



Application for ADA Paratransit Services

All information enclosed is confidential
Last modified 05-06-2021



Clermont Transportation Connection

4003 Filager Rd - Batavia, OH 45103

Dispatch 513.732.7433 - Operations 513.732.7578 - Director 513.732.7577

Thank you for your interest in the Clermont Transportation Connection's (CTC) paratransit service. CTC's paratransit is a door-to-door service for citizens who cannot use the CTC shuttle/fixed route bus system. It is designed to compliment the CTC shuttle/fixed route bus system and to meet the needs of ADA eligible citizens of Clermont County.

ADA eligible is defined as – participants who are certified through criteria set forth in the Americans with Disabilities Act (ADA), as an individual with a disability and whose impairment prevents them from using the CTC shuttle/fixed route bus system.

Please understand that this service is not part of our Dial-A-Ride service or our Medicaid service. If you wish to receive ADA services you must fill out this application out regardless if you have a disabled fare form on file or if you are on Medicaid.

CTC's paratransit service is a "shared-ride" service intended to safely and effectively accommodate as many clients per trip as possible. Service is provided by lift-equipped buses. Individuals who use a three-wheeled device or any non-standard wheelchair, which cannot be securely fastened, must be able to transfer to a vehicle seat. Drivers will assist passengers on and off the vehicle as necessary, but are not allowed to assist passengers up or down stairs, go beyond any entryway or lose sight of the vehicle at any time.

If you are seeking ADA Eligible service you will need to answer all questions found in the attached document. Please note that Section II must be completed by a health care professional. Please call our office if you need this application in an alternative format.

Once the application is complete, please return to:

**Clermont Transportation Connection
ATTN: ADA Eligibility
4003 Filager Rd.
Batavia, OH 45103**

CTC will process your application within 21 days of receipt. An incomplete application will be returned to you and this will delay the processing of your application. If CTC determines that you are not eligible for CTC paratransit service, you are entitled to a hearing to appeal this decision as explained in part C of this application. A copy of the appeal procedure is mailed with each letter of ineligibility or conditional eligibility. After reading this application, you may still have some questions about your ADA eligibility. Please do not hesitate to call our offices at (513)-732-7433 or toll free at 1-877-724-7433 with any questions you may have. Any complaints received will be acknowledged within 10 days or less.

Sincerely,

Phil Pumphery, Director

FORWARD MOTION



Clermont Transportation Connection
4003 Filager Rd - Batavia, OH 45103

Dispatch 513.732.7433 - Operations 513.732.7578 - Director 513.732.7577

CTC is committed to ensuring equal access to its services for all individuals, regardless of disability. All of the information provided in this application is confidential and serves to determine eligibility only. If you meet the eligibility criteria, you will be scheduled for an interview for final eligibility status determination.

PART A: APPLICANT

NOTE: PLEASE ANSWER ALL QUESTIONS.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

Please Type or Print Clearly

Applicant Name: (First, Last, Initial)

Home Address: Apt#

City: State: Zip Code:

New Application Renewal Application Temporary Application Visitor Application

Home Phone #: Mobile #:

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

Signature

Date

To be completed if the applicant was helped by another person in the completion of the application.

Name Daytime Phone

Relationship Date

Will you need future materials in an accessible format? If yes, circle one:

Braille Large Print Audio Cassette Computer Disc

Person or agency to contact in case of an emergency:

Name

Relationship

Street

Apt# Bldg #

City:

State Zip code:

Home Phone:

Work Phone:

PART B: APPLYING FOR ADA CERTIFICATION

1. What are all of your current means of transportation? Please check all that apply.
- | | |
|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Taxi/car service |
| <input type="checkbox"/> Mobility aids or equipment | <input type="checkbox"/> Commuter railroad |
| <input type="checkbox"/> Public transit bus | <input type="checkbox"/> Medicaid transportation |
| <input type="checkbox"/> Paratransit van | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Automobile | _____ |

2. Which of the following mobility aids or equipment do you use to help you get to where you need to go? Please check all that apply.
- | | |
|--|--|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Respirator/Oxygen tanks |
| <input type="checkbox"/> Power scooter | <input type="checkbox"/> Guide can |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Service animal (guide dog, etc) |
| <input type="checkbox"/> Cane | <input type="checkbox"/> I do not use a mobility aid |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prosthetic device/brace | _____ |

(Note: We may not be able to accommodate you if your wheelchair or scooter is longer than 48", wider than 30", or if your total weight with your mobility device is more than 600 pounds)

3. Using a mobility aid, equipment or standing on your own, what is the longest length of time that you can wait for transportation?
- | | |
|--|---|
| <input type="checkbox"/> 1-15 minutes | <input type="checkbox"/> 45-60 minutes |
| <input type="checkbox"/> 15-30 minutes | <input type="checkbox"/> Over 60 minutes |
| <input type="checkbox"/> 30-45 minutes | <input type="checkbox"/> I cannot wait without assistance |

4. Using a mobility aid, equipment or walking on your own, how many blocks can you travel on level ground? Circle the answer below that best describes your situation.

1-2 blocks	Never	Sometimes	Always
2-4 blocks	Never	Sometimes	Always
4-6 blocks	Never	Sometimes	Always
6-8 blocks	Never	Sometimes	Always
Over 8 blocks	Never	Sometimes	Always

5. How far is the closest CTC fixed route and/or shuttle stop to your home?
- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 0 – 1 block | <input type="checkbox"/> 4 - 6 blocks | <input type="checkbox"/> over 8 blocks |
| <input type="checkbox"/> 2 - 4 blocks | <input type="checkbox"/> 6 - 8 blocks | <input type="checkbox"/> I don't know |

6. Do you currently use the CTC fixed route and/or shuttle system?
- Yes No
- If yes, how many days in one week _____
 - If no, please check all that apply:
 - I have a disability which prevents me from boarding a regular CTC bus which does NOT have a lift
 - I have a disability that prevents me from boarding a CTC bus with a lift.
 - I have a disability that prevents me from getting to some bus and/or shuttle stops.
 - I have a disability that prevents me from getting to ALL bus and/or shuttle stops.
 - I am afraid to ride the CTC bus.
 - There is no CTC bus stop near my residence.
 - I cannot get to a bus stop by myself because I get disoriented or confused.
 - I have a temporary disability that prevents me from taking a regular CTC bus. I will only need to use the paratransit service until I recover.
 - I have an episodic disability. I can use the bus on those days when I am feeling well, but on "bad days", I cannot.
7. Can you reach your destination from where the fixed route and/or shuttle bus stops to let you off?
- Yes No
- If no, please check all that apply:
 - I cannot walk that far
 - I become confused or cannot remember where I am going.
 - There are no curb cuts, paved sidewalks, or the ground is too uneven
 - Other (please specify) _____
8. If you do not ride the fixed route and/or shuttle system, what would help you?
- Please check all that apply:
 - Lift accessible buses.
 - Knowing more about the fixed route and/or shuttle system
 - I would travel if there were accessible fixed and/or shuttle routes where I need to go.
 - Other (please specify) _____

9. Please list the last two trips you took and how you got there:

• Origin: _____ Destination: _____

Transportation: _____

• Origin: _____ Destination: _____

Transportation: _____

10. Can you follow written or oral instructions to use the fixed route and/or shuttle system?

Yes No

11. Do you need transportation at least three times each week for regularly scheduled trips to a particular destination?

Yes No

• If yes, please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Work |
| <input type="checkbox"/> Therapy | <input type="checkbox"/> Adult Day Care |
| <input type="checkbox"/> School | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Volunteer Work | <input type="checkbox"/> Other: _____ |

Please list the most common addresses to which or from which you travel.

12. Can you transfer from one regular fixed bus route and/or shuttle route to another?

Yes No

• If no, please check all that apply:

- I get too confused and might become lost
- I do not like to transfer
- I cannot hold a paper transfer
- I do not want to use the fixed route and/or shuttle system
- Other: _____

13. Can you climb three 12-inch steps without assistance?

Yes No

• If no, please explain: _____

14. Can you communicate with the bus driver by yourself?

Yes No

• If no, please check all that apply:

- I cannot understand the driver
- Other people cannot understand me
- I need a communication aid and do not have one
- Other (please specify): _____

15. Do you travel with a Personal Care Attendant (PCA, e.g., a person such as a home attendant or friend who assists you when you travel outside your home)?

Yes No

16. Is your disability temporary?

Yes No

• If yes, please indicate how long you believe the temporary disability will continue:

1 month

2 months

Other (how many months?)_____

17. Is your condition affected by the weather?

Yes No

• If yes please explain: _____

18. Is your disability permanent?

Yes No

19. What kind of place do you live in? Please check one.

House

Assisted Living

Apartment

Rehab Hospital

Group Home

Other:_____

PART C: APPLICANT AGREEMENT AND INFORMATION

If you are not the applicant, but you completed this application on behalf of the applicant, you must provide the following information (please print or type):

Applicant's Name: _____
Name of person filling out this application: _____
Relationship to applicant: _____ Phone Number: _____
Office Street Address: _____
City: _____ State: _____ Zip: _____

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

Signature: _____ Date: _____

AGREEMENT TO ELIGIBILITY TERMS AND CONDITIONS

(All applicants must sign this agreement)

I understand that my application will be returned if it is incomplete and this will delay the processing of my application. I affirm that all information that I provide on this application is true to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to revocation of my registration. I also understand that failure to adhere to the policies and procedures for using the CTC paratransit service will be grounds for suspending my eligibility in this program.

X _____
Applicants Signature *Date*

AMERICANS WITH DISABILITES (ADA) APPEAL PROCESS

If your ADA paratransit eligibility determination results in a finding of ineligible to receive paratransit service or in a determination of limited or conditional eligibility and you feel that this determination has been made in error, you have the right to appeal this determination.

To file this appeal you must notify CTC in writing within 60 days of the date on the determination letter. After your appeal is received, a hearing will be scheduled to evaluate your case. The hearing process (which should not take more than 30 days) will allow you to present information and arguments on your behalf. You may have others present who are knowledgeable of your physical or mental impairment and who can speak on your behalf, but you must pay the cost for these other spokespersons. After the hearing you will be advised in writing of the decision of the appeal board. The decision of the appeal board is final.

CTC is not required to provide you with paratransit service while your appeal is under consideration. If the appeal board has not made its decision within 30 days of receiving your appeal, you are entitled to paratransit service from that time until a final decision is made.

PART D: HEALTH CARE PROFESSIONAL VERIFICATION

Dear Health Care Professional:

You are being asked to complete an assessment of the applicant's disability that prevents his/her ability to use the CTC fixed route and/or shuttle bus system. By completing and signing this document you (the health care professional) will be certifying the truth and accuracy of the information provided on this application, to the best of your professional knowledge.

The Clermont Transportation Connection ADA paratransit program is partially funded through the Federal government. Federal Law (*The American with Disabilities Act of 1990*) requires that CTC provide services to persons who cannot use our fixed route bus system. However, resources for CTC paratransit services are limited. The information you provide will allow the CTC to make an appropriate evaluation of this request for paratransit service. To qualify for paratransit service, a person must be unable to use fixed route and/or shuttle system and fulfill the following eligibility criteria:

Individuals qualify if:

- As a result of their disability, they cannot board, ride or disembark from a CTC fixed route and/or shuttle bus; or
- They have a specific impairment related condition that prevents them from getting to or from a fixed bus and/or shuttle route

Please note:

- Paratransit service is a transportation service for disabled persons who, as a result of their disability, cannot board, ride or deboard from a CTC fixed route and/or shuttle bus.
(All CTC fixed route and/or shuttle buses are handicap accessible)
- Paratransit service does not include persons who find it uncomfortable or difficult to get to and from fixed route buses
- Your verification must be filled out completely for processing to occur. **If the application is not complete it will be returned for completion, delaying the processing of the application.**

*Your evaluation of each person must be based solely upon the individual's ability to use the CTC fixed route and/or shuttle bus system. Please exercise care in evaluating applicants for this program. **False information used to acquire service for this applicant could result in travel limitations for other persons legitimately qualified to use this program.***

The following information will be used to ensure the appropriate type of vehicle is used to provide transportation.

1. Does the applicant use any mobility aids?

Yes No

• If yes, what type?

- | | |
|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Respirator/Oxygen tank |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Service animal (guide dog, etc...) |
| <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Power scooter | <input type="checkbox"/> Guide cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Other: _____ |

2. Can the applicant transfer from a wheelchair/other mobility aid to a passenger seat if necessary?
 Yes No
3. Due to the applicants disability could the applicant be left unattended at a pick-up or drop-off location?
 Yes No
4. Please circle yes or no to indicate whether the applicant can do any of the following:
- | | | |
|---|-----|----|
| Travel 2 blocks without assistance | Yes | No |
| Climb three 12-inch steps without assistance | Yes | No |
| Wait outside without support for 30 minutes | Yes | No |
| Give address and phone numbers upon request | Yes | No |
| Recognize a destination or landmark | Yes | No |
| Deal with unexpected situations or changes in routine | Yes | No |
| Ask for, understand, and follow directions | Yes | No |
| Travel effectively through crowded/complex facilities | Yes | No |
5. Please check all of the disabilities that would impair the applicant's ability to travel on the fixed route buses:

Neuromuscular

- | | |
|---|---|
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Quadriplegia |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Stroke/Cerebral Trauma | |

General Medical

- | | |
|--|--|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Epilepsy (severe) |
| <input type="checkbox"/> Diabetes (severe) | <input type="checkbox"/> Kidney disease/Dialysis |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cancer | |

Cardiovascular

- | | |
|--|--|
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Peripheral Vascular disease |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Thrombosis (chronic) |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Chronic Obstructive Pulmonary disease | <input type="checkbox"/> Other: _____ |

Cognitive/Psychological

- Alzheimer's disease
- Dementia
- Mental Retardation
- Phobia

- Head Trauma
- Panic disorder
- Autism
- Schizophrenia
- Other: _____

VISION

Check all that apply One eye Both eyes

Cataracts	<input type="checkbox"/>	<input type="checkbox"/>
Cortical Blindness	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma (all types)	<input type="checkbox"/>	<input type="checkbox"/>
Macular Degeneration	<input type="checkbox"/>	<input type="checkbox"/>
Retinal Detachment	<input type="checkbox"/>	<input type="checkbox"/>
Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>
Legally Blind	<input type="checkbox"/>	<input type="checkbox"/>
Totally Blind	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

6. Please provide (type or print) a narrative assessment of the applicant's functional level of mobility.

HEARING

Check all that apply One Ear Both ears

Partially Deaf	<input type="checkbox"/>	<input type="checkbox"/>
Completely Deaf	<input type="checkbox"/>	<input type="checkbox"/>

7. Would the applicant's condition prevent him/her from using the public fixed route and/or shuttle service?

- Yes No

If yes, please explain in detail: _____

8. Is the applicant's condition temporary?

Yes No

If yes, expected duration is _____ months

If yes, please explain: _____

9. Would the applicant be conditionally eligible for CTC paratransit service due to weather conditions?

Yes No

If yes, during which months would they need service: _____

If yes, please explain: _____

10. In your assessment, would you require this person to ride with a PCA? Reason to require a PCA could be any that would cause service disruptions.

Yes No

If yes, please explain: _____

X _____

Health Care Professionals Signature

Daytime phone number

Health Care Professionals Name (please print)

Date

CTC may contact the certifying Health Care Professional to verify accuracy of the information. CTC will make the final determination as to the applicant's eligibility.

Thank you for your assistance.

FOR CTC USE ONLY DO NOT WRITE IN THIS BOX		
Application Received: _____	Certification Date: _____	Status: <input type="checkbox"/> Eligible <input type="checkbox"/> Denied
Entered to Database: _____	Letter Sent: _____	Appeal Date: _____
Eligibility Period: <input type="checkbox"/> 3 years <input type="checkbox"/> 1 year <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary to _____		
PCA Confirmed by: _____		Date: _____
Comments: _____		



Clermont Transportation Connection
4003 Filager Rd - Batavia, OH 45103

Dispatch 513.732.7433 - Operations 513.732.7578 - Director 513.732.7577

Date: _____

Name: _____

Address: _____

City, St, Zip: _____

Dear: _____

Your request for certification with the Clermont Transportation Connection's (CTC) complimentary paratransit service has been approved with the following stipulations:

1. You must have an attendant accompany you when you use the service:

Yes No

2. Conditional (Conditions: _____)

Temporary (Expiration: ____/____/____)

3. Before you can use the service, you must obtain a photo ID card from CTC. The following procedures must be followed for obtaining a photo ID card.

I. Call the CTC office at (513)-732-7433 between the hours of 8:00am – 4:30pm to make an appointment for an ID card. The card will be made during your appointment.

II. Then you must go to the CTC office and have a photo taken. The office address is below. Transportation may be provided if needed.

Clermont Transportation Connection
4003 Filager Rd.
Batavia, OH 45103

Once you have completed the process above, you will be certified as a client eligible to use CTC's ADA complimentary paratransit service. If you have any questions or require additional information please contact us at (513)-732-7433 or toll free at 1-877-724-7433.

Sincerely,

Bob Hallgath, Operations Manager

FORWARD MOTION



Clermont Transportation Connection
4003 Filager Rd - Batavia, OH 45103

Dispatch 513.732.7433 - Operations 513.732.7578 - Director 513.732.7577

Date: _____

Name: _____

Address: _____

City, St, Zip: _____

Dear: _____

Your request for certification with the Clermont Transportation Connection's (CTC) complimentary paratransit service has been denied for the following reason(s)

1. _____
2. _____
3. _____

CTC has developed an appeals process should you wish to dispute this decision. Please call (513)-732-7578 if you would like more information about this process.

If you have any questions or require additional information unrelated to the appeals process, please contact us at (513)-732-7433 or toll free at 1-877-724-7433.

Sincerely,

Bob Hallgath, Operations Manager

FORWARD MOTION



Clermont Transportation Connection
4003 Filager Rd - Batavia, OH 45103

Dispatch 513.732.7433 - Operations 513.732.7578 - Director 513.732.7577

ADA Appeals Process

If a passenger is denied ADA Paratransit service they are entitled to an appeal. The following information outlines how CTC will handle an appeal, should one be requested by a passenger

1. The application and supporting documents will be reviewed by the director and a determination will be made to:
 - i. Approve for ADA services
 - ii. Give conditional eligibility while further investigation is pursued
 - iii. Deny services (should this be the case a letter stating specific reasons for the denial will be given to the person requesting services.)

Should the person requesting services be dis-satisfied with this decision they may request an additional review. The process for this review is below.

2. The application and supporting documents will be reviewed by the Clermont County Board of Commissioners dba: the Clermont Transportation Connection's Transportation Advisory Committee. This committee consists of member from several human service agencies and citizens.
 - a. The committee will review the application and make a determination whether the person requesting ADA services will be:
 - i. Approved for ADA services
 - ii. Given conditional eligibility while further investigation is pursued
 - iii. Denied services (should this be the case a letter stating specific reasons for the denial will be given to the person requesting services.)
 - b. Should the committee deem that additional investigation is necessary, they may request an interview with the person requesting service. Should this be the case CTC will provide transportation to and from the interview at no cost to the person requesting service.

Once all information is reviewed the committee will make a final determination on the eligibility of the person requesting service.

The decision shall be final and the case will not be reviewed further unless the person's individual circumstances change enough to warrant the completion of a new application and supporting documents.

FORWARD MOTION