

Application for U-Trans Direct Paratransit Service



U-Trans Direct Eligibility Requirements

Your First Choice - Use U-Trans fixed route if possible

The fixed route bus is the preferred way to get around for many seniors and people with disabilities, since it offers freedom of movement at a low price.

All U-Trans buses are accessible. The buses will accommodate people who cannot use steps including persons who use wheelchairs and scooters. The drivers are trained to assist people with disabilities while using the bus.

Your Second Choice - If your disability prevents use of the U-Trans fixed route bus, then complete a U-Trans Direct eligibility application

You may be eligible for service if you have a disability or disabling health condition **and** your disability or health condition prevents you from independently using U-Trans fixed route service some or all of the time (without assistance, other than from the bus driver).

Presence of a disability or a disabling health condition by itself does not make you eligible. Your ability to use U-Trans fixed route buses is the basis for eligibility. The Americans with Disabilities Act (ADA) sets forth two requirements for eligibility:

1. You must have a disability, which includes a physical or mental impairment that substantially limits one or more major life activities. Impairments may be due to aging and/or a health condition, and;
2. Your disability must prevent you from using regular bus service on your own, either some or all of the time.

For example, someone's physical and/or mental impairment might prevent them from:

- getting to and from bus stops
- waiting at a stop
- boarding and exiting the bus
- understanding and remembering how to use the services
- finding their way

Eligibility is not based on:

- Age alone
- A disability or medical diagnosis by itself
- A lack of bus in an area
- An inability to drive

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Questions and Answers about U-Trans Direct service

What is U-Trans Direct service?

The U-Trans Direct paratransit service provides “ADA paratransit” transportation to persons who are certified as eligible under the standards of the Americans with Disabilities Act (ADA). The ADA is a federal law that requires “paratransit” transportation be provided for persons when their disability prevents them from using regular public transportation.

U-Trans Direct service meets and exceeds ADA requirements.

U-Trans Direct service operates during the same hours and covers the same geographic area as regular U-Trans Roseburg fixed route bus services

How does U-Trans Direct service operate?

U-Trans Direct service uses accessible vehicles. All U-Trans Direct service rides are scheduled by advance reservation. Service is from the door or designated curb stop at the pickup location to the door or curb stop at the destination.

U-Trans Direct service is a shared ride form of public transportation. Several customers may share the vehicle and vehicles travel in several directions and may make stops to serve other riders. Travel times vary depending upon trip distance, traffic conditions, and other customers being served. As public transportation, U-Trans Direct service is not intended to serve all transportation needs of people with disabilities.

What is a disability?

The ADA law defines disability as “a physical or mental impairment that substantially limits one or more major life activities.” Impairments may be due to age or a health condition. Major life activities means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. A disability may be permanent or temporary.

I am able to use regular bus service sometimes, but not other times. Is U-Trans Direct service eligibility possible under these circumstances?

Yes, a person may be eligible for U-Trans Direct service if their disability prevents them from using the fixed route bus some of the time or to go to some destinations. Eligibility is based on the most limiting conditions presented by the person’s disability and the environment. Persons who are eligible for U-Trans Direct service are strongly encouraged to choose the U-Trans fixed route bus for trips when possible.

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Categories U-Trans Direct service eligibility

An applicant's eligibility may be classified as conditional, unconditional or temporary. These categories are defined and mandated by the Americans with Disabilities Act (ADA) regulation.

Conditional eligibility

Conditional eligibility includes "conditions" describing when the person is unable to use fixed-route services. These eligibility conditions are described; however, U-Trans Direct service relies on the individual to decide when they need to use U-Trans Direct service for any specific trip.

Unconditional eligibility

Unconditional eligibility means that the person's disability or health condition prevents them from using fixed-route services for all trips.

Temporary eligibility

Temporary eligibility is determined when the person's abilities and/or limitations are expected to change within a period of time.

Reasonable Accommodations

The ADA permits service refusal or suspension of paratransit service to individuals who engage in violent, seriously disruptive or illegal conduct. Some disabilities may be associated with involuntary behaviors, either verbal or physical, which present potential or actual risk to the individual, other paratransit customers, U-Trans Paratransit service personnel, or the public.

Under the ADA, U-Trans Paratransit is required to consider whether reasonable modification to its rules, policies or practices could enable such individuals to safely use paratransit service, and make such modifications when applicable and possible U-Trans Paratransit will evaluate the facts of each situation and attempt to balance the obligation to provide paratransit service with the equal obligation to provide safe and secure service to all paratransit customers.

Applying for U-Trans Direct Service

Individuals with disabilities can apply for U-Trans Direct service by calling (541) 440-6500 for application materials. The materials are available in large print and other alternative formats. Application assistance will be provided.

Once your application is complete, an eligibility determination will be made within 21 days and you will receive notification by letter.

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U-Trans Direct Service Eligibility Application Instructions

STEP 1: Read the introductory information about the services included with the application.

STEP 2: Complete (or have a representative complete) the application if you feel you qualify for the U-Trans Direct service.

STEP 3: Answer all questions completely.

STEP 4: Sign the application and complete and sign the attached Medical Release form. If a representative has completed the application for you, their signature is required. **Incomplete and/or unsigned applications will be returned to the applicant.**

STEP 5: To submit your application, please mail your application to:
U-Trans Direct
610 S.E Rose Street
Roseburg, OR 97470

You may also fax your application to the U-Trans Paratransit Administrative Office at 541-229-0036 or for persons with hearing or speech difficulties, call the Oregon Telecommunications Relay Service at (800) 735-2900.

Before returning the application, please make sure that:

- **You have answered all questions in Parts A through G.**
- **You have signed the application and the Medical Release.**
- **If another person (not the applicant) completed the application, make sure that person has completed the information in Part H and signed.**

STEP 6: After we have reviewed your application, we may need more information. You may be:

- contacted by phone to discuss your application
- asked to participate in an in-person interview • asked to participate in a functional assessment
- Your health professional may also be contacted to provide more information about your disability.

Once your application is complete, an eligibility determination will be made within 21 days and you will receive notification by letter.

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General Information: Please read carefully. All questions must be answered. Incomplete or unsigned applications will be returned.

PART A. Personal Information

Name: Last _____ First _____ Middle _____

Home address: _____ Apt. No: _____

Name of facility or apartment building: _____

City: _____ State: _____ ZIP: _____

Mailing address if different: _____ Apt. No: _____

City: _____ State: _____ ZIP: _____

Telephone Number(s): Home: _____ - _____ - _____

Other: _____ - _____ - _____

Date of birth: _____ Male Female

PART B. Contact Person

Emergency Contact Person: _____

Relationship to Applicant: _____

Emergency Number(s): Primary: _____ Other: _____

You may list additional emergency contacts on an additional sheet.

PART C: Tell us about your use of bus service.

1. Are you aware that U-Trans fixed route buses are fully accessible to accommodate persons who use wheelchairs and scooters, or persons who are unable to climb the bus steps? Yes No
2. What best describes your ability to use regular bus service?
 - a. I can use the bus service for most of my transportation needs.
 - b. I have never attempted to use the regular bus service.

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c. I could use bus service, but it would be difficult because:

d. I can use bus service only for specific destinations because:

e. I cannot use bus service without the help of a personal care attendant.

f. I cannot use bus service at all because:

PART D. Your travel abilities and needs

5. I can get to and from a bus stop nearest my home, either by walking or using my mobility device. Yes Not sure Sometimes No

(Please explain why.) _____

6. I can wait for up to 15 minutes at a bus stop. Yes Yes, but only with a seat and shelter Not sure Sometimes No

(Please explain.) _____

7. I can get on and off a regular bus. (All regular buses have a lift or ramp. Lifts and ramps can be used by anyone, including persons who cannot climb steps and/or who use wheelchairs or scooters.) Yes Not sure Sometimes No

(Please explain why.) _____

8. I can get to a seat or a wheelchair/scooter position once I've boarded the bus, assuming a seat or space is available. Yes Not sure Sometimes No

(Please explain why.) _____

9. I can follow written or oral instructions about how to use the bus and identify when it is time to get on and off. Yes Not sure Sometimes No

(Please explain why.) _____

10. Are there any other reasons why you cannot board or ride regular buses?

Yes No

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If you answered yes, please explain: _____

PART E: Information about your disability or health condition

11. What is the primary disability or health condition that limits your ability to use regular bus service? Please be specific (for example: stroke, emphysema, schizophrenia, etc.). _____

Date of diagnosis or onset: _____

12. Do you have other physical, mental, or emotional disabilities or conditions that limit your ability to use bus service? Yes No

If yes, please explain: _____

13. Do the effects of your disability or condition vary from day to day? Yes No

If yes, please explain: _____

14. Is your disability or condition:

Permanent

Temporary, How long: _____ Month(s) _____ Year(s)

If you answered temporary, please explain: _____

PART F: Mobility equipment, aids or personal assistance required for travel

15. Mark any and all mobility equipment and aids that you expect to use when you travel.

- a. None
- b. Manual wheelchair
- c. Service animal
- d. Cane
- e. Power wheelchair
- f. Portable oxygen
- g. Walker
- h. Power scooter
- i. Respirator
- j. Crutches
- k. Extended footrests
- l. Picture or Alphabet board
- m. White cane
- n. Chest restraint

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- o. Prosthetic device
- p. Lift mechanism (to board and leave the bus)
- q. Other (Please describe.) _____

16. If you use a wheelchair or scooter, would you be able to transfer to a seat in a vehicle? Yes No

17. If you use a wheelchair or scooter: Is it more than 30 inches wide, and/or more than 48 inches long? Yes No Not sure

18. Is the total combined weight of you and your wheelchair more than 600 pounds? Yes No Not sure

19. Bus drivers are unable to perform the duties of a Personal Care Attendant (PCA). Will you need to travel with a PCA or someone to assist you when you use U-Trans Paratransit service? Always Sometimes Never

If always or sometimes, how does a PCA or other person assist you?

- All activities of daily living
- To help me get to the vehicle when it arrives.
- By pushing my manual wheelchair.
- To help me get to my destination from the vehicle.
- Other (Please describe.) _____

20. Some persons cannot be left alone at their residence or other destination for example, persons with dementia or Alzheimer's disease.

Does someone always need to meet you when you arrive at a destination? Yes No

If you answered yes, there must be someone to meet you on all trips you would take on U-Trans Paratransit service. If no one is available at your destination, U-Trans Paratransit will call the contact person listed in Part B.

PART G. Please provide the following information about your functional capabilities.

21. Generally, how far are you able to travel on a flat surface, either on your own or by using your regular mobility aid, and *without* the help of another person?

- I am not able to travel at all without help from another person.
- I am severely restricted and can travel only at home.
- I can get to the curb in front of my home or apartment.
- I can go one city block.
- I can go two city blocks (about an eighth mile).

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- I can go four city blocks (about a quarter mile).
- I can go eight city blocks (about a half mile).
- I can go twelve city blocks (about three-fourths of a mile).
- I can go any distance.

22. Please check the environmental conditions that affect your ability to get to and from a bus stop, or to and from a destination using the bus. Please explain below.

Due to the nature of my disability, in order to travel, I must:

- Avoid inclines and hills.
- Be on a sidewalk or pathway with an even surface.
- Avoid hours of darkness.

Please explain: _____

Due to the nature of my disability, all intersections in my path:

- Must have curb cuts.
- Must have a clearly marked pedestrian crosswalk.
- Must have both a pedestrian crosswalk and a traffic signal.

Please explain: _____

Additional potential barriers (please explain): _____

23. Please check the specific weather conditions that because of your disability prevent you from using bus service.

- The weather does not affect my disability.
- Snow
- Heat: Above ____ degrees F.
- Ice
- Cold: Below ____ degrees F.

Please explain how these conditions would affect your ability to get to or from a bus stop or to your destination. _____

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PART H. Please read the following and sign the application.

For the applicant: Applications must be signed. Unsigned applications will be returned.

I understand that the purpose of this application is to determine whether I am eligible to use U-Trans Direct service. I certify that the information in this application is true and correct. I understand that providing false information may result in denial of service as well as penalty under the law. I understand that information I provide will be disclosed only as needed to evaluate eligibility for U-Trans Direct service, and to provide U-Trans Direct services if I am determined to be eligible, unless I give other specific authorization. I understand that it may be necessary for me to participate in an in-person evaluation at U-Trans Direct's expense, to determine my eligibility for U-Trans Direct services. I understand that U-Trans Direct may review my current ADA U-Trans Direct eligibility status at any time whatsoever, where circumstances may warrant that I am no longer eligible to receive ADA U-Trans Direct service.

If a legal representative signs this application: I acknowledge that I may be present with the applicant during the in-person evaluation, or I may designate someone to be present on my behalf.

Applicant or legal representative

Date

If this application was completed by someone other than the applicant:

If someone other than the applicant assisted in completing this application, that person must complete and sign the following:

Relationship to applicant: _____

Name: _____

Address: _____

Phone: _____ - _____ - _____ Other: _____ - _____ - _____

Organization or agency affiliation: _____

I have knowledge of the applicant's disability or health condition. Yes No

I am aware of how the applicant's disability or health condition limits or prevents use of regular bus. Yes No

Representative's Signature

Date

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MEDICAL RELEASE - AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Please complete and sign the enclosed **Medical Release – Authorization For Use and Disclosure Of Protected Health Information**. U-Trans Direct will not release to any other party, any medical information obtained with the release(s) you provide.

All sections must be completed. I, _____
(Applicant or Patient Name)

authorize: _____
(Name of professional)

Address _____

Phone _____ FAX _____

to disclose Protected Health Information (PHI) to the U-Trans Direct Service, 610 S.E. Rose Street Roseburg, Oregon 97470 for the purpose of assessing whether I am eligible under the Americans with Disabilities Act U-Trans Direct paratransit service.

Only those persons with disabilities whose disabilities prevent their use of regular U-Trans fixed route bus service are eligible to use U-Trans Direct service.

My PHI may include medical records, diagnostic reports, physical therapy records, and any personal and medical information pertinent to my application for U-Trans Direct service eligibility. If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed only if I place my initials in the space next to the type of information:

- _____ Chemical dependency
- _____ Sexually transmitted diseases
- _____ HIV/AIDS
- _____ Genetic information
- _____ Mental health information (excludes psychotherapy notes)
- _____ Reproductive health (including abortion)

I may cancel this authorization at any time by sending a written request to the U-Trans Direct Paratransit Program, 610 S.E. Rose Street Roseburg, OR 97470. My cancellation of this authorization will not affect any uses or disclosures made before my request is received. If I do not revoke this authorization, it will automatically expire in 90 days.

I understand that U-Trans Direct will not release any medical information obtained with this release to any other party.

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I understand that I am not legally obligated to sign this authorization and that U-Trans Direct will not refuse to process my application for U-Trans Direct paratransit service eligibility based on my refusal to sign this authorization.

I also understand that if U-Trans Direct is unable to obtain information necessary to determine my disability or health condition and how the disability or health condition limits or prevents my use of regular bus service, my application for U-Trans Direct paratransit service eligibility may be denied.

I understand that by signing this statement I am authorizing U-Trans Direct to provide a copy of this statement to the above listed professional for the purposes of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Signature of applicant or legal representative

Date

Applicant's Date of Birth _____