



ADA COMPLEMENTARY PARATRANSIT APPLICATION

The purpose of this application is to determine the eligibility of individuals for **rabbittransit's** ADA Complementary Paratransit Service. All information submitted on this form will be maintained in the strictest confidentiality. As a part of the application process, you will have the opportunity to register to vote if you wish.

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you cannot answer or if you need assistance to complete this form, please call **rabbittransit** at 849-0703 for assistance. *In order to be considered complete, every question on the application must be answered. If not, it will be returned to you for completion.*

The purpose of the form is to provide an opportunity for you to describe barriers in the environment and how your disability prevents you from using fixed route bus service.

The more information you provide, the better we will be able to understand your ability and travel challenges. Information contained in this application will be kept confidential and shared only with professionals involved in evaluating your eligibility and appropriate **rabbittransit** personnel.

Once completed, please return the form to:

rabbittransit
1230 Roosevelt Avenue
York, PA 17404
Attn: Complementary Paratransit Applications

So that **rabbittransit may comply with the National Voter Registration Act of 1993, please do not photocopy this application form. Additional forms may be obtained by calling **rabbittransit** at (717)846-RIDE.**

Please Print:

Name _____ Date of Birth _____
Last First

Address _____ Apt. _____

City _____ State _____ Zip _____

Adams County York County

Phone (home) _____ (work) _____

Social Security Number ____-____-____

I understand that the purpose of this form is to determine if I am eligible to ride Paratransit, and that the **rabbitransit** staff may need to talk to me later to get more information. I certify that the information contained in this application is correct and truthful to the best of my knowledge.

Signature of Applicant or Guardian (If signed by a guardian, please indicate so.) _____ Date _____

****To be completed if the applicant was helped by another person in the completion of this application.**

Name _____ Daytime phone _____

Address _____

Relationship _____ Date _____

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

- What is the disability that prevents you from using fixed bus service?

- Have you had a disability for more than one year? _____ Yes _____ No
- Is your disability permanent? _____ Yes _____ No
- If not, how long do you expect to have a disability? _____
- Does your disability change much from day to day? _____ Yes _____ No

- Check any mobility aids you use (check all that apply)

_____ Manual Wheelchair _____ Dog Guide _____ Prosthesis
_____ Motorized Wheelchair: _____ 3 wheeled _____ 4 wheeled

Brand Name _____

_____ Cane _____ Walker _____ Braces
_____ Crutches _____ Portable Oxygen _____ None
_____ Other

INFORMATION ABOUT YOUR CURRENT USE OF BUS SYSTEM

- Do you currently use **rabbittransit** or Freedom Transit (public bus or fixed route) bus service at all? _____ Yes _____ No
- When was the last time you independently used fixed route bus service?

- Have you ever-used fixed route bus service by yourself in the past year?

_____ Yes _____ No

Which public bus routes serve your neighborhood?

-
- If you use fixed route bus service now, which routes do you use?

- If you used to use bus service and stopped, please explain why.

- What is the closest bus stop to your home? Please give the location (Ex: corner of Fifth and Grant) _____

- Can you get to this bus stop by yourself? _____ Yes _____ No _____ Sometimes

- If no, why not? _____

- If you use fixed route bus service now, do you need the assistance of another person?

(Circle one) Always Sometimes Never

- If you ever need another person's assistance, what does that person do for you?

- What is it about riding a fixed route bus that is the most difficult for you? (Ex: The bus moves before I am seated) Please list as many things as you can think

of: _____

- Can you ever cross the street by yourself? _____ Yes _____ No

- If **yes**, under what circumstances? _____

Please read the following statements and check those that best describe what you believe is your ability to use Fixed Route bus transportation by yourself. You may select more than one.

- I use Fixed Route bus service frequently.
- I can use the bus sometimes, if the conditions are right.
- I have difficulty understanding and remembering all of the things I would have to do to find my way to and from the bus.
- I believe I could learn to ride the bus, if someone taught me.
- I have difficulty or cannot climb stairs and can only board a fixed route bus if it has a lift.
- I have a visual disability that prevents me from ever getting to and from the bus, even with training.
- The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
- I can never use the bus by myself.
- I can get to and from the bus stop if the distance is not too great, and the route is barrier-free.
- There is no fixed route bus service in my area.
- I am not really sure if I can use the bus.
- My disability makes it impossible to walk to and from the bus, even in good weather.
- I do not want to ride the bus.
- I am not able to use the bus for other reasons. (Please explain):

YOUR FUNCTIONAL ABILITY

Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, circle ***one*** answer. Your answers should be based on: how you feel most of the time; under normal circumstances; using your mobility equipment; and whether you can perform this activity independently.

Without the help of someone else, can you:

1. Walk up and down three steps if there are handrails on both sides?

Always Sometimes Never Not sure

2. Use the telephone to get information?

Always Sometimes Never Not sure

3. Travel one level block on the sidewalk when the weather is good?

Always Sometimes Never Not sure

4. If you are able to do this, how long does it take you?

Less than 5 min 5 – 10 min More than 10 min. Not sure

5. Cross the street, if there are curb cuts?

Always Sometimes Never Not sure

6. Ride up and down a wheelchair lift with handrails on both sides?

Always Sometimes Never Not sure

7. Travel three level blocks, on the sidewalk, when the weather is good?

Always Sometimes Never Not sure

8. If you are able to do this, how long does it take you?

Less than 5 min 5 – 10 min More than 10 min. Not sure

9. Wait 10 minutes in good weather outdoors without a place to sit?

Always Sometimes Never Not sure

10. Step on and off the curb from a sidewalk?

Always Sometimes Never Not sure

11. Travel up or down a gradual hill on the sidewalk, if the weather is good?

Always Sometimes Never Not sure

12. Find your own way to the bus stop, if someone shows you the way once?

Always Sometimes Never Not sure

13. Currently travel by yourself?

Always Sometimes Never Not sure

14. If you need the assistance of another person, what do they do for you?

15. Have you ever gotten lost when traveling alone? (Circle One)

_____ Yes _____ No, I never travel outside alone

_____ No, never gotten lost

16. If yes, were you able to find your way back?

_____ Yes _____ Yes, with help _____ No

17. If you weren't able to find your way back, what did you do?

18. If the weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk, using your mobility aid?

_____ I can't travel outdoors alone at all

_____ Less than 1 block

_____ Curb in front of my house

_____ 3 blocks

_____ 6 blocks

_____ 9 blocks

_____ More than 9 blocks

_____ Not sure

_____ Other (explain) _____

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use fixed route bus service:

The questions in this section are designed to give us a better understanding of your opinions about certain aspects of accessible fixed route bus service. Please read each question carefully and circle the number that indicates whether you agree, disagree, or are not sure.

	Agree	Disagree	Not Sure
1. The bus system is too complicated for me to figure out.	1	2	3
2. I've heard really good stories about fixed route bus service from other people.	1	2	3
3. I'm not at all interested in fixed route bus service for my transportation.	1	2	3

	Agree	Disagree	Not Sure
4. I have to have a seat on the bus, and I'm afraid I won't get one.	1	2	3
5. Everyone on the bus will be inconvenienced since it takes me longer to get on. People will get angry.	1	2	3
6. Riding the bus makes me more vulnerable to crime. I'm afraid for my safety.	1	2	3
7. I think my neighborhood has good bus service.	1	2	3
8. I'm afraid I'll get off at the wrong stop.	1	2	3
9. Arriving at my destination on time is not very important to me.	1	2	3
10. Lower fixed route bus fares compared to Paratransit are an incentive to me to ride the bus.	1	2	3
11. Taking my trips by bus would take me too long.	1	2	3
12. I need help with the tie downs and I don't think the fixed route driver will help.	1	2	3
13. I'd have to get up earlier in the morning to use the bus, which would be a problem.	1	2	3
14. Lifts on the buses break often. I don't think the service is reliable.	1	2	3
15. If the bus moves before I'm seated, I'm afraid I might fall.	1	2	3

WEATHER RELATED CONSIDERATIONS

- Does the weather affect your ability to use fixed route bus service?

_____ Yes _____ No

- If you answered **yes**, please explain how:

THE ENVIRONMENT AROUND YOUR HOME

- How many steps are there at the entrance you use at your residence?

- Can you get to the Paratransit vehicle without the help of another person?

_____ Yes _____ No

- If no, why not?

- How would you describe the terrain where you live? (Ex: steep hill, flat, long gradual hill, etc.)

- Are there sidewalks in your neighborhood? _____ Yes _____ No

YOUR CURRENT TRAVEL

- List your most frequent destinations and how you get there now:

Destination address

How often you go there

How do you get there?

TRAVEL / MOBILITY TRAINING

- Have you ever received training to learn how to use the bus or travel around the community? _____ Yes _____ No

- If **yes**, which agency or person provided the training?

- When were you trained?

- Did you successfully complete training? _____ Yes _____ No

- If **no**, why not?

- Was your training route specific? _____ Yes _____ No

- Which routes did you learn?

- Would you like to participate in training to learn to ride the bus?

_____ Yes _____ No

EMERGENCY CONTACT (OPTIONAL)

- May we have the name of someone you would like us to contact in case of an emergency? Please select someone who would not be riding in the vehicle with you.

Name _____

Relationship _____

Phone (home) _____ (work) _____

PERSONAL ASSISTANCE CERTIFICATION

NAME _____ I.D.# _____
Last First MI.

Address _____ APT# _____

_____ City State Zip Code

Home Phone _____ Work Phone _____

What is your disability? _____

What mobility equipment do you use? _____

I certify that I need the services of a personal assistant to make independent travel possible. A personal assistant is someone designated or employed specifically to assist me with the completion of at least one daily activity on a regular basis.

I will need a personal assistant _____ permanently or _____ temporarily or _____ occasionally. If temporary, provide expected duration _____.

I certify that the information provided is true and correct.

Signature _____ Date _____

Witness (if completed by someone else) _____

RELEASE OF INFORMATION

I receive services from the following health care professional is familiar with me. You have my permission to contact them to provide information to **rabbittransit** or its agents about my disability for the purpose of completing this application procedure.

(Please use a separate form for each doctor.)

My Name: _____

Name of health care professional who is familiar with me: _____

Agency: _____

Address: _____

_____ Phone: _____ Fax: _____

I understand this information will be held by **rabbittransit** and its agents in the strictest confidence and will not be shared with any other person or agency, except the professionals involved in my eligibility determination. This form will permit the professional listed to release information to **rabbittransit** for up to 60 days from the date below. I also understand that I can revoke this consent at any time by providing written notification.

Signature of Applicant _____

Guardian (if appropriate) _____

Witness _____ Date _____

VOTER REGISTRATION INFORMATION

Under the National Voter Registration Act (NVRA) of 1993, the United State Congress attempted to simplify the procedures required to register to vote. Popularly referred to as the “Motor Voter Law” (due to its requirement that states allow citizens to register to vote as part of their drivers license processing), the law also requires that certain agency programs that specialize in services to persons with disabilities offer the opportunity to register to vote as a part of the program application process. **rabbittransit’s** ADA Complementary Paratransit Service is one such program.

The application package references two documents related to Voter Registration. The first is a Pennsylvania Voter Registration Form and the second is a “Declination Form.” If you would like to register vote, please contact rabbittransit for the Voter Registration form. You can either return it to **rabbittransit** with your ADA Paratransit Application (and we will process it through the County Board of Elections for you) or you may mail it directly to the County Voter Registration Office in your County of Residence.

Whether or not you choose to register to vote, please complete the declination form and return it to **rabbittransit** with your completed ADA Paratransit Application.

**THE CHOICE OF WHETHER OR NOT TO REGISTER TO VOTE IS YOURS ALONE
AND YOUR APPLICATION FOR ADA COMPLEMENTARY PARATRANSIT SERVICES
WILL NOT BE AFFECTED BY YOUR DECISION.**

VOTER REGISTRATION DECLINATION FORM

NAME (Please print Last Name, First Name, Middle Initial:

If you are not registered to vote where you live now, would you like to apply to register to vote through this application process?

Yes

No **or** **No, I am already registered to vote where I live now.**

IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

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1. Applying to register or declining to register to vote will not affect the amount of assistance that you are provided by **rabbittransit**.
 2. If you apply to register to vote, the office at which you submit this registration application form will remain confidential.
 3. No information relating to a declination to register to vote will be used for any purpose other than voter registration.
 4. If you would like help filling out the voter registration application form, we can help you. The decision as to whether or not to seek or accept help is yours. You may fill this form out in private.
 5. In order to be qualified to register to vote, you must be at least 18 years of age on the day of the next election, you must have been a citizen of the United States for at least one month prior to the next election and have resided in Pennsylvania and the election district where you plan to vote for at least 30 days prior to the next election, and you must not have been confined to a penal institution for a conviction of a felony within the last five years.
 6. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, Pennsylvania Department of State, 302 North Office Building, Harrisburg, PA 17120, or call the Department of State, toll-free, at 1-800-552-8683.
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Signature

Date
