



Denton County Transportation Authority
604 East Hickory
Denton, Texas 76205

TEL: (940) 243-0077; FAX: (940) 387-1461

Dear Applicant:

We appreciate your interest in Denton County Transportation Authority's Access Service. Access is an origin to destination demand response service provided to disabled and elderly citizen. The enclosed application will determine your eligibility to use Access service.

Access is a combination of ADA Paratransit service, required by federal law, and additional service which the DCTA elects to provide for elderly and disabled residents. ADA service eligibility is stricter, but prevents someone from being denied trips within $\frac{3}{4}$ of a mile of a fixed route. **Individuals who are approved by age, over 65yrs old, alone or whose disabilities do not prevent them from using the fixed route service, will be considered non-ADA.**

The application must be filled out completely and legibly. The enclosed Physician's Verification of Disability Form must be completed by a doctor, licensed health care provider, or licensed rehab/social worker familiar with your disability. If it is incomplete, applications will be returned to applicants and not processed.

After DCTA receives your completed application, you may be contacted to schedule an in-person interview to aid in the determination of your eligibility. Upon request, transportation will be provided to you free of charge both to and from the interview site.

You will receive a determination letter within 21 days. If you require any assistance in completing this application you may call our office at 940-243-0077 or 1-866-335-3033 TDD.

Again, we thank you for your interest in DCTA's Access Service.



<u>OFFICE USE ONLY</u>	
<u>Access -</u> <input type="checkbox"/> ADA unconditional <input type="checkbox"/> ADA conditional <input type="checkbox"/> Non-ADA Disabled Eligible <input type="checkbox"/> Non-ADA Elderly Eligible <input type="checkbox"/> Denied	<u>Connect</u> <input type="checkbox"/> Reduced Fare <input type="checkbox"/> Free Fare
Application review date: _____ Expiration Date: <input type="checkbox"/> 3-years <input type="checkbox"/> Other _____ Approved By: _____	

Return completed application to:
Denton County Transportation Authority
 604 East Hickory Denton, Texas 76205
 TEL: (940) 243-0077; FAX: (940) 387-1461

Which service are you applying for?
 ADA service
 Non-ADA service

PART I – General Information to be completed by applicant (Individuals seeking eligibility based solely upon age, 65 and over, please complete just this page).

Name		Male/Female	Email Address
Home Address	Apt #	City	Zip
Mailing Address		City	Zip
Home Phone	Cell Phone	Work Phone	

If this is a gated community, please provide gate code: _____

Date of Birth	Primary Language
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Emergency Contact	Address	Phone
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Person Assisting with Completion of Application

Relationship to applicant	Phone
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Preferred Media/Communication Type
 Regular Print Large Print Email

Do you use any of the following mobility aids? (Check all that apply)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Braces | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Other _____ | |

PART II – Information on Disability and Mobility Equipment

Information on Disability

List Any Health Conditions or Disabilities (permanent or temporary) and how they affect your ability to get around and/or would prevent you traveling 3/4 mile to the nearest bus stop. Please be specific about your disabilities and how they affect you.

1. Is your disability permanent? Yes No
Expected duration ____/____/____

2. Have you ever had a seizure? Yes No
If a seizure disorder is your main disability
What Type? _____
How often? _____
Are your seizures controlled by medication? Yes No

3. Do you have a visual disability that limits or prevents you traveling on your own?
 Yes No - Please explain _____

4. Do you have any memory, mental, or cognitive conditions that limit or prevent you traveling on your own? Yes No

Mobility

1. On days when your physical condition is good, what is the maximum distance you can travel without the assistance of another person? (With primary mobility aid if applicable)

- Get to the curb in front of your home
- Travel up to 1 block (500 feet)
- Travel up to 2 blocks
- Travel up to 3 blocks (1/4 mile)
- Travel up to 4 blocks
- Travel up to 6 blocks
- Can't travel outside my home on my own. Please explain: _____

2. On days when your physical condition is bad, what is the maximum distance can travel without the assistance of another person? (With primary mobility aid if applicable)

- Get to the curb in front of your home
- Travel up to 1 block (500 feet)
- Travel up to 2 blocks

- Travel up to 3 blocks (1/4 mile)
 - Travel up to 4 blocks
 - Can't travel outside my home on my own. Explain why -
-

3. Could the applicant safely cross the following intersections?

At small quiet streets with little traffic? (No traffic controls) Yes No

At small intersection with traffic controls? Yes No

At busy multi-lane intersections **with** traffic controls? Yes No

Please explain: _____

4. Are you able to use railings and handles?

Yes No If no, please explain: _____

5. Does the weather have any effect on your ability to get around or use the bus? Please be specific.

Yes No If yes, in what way? _____

6. Can you wait 10 to 20 minutes at a bus stop that has a seat?

Yes No If no, please explain: _____

7. Can you wait 10 to 20 minutes at a bus stop that does not have a seat?

Yes No If no, please explain: _____

8. Can you wait 10 to 20 minutes at a bus stop that does not have a shelter?

Yes No If no, please explain: _____

9. Are you able to get on and off a bus using 3 10-inch steps?

Yes No If no, please explain: _____

10. Are you able to get on and off the bus if it has a lift?

Yes No If no, please explain: _____

11. Does your physical condition change from day to day?

Yes, my condition is good on some days and very bad on others.

No, my condition is much the same from day to day.

12. Are you able to transfer from one bus to another?

Yes No If no, please explain: _____

13. Can you get to and from the bus stop nearest your home without the assistance of another person?

Yes No If no, please explain: _____

14. Are you able to follow written or oral instructions to pay your bus fare?

Yes No If no, please explain: _____

15. Are you able to recognize when it's time to get on or off the bus?

Yes with training No

If no, please explain: _____

16. Are you able to perform the following functions without supervision?

- a) Find your way between familiar locations?
 Yes No Yes, with training
- b) Signal the bus driver to get off at a familiar stop and get off the bus there?
 Yes No Yes, with training
- c) At a bus stop served by more than one bus route, can you distinguish the correct bus to board and indicate your intention to board?
 Yes No Yes, with training

17. Please read the following statements and check those which best describe what you believe is your ability to use a DCTA bus without assistance. You may select more than one.

- I can use the DCTA bus for some trips, but not at other times because there are barriers that prevent me from using the system.
- I use the DCTA bus service frequently.
- 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.
- I believe I could learn to ride the bus, if someone taught me.
- 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 ride the bus only when I am feeling well.
- I can never use the bus by myself.
- I can get to and from the bus if the distance isn't too great, and the route is barrier-free

Cognitive Abilities

1. Can you give your name, address, and phone number if asked?

Yes No If no, please explain: _____

2. Can you give the driver your destination if asked?

Yes No If no, please explain: _____

3. Are you able to handle money?

Yes No If no, please explain: _____

4. Can you recognize your destination or landmarks?

Yes No If no, please explain: _____

5. Can you ask for, understand, and follow oral directions?

Yes No Sometimes If sometimes, please explain: _____

6. Are you able to use the telephone to obtain bus information?

Yes No If no, please explain: _____

7. Are you, on your own, able to follow written or oral instructions to use the bus?

Yes No If no, please explain: _____

8. Are you able to deal with unexpected changes to routine?

Yes No Sometimes

If no, please explain: _____

9. If have a mental disorder, is it being assisted or controlled by medications?

Yes No

Please list any medications you are currently taking:

10. Are there any behavioral issues of your mental or cognitive condition that DCTA should be aware of? _____

PART III – Questions on using Connect fixed route bus service

1. Have you ever used DCTA Connect Fixed Route DART, or The-T (Ft. Worth) bus service?

Yes No

2. Are you currently using DCTA Connect, DART, or The-T (Ft. Worth) bus service?

Yes No If so, what routes and how often?

3. Have you participated in DCTA's reduced fare program (Medicare card holders and seniors 65 or older) for our Connect routes or the Regional Reduced fare program?

Yes No

4. Where is the closest bus stop (or pick up point) to your home?

5. Which DCTA Connect bus routes services your neighborhood?

6. Are you able to travel to and from the nearest bus stop without the help of another person?

Yes No Sometimes

If no or sometimes, please explain: _____

7. How do you know when or where to get off the bus when you ride the DCTA Connect Fixed Route bus service?

I ask the driver to announce my stop.

I hear the driver announce it out loud.

I ask the other passengers to help me.

I can see my stop from inside the bus.

Other - please explain: _____

8. When was the last time you used the DCTA Connect bus?

9. What is it about riding the DCTA Connect bus that is most difficult for you?

10. What specific situations PREVENT you from using the DCTA Connect bus service?

Travel Training

Travel Training is available free to all persons with a disability who may be able to use an accessible bus. It is to familiarize you with the service in general or to help you learn a specific trip. Training to use the fixed routes DOES NOT make you ineligible for Paratransit.

1. Have you ever had training on how to use the bus? Yes No

2. Did you finish the training?

Yes No If no, please explain: _____

3. Would you be interested in training to use the DCTA Connect bus Routes?

Yes No If no, please explain: _____

Your Current Travels
List your most frequent destinations

<u>Destination</u>	<u>How you get there now</u>	<u>How often you go</u>

Under the ADA, a disability alone does not automatically qualify a person to use DCTA Complementary ACCESS ADA Paratransit Service.

A person who lives within ¾ of a mile of a fixed route must be **functionally unable** to get to or use the DCTA Connect fixed-route bus service to qualify to use the DCTA’s ACCESS ADA Paratransit Service.

PART IV – Please initial all of the following statements indicating you have read and understand each statement. I understand my rights and responsibilities for Access service and they are as follows:

- 1. Access service is public transportation and I will be sharing rides with other passengers. _____
- 2. Access does not provide emergency service. _____
- 3. I must show my Access ID and pay the fare each time I ride. _____
- 4. Four “No Shows” in 30 days could result in suspension of service. _____
- 5. Access operators may arrive 15 minutes before or 15 minutes after the scheduled pick-up time. _____
- 6. The Access operators will only wait 5 minutes from the time they arrive. _____
- 7. Wheelchair lifts can accommodate up to 600 lbs., and 32 inches in width. I understand the combined weight of me, my wheelchair, and accessories must weigh less than 600 lbs. I also understand the width of my wheelchair cannot exceed 32 inches. _____
- 8. If I require a PCA / attendant at the time of pickup, and I do not have one, I will be unable to ride. _____

DCTA Access ADA Paratransit Applicant Agreement

I confirm all provided information is true to the best of my knowledge. I understand my application and the professional verification of all my claims will be returned if both parts are not complete. I understand all claims are subject to review and verification. Any false claims, misrepresentations, or a refusal to provide professional verification, will result in the rejection of my application.

I agree if I am certified for Denton County Transit Authority ADA Paratransit service, I will:

- * Pay the exact fare for each trip.
- * Notify DCTA of any changes to my condition or situation that may affect my eligibility.
- * Abide by all DCTA policies and procedures.

I understand failure to abide by the DCTA policies and procedures may result in a suspension of service or the revoking of my application and my right to participate in DCTA’s ADA Paratransit service. I authorize Denton County Authority to verify all claims with the designated professional, and give that professional authorization to release any information needed to complete the application process.

Signature of Applicant Application Date

Signature of Alternative Person Completing Application Date



ADA Paratransit Eligibility Application with
Denton County Transportation Authority –
Professional/ Physician Verification:

*****Please Note***
This form must be filled out in its entirety.
Incomplete forms will not be processed and
will be returned to the applicant.**

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Person Completing Verification: _____
Professional Title or Specialty: _____
Professional Relationship with Applicant: _____
Medical License Number: _____

Business Name/Agency: _____ Business Phone Number: _____

Business Address _____ City _____ State _____ Zip Code _____

DCTA ACCESS Applicant: _____
D.O.B _____ Phone Number: _____

Instructions:

Please answer all questions as completely as possible, and return to Access Applicant. Please be clear, concise, and specific. The above named applicant will then return it to DCTA with their portion of the ADA ACCESS Paratransit Eligibility Application.

Please keep in mind that we look **at what a person is able to do, not just that they have a disability.** We are determining if a person can use our DCTA Connect Fixed Route bus service all the time, part of the time, or none of the time.

Under the ADA, a disability alone does not automatically qualify a person to use DCTA Complementary ACCESS ADA Paratransit Service. A person who lives within 3/4 of a mile of a fixed route must be **functionally unable** to get to or use the fixed-route bus service to qualify to use the DCTA’s ACCESS ADA Paratransit Service.

There is a section for you to give any additional information you think we need to give the applicant a complete and fair review.

Health Conditions and Disabilities - Professional Verification

List all of the applicant's health conditions or disabilities. For each condition explain how it could affect their ability to get around and/or prevents them from traveling 3/4 mile on their own.

Cognitive Abilities- Professional Verification

1. Could the applicant give their name, address, and phone number if asked?

Yes No If no, please explain: _____

2. Could the applicant give the driver their destination if asked?

Yes No If no, please explain: _____

3. Could the applicant recognize destination or landmarks?

Yes No If no, please explain: _____

4. Could the applicant ask for, understand, and follow directions?

Yes No Sometimes

If no or sometimes, please explain: _____

5. Would the applicant know how to deal with unexpected changes to routine?

Yes No Sometimes

If no or sometimes, please explain: _____

6. Could the applicant do a multiple bus ride?

Yes No Sometimes

If no or sometimes, please explain: _____

7. Does the applicant have a diagnosed mental or cognitive condition?

Yes No

If so, please list: _____

8. If they have a mental disorder, is it being assisted or controlled by medications?

Yes No

If so, please list current medications: _____

Physical Mobility – Professional Verification

1. Does the applicant have a hearing impairment? Yes No

2. Does the applicant use any of the following?

Manual Wheelchair Service Animal

Electric Wheelchair or Scooter Walking Cane

- White Cane (for visual impairment)
- Walker
- Crutches
- Other _____
- Portable Oxygen
- PCA/Attendant
- Leg Braces

3. Could the applicant board a bus using 3 10-inch steps?
 Yes No

4. Could the applicant board a bus using a wheelchair lift?
 Yes No

5. Does the applicant require an Attendant/PCA to travel?
 Yes No

6. Is the applicant a current Medicare Card Holder
 Yes No

7. The vehicle wheel chair lift will accommodate up to 600 lbs. and are 32 inches in width.
 The applicant's current weight is _____ lbs.
 Mobility device make and model: _____

8. What is the maximum distance the applicant could travel without the assistance of another person?
 (With primary mobility aid if applicable)

- Not even to car on own - must have person to assist
- To curb in front of home
- 1 block (500 feet)
- 2 blocks
- 3 blocks (1/4 mile)
- 4 blocks
- No distance limitation

9. Could the applicant wait 10 to 20 minutes at a bus stop?
 Yes No
 If no, please explain: _____

10. Could the applicant safely cross the following intersections?
 At small quiet streets with little traffic? (No traffic controls) Yes No
 At small intersection with traffic controls? Yes No
 At busy multi-lane intersections **with** traffic controls? Yes No
 Please explain: _____

11. Rate the applicant's condition of the following in terms of: E/G/F/P/N/U
 Excellent / Good / Fair / Poor / None / Unknown

_____ Upper Body Strength	_____ Lower Body Strength
_____ Coordination	_____ Balance
_____ Safety Awareness	_____ Independent Judgment
_____ Verbal Communication	_____ Written Communications
_____ Stamina and Endurance	

12. Would temperature extremes or weather conditions affect the applicant's ability to get around?

Please explain, being specific: _____

13. Would there be any sun or heat sensitivity due to a conditions or medications?

Please explain, being specific: _____

Other

1. Does the applicant have a vision limitation that has not been corrected by glasses or contacts?

Explain how that vision issue would affect their ability to get around?

Is there any ADDITIONAL information about applicant we haven't covered in this application that DCTA should be aware of when reviewing their ability to use the DCTA Connect fixed route bus services?

Questions Pertaining to Applicants Seizures (if applicable)

1. Has the applicant ever been diagnosed with epilepsy or another seizure disorder?

Yes No Please list diagnosis: _____

(If no, please move to end of application)

2. Which of the following types of seizure does the applicant have?

- Absence Seizures Petit Mal Seizures
- Complex Partial Seizures Simple Partial Seizures
- Psychomotor Seizures Tonic Clonic Seizures
- Grand Mal Seizures Other - Specify _____

3. Has the applicant ever been diagnosed with any of the following?

- Stroke Bacterial Meningitis Closed Head Injury
- Brain Tumor Viral Encephalitis Cerebral Palsy
- Alzheimer's Parkinson's disease Diabetes
- Tourette's syndrome Other - specify: _____

4. Does the applicant have any warning before he/she has a seizure? (ex: aura)

Yes No

5. Which of the following "triggers" the applicant's seizures?

- Stress Anxiety Flashing Light
- Loud Noise Heat Fatigue
- Dehydration Not taking medication Other - Specify _____

6. How often does the applicant have seizures?

- Daily Frequency _____
- Weekly Frequency _____
- Monthly Frequency _____
- Yearly Frequency _____

7. How long does the applicants seizures usually last? _____

8. What behaviors does the applicant exhibit DURING their seizures?

9. Which of the following behavior does the applicant demonstrate AFTER their seizures?

- Confusion Sleepiness Physical Weakness
- Anxiety Disorientation Impaired Awareness
- Agitation or Irritability Other _____

10. Does the applicant's Epilepsy or Seizure Disorder interfere with any of the following "major life activities"?

- Self-Care Work Communication
- Play Mobility Leisure Activities
- Independent Living

11. Has the applicant ever required immediate medical attention after a seizure?

- Yes No

Please explain: _____

The applicant named above in this DCTA ADA Access Application is currently being treated or was formerly treated by me. The person has informed me of his/her intent to apply for Denton County Transportation Authority (DCTA) Access service. The information provided in this form is intended to verify any medical/health conditions that prevent the applicant from using DCTA's Connect fixed route bus service.

Please Check One:

- Physician
- Licensed Health Care Provider
- Licensed Rehab/Social Worker

Based upon my professional knowledge of the applicant, I certify that the preceding information is true and correct.

Name (Please Print) _____ Office Phone Number _____

Office Street Address _____ City _____ State _____ Zip Code _____

State License Number (Complete if Applicable—Must be current) _____

Physician/Professional Signature: _____ Date: _____