



GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY

AMERICANS WITH DISABILITY ACT (ADA)

The attached application must be completed by individuals who wish to apply for eligibility in the ADA Paratransit program. (Door to Door service).

To Apply for ADA Eligibility:

1. Applicants fill out pages 1-6 **COMPLETELY**. The Medical professional or social worker **must complete pages 7 and 8.**
2. The application is then mailed to:
GCRTA-ADA Eligibility
1240 West 6th Street
Cleveland, Ohio 44113-1331
3. You will be notified of your ADA eligibility status within 21 working days of the date that we receive your **completed** application.
4. You will be scheduled for an interview to complete the application process.
5. Upon completion of the process an RTA ADA ID card will be issued.

All applications that are not entirely and correctly completed will be returned to the applicant and not processed.

To replace a Lost or Stolen ID card:

1. You must come to RTA's Main Office- 1240 West 6th St.
2. **A Photo ID is required for replacement of your card.**
3. There is a \$5.00 replacement fee for lost or stolen cards.

Greater Cleveland Regional Transit Authority Application for Paratransit Service

FORM - 72-987
REV. 7/14/06

This application is an opportunity for you to provide the Greater Cleveland Regional Transit Authority (GCRTA) with a description of the barriers in your environment and how your disability prevents you from using the bus and rail service. The more information you provide, the better GCRTA will understand your ability and travel challenges.

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions that you cannot answer, or if you need assistance to complete this form, please call the Customer Service at (216) 566-5124. In order to be considered complete, every question on the application must be answered. If not, it will be returned to you for completion. Your licensed physician or health care professional must complete part VIII of this application, the Medical Professional Certification.

PLEASE PRINT/TYPE IN BLUE OR BLACK INK.

PART I: BACKGROUND INFORMATION OF APPLICANT

Name: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home): _____ (Work): _____

Social Security Number: _____ Date of Birth: _____

*** Note, RTA uses Social Security Numbers for tracking applications only. ***

Sex: Male Female

Emergency Contact Person: _____

Phone: (Home): _____ (Work): _____

Relationship to Applicant: _____

OFFICE USE ONLY

Date entered in system _____ Form Reviewed Yes ___ No ___ Date _____
Category _____ Disability Code _____ Eligibility Approved Yes ___ No ___ Date _____

PART II: INFORMATION ABOUT YOUR DISABILITY

What is/are your disability/ disabilities? _____

Does your disability prevent you from using the regular (fixed route) bus or rail service by yourself? Yes No

If Yes, please explain: _____

Do you need someone to accompany you to travel outside the home (example, personal care assistant)? Yes No

If Yes, how often? _____

Have you had a disability for more than one year? Yes No

Is your disability considered permanent? Yes No

If No, how long do you expect to have a disability? _____

Does your disability change from day to day? Yes No

If Yes, please explain. _____

Do you use a mobility aid? Yes No If Yes, please circle all that apply to you:

Manual wheelchair

Motorized Wheelchair

Scooter

Service Animal (Guide Dog)

Cane

Crutches

Brace(s)

Walker

Portable Oxygen

White Cane

Other (please specify): _____

**PART III: INFORMATION ABOUT YOUR CURRENT USE
OF THE REGULAR/ FIXED-ROUTE BUS/ RAIL SERVICE.**

Please Check All That Apply

- I ride the buses/ trains frequently.
- I ride the buses/trains sometimes, if the conditions are right.
- I ride the buses/ trains when I am feeling well.
- I can only ride the buses/ trains if they have a wheelchair lift or low floor.
- I have a vision impairment that prevents me from ever getting to and from the bus, even with training.
- I could learn to use the bus/ train service if someone taught me.
- I am not sure if I can use the bus/ train service.
- I can never use the bus/ train service by myself.
- There is no bus/ train service in my area.
- I am not able to use the bus/ train service for other reasons. Please explain:

- I don't like to use the fixed route bus/ train service.

Do you currently use the fixed/ regular bus/ train service? Yes No

If yes, which routes do you use? _____

If yes, do you need the assistance of another person and what aid does that person perform for you? _____

If yes, is there anything about riding the bus/ train that is difficult for you?

Have you ever used the fixed/ regular bus/ train service? Yes No

If yes, why did you stop? _____

Which bus/ train routes serve your home neighborhood? _____

What is the closest bus/ train stop to your home? (Please give an intersection)

Can you get to the bus/ train stop nearest to you home by yourself? Yes No

If no, why not? _____

Can you cross any street by yourself? Yes No

If yes, what types of streets? _____

If no, please explain. _____

Can you wait at the bus stop for up to 15 minutes? Yes No

If no, please explain. _____

Are you able to grasp handles or railings, or coins or tickets while boarding or exiting the transit vehicle? Yes No

If no, please explain. _____

Are you able to maintain your balance and tolerate public transit movement when seated? Yes No

If no, please explain. _____

Can you understand and follow directions to get you to your destination?

Yes No

If no, please explain. _____

Does weather affect your ability to use the bus/ train system? Yes No

If yes, please explain. _____

Have you ever received training on how to use the bus/ rail system? Yes No

If yes, Which agency provided the training? _____

When was the training provided? _____

Did you successfully complete the training? Yes No

Would you like to receive travel training? Yes No

PART IV: APPLICANT'S CURRENT TRAVEL

How would you describe the terrain where you live? (e.g., flat, steep hills, gradual sloping hills, etc.)

Are there sidewalks in your neighborhood? Yes No

List the last 5 most frequent destinations you traveled to and how you traveled there:

Destination Address / Frequency of Travel / How do you get there now?

PART V: APPLICANT CERTIFICATION

I understand that the purpose of this application is to determine if I am eligible for RTA's Paratransit services and that RTA staff may need to talk to me later to get more information. Additionally, I understand that I may be required to attend an in-person interview or functional ability assessment as part of this application process.

By signing this application, I certify that I have been truthful in answering this form and that the information that I have provided is correct to the best of my knowledge. I understand that falsification of this information could result in a loss of Paratransit service.

I agree to notify RTA if I no longer need to use the Paratransit service.

Signature

Date

PART VI: TO BE COMPLETED ONLY IF ANOTHER PERSON HELPED THE APPLICANT IN THE COMPLETION OF THIS FORM.

Name of Person Giving Assistance: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home): _____ (Work): _____

Relationship to Applicant: _____

PART VII: APPLICANT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize the professional(s) listed below to release to RTA information about my disability and health condition and its effect on my ability to travel on RTA buses/ trains. I understand that I may revoke this authorization at any time.

All medical information, which you or your health care professional provide, will be kept confidential to the extent permitted under the law except that the information may be shared with other professionals or agencies involved in the determination of your eligibility.

Signature

Date

PART VIII: MEDICAL PROFESSIONAL CERTIFICATION

TO BE COMPLETED BY YOUR LICENSED PHYSICIAN
OR HEALTH CARE PROFESSIONAL. PLEASE PRINT.

Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Telephone Number: _____

License/ Certification No.: _____ State: _____

Profession: *Please check.*

_____ Physician _____ Social Worker

_____ Other, please specify: _____

Must initial each statement to which you agree.

_____ I certify that I have treated the Applicant and am familiar with his/ her disability and health condition.

_____ I certify that I have read and agree with the Applicant's information in its entirety.

_____ I certify that the Applicant is UNABLE to ride RTA's fixed route (regular) bus and rail services.

Why is applicant unable to use regular service. Please explain in detail: _____

If condition is not permanent, please indicate duration _____

I understand that false certification may be reported to the licensing jurisdiction under the State of Ohio or appropriate code for state of license/ certification.

Signature • 7 • Date

PART IV: NOTARY

Application will not be accepted if this oath is omitted. You must personally appear before a notary public or other authorized official for this purpose.

I solemnly affirm that the information I have provided on this application is complete and true to the best of my knowledge and belief and that intentional deception herein may be considered as significant cause for the disqualification of the ADA Paratransit Program. I will not loan my card to anyone. I also understand that RTA employees are authorized to confiscate my I.D. card if it is used improperly.

I understand that falsification of this application may be considered grounds for termination in the disabled program. I understand that it is a criminal offense to make false statements before a notary public and I may be liable for a criminal offense should false statements be attributed to this application.

Signature of Applicant

Subscribed and duly sworn before me according to the law, by the above named applicant this _____ day of _____ 20____
in Cleveland, County of Cuyahoga and State of Ohio.

Signature of Officer

Official Title