTA's paratransit services. Should the disability make riding the bus more difficult or inconvenient, the disability may not qualify the individual under the ADA.

How do I apply? To confirm an individual's eligibility, the applicant must complete Part 1 and ask a healthcare professional to complete Part 2. The applicant, or his designated representative, should send/fax the completed application to Coast RTA.

Part 1-Application for Paratransit Services and return it to the address provided at the end.

Part 2 -The Professional Certification Information section is to be completed by a health care professional familiar with the applicant's disability. (*Note: In order for the applicant to be considered for paratransit eligibility, this section MUST be completed and certified by a health professional.*) It is important to provide complete information about the effects of the disability in the application. Applicants will be contacted for a follow up interview and notified of eligibility within 14 days of Coast RTA's interview and review of the **completed application**. If applicants disagree with the decision, appeal information may be requested and mailed to the applicant within 60 days of the initial eligibility decision.

- Service Hours for the paratransit program are provided during regular fixed-route operations: 5 AM – 8 PM.
- Approved Paratransit Clients are asked to make reservations 24 hours in advanced for adequate scheduling.
- Please be advised that Coast RTA may change the requested departure time up to (1) hour.
- To schedule an appointment, call **Coast RTA Customer Service at 843-488-0865**.

Coast RTA reserves the right to require verification of any applicant's continued disability status.

Part 1 - Applicant Information

Last Name	First Name	M.I.
Street Address	Apartment/ Unit #	
City	State	Zip
Mailing Address		
City	State	Zip
Home/Other Phone	Work Phone	
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Applicant Emergency Contact

For scheduling changes and in case of emergency please notify:

First Contact Name	Relationship	Phone
Second Contact Name	Relationship	Phone

Applicant Disability Information

What is the disability which prevents you from using Coast RTA's fixed route service?

Is your inability to use fixed route service a temporary situation? Yes No
If yes, indicate expected recovery date: ____/____/____

Briefly describe how your disability prevents you from using Coast RTA's fixed route system.

What assistive devices or equipment do you require to maintain your mobility? (Check all that apply.)
 Braces Crutches Walker Standard wheelchair (Long, Wide, High) Cane
 Motorized wheelchair (Long, Wide, High) Stroller type Portable Oxygen
 Certified service animal Other (please specify): _____

Do you require the assistance of a Personal Care Attendant when you travel using transit?
 Yes No Sometimes (Explain.) _____

If yes, does the Personal Care Attendant riding with you on the vehicle help you: (Check all that apply.)
 Getting on/off the bus Helping me when I get where I am going
 Interpret for me Other bus-related assistance (Explain in the space provided above.)

Applicant Mobility Information

With the use of a mobility aid, or on your own, are you able to travel from your residence to the curb?

Yes No Sometimes Not certain (Explain). _____

Does the weather affect your ability to travel outside and use the bus service?

Yes No Sometimes Not certain (Explain). _____

With the use of mobility aid(s), or on your own, how far are you able to travel without assistance of another person?

Less than 200 Feet $\frac{3}{4}$ Mile (9 Blocks) No
 $\frac{1}{4}$ Mile (3 Blocks) $\frac{1}{2}$ Mile (6 Blocks)

Are you able to climb three 12-inch steps without assistance?

Yes No Sometimes Not certain (Explain). _____

Are you able to wait outside without support for up to 15 minutes?

Yes No Sometimes Not certain (Explain). _____

Are you able to give addresses and telephone numbers upon request?

Yes No Sometimes Not certain (Explain). _____

Are you able to recognize a destination or landmark?

Yes No Sometimes Not certain (Explain). _____

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

Yes No Sometimes Not certain (Explain). _____

Are you able to handle unexpected situations or changes in routine? Explain.

Are you able to independently travel through crowded and/or complex facilities?

Yes No Sometimes Not certain (Explain). _____

Are you able to travel to and board a Coast RTA vehicle without the help of another person?

Yes No Sometimes Not certain (Explain). _____

Applicant Use of Fixed Route Service

Have you ever used the fixed-route bus service?

- Yes, I typically use it _____ times per week.
- Yes, I used to but stopped due to _____.
- No, I have never used the fixed-route service.

Is there something that may assist you in riding Coast RTA's fixed-route system?

- Yes, route and schedule information.
- Yes, if the bus stops were closer to where I live.
- Yes, if the bus stops were closer to the places I travel.
- Yes, learning to use the fixed-route buses.
- Yes, use of a communication aide.
- Yes, other (Explain.) _____
- No, none of these would help me.

Use of Fixed Route Service Section *continued*

If Coast RTA offered FREE instruction to anyone interested in learning to ride our fixed-route buses, would you be interested? Yes No Perhaps
(Explain.) _____

Applicant Travel Information

Please check the following statements in regards to your being unable to use Coast RTA's fixed route service.

- I can use a regular fixed-route bus service for some trips, but other times there are barriers that prevent me from using the bus.
- I have difficulty understanding and/or remembering all of the things I would have to do to find my way to and from the bus and ride the bus.
- I have difficulty getting to and from bus stops because I become disoriented easily.
- I have a visual disability and I have difficulty finding my way to and from the bus stop.
- I can only get to and from bus stops if the distance is not too great and there are curb cuts and sidewalks on the route.
- I can only wait at bus stops if there is a bench and shelter.
- I have difficulty or cannot climb stairs and can only board a bus if there is a lift or ramp.
- I have a health condition and cannot ride the bus if there walk is too far or if the weather is too hot.
- I have difficulty getting to and from bus stops because of busy streets and intersections.
- The severity of my disability can change from day to day.
- I can ride the bus only when I am feeling well.
- I can never use the fixed-route bus service by myself.
Explain. _____
- I am not able to use the bus for the other reasons.
Explain. _____

Applicant Certification

I certify that the answers that I have provided on this application are true and correct. I understand that knowingly falsifying the information will result in denial of service. I understand all information will be kept confidential and only information required to provide the services that I request will be disclosed to those who perform the services.

Applicant's Signature

Date

If this application has been completed by someone other than the person requesting certification, the person who completed the application must complete the following:

Name: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Applicant Certification Section *continued*

Daytime Phone: _____

Signed: _____ Date: ____/____/____

Please note that it is the applicant's responsibility to notify Coast RTA should the disability improve enough to change the eligibility status. If the condition improves after eligibility approval or false information submitted, eligibility could be suspended or the applicant may be asked to reapply.

**Certification of Eligibility Release
Applicant Authorization**

I hereby authorize the professional(s), listed below, to release any information required for this certification to Waccamaw Regional Transportation Authority dba Coast RTA for the sole purpose of evaluating my eligibility to participate in the ADA Paratransit Program. I further understand that any such information will be kept confidential. I realize that I have a right to receive a copy of this information and that I may revoke this authorization at any time.

Applicant's Signature Date

Designated Health Care Professional Name _____

Agency Name (if applicable) _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number _____

Part 2 – Health Care Professional to Complete

This section must be completed by an accepted, licensed health care professional. As a health care professional familiar with the applicant, you are being asked by the applicant to provide information regarding his/her ability to use Coast RTA's fixed-route service. Coast RTA may provide ADA paratransit services to individuals who cannot use the accessible fixed-route services. Information provided will assist Coast RTA in evaluating the request and providing appropriate transportation services for the applicant. All information provided will be kept confidential. To qualify for paratransit service, the applicant must be unable to use Coast RTA's fixed-route service based on the effects of the disability.

Your certification should only consider the effects of the applicant's disabling conditions.

Physician Name	
Person Completing certification (Please Print)	Date
_____	_____

Health Care Professional Section *continued*

Professional Title (Please Print)

Agency/Affiliation (Please Print)

State of SC Certification ID # (Please Print)

Business Address (Please Print)

City

State

Zip

Business Phone

Completion of this portion of the application by any other profession will NOT be accepted without prior authorization from Coast RTA. Please check the profession which applies to the professional who completed this applicant's certification:

- Physician Psychiatrist Psychologist Occupational Therapist Physical Therapist
 Social Worker Rehabilitation Specialist Optometrist/Ophthalmologist

Name of Applicant being considered for ADA Paratransit Services:

Primary condition causing disability (describe): _____

Severity: Mild Moderate Severe Profound

Secondary condition causing disability (describe if applicable): _____

Severity: Mild Moderate Severe Profound

Expected duration of disability:

Temporary: Expected duration until ____/____/____

Long-Term: Conditions with potential for improvement or long periods of remission.

Permanent: Conditions with no expectations of improvement.

Capacity in which you know the applicant: _____

Health Care Professional Section *continued*

Complete if the applicant has a visual impairment.

Visual Acuity with Best Correction

Right Eye _____ Left Eye _____ Both Eyes _____

Visual Fields

Right Eye _____ Left Eye _____ Both Eyes _____

If the applicant has a cognitive disability, is the applicant able to:

- a. Give addresses/telephone numbers upon request?
 Yes No Sometimes Not Certain
- b. Recognizing a destination or landmark?
 Yes No Sometimes Not Certain
- c. Ask, understand and follow directions?
 Yes No Sometimes Not Certain
- d. Safely and effectively travel through crowded facilities?
 Yes No Sometimes Not Certain

If the applicant has a disability affecting mobility, is the applicant able to:
wait outside without support for 10 minutes?

Yes No Sometimes Not Certain

Is the applicant's ability to travel independently to a fixed-route bus stop affected by the following? (Check all that apply.)

Hot weather Cold weather None of these
 Inclines Street crossings Other: _____

Does this applicant medically require a pre-registered attendant or companion?

Yes No

If so, is this escort needed on a permanent or temporary basis?

Permanent Temporary ____/____/____

I verify that the information provided for certification is complete and accurate to the best of my knowledge.

Physician's Signature

Date

**Please return completed application via mail or in person to:
Waccamaw Regional Transportation Authority dba**



Coast RTA
Paratransit Coordinator
1418 Third Avenue
Conway, SC 29526

Completed applications may be faxed to the Paratransit Coordinator
at 843-488-4329 (fax).

***Should anyone have questions in completing this application, please call
the Paratransit Coordinator at 843-488-0865.***

Additional details may be available at www.RideCoastRTA.com.

A Check List for Coast RTA Completed Paratransit Application

Incomplete applications will not be considered for paratransit services. Please
insure that the following is complete before sending to Coast RTA for
consideration:

Applicant Section:

- Applicant Information
- Applicant Emergency Contact
- Applicant Disability Information
- Applicant Mobility Information
- Applicant Use of Fixed Route Service
- Applicant Travel Information
- Applicant Certification/Signature
- Signature of Person Completing Application (if other than Applicant)
- Applicant Authorization/Signature for Release of Information

Health Care Professional Section:

- Health Care Professional Information
- Health Care Professional Assessment/Recommendation of Applicant
- Health Care Professional Signature