

TOLEDO AREA REGIONAL TRANSIT AUTHORITY PARATRANSIT (TARPS) ELIGIBILITY APPLICATION

INTRODUCTORY INFORMATION

The Americans with Disabilities Act (ADA) was passed in 1990. This law states that the regular transit bus system (fixed route) should be the primary means of transportation for everyone including people with disabilities. The intent was to remove barriers that have prevented people with disabilities from fully participating in life, including barriers to public transportation.

TARPS, a Paratransit Service, is available for those individuals whose disability (ies) in combination with their functional abilities prevent them from using the regular transit bus system (*TARTA*) for some or all of their trips.

Eligibility is NOT based on:

- Age (ex: seniors).
- A disability or medical diagnosis alone (ex: schizophrenia, cerebral palsy).
- The use of a mobility aid (ex: wheelchair, walker).
- An inability to drive.
- Personal finances.
- Neighborhood safety/crime concerns.
- Inconvenient *TARTA* bus schedules.
- Not able to carry items on the bus (ex: books, groceries, strollers).
- Not knowing how to use the *TARTA* bus system.

**KEEP THIS PAGE FOR YOUR RECORDS
DO NOT SEND IN WITH APPLICATION**

I

Please consider the following, before deciding if a TARPS application is what you need to pursue for your individual travel needs:

TARTA (the standard, fixed route bus service with regularly scheduled stops) has buses that are 100% accessible for individuals with disabilities. Also, *TARTA* bus service provides:

- Low floor entrances on large buses, which eliminates multiple steps.
- Outside real time bus arrival displays at some locations.
- Kneeling features on larger buses that lower the bus to the same height of the curb.
- Ramps that can be deployed over sidewalks for no-step or wheelchair boarding on large buses.
- On smaller buses, wheelchair lifts to use as an alternative to steps.
- Audio announcements that identify major intersections and some landmarks.
- Scrolling interior displays that show date, time, intersections and safety announcements.
- Designated priority seating near the driver for passengers with disabilities and seniors.
- Wheelchair seating locations and wheelchair securement devices in priority areas.
- Fare boxes accepting tokens as well as coins and dollar bills.
- Passes available for weekly and monthly use.
- Bus Operators assist with boarding by deploying ramps and securing wheelchairs.
- Reduced rate fares are available for Social Security Disability/SSI recipients (if this is at least 80% of their income), Medicare (not Medicaid) Card holders or those who fall within the Medical Requirements for disabilities (on the back of the reduced fare applications.) Call 419-245-5205 with any questions.
- Riders can access bus times and stops with Google, Apple, or Bing maps on smart phones or computers. Use the transit icon to put in departure and destination points.
- Trip planning and information available by calling 419-243-RIDE.

*Travel training is available to use *TARTA*'s fixed line service and Call-A-Ride Service. Call *TARTA*'s Central Avenue office at 419-243-7433 and ask for the Training and Safety Supervisor for more information.

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II

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Part I is to be completed by the person requesting TARPS service (or helper). Please read the definition of eligibility in the above paragraph carefully and consider how your disability prevents you from riding TARTA. Please complete each question as completely as possible. Incomplete applications will be returned for clarification and this will delay your eligibility determination. The applicant (if over 18 years of age) or the parent, legal guardian of a minor, or POA must sign all applications. Children under the age of 18 should be accompanied by a parent, legal guardian or designated adult for interviews. TARPS reserves the right to request that other interviewees have someone accompany them.

Part II should be given to and completed by the clinical professional who can BEST explain how your disability/medical conditions affect your functional ability. Please ask the person completing this section to be as specific as possible when explaining why your disability prevents you from riding TARTA. If this is not done, it may result in the need for additional assessment information thus delaying your eligibility determination.

You may include additional Part II(s) and health information releases as you deem necessary. Additional forms may be downloaded from the TARTA website (tarta.com) under Services/TARPS.

If you have any questions, please call the Customer Service Representatives, Monday – Sunday 9am to 5pm. Both parts of the application must be returned to the TARPS office by mail or fax.
Send to:

**TARPS, Mobility Services Department
130 Knapp St.
Toledo, OH 43604
419-382-9901 (Phone)
419- 724-6659(Fax)
1-800-750-0750 (Ohio Relay Service)**

THE NEXT STEP

After your application is received, you will be contacted to arrange an in-person interview and assessment. You can request a free, round-trip TARPS ride for the interview/assessment as long as you can arrange pick up within the service area. The purpose of this interview is to review your application with you, assess information and capabilities as they pertain to ADA eligibility, and determine if additional information is needed. All applicants will have their pictures taken. You will receive a notice by mail of your eligibility status for the ADA Paratransit Services. If the decision has not been made within 21 days, you may arrange Paratransit rides until determination is made and you are notified.

ELIGIBILITY STATUS

Eligibility may be granted upon the following basis:

--**Unconditional**- all trips within the service area.

--**Conditional**- for some trips under certain conditions that affect your ability to use the TARTA service.

--**Temporary**- for a shorter defined period (less than one year) because limitations are expected to change.

The time period is from 1 to 5 years. Riders need to reapply for certification when eligibility expires,

DENIALS/ APPEALS

To appeal denials, conditional or temporary eligibility, the appeals process information is included in the notification you receive from TARPS of your status. Paperwork must be filed within 60 calendar days of notification.

**STOP – KEEP THESE 3 PAGES FOR YOUR RECORDS
DO NOT SEND IN WITH APPLICATION**

III

TARPS APPLICATION: PART I

SECTION 1: GENERAL INFORMATION

(Mr. ____ Mrs. ____ Ms. ____)

Last Name: _____ First Name: _____ MI _____

Street Address: _____ Apt. #: _____

Apartment Complex Name: _____

City: _____ State _____ Zip Code: _____

Last four digits of S.S. number _____ Birth date: ____/____/____

Phone: (Home) (____) _____ - _____ (cell) (____) _____ - _____

Email address: _____

For office use

Which of the following best describes your ethnicity?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian or other Pacific Islander
- Multiracial
- White

May we leave detailed messages about your application or recertification?

Via phone Yes No

Via email Yes No

All information regarding TARPS is provided in writing unless otherwise specified. Do you need information given to you in another format? Specify _____

Are you currently a TARPS rider? Yes No

EMERGENCY CONTACT INFORMATION

Please list the names and telephone numbers of 2 persons to call in case of an emergency:

Name: _____

Relationship _____

Home or Cell Phone _____ Work Phone: _____

Name: _____

Relationship _____

Home or Cell Phone _____ Work Phone: _____

Please check the line that best describes your current living situation:

- 24 hour care or skilled nursing facility.
- Assisted living facility.
- I receive agency assistance from someone who comes to my home to help with daily living activities or medical care. List help provided: _____

- I receive help from family members. List help provided: _____

- I live independently (without assistance of another person).

Did you need help completing this form? ___yes ___no

If you answered yes, please complete the following information about the person who helped you.

Name: _____ Phone Number: _____

Relationship to you: _____ Agency name, if professional: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____ Fax _____

SECTION 2: INFORMATION ABOUT YOUR DISABILITY

1. How far can you travel on a flat surface, either on your own or using your regular mobility aid, without the assistance of another person?

Not able to travel at all without assistance from another person.

Two blocks (.20 mi. or 1056 ft.)

Severely restricted; only at home

Three blocks (.30 mi. or 1584 ft.)

Less than half a block

Six blocks (.50 mi., or 2650 ft.)

One block (.10 mi. or 528 ft.)

Nine blocks (.75 mi., or over 4752 ft.) or more

2. Check all aids/equipment you use or might use while riding a transit vehicle.

Portable oxygen

Manual wheelchair

Communication board

Service animal

Power wheelchair

Hearing aids

Prosthetic limb

Leg extender on wheelchair

Visual assistance aids –

Crutches

Power scooter

please list

Leg brace

Folding walker

Straight cane

Non-folding walker

Other (be specific)

White cane

Walker with seat

3-4 pronged cane

Walker with wheels

3. My wheelchair or walker is oversized to accommodate my needs.

Yes No

4. What is *the primary disability or health condition(s)* that prevents you from using *TARTA* for some or all of your trips? Please be specific.

5. Do the effects of your disability or conditions vary from day to day? Yes No

Please explain: _____

6. My disability is: _____ Permanent _____ Temporary -- For how long? _____

If temporary, please explain: _____

SECTION 3: FUNCTIONAL ABILITIES TO USE TARTA TRANSIT SERVICE

TARTA buses are 100% accessible (ramps and kneeling buses.) Please answer all questions, even if you are not using TARTA currently or have never used it. Responses should be based on your ability to perform listed activities without assistance from another person.

***Application will be returned, if Part A and B are not completed. ***

Part A.

1. Closest cross-streets to my address: (Please list two.)

1. _____ 2. _____

2. Closest bus route number to my address: _____

3. How far from your home is the nearest bus stop? less than 1 block 1-2 blocks
 3-4 blocks 5 or more blocks unsure

4. Have you ever used a fixed route bus system? Yes No

5. What routes do you use? _____

6. When was the last time you used a fixed route bus system? (Including any time in the past)

7. How often do you travel on the TARTA buses?

daily weekly monthly occasionally never

Part B.

- 1. I can get to and from the bus stop if the distance is not too great.
 Yes No Sometimes
- 2. I can wait at a bus stop for 10 minutes. Yes No Sometimes
- 3. I can independently get on a wheelchair lift, ramp, or one step using the kneeling bus.
(TARTA Operator will secure a wheelchair.) Yes No Sometimes
- 4. I can recognize my destination or ask the driver for help when I board the TARTA bus.
 Yes No Sometimes
- 5. I can use TARTA to go to:
Familiar places: Yes No Sometimes
New places: Yes No Sometimes
Transfer buses: Yes No Sometimes
When a transfer is not required: Yes No Sometimes
- 6. I do not currently use TARTA but I believe I could learn to ride TARTA with training.
 Yes No Sometimes
- 7. I have difficulty understanding or remembering all the things I would have to do to use the
TARTA regular transit bus system. Yes No Sometimes
- 8. I am unsure I can use the TARTA regular transit bus system by myself.
 Yes No
- 9. I am unable to use the TARTA regular transit bus system by myself.
 Yes No

SECTION 4: THE ENVIRONMENT AROUND YOUR HOME AND TO THE CLOSEST BUS STOP

- 1. In your own words, describe the area between where you live and the closest bus stop.
(Describe: sidewalks, visibility, roadway traffic, temporary construction, traffic signals, curbs, business, terrain and anything else you think is noteworthy.)

- 2. How many steps are there at the entrance to your home? _____

3. Are there sidewalks outside your home?

Yes

No

SECTION 5: YOUR CURRENT TRAVEL NEEDS

1. Currently, how do you get to the places you need to go outside your home?

2. List 3 of your most frequent travel destinations.

3. List any other information you would like us to know about your travel needs.

SECTION 6: TRAVEL TRAINING

Travel training is personalized (individual or group) instruction that teaches the skills necessary to use a regular transit bus system, such as our *TARTA* buses and Call-a-Ride.

This is not referring to training for TARPS

1. Have you ever received travel training?

Yes

No

If yes, was this provided by:

Family member or friend

County Board of Developmental Disabilities

Sight Center

Mental Health Agency

An agency provided by Rehabilitation Services Commission (Opportunities for Ohioans with Disabilities)

Transit agency

Other _____

If you have not received training, which topics would help you learn to use the regular transit system (*TARTA*)? (Check all that apply)

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- Learning to read a bus map/schedule to plan trips
- Traveling to and from bus stops
- Learning how to transfer between buses
- Learning to use the ramp, lift, or kneeling features of the bus
- Riding specific routes to become familiar with them

- Learning to recognize bus stops
- Learning to use Call-A-Ride (curb to curb service in designated areas)
- I do not need travel training. I know how to navigate and use the regular transit bus system
- Other _____

3. Would you be interested in getting information about travel training? Yes No
If no, explain: _____

SECTION 7: APPLICANT'S CERTIFICATION

In compliance with the Americans with Disabilities Act of 1990 (ADA), TARTA provides Paratransit service (other than the regular bus service) to anyone with a disability, who qualifies and who cannot use the fixed route bus system and who is traveling within 3/4 mile of a scheduled fixed route. This shared-ride service is intended only for those trips that the rider cannot make on the fixed route system. This application is intended to determine when and under what circumstances the applicant can use the shared-ride ADA Paratransit service.

I understand that the purpose of this application is to determine if there are times when I cannot use the fixed route or Call-A-Ride bus system and will need to use the shared-ride Paratransit system.

I understand that all of the information concerning my disability will be kept confidential and shared only with professionals that will be involved in the determination of my eligibility.

I authorize any professional organization and/or agency listed in this application to release information relating to my disability to the TARPS office in order to determine eligibility.

I certify that, to the best of my knowledge, all of the information in this application is true and correct. I understand that providing false information could result in the loss of Paratransit Services. I agree to notify TARPS if my condition improves enough to change my eligibility status.

SIGNATURE: Please Complete Part A or B

Part A. Applicant and own guardian:

Signature of Applicant

Date

Part B. Applicant is a minor, or has a guardian:

I consent to the Applicant's interview and any assessments of his/her travel abilities and limitations to determine ADA Paratransit Service eligibility. I understand that the Applicant must be present for the interview/assessment process, I acknowledge the following:

Name

Relationship to Applicant

Address

Phone: _____ - _____ - _____ Org/Agency _____

I will be present I designate _____ to be present on my behalf.

Guardian's Signature

Date

Applicant's Signature

Date

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize the use or disclosure of the protected health information (PHI) as described below. By authorizing the use or disclosure of the PHI described below, I authorize the provider (doctor, social services, etc.) of the PHI (1) to open the PHI for review or inspection by the person(s) identified below, and (2) to furnish the persons(s) identified below with a copy of the PHI if he or she requests, for purposes of determining my eligibility to receive transportation services.

Date _____ Patient (Applicant) Name _____

DOB _____ Social Security Number (last 4 digits) _____

Description of PHI requested, including information pertaining to:

- (1) The applicant's documented diagnosis/health condition(s) & how these affect his/her ability to independently use the fixed route bus service.
- (2) Written and/or verbal communication between provider and TARPS.

I authorize the following provider (doctor, social services, etc.) of my PHI to release and/or disclose the PHI described above:

Provider _____

Address _____

Phone Number _____ Fax Number _____

I authorize the release and/or disclosure of the PHI described above to:

Toledo Area Regional Paratransit Service (TARPS)

130 Knapp St

TEL: 419-382-9901

Toledo, Ohio 43604

FAX: 419-724-6659

I () do or I () do not authorize the provider to disclose the PHI described.

I understand that I have the right to revoke this Authorization, in writing, at anytime by so notifying the requesting person. Such revocation will not affect the actions taken by requesting person prior to the date he or she received the written revocation.

I understand that my health care provider cannot condition medical treatment on whether I sign this Authorization.

This Authorization will expire at the conclusion of my Paratransit Eligibility Review.

X _____

Signature of Applicant

Date

X _____

Signature of Parent/Guardian/Authorized Representative

Date

Description of Relationship

NOTE: A Photocopy or facsimile shall have the same effect as the original.

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TARPS APPLICATION: PART II

This form **MUST** be completed by a **Clinical Professional**

Examples of who can complete Part II [must be licensed/certified]:

Audiologist	Case/Resource Manager	Chiropractor
Independent Living Specialist	Nurse Practitioner	O & M Instructor
Ophthalmologist	Optometrist	Physical Therapist
Physician	Physician's Assistant	Occupational Therapist
Psychologist	Registered Nurse	Respiratory Therapist
Psychiatrist	Vocational Rehabilitation Specialist	Social Worker

To the Clinical Professional completing this form:

The individual presenting this form to you is applying for TARPS Paratransit Services. This is federally mandated by the ADA (Americans with Disabilities Act). It is a door-to-door, shared-ride service on specially equipped buses for individuals whose disability **prevents** them from using the regular bus transit system (TARTA) under certain circumstances or all of the time. This does **not** include those who find it uncomfortable or inconvenient to ride a TARTA bus.

Only professionals who have knowledge of the applicant's functional ability or limitations to use the regular bus transit system (TARTA) should complete this form. Please assist us in determining this individual's eligibility for the use of the TARPS Paratransit Service. You may attach any additional information you think will help with the determination process.

***Please be aware that all TARTA buses are 100% accessible for individuals with disabilities. ***
In completing the application, consider that TARTA buses are equipped with:

- Low floor entrances on large buses which eliminates multiple steps.
- Kneeling features on large buses that lower the bus to the same height of the curb.
- Ramps that can be deployed over sidewalks for no-step or wheelchair boarding on large buses.
- On smaller buses, wheelchair lifts to use as an alternative to steps.
- Outside real bus arrival displays at some locations.
- Interior scrolling displays and audio announcements that indicate date, time, intersections and safety announcements.
- Designated priority seating near the driver for passengers with disabilities and seniors.
- Wheelchair seating locations and wheelchair securement devices in priority areas.
- Bus Operators will assist with boarding and exiting by deploying ramps and secure mobility devices, such as wheelchairs and scooters.

**DO NOT SUBMIT
KEEP WITH YOUR RECORDS**

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KEEP WITH YOUR RECORDS**

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07/23/2019

TARPS APPLICATION: PART II

To be completed by a Licensed/Certified Clinical Professional who has knowledge about the applicant's functional ability and can verify diagnoses. He/she does not have to be the one who provides treatment. ONLY THE PROFESSIONAL COMPLETES THIS PART II.

Applicant Name _____

Required Information – Licensed/Certified Clinical Professional

Name _____ Title _____

Signature **X** _____ Date _____

Professional License # _____

Clinic or Agency _____

Address _____

Phone Number _____ Fax # _____

E-mail (optional) _____

Please list all related diagnoses that affect the applicant's ability to travel in the community. List the specific diagnosis and its severity in each category. Complete each of the following sections as they apply to the applicant. (You don't need to be the one who treats the diagnosis but can verify the diagnosis and how it impacts the applicant.)

Physical Diagnoses _____

Cognitive Diagnoses _____

Mental Health Diagnoses _____

Vision Diagnoses _____

Date of last evaluation: _____ Patient/Client since: _____

Is the condition(s) temporary? Yes No If yes, what is the expected duration? _____

Describe the temporary condition: _____

Physical Disabilities – Does the diagnosis(es) impact travel?

Yes (Complete section)

No / N/A (Continue to next page.)

1. Does the applicant rely on any mobility aids/equipment for outdoor travel? Yes No

If so, please indicate what kind: _____

2. How far can the applicant independently **propel a manual/power wheelchair or ambulate with or without a mobility aid and without lengthy rest breaks?** (Endurance standards: 6.4 minutes/block; 32 minutes/5 blocks or 1/2 mile)

_____ 5 blocks (1/2) mile or more _____ # of blocks (528 feet = 1 block)

_____ Less than a block _____ No independent functional mobility (needs assistance)

3. Are there any issues regarding coordination, balance, gait or speed that would affect the applicant's ability to get to bus stops on varying terrains and surfaces, or ride on a moving bus? If so, please list functional impact.

4. Are there environmental factors that would impact the applicant's ability to navigate to bus stops and use the transit system?

Temperature extremes: Cold temperatures below _____ ° Hot temperatures above _____ °
Humidity above _____ % _____ Pollutants Other _____

5. If there is a seizure disorder, what type(s) of seizures?... frequency?..... last known seizure?

Are the seizures currently controlled? Yes No

Is the applicant taking medicine for the seizures? Yes No

Are there side effects? Yes No

Is he/she able to function independently in the community? Yes No

6. Additional Comments/Barriers: _____

Cognitive Disabilities – Does the diagnosis(es) impact travel?

Yes (Complete section)

No / N/A (Continue to next page.)

1. Can the applicant provide basic information about his name, address, phone number? Yes No
2. Does the applicant have the ability to:
- a. Identify dates. Yes No
 - b. Recognize time on a watch or phone. Yes No
 - c. Understand time concepts well enough to follow a schedule to get to places on time. Yes No
3. Can the applicant recognize familiar words, phrases, and destinations? Yes No
4. Which of the following impacts the applicant's ability to use the regular transit bus (*TARTA*)? Please check all that apply to the applicant and **provide additional information for categories selected.**

Problem Solving

Communication of Needs

Coping

Process Information

Safety Awareness/Judgment

Concentration

Social Skills/Behavior

Other _____

5. Additional concerns/ comments: _____
-

Mental Health Disabilities – Does the diagnosis(es) impact travel?

Yes (Complete section)

No / N/A (Continue to next page.)

1. What is the prognosis? (stable, guarded, etc.)

2. If taking medicine, are there side effects that can affect travel in the community? Yes No

Explain:

3. Has the applicant recently had a decline in function affecting treatment plan, medications or any other factors that may complicate travel? Yes No

Explain: _____

4. Would any of the following affect the applicant's ability to use the regular transit bus (TARTA)?

Provide additional information for categories selected.

Problem Solving

Communicate Needs

Coping

Processing Information

Safety Awareness/Judgment

Concentration

Social Behavior/Skills

Other _____

5. Additional concerns/ comments: _____

Vision Disabilities – Does the diagnosis(es) impact travel?

Yes (Complete section)

No / N/A (Continue to next page.)

Applicant's condition:

Legally Blind

Yes

No

Total Blindness

Light Perception

Reduced Acuity

(L) _____ (R) _____ (best corrected)

Restricted Field of Vision

(L) _____ (R) _____

Central field loss

Peripheral field loss

Other _____

1. What is the prognosis? Is the condition stable, degenerative, or otherwise changing?

2. Is his/her vision affected by different lighting conditions?

Yes

No

Bright sunlight

Dimly lit or shaded places

Nighttime

Other _____

3. Additional comments regarding applicant's independent outdoor travel abilities:

Professional Recommendation

1. Do you expect the applicant could independently utilize the **regular transit bus system (TARTA)**? This would **include traveling to/from stops or destinations and waiting for the bus**. Note: Individuals can request travel training through *TARTA*.

Yes, could ride **TARTA**

Yes to **TARTA**, under some conditions

No, utilizing **TARTA** is not appropriate

2. Is there any other information you want to provide that will help us in making an appropriate eligibility determination?

We greatly appreciate your time in completing this application.

Please send to:

**TARTA/TARPS Mobility Services Department
130 Knapp Street
Toledo, OH 43604
419-382-9901 (phone)
419-724-6659 (fax)**

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