Application for ADA Paratransit Services Eligibility

Thank you for inquiring about eligibility for Citibus Access ADA Paratransit Service.

Access is for individuals with a disability or disabling health condition that prevents them from independently using the accessible Citibus fixed route service either all of the time, temporarily or under certain circumstances. The Americans with Disabilities Act (ADA) outlines specific criteria to determine eligibility for paratransit services; therefore, an application and an in-person eligibility review are required to determine an applicant's individual eligibility.

The following application must be filled out legibly and completely. To ensure that your application is processed in a timely manner, all questions must be answered. Incomplete applications will be returned to the applicant or agency completing the application. All information is kept confidential. The physicians form (PART B) must be completed by a doctor, licensed health care provider, or licensed social caregiver familiar with your disability. After Access receives your complete application (PART A and PART B), you will be contacted to schedule an in-person interview to determine your eligibility. Transportation will be provided to you free of charge both to and from the in-person interview/assessment.

You will receive your eligibility determination within 21 business days from the date that your interview and functional assessment have been completed. If you require any assistance in completing this application, you may call our scheduling office at 806-775-3640.

Again, we thank you for your interest in Citibus Access.

Citibus Operations
806-775-3640

PART A: Citibus Access Application - Applicant Information and Release

by Citibus - Paratransit

Want to fill this out online instead?
Scan the QR code with your phone's camera to open a digital version of this form.

Last Name First Name Middle Initial

Date of Birth ☐ Male ☐ Female

Email (Optional)

Paratransit ID (Optional)

Citibus Access is for individuals with a disability or disabling health condition that prevents them from independently using the accessible Citibus fixed route bus service either all of the time, temporarily, or under certain circumstances. The Americans with Disabilities Act (ADA) outlines specific criteria to determine eligibility for paratransit services; therefore, an Application and In-person Eligibility Review are required to determine an applicant's individual eligibility.

To apply for service, you and your provider must complete the application.

The application is in two parts. Part A is the Applicant Information and Release and is to be completed by the applicant. Part B is the Health Care Provider Verification and must be completed by your licensed/registered healthcare or human services provider.

Examples of providers that are approved to complete the Part B Provider Verification include: Physician, Physician Assistant, Registered/Licensed Nurse, Nurse Practitioner, Podiatrist, Chiropractor, Optometrist, Licensed Therapist, Licensed Social Worker, Certified O & M Specialist, Licensed Psychologist, Licensed Counselor, and Certified Special Education Teacher.

1. Complete and submit Part A: Applicant Information & Release.
2. Your provider completes and submits Part B: Health Care Provider Verification
    - Send the link provided after Part A is completed to your provider for completion OR
    - Print Part B and take a paper copy to your provider for completion Once both Parts A and B are received and the application is deemed complete, Citibus will contact you regarding the In-person Eligibility Review.
3. You will receive your eligibility determination within 21 calendar days from the date that all of the following are completed:
    - Full application and verification received
    - In-person Eligibility Review (with functional assessment as necessary)
    - All additional requested information is received by staff

Any applicant who has completed the steps above but has not received an eligibility determination from Citibus within 21 days will be entitled to unlimited use of Citibus Access services until you are notified of the eligibility determination.

Return completed paper applications to:
Citibus
Attn: Citibus Access Eligibility
P.O. Box 2000
Lubbock, Texas 79457

Or by fax: 806-775-2955

To ensure your application is processed in a timely manner, all questions must be answered. Incomplete applications will be returned to the applicant or agency completing the application. All information is kept confidential. Citibus Access will only use the information obtained in this certification process for the provision of transportation services

PART A: General Information Regarding Applicant

To be completed by the applicant or on behalf of the applicant

☐ New Applicant ☐ Recertification

Last Name First Name Middle Initial

Date of Birth ☐ Male ☐ Female

Street Address Apt/Suite #

Name of Apt Complex/Nursing Home

City State Zip Code

Mailing Address, if different

Home Phone Mobile Phone Email

Please answer all the following questions.

1. What is your physical, mental, or other disability which limits your ability to travel? (Please identify most limiting conditions.)

_____

_____

_____

2. Is this condition temporary? ☐ No ☐ Yes If yes, for how long? _____

3. How does your disability prevent you from getting on (boarding), riding, or getting off (de-boarding) a fixed route bus, and/or how does it prevent you from getting to the bus stop? Please explain as completely as possible.

_____

_____

_____

4. My condition: (mark all that apply) ☐ Is constant ☐ Changes daily
   ☐ Changes at different times of the day ☐ Is in remission ☐ Not applicable

5. I use the following to assist me: (mark all that apply)

☐ Cane	☐ Manual Wheelchair	☐ Personal Care Attendant
☐ White Cane	☐ Motorized Wheelchair or Scooter	☐ Communication Device
☐ Walker	☐ Wheelchair 24-34 inches wide	☐ None
☐ Crutches	☐ Portable oxygen or respirator	

☐ Other Answer: _____

Do you use a service animal? ☐ No ☐ Yes

If yes or sometimes, please describe the type of animal and what service(s) the animal is trained to perform: _____

_____

_____

6. Do you currently use the Citibus fixed route service?
   - ☐ Yes. Which routes?_____
   - ☐ No, because
     - ☐ I have never tried.
     - ☐ I have difficulty getting on or off the bus.
     - ☐ I have difficulty riding specific routes. Why? _____
     - ☐ I have difficulty traveling to and from the bus stops.
     - ☐ I have difficulty recognizing the bus stops.
     - ☐ Other (specify) _____

7. Are you prevented from traveling to or from a bus stop location from one or more of the following reasons?
   - ☐ Inability to negotiate terrain in the area (no sidewalks, hills, etc.)
     Please explain _____
     _____
   - ☐ Extreme sensitivity to climatic conditions
     Please explain _____
     _____
   - ☐ Environmental sensitivities
     Please explain _____
   - ☐ Hyper-fatigue, frailty
   - ☐ Bus stop too far
   - ☐ Other reasons. Please explain _____

8. Are you able to perform the following functions?

- ☐ Get to the bus stop
- ☐ Cross the street at traffic lights
- ☐ Cross the street at busy intersections
- ☐ Navigate the Citibus fixed routes
- ☐ Transfer from one fixed route to another
- ☐ Ask for and follow written or oral directions
- ☐ Find your way between familiar locations
- ☐ Travel alone from drop off point to destination
- ☐ Recognize your destination or landmark near

If you are unable to do any of the above, please explain what prevents you.

_____

_____

_____

9. List three of your most frequent destinations, and how you get there? Please be specific.

Destination & Street Address	Frequency of Travel	How do you get there now?
Ex: Wal-Mart, 702 W. Loop 289	Twice a week	Route 9 or friend or family member

10. Are there places you would like to go that you *cannot* get to now?

Destination & Street Address	Frequency of Travel	How do you get there now?
Ex: Covenant SW, 9812 Slide Rd	Once a month	Cab

Emergency Contact Information *(Please select someone who would NOT be riding with you)*:

Name _____ Relationship _____

Primary Phone _____ Alternate Phone _____

Address _____ City _____ State _____ Zip Code _____

Application for ADA Paratransit Services Eligibility

Please read and initial that you understand the following Citibus Access policies.

1. Eligibility is based on how my disability impacts my functional ability to use Citibus fixed route service. _____
2. I will be asked to complete a physical/functional assessment, and I will need to bring all mobility aids (including service animals) that I typically use in the community. _____
3. Access to public transportation and I will be sharing rides with other passengers. _____
4. Access does not provide emergency service. _____
5. Excessive no shows could result in ridership suspension per the Access Guide to Ride. _____
6. Access may arrive up to 30 minutes after the scheduled pick up time. _____
7. Access will only wait 5 minutes from arrival time. _____
8. Access is a curb to curb service. _____

I understand that this application is part of the process to determine eligibility for ADA paratransit service. I certify that the information provided in this application is accurate. I understand that false information may result in the denial or cancellation of the Access service. I further understand that all information will be kept confidential, and the only information required to provide the services I request will be disclosed to those who perform those services.

_____ _____

Signature of Applicant (Guardian if applicable) Date

_____

Applicant Name - Please Print

If applicant has been assisted by someone else in completing the application, that person must complete the following. If not applicable, please proceed to the next page.

_____

Name Relationship

_____

Primary Phone Alternate Phone

_____

Address City State Zip Code

CITIBUS ACCESS SERVICES ASSESSMENT INFORMED CONSENT & HEALTH INFORMATION

I understand that part of the functional assessment occurs indoors and outdoors.

I may be asked to perform several activities.

- Physical tasks such as walking or using mobility aid to travel several city blocks or a distance equal to the average street length within the specific time, going up and down curbs and/or curb cuts, and getting on and off a simulate public transit bus.
- Cognitive tasks such as recognizing bus route numbers, finding the way to a specific place and obtaining public transit information.
- Obtaining a weight and measurement of me with my mobility aid.
- Having a digital photo taken (for the purpose of providing Access services only).

I understand that private health information from the evaluations will be kept confidential. It will be reviewed by Citibus staff and those performing evaluations and used to help determine my eligibility for Citibus Access Services. I have read this form and I understand the evaluation procedures.

_____ _____

Signature of Applicant (Guardian if applicable) Date

_____

Applicant Name – Please Print

You have now completed PART A: Application for ADA Paratransit Services Eligibility for Citibus Access.

Next, you must complete PART B: Health Care Provider Assessment and Verification.