Application for ADA Deviated Transit Services

IMPORTANT INFORMATION FOR APPLICANTS

This packet includes information and forms you need to apply for ADA deviated service. This special type of public transportation service is limited to persons who are unable to independently use regular public transit, some or all of the time, due to a disability or health related condition.

In order to use ADA deviated service, you must be certified as eligible. Eligibility is determined on a case-by-case basis. According to ADA regulations, eligibility is strictly limited to those who have specific limitations that prevent them from using/accessing public transportation.

Your application may be approved for full eligibility (unconditional) or on a limited basis for some trips only (conditional eligibility). If you are found to be capable of accessing a regular bus transit route for your trips, without the help of another person, you will not be eligible for deviated services.

To apply for eligibility you must fully complete the attached application form. We will review your ability to use accessible public transportation. After studying your application, we may need more information. We may need to:

- Contact you by phone
- Schedule a personal interview or a functional evaluation, or
- Consult with your doctor, health professional, or other specialist about your condition and abilities

Your application will be processed within 15 days after it has been received. The application must be properly completed and you must make yourself available for a second level assessment if requested. A second level assessment could include a telephone interview with you, medical verification, or an in-person interview. The in-person interview may include a functional test to determine your ability to take a public transit trip, such as being capable of walking to a bus stop, reading signs etc.

You will receive notice of your eligibility determination by mail. If you are certified as eligible, you will be eligible to use the deviated service. If you do not agree with the eligibility determination, you have the right to appeal. Information on how to file an appeal will be included with your eligibility notice. If an eligibility determination takes longer than 15 days, you may be given eligibility that allows you to use the system until a final decision about your eligibility is made. This does not apply if, through inactions on your part, we are unable to complete the processing of your application.

INSTRUCTIONS FOR APPLICANTS

1. Please **PRINT OR TYPE** full responses to all of the questions on the application form. Your detailed responses and explanations will help us make an appropriate determination. Be sure to respond to **ALL** questions or your application will be considered incomplete. Incomplete applications will be returned.

2. You are not required to attach additional pages or information. However, you may want to send other documents that you think will help us understand your limitations. **All information that you supply will be kept strictly confidential**.

3. You must provide **SIGNATURES** in two places to complete the application:
   a.) Applicant Certification (Page 8)
   b.) Authorization to Release Information for an appropriate medical or rehabilitation professional (Page 9)

4. Return the completed application to:

County of Somerset County
Division of Transportation
750 East Main Street
Bridgewater, NJ 08807
Attn: Community Transit Manager

For help with the application process or to check on the status of your application you may call the Community Transit Manager at (908) 231-7151.

Thank you

Please Print

Personal/Contact Information

Name (first, middle, last):

_____

Home Address: _____

Apt. #: _____City: _____ Zip: _____

Mailing Address (if different from home):

_____

Apt. #: _____City: _____ Zip: _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____ Cell Phone: (_____)_____

Birth Date: ___/___/___ Female ____ Male ____

In case of emergency, whom should we contact?

Name:

Relationship:

Day Phone: (_____)_____ Cell Phone: (_____)_____

Tell Us About Your Disability/Health Related Condition

Please answer the following questions in detail -your specific answers to the questions will help us in determining your eligibility.

1. Which disability or health related conditions PREVENT you from independently accessing regular public transit (i.e. bus stop)?

_____
_____
_____

2. Briefly explain HOW your condition prevents you from using regular public transit without the help of another person.

_____
_____
_____

3. When did you first experience the conditions you described above?
   ___ 0-1 year ago ____ 1 - 5 years ago ____ Longer than 5 years

4. Do the conditions you described change from day to day in a way that affects your ability to access public transit?

   ____ Yes, good on some days, bad on others.
   ____ No, doesn't change.
   ____ Don't know.

5. Are the conditions you described:

   ____ Permanent ____ Temporary ____ Don't Know

If temporary, how long do you expect this to continue?

_____
_____
_____

Tell Us About Your Capabilities and Usual Activities

6. Do you regularly use any of the following mobility aids or specialized equipment? (***Check all that apply***):

____ Cane	____ Power Wheelchair	____ White Cane
____ Walker	____ Communication Devices	____ Service Animal
____ Crutches	____ Manual Wheelchair	____ Leg Braces
____ Power Scooter	____Portable Oxygen Tank	
____ Other Aid		

7. Please check the box that best describes your current living situation:

____ 24 hour care or Skilled Nursing Facility
____ Assisted Living Facility
____ I receive assistance from someone that comes to my home to help with daily living activities.
____ I live with family members or others who help me.
____ I live independently (without the assistance of another person)

8. How many city blocks can you travel with your usual mobility aid and without the help of another person?

_____

9. Which of the following statements best describes you if you had to wait outside for a ride? (Check only one response):

____ I could wait by myself for ten to fifteen minutes
____ I could wait by myself for ten to fifteen minutes only if I had a seat and shelter.
____ I would need someone to wait with me because

10. Which of the following statements best describes you? (Check only one response):

____ I have never used regular public transit
____ I have used regular public transit but not since the onset of my disability
____ I use regular public transit when ever my health condition allows

Tell Us About Your Travel Needs

11. How do you currently travel to your frequent destinations? (Check all that apply):

____ Buses ____ Paratransit ____ Drive myself ____ Taxi

____ Someone drives me ____ Other

12. Do you travel with the help of another person? (excludes providing transportation)

____ Always ____ Sometimes ____ Never

12a. If "always" or "sometimes", what type of help do they provide?

_____

13. Are you able to get to and from the public transit stop nearest your home?

_____ Yes _____ No _____ Sometimes

If no or sometimes, explain why: _____

14. Would you be able to grasp handles or railings, coins or tickets while boarding or exiting a transit vehicle?

____ Yes ____ No ____ Sometimes ____ Don't know, never tried it

If no or sometimes, explain why:

_____
_____

15. Would you be able to maintain balance and tolerate movement of a public transit vehicle when seated?

____Yes ____ No ____ Sometimes ____ Don't know, never tried it

If no or sometimes, explain why:

_____
_____

16. Would you be able to get on or off a public transit bus if it has either a lift, a ramp, or a kneeler that lowers the front of the bus?

    ___ Yes ___ No ___ Sometimes ___ Don't know, never tried it

If no or sometimes, explain why:

_____
_____

17. Please add any other information that you would like us to know about your abilities.

_____
_____
_____
_____

Have you answered all the questions and provided explanations where required?

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Applicant Certification

I certify that the information in this application is **true** and **correct**. I understand that knowingly falsifying the information will result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services.

I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

Sign here:

Applicant's signature: _____

Date: _____

Did someone help you in filling out this form? ___ Yes ___ No

If yes, Name: _____

Phone: (_____) _____

Relationship: _____

Please Note: It is your responsibility to notify us if your disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible or we discover you submitted false information, your eligibility could be suspended or you may be asked to re-apply.

Authorization to Release Medical Information

(to be completed by applicant)

I **hereby authorize** the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to **Somerset County Division of Transportation**. This information will be used only to verify my eligibility for deviated transit services provided by Somerset County Division of Transportation. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

Name of Professional who may release my medical information:

_____

Address: _____

_____

Telephone: _____

Fax: _____

Applicant's Name (Print):_____

Sign here:

Applicant's signature: _____

Date: _____