

Carlsbad Municipal Transit System

ADA PARATRANSIT APPLICATION

In compliance with the Americans with Disabilities Act (ADA) of 1990, Carlsbad Municipal Transit System provides ADA Complementary Paratransit Service to individuals with a disability who are traveling in an area served by the Carlsbad Municipal Transit System but who cannot use the regular fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use the regular fixed-route bus service and when ADA Complementary Paratransit Service is required.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The applicant (or someone assisting the applicant) must complete **PARTS 1-7**. A licensed professional must complete and sign **PART 8 – PROFESSIONAL CERTIFICATION**, pages 8-9.

All applicants, whether new or being re-certified, must complete a new application. The ADA Complementary Paratransit certification process may involve a personal Functional Assessment to determine if the applicant can use the regular fixed-route bus service. **All questions must be answered. Incomplete applications will be returned.** If you have any questions or need assistance in completing this application. Please call the Carlsbad Municipal Transit System at 575-887-2121.

NOTE: PROCESSING OF THIS APPLICATION MAY TAKE UP TO 21 DAYS

WHEN COMPLETED, PLEASE RETURN THIS APPLICATION TO:

Carlsbad Municipal Transit System
510 N. Main
Carlsbad, NM 88220

DO NOT WRITE IN THIS SPACE

New Application: _____ Re-certification: _____
Date Received: _____ Approved: _____ Date: _____
Reviewed By: _____ Denied: _____ Date: _____

PART 1 – GENERAL INFORMATION

PLEASE PRINT

Last Name: _____ First Name: _____

Street Address: _____ Apt # _____

Building Complex or Name: _____

City: _____ State: _____ Zip Code: _____

Mailing Address if different: _____

Telephone Number: _____ Date of Birth: _____

Social Security Number _____

If someone is assisting you in completing this application, please identify him/her:

Name _____ Phone Number: _____

Please give us the name and telephone number of someone we can contact in an emergency:

Name _____ Phone Number: _____

Relationship: _____

PART 2 – ABILITY TO USE CARLSBAD MUNICIPAL TRANSIT SYSTEM FIXED-ROUTE BUSES

Please indicate below the reasons you are applying for ADA Paratransit Eligibility:
(Check all that apply)

_____ I can use the Carlsbad Municipal Transit System fixed-route buses to go some places, but in other places I cannot get to and from the bus stops.

_____ I can use the Carlsbad Municipal Transit System fixed-route buses, but only if they are equipped with wheelchair lifts or ramps.

_____ Because of my disability, I can never use the Carlsbad Municipal Transit System fixed-route buses.

_____ Other reasons (please explain): _____

PART 3 – INFORMATION ABOUT THE APPLICANT’S DISABILITY

1. What types of disabilities prevent you from using the Carlsbad Municipal Transit System fixed-route buses?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Mental disability |
| <input type="checkbox"/> Cognitive disability | <input type="checkbox"/> Other |

If Other, please explain in detail: _____

2. Is the disability described above temporary or permanent?

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

3. Please indicate below if you use any of the following mobility aids or equipment.

- | | |
|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Powered scooter | <input type="checkbox"/> Long white cane |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Service animal (describe) _____ | |
| <input type="checkbox"/> Other (describe) _____ | |
| <input type="checkbox"/> I do not use any of the above aids or equipment | |

NOTE: Carlsbad Transit will make every attempt to comply with the ADA requirements to accommodate wheelchairs and mobility aids. The transit will carry any wheelchair and occupant, regardless of size or weight, if the lift and the vehicle can physically accommodate them, unless doing is inconsistent with "legitimate safety requirements." Legitimate safety requirements include such circumstances as a wheelchair of such size or weight that it would block an aisle or would damage the wheelchair lift. This will be determined by the transit driver.

4. Do you require the assistance of a Personal Care Attendant (someone who must assist you with daily life functions)?

- Yes, I need assistance when I travel.
 No, I do not require assistance when I travel.

PART 4 – QUESTIONS ABOUT USING CARLSBAD MUNICIPAL TRANSIT SYSTEM FIXED-ROUTE BUSES

1. Have you ever used the Carlsbad Municipal Transit System fixed-route buses?

_____ Yes, I typically use the Carlsbad Municipal Transit System fixed-route buses _____ times a week.

_____ Yes, I used the Carlsbad Municipal Transit System fixed-route buses but stopped because

_____ No, I never use the Carlsbad Municipal Transit System fixed-route buses because

• What might help you ride the Carlsbad Municipal Transit System fixed-route buses?

(Check all that apply)

_____ Route and schedule information

_____ Being able to get the Carlsbad Municipal Transit System fixed-route buses with wheelchair lifts or ramps.

_____ Learning to use the Carlsbad Municipal Transit System fixed-route buses with travel training

_____ If bus stops were closer to where I live and where I need to go

_____ Other (please describe) _____

_____ None of these would help

2. Can you ask for and follow written or oral instructions to use the Carlsbad Municipal Transit System fixed-route buses?

_____ Yes _____ No _____ Sometimes

If you selected **NO** or **SOMETIMES**, please check all that apply:

_____ I get confused and might get lost

_____ Other people cannot understand me

_____ I probably could with instructions

_____ Other (please describe) _____

3. Are you able to get to and from bus stops on your own?

_____ Yes _____ No _____ Sometimes

If you selected **NO** or **SOMETIMES**, please check all that apply:

_____ I cannot get places if there are no curb cuts

_____ I cannot if the streets or sidewalks are too steep

_____ I cannot cross busy streets and intersections

_____ I cannot travel outside when it is too hot

_____ I cannot find my way at night because of my limited vision

_____ I probably could with travel training

_____ I feel unsafe traveling alone

_____ Other (please describe) _____

4. Using a mobility aid or on your own, how far can you walk or operate your wheelchair or scooter?

_____ I cannot walk outside my house or apartment

_____ I can get to the curb in front of my house or apartment

_____ I can walk or use my wheelchair up to 3 blocks

_____ I can walk or use my wheelchair up to 6 blocks

_____ I can walk or use my wheelchair up to 9 blocks

a. Can you wait up to 30 minutes for a Carlsbad Municipal Transit System fixed-route bus at a bus stop?

_____ Yes

_____ Yes, if the bus stop has a bus bench or shelter

_____ No (please explain) _____

5. Are there any other conditions that limit your ability to use the Carlsbad Municipal Transit System fixed-route buses?

_____ Yes (please describe) _____

_____ No

PART 5 – CURRENT TRAVEL INFORMATION

Please list the trips you will make most frequently using ADA Complementary Paratransit Service.

EXAMPLE

FROM: 35 Palm Dr. **TO:** Public, 150 Main St.

FROM: TO:
(1) _____
(2) _____
(3) _____

PART 6 – INFORMATION ABOUT TRAVEL TRAINING

NOTE : Travel Training is personalized (individual or group) instruction that teaches the skills necessary to use the Carlsbad Municipal Transit System fixed – route bus service.

1. Have you ever had any personal instruction on how to use the Carlsbad Municipal Transit System fixed – route bus service?

_____ No, I have never received any Travel Training
_____ Yes, I have received personal Travel Training instruction through an agency
Name of Agency: _____

If you selected YES, please indicate below the skills you learned:

_____ To travel to and from bus stops
_____ To cross streets
_____ To read bus schedules and plan trips
_____ To ride the following routes:
Route# _____ Route# _____ Route# _____ Route# _____
_____ Other (please explain) _____

2. Did you complete the above training?

_____ Yes

_____ No

3. If the Carlsbad Municipal Transit System offers free Travel Training to anyone interested in learning how to ride the fixed – route bus service, would you be interested in getting information about this training?

_____ Yes

_____ No

PART 7 – APPLICANT’S CERTIFICATION

I understand the purpose of this application is to determine if there are times when I cannot use the Carlsbad Municipal Transit System fixed-route bus service and must therefore use the ADA Complementary Paratransit Service. I understand 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 that, to the best of my knowledge, the information in this application is true and correct. I authorize the licensed professional who provided or professional verification to release information relating to my disability to Carlsbad Municipal Transit System in order to assess eligibility determinations.

Applicant’s Signature: _____ **Date:** _____

THIS CONCLUDES THE PORTION OF THE APPLICATION TO BE COMPLETED BY THE APPLICANT.

THE LAST SECTION (PAGES 8-9) OF THIS APPLICATION MUST BE COMPLETED AND SIGNED BY A QUALIFIED AND LICENSED PROFESSIONAL.

EXAMPLES OF QUALIFIED PROFESSIONALS INCLUDE:

Physician (M.D. or D.O.)

Physical Therapist

Occupational Therapist

Orientation and Mobility Instructor

Registered Nurse

Independent Living Specialist

Rehabilitation Specialist

Licensed Social Worker

Optometrist

Psychologist

E. To the best of your knowledge, is the information provided in PARTS 2-4 of this application true and correct?

_____ Yes

_____ No

_____ Do not know

Signature: _____ Date: _____

Print or Type Name : _____

Title : _____

State of New Mexico License Number: _____

Business Address : _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

For more information, please call:

**Carlsbad Municipal Transit System
510 N. Main
Carlsbad, NM 88220**

