

DIAL-A-RIDE Eligibility Application

PLEASE READ ENTIRE APPLICATION BEFORE FILLING OUT FORMS

The American with Disabilities Act of 1990 (ADA) is federal legislation prohibiting discrimination against people with disabilities. One of the overriding principles of the ADA is to ensure that all people have equal access to public transportation. In order to ensure access, public transit vehicles and facilities are required to be fully accessible and usable by persons with disabilities. For people who are unable, due to a physical or mental disability (including mobility or cognitive impairments) to independently use the public fixed-route transportation, a matching paratransit services must be available.

If you believe that you have a disability (including mobility or cognitive impairments), which prevents you from independently using the BAT Fixed Route service, please complete this application form and **return it to Benson Area Transit, 120 W. 6th Street, Benson, AZ 85602.** The completed application can also be sent by fax to (520) 720-6323 or email to kwilliams@bensonaz.gov. The questions on this form are designed to provide assistance in determining your eligibility for paratransit service.

Your completed application will be reviewed and a decision regarding your eligibility for paratransit service will be made within 21 days. You may be found eligible for paratransit services for your travel, or you may be found capable of using the BAT Fixed Route system. If you disagree with the decision made regarding your eligibility status, you may appeal the decision. It is possible that upon review of your application, you may be asked to provide additional information. All information requested throughout the certification process will be kept confidential.

Not everyone with a disability can ride BAT Dial-A-Ride Paratransit service because that is not the intent of the ADA. Paratransit service is intended to function as a transportation safety net for individuals with cognitive or physical disabilities whose impairment prevents the use of the BAT Fixed Route system. The ADA stresses the importance of person with disabilities having the opportunity, encouragement, and/or training to use fixed-route transportation as a means to integrate more fully into society.

If you have any questions about BAT Dial-A-Ride application process, or general questions about Benson Area Transit, please call (520) 720-6323.

Other versions of this application are available upon request by calling (520) 720-6323 or TDD (520) 586-3624. These requests will take 7 to 10 business days to process.

BAT DIAL-A-RIDE APPLICATION

(Eligibility for Mobility Limited Riders **Not** Able to Use Fixed Route Service)

Part I Applicant Information

Applicant's Name and Address (please print)

Last Name: _____ Date of Birth: _____

First Name: _____ Middle Initial: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name _____

Emergency Contact Home Phone _____ Cell Phone: _____

In order for BAT Transit to evaluate your request, it may be necessary to contact a **professional** to confirm the information you provide or to answer any additional questions.

The following professional is familiar with my disability and functional abilities and is authorized to provide the required information to BAT Transit. In the space provided below, please provide the name and information of a **professional** that is familiar with your abilities. Your Health Care Professional is required to complete Part II of this application

Name of Professional: _____
First MI Last

Do you have a Personal Assistant/Care Giver? Yes No

Personal assistant /Care Givers Name _____

I hereby certify that the information given in this application is correct. I understand that if my application is not found to be eligible, that I may appeal such determination within 60 calendar days and that I will be advised of the procedures for such an appeal. I hereby authorize BAT Transit to contact the professional or agency listed above to verify documentation of function abilities.

Applicants Signature: _____ Date: _____

Witness (for mark only) _____ Date: _____

For Official Use Only

Approved and Issued Date: _____

Not Approved Reason: _____

Appeal Process Information Provided Date: _____

Part II Professional Verification

To Applicant:

Please take this section of the application to a professional for verification of your disability. We suggest you take these forms to a Case Manager, Social Worker, Health Care Professional (Nurse, Physical Therapist, Rehabilitation Specialist, or Physician, etc.)

Guidelines for Professional Report:

Your patient/client has requested eligibility for BAT Dial-A-Ride transportation service. Because of your professional relationship with this applicant, you are uniquely qualified to help clarify his or her function abilities and limitations. The following are guidelines for using BAT Dial-A-Ride. These guidelines may help you in understanding the type of information we need in order to determine the applicant's eligibility for BAT Dial-A-Ride curbside service.

The basis for BAT Dial-A-Ride eligibility is the Americans with Disabilities Act. Eligibility is based on:

- Your patient does not have the functional ability to independently perform the tasks necessary for bus use including: getting to and from the bus stop, getting on the bus, riding the bus, and understanding how to navigate the system in a variety of environments. A diagnosis by itself does not qualify an individual for BAT Dial-A-Ride service.
- Whether an individual is prevented from performing these tasks (as opposed to the task being more inconvenient or difficult).
- Whether the individual can perform these tasks all of the time, only under some circumstances, or if the disability would always prevent the individual from performing these tasks. BAT Dial-A-Ride eligibility is unique to the individual persons' functional ability and reflects ability to use the BAT Fixed Route bus stop only in some circumstances (example, could use the bus if it were not more than two level blocks to the bus stop, no ice present, etc.)

Part II Professional Verification - To be completed by Health Care Professional

(Eligibility for Mobility Limited Riders **Not** Able to Use Fixed Route Service)

Applicant’s Name and Address (please print)

Last Name: _____ Date of Birth: _____

1. Is the applicant currently your patient?

Yes No

2. Does the applicant have a functional or cognitive disability?

Yes No

“Cannot perform tasks necessary for bus use including: getting to and from the fixed route bus stop, getting on the bus, riding the bus, and understanding how to navigate the system in a variety of environments.” *Note: ADA excludes from eligibility persons whose sole incapacity is pregnancy, obesity, acute or chronic alcoholism/ drug addiction, or contagious disease.*

3. Does this patient’s disability prevents them from using BAT Transit’s Fixed Route service safely and would require them to use the Dial-A-Ride?

Yes No

HEALTH CARE PROFESSIONAL CERTIFICATION:

In my professional judgment this applicant’s disability is: (Check one only)

Permanently Disabled Temporarily disabled for _____ months.
(Note: Eligibility will not be issued for less than 3 months or more than 3 years)

Health Care Professional Name: _____ Date: _____

Address: _____

Telephone #: _____ AZ Professional Lic. #: _____

I certify that this information is true and correct to the best of my knowledge.

Signature: _____

Please return completed form to: Benson Area Transit – City of Benson
120 W. 6th Street
Benson, AZ 85602
kwilliams@bensonaz.gov
Phone (520) 720-6323
Fax (520) 720-6323