



Carlsbad Municipal Transit System

ADA PARATRANSIT APPLICATION

In compliance with the Americans with Disabilities Act (ADA) of 1990, Carlsbad Municipal Transit System provides ADA 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 route bus service. This application is intended to determine when and under what circumstances the applicant can use the regular route bus service and when ADA Paratransit Service is required.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The applicant (or someone assisting the applicant) must complete **PARTS 1-6**. A licensed professional must complete and sign **PART 7 – TREATING PROFESSIONAL CERTIFICATION**, pages 8-9.

All applicants must complete an application. **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

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:

Phone: _____ Date of Birth: _____

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

Name _____ Phone: _____

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

Name _____ Phone: _____

Relationship: _____

PART 2 – ABILITY TO USE CARLSBAD MUNICIPAL TRANSIT SYSTEM ROUTES

Please indicate below the reasons you are applying for ADA Paratransit Eligibility.

(Check all that apply)

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

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

_____ Other reasons (please explain): _____

PART 3 – INFORMATION ABOUT THE APPLICANT'S DISABILITY

1. What disabilities prevent you from riding Carlsbad Municipal Transit System routes?

(Check all that apply)

_____ Physical disability

_____ Visual impairment

_____ Developmental disability

_____ Mental disability

_____ Cognitive disability

_____ 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.

- ☐ Manual wheelchair ☐ Powered wheelchair
- ☐ Powered scooter ☐ Long white cane
- ☐ Leg braces ☐ Walker
- ☐ Cane ☐ Crutches
- ☐ Service animal (describe) _____
- ☐ Other (describe) _____
- ☐ I do not use any of the above aids or equipment

NOTE: Carlsbad Municipal Transit System will make every attempt to comply with the ADA requirements to accommodate wheelchairs and mobility aids. We 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 ROUTES

1. Can you ask for and follow written or oral instructions to use the Carlsbad Municipal Transit System routes?

- ☐ 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) _____

2. 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) _____

3. 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

4. Can you wait up to 30 minutes for a Carlsbad Municipal Transit System 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 ride the Carlsbad Municipal Transit System routes?

_____ Yes (please describe) _____

_____ No

PART 5 – CURRENT TRAVEL INFORMATION

Please list the trips you will make most frequently using ADA Paratransit Service. We will enter them into our scheduling and dispatching software.

EXAMPLE

FROM:

TO:

35 Palm Dr.

Public, 150 Main St.

FROM:

TO:

(1) _____

(2) _____

(3) _____

PART 6 – APPLICANT’S CERTIFICATION

I understand the purpose of this application is to determine if there are times when I cannot ride the Carlsbad Municipal Transit System routes and must therefore use the ADA 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 (PART 8) OF THIS APPLICATION MUST BE COMPLETED AND SIGNED BY A TREATING PROFESSIONAL.

Examples of treating professionals include:

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

Independent Living Specialist

Physical Therapist

Rehabilitation Specialist

Occupational Therapist

Licensed Social Worker

Orientation and Mobility Instructor

Optometrist

Registered Nurse

Psychologist

PART 7 – TREATING PROFESSIONAL VERIFICATION

Applicant's Name: _____

TO BE COMPLETED BY A TREATING PROFESSIONAL

The Americans with Disabilities Act (ADA) of 1990 requires the Carlsbad Municipal Transit System to provide ADA Paratransit Service to anyone whose disability prevents them from riding the Carlsbad Municipal Transit System routes. ADA Paratransit Service is provided in an area contiguous to the Carlsbad Municipal Transit System routes. The applicant who has asked you to review and sign this application is applying to the Carlsbad Municipal Transit System to be considered eligible for the ADA Paratransit Service.

Please review the information provided by the applicant in **PARTS 2-4** of the application and then answer the questions below:

A. Has the applicant been diagnosed with a physical mental, cognitive, or other disability?

_____ No

_____ Yes

Diagnosis & onset: _____

ICD -9 codes: _____

DSM – IV codes: _____

OS – visual acuity & field: _____

OD –visual acuity & field: _____

B. The applicant's disability is:

_____ Permanent

_____ Temporary – until when? _____

C. Please describe all conditions (physical, mental, cognitive, other) that functionally prevent applicant from using the Carlsbad Municipal Transit System bus route:

D. Does the applicant require the assistance of a personal care attendant when traveling on public vehicle?

_____ Yes

_____ No

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: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

For more information, please call:

Carlsbad Municipal Transit System
510 N. Main
Carlsbad, NM 88220
575-887-2121