Instructions: PLEASE READ CAREFULLY and remove this sheet before returning application.

Please note that all applicants will receive in-person functional assessments as part of the eligibility process and that eligibility is not based on a person’s age. The following information is provided to assist you in completing the attached application for paratransit (Lift/Dial-A-Ride) service from the RTA. This application is divided into three sections listed below:

Policies and Procedures: KEEP this part for your records. Do NOT return this part to RTA.
Part 1 ▶ Applicant Information
Part 2 ▶ Health Care Professional Verification

♦ Be sure the entire application is completed. Incomplete applications will be returned. Print clearly in ink and return the original application to RTA. Copies and faxes are not accepted.

♦ Part 2 is ONLY for the health care professional familiar with your disability. The application will be returned to you if answered by anyone other than the health care professional. A licensed health care professional must be licensed by the state of Louisiana and may include, but is not limited to a physician, nurse, or vocational rehabilitation counselor. NO SOCIAL WORKERS.

♦ Signatures are required from all applicants or their legal guardians on the application. Also, health care professionals must include their professional license number and signature.

♦ Allow three (3) weeks for the eligibility process. RTA will determine if you are eligible for this service and notify you by mail of our decision.

♦ The information obtained in this certification will be used by the Regional Transit Authority and the Federal Transit Administration for the provision of public transit services. This information will be kept confidential and will not be provided to any other person.

♦ You may contact our Eligibility Office at 827-7433.

Send your completed application to:
Regional Transit Authority
ADA Eligibility/ID Center
2817 Canal Street
New Orleans, LA 70119
Certification Of ADA Paratransit Eligibility

Part 1. Applicant Information. (Please Print. Completed by Applicant.)

Last Name_____________________ First ___________________ Middle ____
Work Phone ______________________ Home Phone____________________
Date of Birth _______________Age ______ Social Security # _______________
Street Address ______________________________________Apt.# _________
City __________________________________State _________Zip _________
Mailing Address ________________________State _________Zip _________
Do you have a RTA Lift Card?___ No ___ Yes  If yes, expiration date_________
Person to contact in case of an emergency:
Name____________________________________ Relationship ____________
Street __________________________________________________________
City __________________________________ State __________Zip ________
Work Phone # _____________________ Home Phone # _________________

Please answer the following questions even if you do not regularly ride RTA buses. Be sure to check all that apply to you.

1. Do you need written information in a different format? □ No □ Yes If yes, please indicate which format: □ Large print □ Braille □ Audio type □ Other:___________________________________________________

2. Do you normally travel with a personal care attendant?
□ No
□ Yes. I sometimes need a personal care attendant to:
□ Yes. I always need a personal care attendant to:
Please check all that apply:
□ Get to the bus stop.
□ Get on or off the bus.
□ Help me while I ride the bus.
□ When I use The Lift or Dial A Ride.
□ Help me get where I’m going once I’m off the bus.
□ Other:________________________________________________________

3. Using a mobility aid or on your own, how many blocks can you go on level ground? □ Less than 2 blocks □ 2 to 4 blocks □ More than 4 blocks

OFFICE USE ONLY

Status:__________________________ Code:_________ Type: _______________PCA □
Reviewed:________________________ Contact: __________________________WC □
Date Rec’d._______________________ Expiration________________________WK □

CN □
4. How many blocks do you need to go to get to a RTA bus stop from your home?
   □ Less than 2 blocks    □ 2 to 4 blocks
   □ More than 4 blocks    □ don’t know

5. Do you now use the regular RTA buses?
   □ Yes. How many days in one week?_____ How many days in one month?___
   □ No. Is there something that would help you ride the regular bus?
   Please check all that apply:
   □ A lift accessible bus.
   □ A communication aid.
   □ Knowing more about RTA bus routes.
   □ Learning to go from home to work or school.
   □ I would travel if there were accessible bus routes where I need to go.
   □ Other: __________________________________________________________

6. Can you use the telephone to get bus information?
   □ No. Please tell us why:__________________________________________
   □ Yes, by myself.
   □ Yes, with assistance. What type? ________________________________

7. Can you follow written or oral instructions to use the regular buses?
   □ Yes
   □ Yes, sometimes.
   □ No
   □ I don’t know because I’ve never tried.
   Please check all that apply:
   □ I get too confused and might get lost.
   □ I probably could with training.
   □ I don’t want to ride the regular buses.
   □ Other: _________________________________________________________

8. Using a mobility aid or on your own, can you make your way to or from the bus stop nearest your home?
   □ Yes
   □ Yes, sometimes.
   □ No
   □ I don’t know because I’ve never tried.
   Please check all that apply:
   □ I can’t go that far.
   □ I don’t want to ride the regular bus.
   □ I probably could with training.
   □ I don’t know where the bus stop is.
   □ I can’t find a bus stop because I get confused and lost.
   □ My surroundings keep me from getting there.
   □ I can’t travel to the bus stop in bad weather.
   □ I can travel to the bus stop when my health condition is good.
   Other: _________________________________________________________
9. Can you wait 30 minutes at the bus stop that doesn’t have a seat and shelter?
   □ Yes □ Yes, sometimes.
   □ No   □ I don’t know because I’ve never tried.

Please check all that apply:
□ I don’t like to wait that long.
□ I can’t stand that long.
□ I can’t wait that long in bad weather.
□ I can wait 30 minutes when my health condition is good.
□ Other:_______________________________________________________

10. Can you get on and off a regular bus when it has a passenger lift (either standing or with a mobility aid)? □ Yes  □ Yes, sometimes.  □ No
□ I don’t know because I’ve never tried.  □ I don’t need to use a lift.

Please check all that apply:
□ I don’t want to use a lift.
□ My mobility aid won’t fit on a lift.
□ I don’t feel secure on a lift.
□ I probably could with training.
□ I can’t steady myself when a lift is moving
□ Other: ______________________________________________________

11. Can you put your money in the fare box on the bus?
   □ Yes □ Yes, sometimes.
   □ No   □ I don’t know because I’ve never tried.

Please check all that apply:
□ I don’t know where the fare box is.
□ I probably could with training.
□ I need help from an attendant or another passenger.
□ I can’t put my money in the fare box when the bus is moving.
□ Other:________________________________________________________

12. Can you get on and off a regular bus when it does not have a passenger lift?
   □ Yes □ Yes, sometimes.
   □ No   □ I don’t know because, I’ve never tried.

Please check all that apply:
□ I don’t want to use regular buses.
□ I need a lift.
□ I probably could with training.
□ Other:________________________________________________________
13. Can you communicate with a bus driver yourself?  □ No  □ Yes

Please check all that apply:
□ I cannot understand the driver.
□ Other people can’t understand me.
□ I need a communication aid and don’t have one. What kind is needed?
________________________________________________________________
□ Other:________________________________________________________

14. Can you transfer from one regular RTA bus to another?
□ Yes  □ Yes, sometimes.
□ No  □ I don’t know because I’ve never tried.

Please check all that apply:
□ I get too confused and might get lost.
□ I don’t like to transfer.
□ I can’t hold a paper transfer.
□ I don’t want to use regular buses
□ I can transfer if it’s someplace I go all the time.
□ Other: ________________________________

15. Do you know where to get off the bus or can you find out?
□ Yes  □ Yes, sometimes
□ No  □ I don’t know because I’ve never tried.

Please check all that apply:
□ I get confused or can’t remember where I am going.
□ I probably could with training.
□ I don’t know where my bus stop is located.
□ I can if the driver calls out the stops.
□ Other: ________________________________

16. From where the bus stops to let you get off, can you make your way to the place you need to go?
□ Yes  □ No

Please check all that apply:
□ I can’t walk that far.
□ I could with training.
□ I get confused or can’t remember where I’m going.
□ I don’t want to ride the RTA bus.
□ The ground is too uneven for me to get there.
□ I need someone to help me get there.
□ Other:_______________________________________________________
17. Please list your five most frequent trips, and how you get there now?

<table>
<thead>
<tr>
<th>Origin</th>
<th>Destination</th>
<th>How many times do you go there a week?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you get there now? □ Regular RTA bus service □ Lift or Dial-A-Ride. Other: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you get there now? □ Regular RTA bus service □ Lift or Dial-A-Ride. Other: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you get there now? □ Regular RTA bus service □ Lift or Dial-A-Ride. Other: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you get there now? □ Regular RTA bus service □ Lift or Dial-A-Ride. Other: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you get there now? □ Regular RTA bus service □ Lift or Dial-A-Ride. Other: ____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Questions about training.

18. Have you ever had any training to learn how to use RTA buses?
□ Yes, I learned the following: Please check all that apply:
□ General bus travel.
□ How to get on or off the bus.
□ To travel to and from bus stops.
□ How to read bus destination signs.
□ How to communicate with bus drivers.
□ I started, but did not finish the training.
□ I received training, but want more so that I can travel.
□ To ride on specific bus routes (please list them):
A. ____________________________ B. ____________________________
C. ____________________________ D. ____________________________
□ No, but I would like to get training so that I can use RTA buses.
□ I do not want to receive training.
□ I have not had any training but I am able to use RTA buses.

19. If available, do you want training or re-training to use RTA buses?
□ Yes, I want the following training, if it is available:

Please check all that apply:
□ General bus travel.
☐ How to travel to and from bus stops.
☐ How to read bus destination signs.
☐ How to communicate with bus drivers.
☐ How to ask for help or say no when offered-help.
☐ How to ride on specific bus routes (please list them):
   A. ____________________________  B. ____________________________
   C. ____________________________  D. ____________________________
☐ No, I do not want to receive training.
☐ I do not think I can travel on RTA buses, even with training.
☐ I trained myself but would like an update on training.

**Applicant Signature**

I certify that the information I have given in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential and only the information required to provide the services I request will be disclosed to those who perform the services.

I also authorize my health care professional to release any and all information required by the RTA Paratransit Program to determine my eligibility. I understand that RTA may contact the health care professional who completed the verification attached to this application, in order to confirm this information.

Applicant Signature____________________________ Date ______________
(Required)

If you are not the applicant, but you assisted the applicant with this form, you must provide the following information: (Please print)

Name__________________________________________________________
Address_________________________________________________________________
City________________________________________ST_________Zip_________
Day Phone# _______________________________________________________
Relationship to applicant ___________________________________________

I also certify that the information given in this application is correct.

Signature________________________________________ Date _____________________
Part 2. Request For Professional Verification

Dear Health Care Professional:

You are being asked to complete and sign the attached application to provide information regarding the applicant’s disability and its impact upon his/her ability to utilize our transit services. Federal law requires that the Regional Transit Authority provide paratransit (Lift/Dial-A-Ride) services to persons who cannot utilize our regular bus services. Health care professionals must be licensed by the State of Louisiana and include their professional license numbers on the application.

RTA paratransit service is provided to persons unable to use regular public transit service due to any disability. As a result of the disability, they cannot board, ride, or disembark; or they have a specific impairment-related condition that prevents them from getting to and from a bus stop.

Please Note:
1. RTA Paratransit is a limited special transportation service for disabled persons who, because of a mental or physical disability, find it impossible to use regular public transportation.

2. RTA fixed-route buses (regular bus service) can accommodate people using wheelchairs and persons who find it difficult to climb the steps on a bus.

3. Your verification should consider only the presence of a disabling condition, not the applicant’s age or economic status.

Resources for this program are limited. Your evaluation of each person must be based solely upon the individual’s ability to use regular transit. Please exercise care in evaluating applicants for this program. False verification could result in travel limitation for persons legitimately qualified to use this program. RTA may contact the certifying health care professional to verify accuracy of the information. RTA will make the final determination as to the applicant’s eligibility.

The Professional verification must be filled out completely and solely by the health care professional for processing to occur.

Please Print. Thank you for your assistance.
Part 2. Professional Verification

Applicant’s Name _________________________________________________
Address _________________________________________________________
City/State/Zip _____________________________________________________

1. What is the diagnosis of the applicant’s disability? Please describe as specifically as possible in layman’s terms. _____________________________
________________________________________________________________
________________________________________________________________

2. Does the applicant’s condition prevent him/her from using regular bus service?
 No  Yes  If yes, tell us why _____________________________________
________________________________________________________________
________________________________________________________________

3. Is the applicant’s condition temporary?  Yes  No
If yes, expected duration is _______ months.

The following information will be used to ensure the appropriate type of vehicle is used to provide transportation, and an accurate analysis of the applicant’s trip request is processed by the RTA.

4. Does the applicant use any mobility aids?  Yes  No
If yes, what type?  Wheel chair  Walker  Crutches  Cane
 Other _____________________________

5. Can the applicant be transferred from wheelchair/other mobility aid to a passenger seat if necessary?  Yes  No

6. Does the applicant require a Personal Care Attendant (PCA) for travel?  Yes  No

7. Can the applicant travel 200 feet without assistance?  Yes  No

8. Can the applicant travel one-quarter mile without assistance?  Yes  No

9. Can the applicant climb three twelve inch steps without assistance?  Yes  No

10. Can the applicant wait outside without support for thirty minutes?  Yes  No

11. Is applicant able to give address and phone numbers upon request?  Yes  No
12. Is applicant able to recognize a destination or landmark? □ Yes □ No
13. Is applicant able to deal with unexpected situations or unexpected changes in routine? □ Yes □ No
14. Is applicant able to ask for, understand, and follow directions? □ Yes □ No
15. Is applicant able to travel, safely and effectively, through crowded and/or complex facilities? □ Yes □ No
16. Can applicant use regular bus service if travel training is provided? □ Yes □ No

Please check only one of the following:

☐ Applicant can use regular public transit buses.
☐ Applicant cannot use regular public transit at all.
☐ Applicant can use regular public transit only to destinations for which applicant has been trained.

The Regional Transit Authority’s paratransit program is a federally assisted program. By signing this document, the below-named licensed health care professional hereby certifies to the truth and accuracy of the above information to the best of his/her professional knowledge, information, and belief under the penalty of applicable federal, state and local law.

Health Care Professional's Name ________________________________

Office Street Address ___________________________________________

City __________________________ State _______ Zip_________

Office Telephone # _________________ La Professional License # ___________

Signature ________________________________ Date ____________________

Please check the one which applies to you:
☐ Physician □ Vocational Rehabilitation Counselor
☐ Other: ____________________________________________
A. Introduction

The Regional Transit Authority (RTA) and its private provider(s) of paratransit transportation services are required to comply with all applicable requirements of the Americans with Disabilities Act (ADA) of 1990, including the Federal Transit Administration’s ADA regulations (49 CFR Parts 37 & 38) the regulations of the Department of Justice implementing Titles II and III of the ADA (28 CFR Parts 35 and 36), and the regulations of the Equal Employment Opportunity Commission implementing Title I of the ADA (29 CFR Part 1630). Accordingly, the Regional Transit Authority must adopt procedures that incorporate appropriate due process standards and provide for the prompt and equitable resolution of complaints alleging any action prohibited in the regulations.

B. Policy Statement

It is the policy of the Regional Transit Authority (RTA) that it will not discriminate against an individual with a disability in connection with the provision of transportation services. Notwithstanding the provision of any special transportation service to individuals with disabilities, the Regional Transit Authority (RTA) shall not, on the basis of disability, deny to any individual with a disability the opportunity to use transportation services provided by the Regional Transit Authority (RTA) for the general public, if the individual is capable of using the service.

C. Description of the Eligibility Process

1. Availability of application material.

Applications are available for pickup at the RTA Administrative office and at various social service agencies within the service area. Related materials are available in all accessible formats (large print, Braille, and audio tape upon request). Additionally, applications are mailed upon request.
2. **Description of determination process.**

   RTA addresses eligibility internally through its Customer Service/ID Center staff. All applications for ADA eligibility will be reviewed by the ADA eligibility supervisor and staff. The application requires the opinion of a licensed health care provider (physician, rehabilitation counselor, etc.) licensed by the State of Louisiana. Eligibility will be determined by the information provided by the applicant and his/her health care provider. ADA eligibility will not be based upon medical diagnosis or prognosis per se but rather upon the individual’s ability or inability to utilize the RTA fixed route system.

   If any information contained within the application is omitted, or if information is questionable, the licensed health care provider and/or the applicant will be contacted for clarification. If afterward, eligibility is uncertain, the ADA supervisor will consult with health care providers contracted with the Regional Transit Authority.

   Within twenty-one (21) days of receiving a completed application, the RTA shall inform the applicant of its decision. If approved, the applicant will receive an approval letter to bring to the RTA ID Center in order to obtain documentation in the form of an ID card. This ID card will indicate that he or she is “ADA Paratransit Eligible”. If denied, the applicant will receive a letter of denial with an explanation of reasons for the finding of ineligibility. This letter of denial will be accompanied by instructions on filing of an administrative appeal. The RTA will require re-certification of ADA paratransit eligible individuals at reasonable intervals.

3. **Timetable for processing applications and the presumptive eligibility process.**

   The RTA will process applications within twenty-one (21) days of submission. Applicants who are not processed (either granted or denied certification) will be granted presumptive eligibility.

4. **Documentation of ADA paratransit eligibility.**

   Those persons granted eligibility shall be issued an identification card in the form of a wallet sized, laminated card. This card will be a photo ID that includes the following information: 1.) Name of the eligible individual 2.) Name of the transit provider (RTA); 3.) The client’s ID number 4.) Expiration date 5.) Conditions and/or limitations on the individual’s eligibility, including the use of a personal care attendant.
Individuals certified as ADA paratransit eligible will be provided with appropriate documentation that may be utilized as identification for reciprocal paratransit services.

5. Administrative appeals process.

The RTA has established an administrative appeals process through which individuals who are denied eligibility can obtain review of their denial. The RTA will require that an appeal be filed within sixty (60) days of denial. As noted above, if an individual has been determined ineligible for RTA paratransit service, the letter of denial forwarded to the individual will include instructions on filing appeal.

The administrative appeals process shall include a hearing where the applicant can be heard and present information and arguments. The appeal board will be comprised of three (3) persons not involved in the initial decision to deny eligibility and will be appointed by the General Manager of Transit Management of Southeast Louisiana Inc. or his or her designee. Written notification of the appeals board decision shall be tendered to the appellant in the appropriate accessible format. Written notification of the appeals board decision shall include reasons for its finding.

The RTA will not provide paratransit service to individuals who are pursuing an appeal. The RTA will, however, provide temporary service to individuals who have not been offered a hearing date within thirty (30) days of the filing of the appeal. Such temporary service will be continued until a decision is issued.

6. Visitor policy.

The RTA will provide paratransit service to visitors, defined as people with disabilities who do not reside in the jurisdiction served by RTA. The RTA will treat all visitors as eligible for its paratransit program who present an ADA paratransit eligible identification card from their jurisdiction. If the person does not have an identification card, the RTA will require the person to provide staff with documentation of the person’s place of residence, and of his/her disability if the person’s disability is not apparent. The RTA will not provide service to a visitor for more than
twenty-one (21) days from the date of the first paratransit trip used by the visitor. Visitors will be required to apply for service in order to receive transportation beyond the twenty-one (21) day period. However, the twenty-one (21) days may be consecutive or parcelled out over several shorter visits. A visitor who expects to be in New Orleans longer than twenty-one (21) days should apply for regular eligibility as soon as possible after arrival in the area served by the RTA.

7. **Suspension of service**
   The RTA will establish an administrative process to suspend, for a reasonable period of time, the provision of complementary paratransit service to ADA-eligible individuals who establish a pattern or practice of missing scheduled trips.

   However, before suspending service, the RTA shall take the following steps:

   1. Notify the individual in writing that it proposes to suspend service, citing with specificity the basis of the proposed suspension and setting forth the proposed sanction:

   2. Provide the individual an opportunity to be heard and to present information and arguments: and

   3. Provide the individual with written notification of the decision in an accessible format and the reasons for the decision.

   Moreover the RTA shall reserve the right to invoke sanctions and/or suspensions for violent, seriously disruptive or illegal conduct. Sanctions and/or suspensions may also be for a pattern or practice of missed trips involving international, repeated or regular actions that are isolated, accidental, or singular. Trips missed by an individual for reasons beyond his or her control (including, but not limited to trips which are missed due to operator error) shall not be a basis for determining that such a pattern or practice of missing scheduled trips exists. Sanctions and/or suspension will be for a reasonable time period only, and individuals shall be notified in writing of reasons for actions taken by the RTA as well as the date a suspension, if applicable, becomes effective. An individual shall have an opportunity to appeal the decision to impose sanctions prior to sanctions being imposed.