

Information about Applying for Paratransit Service

Thank you for your interest in Connect Douglas Paratransit Transportation Services.
Please take time to read about Paratransit service and familiarize yourself with the application process.

What is Paratransit Service?

The ADA requires all public transit operators to provide an equivalent service to eligible individuals whose disabilities prevent them from using accessible, lift-equipped public transit. This service, called “paratransit”, is required by the ADA to be “complementary” to fixed-route public transit service. By complimentary, the ADA means that paratransit operates at similar times and in similar areas as public transportation.

Connect Douglas Paratransit Service is a part of the public transportation system of Douglas County. It is neither a personal taxi nor a social service agency. It is a shared-ride, curb-to-curb transportation service for customers who are not able to use the regular bus service (also called “fixed route”) for some or all their trips because of a disability or other limitations. Paratransit service is provided within a one-mile radius of existing fixed routes and is comparable to the fixed route system in service times and area. Riders call a dispatch office to schedule Paratransit trips.

Paratransit service provides curb-to-curb trips. This means customers are picked up at the closest curb to the requested pick-up location and are taken to the closest curb of the drop-off location. Because this is a shared-ride service, the paratransit vehicle may stop to let other customers on or off before reaching the final destination. As such, paratransit trip times may be up to an additional half (½) hour longer than a similar fixed route trip due to travel and/or wait time.

Eligibility Criteria for ADA Paratransit

Eligibility for ADA Complimentary Paratransit Service is based on whether the passenger can functionally access or ride the fixed route bus (whether your disability prevents you from independently doing the tasks needed to use the fixed route service). Eligibility is not a medical determination; it is a functional ability analysis.

A disability that makes travel more difficult, but not impossible, does not qualify an individual for eligibility. Other circumstances such as age, inability to drive, use of a mobility device, low income, or lacking access to a vehicle, are not eligible disabilities for the purposing of determining ability to use fixed route service.

ADA Paratransit Application Process

To start the certification process, you must complete and return Part 1 and Part 2 of the Application for Paratransit Eligibility. Part 2 must be completed by a Licensed or Certified Professional who is familiar with the functional limitations imposed by your condition.

Once the completed application is returned to Connect Douglas, the applicant *may* be asked to schedule an Eligibility Assessment with a Connect Douglas staff member. If an assessment is needed, the application will not be considered complete until after the assessment.

Connect Douglas staff will process all complete applications within 21 days of submission, excluding holidays. The applicant will be notified of the final decision in writing.

Steps of Application Process

1. Paratransit Application – Part 1 is completed by the applicant.
2. Paratransit Application – Part 2 is completed by a licensed/certified professional.
3. Full Paratransit Application (Part 1 & 2) is submitted by the applicant.
4. Assessment: An in-person or virtual assessment **may** be scheduled by Connect Douglas Staff if needed to make an eligibility decision.
 - Connect Douglas offers free transportation to and from this assessment.
5. Eligibility Determination will be mailed within 21 days from application submission.
6. Appeal Process: If you are not approved for paratransit service, you have a right to appeal the decision. Information in filing an appeal will be included in your decision letter.

An application may considered incomplete if:

- ANY material questions related to your disability that are left unanswered in Part 1.
- Missing signatures on Part 1 and/or 2.
- Part 2 is completed by anyone other than a licensed professional.
- The licensed or certified professional completing Part 2 does not include their full name, title, address and license or certification number.
- Applicant does not respond when contacted to schedule an in-person interview or fails to show to the interview.

If you are not approved for ADA Paratransit service, you might be eligible for Connect Douglas' Reduced Fare Program for the fixed route. To be eligible for the fixed route reduced fares, you must be 60 years of age or older, disabled, or a currently enrolled student at any public or private school, university or college. Further, Connect Douglas fixed route buses will deviate up to one mile on either side of the bus route to pick up or drop off riders. This deviation (flex) service requires an advance request of 2 to 24 hours.

Falsification of the ADA Paratransit application to obtain, aid, or facilitate another in obtaining paratransit service may cause the application request to be denied.

PLEASE COMPLETE AND RETURN THE APPLICATION TO...

via Fax: (770) 920-7515

via Mail: Connect Douglas
Paratransit Office
8800 Dorris Road
Douglasville, GA 30134

or via Email: connectdouglas@douglascountygga.gov

PARATRANSIT ELIGIBILITY APPLICATION (Part 1)

☐ New Application ☐ Re-certification

Date: _____

First Name	Last Name	Middle Initial
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth (<i>Month/day/year</i>)	Age	
Street Address	Apt. #	City
		State
		Zip Code
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Phone Number		
Emergency Contact Person	Phone	Relationship

APPLICANT BACKGROUND

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Military Status: ☐ None ☐ Veteran ☐ Active Duty

Source of Income: ☐ None ☐ Employment ☐ Social Security/ Retirement

Race & Ethnicity (*check all that apply*):

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Other

What type of disability do you have?

<input type="checkbox"/> None	<input type="checkbox"/> Physical	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Developmental/Intellectual
<input type="checkbox"/> Dialysis Patient	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Vision Impairment	

Select any mobility devices or disability aids that you use (*check all that apply*):

<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Cane	<input type="checkbox"/> Speech Generating Device
<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Long White Cane	<input type="checkbox"/> Personal Care Attendant
<input type="checkbox"/> Scooter	<input type="checkbox"/> Oxygen Tank	<input type="checkbox"/> Service Animal (<i>species:</i> _____)
<input type="checkbox"/> Walker/Rollator	<input type="checkbox"/> Large Print Font	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Crutches	<input type="checkbox"/> Hearing Aid	

MOBILITY INFORMATION

1. Please describe any health condition or disability that prevents you from using Connect Douglas fixed route bus service: _____

2. Is this health condition or disability ☐ Permanent or ☐ Temporary?

If temporary, how long will it affect your mobility? _____

3. How does this condition affect your ability to ride the fixed route bus service?

4. Have you received ADA Paratransit service from another transit agency? ☐ Yes ☐ No

If yes, from which transit agency? _____

5. Check the statements that describe your ability to use Connect Douglas's fixed route bus services without the help of another person.

- ☐ 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 have difficulty/ cannot climb stairs and can only board a 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.

6. Are you currently using Connect Douglas's fixed route bus services?☐ Yes ☐ No If yes, which routes? _____**7. Can you travel to the public transit stop closest to your home help from another person?**☐ Yes ☐ No If no, please explain: _____**8. Are there obstacles or barriers that make it difficult or impossible for you to travel to the closest bus stop?**☐ Yes ☐ No If yes, please explain: _____**9. Under the best conditions, what is the farthest you can walk outdoors (or travel using your mobility aid) without the help of another person?**

- | | |
|--|---|
| <input type="checkbox"/> Less than 1 block | <input type="checkbox"/> 6 blocks (3/4 mile) |
| <input type="checkbox"/> 1 block | <input type="checkbox"/> More than 6 blocks |
| <input type="checkbox"/> 2 blocks (1/4 mile) | <input type="checkbox"/> I cannot travel outdoors alone at all. |
| <input type="checkbox"/> 4 blocks (1/2 mile) | |

10. WITHOUT the help someone else, can you...

- a. **Ask for and understand written or spoken instructions?**
☐ Always ☐ Sometimes ☐ Never ☐ I'm not sure.
- b. **Cross the street?**
☐ Always ☐ Sometimes ☐ Never ☐ I'm not sure.
- c. **Stand outside for 10 minutes if there is no place to sit?**
☐ Always ☐ Sometimes ☐ Never ☐ I'm not sure.
- d. **Step on and off a sidewalk from the curb?**
☐ Always ☐ Sometimes ☐ Never ☐ I'm not sure.
- e. **Stand on a moving bus while holding on to a handrail?**
☐ Always ☐ Sometimes ☐ Never ☐ I'm not sure.
- f. **Find your own way to a bus stop if someone shows you the way once or twice?**
☐ Always ☐ Sometimes ☐ Never ☐ I'm not sure.
- g. **Transfer from one fixed route bus to another bus?**
☐ Always ☐ Sometimes ☐ Never ☐ I'm not sure.

11. How do you currently travel to your frequent destinations?

- | | |
|--|---|
| <input type="checkbox"/> Fixed Route Bus | <input type="checkbox"/> Help of family/friends |
| <input type="checkbox"/> Uber/Lyft | <input type="checkbox"/> I drive myself. |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Other: _____ |

APPLICANT CERTIFICATION

I affirm that I have answered the questions in **PART 1** of this application truthfully and to the best of my ability. I have reviewed all answers and certify that the information is complete and correct. I understand that providing false or misleading information may be grounds for denial of service.

Applicant Signature

Date

If a representative completed the application on the applicant's behalf, complete the following:

Name: _____ Relationship: _____

Signature of representative

Date

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

This Consent to Release Medical Information is to be provided to: **Connect Douglas Paratransit.**

I consent to the release and disclosure of any relevant information to Connect Douglas Paratransit Services for the sole purpose of determining ADA Paratransit eligibility. I understand that this information will be kept confidential and only shared with persons involved in the paratransit eligibility process and with transit staff requiring this information to facilitate travel.

I have read this document carefully and understand that I may revoke this release at any time via written notice.

Applicant's Signature

Date

If a Representative or Guardian is authorizing this disclosure on behalf of the applicant:

Representative/Guardian Name

Relationship to Applicant:

Signature of Representative/ Guardian

*Date***Licensed/Certified Professional Information**

If you wish for Connect Douglas to forward Part 2 of the application to your provider, please complete the section below.

Name: _____

Profession: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Fax #: _____



PART 2: MEDICAL VERIFICATION FORM

PARATRANSIT ELIGIBILITY APPLICATION

This section must be completed clearly and completely by a medical professional. The information should be signed and dated 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.*

Alternatively, applicants can also submit a Letter of Disability from their medical professional's office on the office's letterhead. Preparation of the MVF or the Letter of Disability can be subject to verification.

Falsification of this application to obtain, aid, or facilitate another in obtaining ADA paratransit service may cause the application request to be denied.

Paratransit services are for individuals who cannot use Connect Douglas's fixed-route shuttle service to make all of their trips. To be eligible for paratransit service, the functional limitations of an individual's disability must **prevent** use of Connect Douglas's fixed-route shuttle 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.

THE BELOW IS 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.

Applicant's Full Name: _____

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

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



3) Is the applicant's disability a temporary disability? Yes ☐ No ☐

If yes, what is the projected duration of the disability? _____

4) Is the applicant able to get on and off a Connect Douglas fixed-route vehicle 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
- _____ cannot travel on surfaces covered with ice or snow in their neighborhood
- _____ cannot wait outside for ten (10) minutes
- _____ cannot cross busy intersections
- _____ not capable of identifying the correct bus, day or night
- _____ other (please give detailed specifics): _____

6) Is the applicant able to perform the following functions independently? (Circle yes or no.)

Find his/her way between familiar locations?	Yes	No
Grasp coins, passes and handles?	Yes	No
Communicate address, destinations & 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 (<i>a city block</i>)	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
- _____ walking cane Portable oxygen
- _____ cane used by the visually impaired
- 8) Does the applicant need the assistance of another person (other than driver) to assist them such as a Personal Care Attendant? Yes ☐ No ☐
- 9) Does the applicant need someone to assist him/her?
- _____ getting to their bus stop origin
- _____ getting on or off the bus
- _____ assistance at the destination
- Other (please describe): _____
- _____

- 9) On the below chart, please indicate the individual's ability to independently perform the following functions, using the least effective mobility device:

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



Licensed or Certified Professional Information:

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

(Please Print Clearly)

Name: _____

Title: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number _____ Fax: _____

Signature: _____

Date: _____

License/Certification Number **(required)**: _____