BOARD OF COUNTY COMMISSIONERS
WASHINGTON COUNTY, MARYLAND

ADA PARATRANSIT APPLICATION FORM

WASHINGTON COUNTY TRANSIT

All questions must be answered. Incomplete forms will be returned.

In compliance with the Americans with Disabilities Act of 1990 (ADA), Washington County Transit provides (WCT) "Complementary Paratransit" (shared-ride) service to an area served within ¾ of a mile by WCT buses. This shared-ride service is intended only for those trips that the person cannot make on WCT fixed route buses. This application form is one of the tools used to determine when and under what circumstances the applicant can use Washington County Transit fixed route buses and when "Complementary Paratransit" shared-ride service is required. Before completing this application form, please read the attached **Eligibility Criteria Guidelines** for ADA Paratransit service for more detail.

INSTRUCTIONS FOR COMPLETING THIS FORM:

The applicant (or someone assisting the applicant) must complete pages 2 through 6 and sign on Page 3. The Maryland licensed medical professional most familiar with your disabling condition(s) must complete and sign the MEDICAL VERIFICATION section on page 7.

We must have original signatures as we cannot accept copies or faxes.

All applicants, whether new or persons applying for recertification, must complete a new application.

The application process will not be complete until all forms have been completed.

If you have any questions or need assistance completing this form, please contact:

Washington County Transit (WCT)
1000 W. Washington St., Hagerstown, MD 21740
Phone 240-313-2750
Fax 301-791-3343
www.washco-md.net

Part 1
General Information

DO NOT WRITE IN THIS SPACE
Input Date: _____ 3rd party review: _____
Exp. Date: _____ ADA Category: 1 2 3 4
Mobility aids: _____ PCA: _____
Conditions: _____
Reviewed by: _____ Date: _____

PLEASE PRINT NEATLY

Last name: _____ First name: _____ MI: _____
Street address: _____ Apt: _____ Bldg: _____
Bldg/Subdivision name: _____ E-mail: _____
City: _____ State: _____ Zip code: _____
Home phone: _____ Other phone (cell): _____
Social Security #: _____ Date of birth: _____

If someone assisted you in completing this form, please identify them below:
Name: _____ Phone: _____

In which format(s) do you require information and material to be sent to you?

☐ Large print ☐ Audio tape ☐ Audio CD ☐ CD-ROM ☐ Other: _____

In case of emergency, who should we notify?
Name: _____ Phone: _____
Relationship: _____ Other phone or E-mail: _____

Part 2 – Applicant Certification

Please indicate below the reason you are seeking ADA Paratransit eligibility

☐ I can use WCT sometimes, as long as I can get to and from the bus stops.
☐ Because of my disability, I can never use the WCT bus service.

- I understand that the purpose of this form is to determine if there are times when I cannot use the WCT fixed route bus service provided by Washington County.

- I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility.

- I certify the information provided in this application is true and correct.

- I understand that providing false or misleading information, or making false statements on behalf of others constitutes fraud and is considered a felony under the laws of the State of Maryland.

- I authorize any health care professional involved in my treatment to release information relating to the disability to any medical facility contracted by Washington County to perform eligibility determinations, or WCT's eligibility unit.

Applicant's signature: _____ Date: _____
(or Power of Attorney – POA proof must accompany application)

Part 3 – Information About Applicant's Disability

1. What type or types of disabilities prevent you from using WCT buses? Check all that apply.

☐ Developmental disability ☐ Visual impairment/blindness*
☐ Physical disability ☐ Mental illness
☐ Other ☐ None

Describe your disability in more detail:
_____
_____
_____

* Applicants claiming visual disabilities MUST provide their most recent visual acuity on Page 8, question 3 of this application.

2. Is this disability described above temporary or permanent?

☐ Temporary, I expect it to last for another _____ months
☐ Permanent ☐ I don't know

3. Do you use any of the following mobility aids or equipment?

☐ Oxygen ☐ Cane ☐ Powered scooter
☐ Leg braces ☐ Walker ☐ Powered wheelchair
☐ Long white cane ☐ Crutches ☐ Manual wheelchair
☐ Alphabet/Picture Board ☐ Other:_____
☐ Service animal – Describe:_____
☐ I do not use any of the above aids or equipment

NOTE: We may not be able to accommodate you if your wheelchair/scooter is longer than 48-inches or wider than 30-inches or if the total weight of both rider and mobility aid is more than 600 pounds.

4. **Do you require the assistance of a Personal Care Attendant (PCA) (someone who must assist you with your daily life functions)?**
(PCA not provided by WCT and is authorized only when a justifiable need is established)

☐ YES, I need assistance with:
☐ Eating ☐ Mobility ☐ Reading ☐ Transfers
☐ Medication ☐ Other:_____

☐ NO, I do not need assistance when I travel.

5. **Have you ever used the WCT fixed route buses?**
☐ YES, I typically use the WCT buses _____ times a week
☐ YES, I used to but stopped because:_____
☐ NO

Part 4 – Questions About Using WCT Buses

6. **What might help you ride WCT buses?** ***Check all that apply***
☐ A communication aid
☐ Route and schedule information
☐ Being able to get WCT buses with lifts
☐ Learning to use WCT buses with travel training
☐ If the bus stops were closer to where I live and where I need to go
☐ Other, describe:_____
☐ None of these would help

7. **Can you ask for and follow written or oral instructions to use WCT buses?**
☐ YES ☐ NO ☐ SOMETIMES

If you choose either NO or SOMETIMES, ***check all that apply***
☐ I probably could with instruction
☐ I get confused and might get lost
☐ Other people cannot understand me
☐ Other:_____

8. **Are you able to get to and from bus stops on your own?**
☐ YES ☐ NO ☐ SOMETIMES

If you choose either NO or SOMETIMES, ***check all that apply***
☐ I feel unsafe traveling alone
☐ I probably could with travel training
☐ I get confused and cannot find my way
☐ I cannot travel outside when it is too hot
(continued)

☐ I cannot if the street or sidewalk is too steep
☐ I cannot cross busy streets and intersections
☐ I cannot get to places if there are no curb-cuts
☐ I cannot find my way at night because of a vision problem
☐ Other:_____

9. Using a mobility aid or on your own, how far can you travel?
☐ I cannot get outside my house/apartment
☐ I can get to the curb in front of my house/apartment
☐ I can get up to 3 blocks
☐ I can get up to 6 blocks
☐ I can get up to 9 blocks or more

10. Can you WAIT up to 30 minutes for a fixed route bus at a bus stop?
☐ YES
☐ YES, but only if the stop has a bench and shelter
☐ YES, but I do not like to wait that long
☐ NO, explain:_____
_____

11, Do you know how to use a bus kneeler, ramp or lift?
☐ YES ☐ NO ☐ SOMETIMES ☐ I do not know, I have never tried

If you choose either NO or SOMETIMES, *check all that apply*
☐ I am not familiar with bus ramps or lifts ☐ I cannot climb the stairs
☐ I probably could with travel training ☐ I do not want to use the lift
☐ Other:_____

12. If you are able to get on and off county buses, can you get to a seat or wheelchair position by yourself and ride the bus?
☐ YES ☐ NO ☐ SOMETIMES ☐ I do not know, I have never tried

If you choose either NO or SOMETIMES, *check all that apply*
☐ I have a balance problem ☐ I need a seat nearest the door
☐ I have trouble finding a seat
☐ Other:_____

13. If you are able to get on and off county buses, do you know where to get off the bus or can you find out by yourself?
☐ YES ☐ NO ☐ SOMETIMES ☐ I do not know, I have never tried

If you choose either NO or SOMETIMES, *check all that apply*

- ☐ I get confused and cannot remember where I am going
- ☐ I can if the driver calls out the stops
- ☐ I probably could with travel training
- ☐ Other:_____

14. Are there any other conditions which limit your ability to use WCT buses?

- ☐ YES, please describe them:_____
  _____
  _____
- ☐ NO

THIS CONCLUDES THE APPLICANT'S PORTION OF THE FORM.

PAGE 7 MUST BE COMPLETED BY A LICENSED PHYSICIAN

Medical Verification

Applicant's Name:_____

THIS SECTION TO BE COMPLETED BY APPLICANT'S PHYSICIAN OR HEALTHCARE PROFESSIONAL

The American with Disabilities Act of 1990 (ADA) requires that Washington County provide "Paratransit" service to anyone who cannot use WCT buses because of a disability. Paratransit services are provided in an area contiguous to WCT fixed-route service. The applicant who has asked you to review and sign this form is applying to Washington County to be considered eligible for the Paratransit service. ADA shared-ride service is intended only for those trips that the person cannot make using WCT fixed-route buses.

The purpose of this application form is to determine when and under what circumstances the applicant can use WCT buses and when they require shared-ride service.

Please, carefully review the information provided by the applicant in parts 2 through 4 of this form and then answer the questions below.

PHYSICAN SECTION ONLY

1.) Describe all conditions (physical, cognitive, emotional, other) which functionally prevent the applicant from using WCT buses. _____
_____
_____

2.) How does this condition PREVENT the applicant from using the WCT fixed-route bus service?
_____
_____

3.) Applicants claiming visual disabilities MUST provide their most recent visual status:
Test Date:_____ Best Corrected Visual Acuity:_____
Is applicant totally blind with NO light perception? ☐ YES ☐ NO

4.) To the best of your professional knowledge, is the information provided by the applicant in Parts 2 through 4 of this application true and correct? ☐ Don't know ☐ YES ☐ NO

5.) Does the applicant's medical condition make it necessary that a Personal Care Assistant (PCA) accompany the person when using Paratransit Service? ☐ YES ☐ NO

6.) The medical condition which prevents the applicant from using WCT bus service is expected to be: ☐ PERMANENT ☐ TEMPORARY
If temporary, please state when the condition is expected to be resolved: _____
_____

Physician Signature:_____ Date:_____
Name & Title:_____
Business Address:_____ Suite:_____
City & State:_____ Zip Code:_____