



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 #: Second (Evening) Phone #:

Male Female Date of Birth: SSN

Required for Verification Purposes

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.
- I have no knowledge of or experience with the CTC transportation system, so I do not know if I am able to use it.
- 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.
- If given information, instructions or training on the CTC bus service, I think I could use it.
- My trip by CTC and/or shuttle bus would take me too long.
- 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.
- I do not want to ride the fixed route and/or shuttle system
- 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:

Dialysis

Work

Therapy

Adult Day Care

School

Senior Center

Volunteer Work

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

• If yes, please check all that apply to you:

- Personal Care Attendant (PCA) helps me get to or from a bus and/or shuttle stop  
 Personal Care Attendant (PCA) helps me get on or off the bus  
 Personal Care Attendant (PCA) helps me while I ride the bus  
 Other (please specify): \_\_\_\_\_

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.

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> House      | <input type="checkbox"/> Assisted Living |
| <input type="checkbox"/> Apartment  | <input type="checkbox"/> Rehab Hospital  |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Other: _____    |

# PART C: APPLICANT AGREEMENT AND INFORMATION

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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 DISABILITIES (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

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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?

Manual wheelchair

Respirator/Oxygen tank

Walker

Service animal (guide dog, etc...)

Power wheelchair

Cane

Power scooter

Guide cane

Crutches

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.

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*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"/>

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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: \_\_\_\_\_

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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.

<b>FOR CTC USE ONLY DO NOT WRITE IN THIS BOX</b>		
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: _____		