



YCAT ONCALL ADA PARATRANSIT CERTIFICATION APPLICATION

PLEASE READ ENTIRE APPLICATION BEFORE FILLING OUT THE FORM

The Americans 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 (YCAT), complementary paratransit services must be made available.

If you believe that you have a disability (including mobility or cognitive impairments), which prevents you from independently using the YCAT fixed-route transportation facilities and/or buses, please complete the application attached.

Your completed application will be reviewed and a decision regarding your eligibility for paratransit service will be made within 21 days. If a decision is not made within 21 days, on the 22nd day you will be granted presumptive eligibility until and unless the application is denied in writing. You may be found eligible for paratransit services for your travel needs, or you may be found capable of using the YCAT 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 YCAT OnCall ADA Paratransit priority service. 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 YCAT fixed route system. The ADA stresses the importance of persons with disabilities having the opportunity, encouragement, and/or training to use fixed-route transportation (YCAT) as a means to integrate more fully into society.

PLEASE RETURN COMPLETED APPLICATIONS TO:

Yuma County Intergovernmental Public Transportation Authority
2715 East 14th Street, Yuma, AZ 85365
By FAX: (928) 783-0309
By email: info@ycipta.az.gov

A large print, Braille and cassette version of this application is available upon request by calling (928) 783-2235 or TTD/TTY: 711 through Relay Service. These requests will take seven business days to process.

HOW TO BECOME CERTIFIED ON YCAT ONCALL FOR ADA PRIORITY SERVICE

There are three ADA categories of eligibility when filling out this application. Priority service is given to those who meet ADA eligibility requirements. All others ride YCAT OnCall and YCAT flex route deviation service is available on a space-available basis. ADA certified passengers will never have their trip denied.

1. Fill out Step 1 of the application.
2. Complete the certification section that applies to you in STEP 2. Check A-1, A-2 and/or A-3.
 - a) ADA ELIGIBLE: Do you have a disability which makes using YCAT fixed route buses impossible (A-1), accessing a YCAT fixed route bus stop (A-3) and/or boarding a YCAT fixed route that is not yet accessible (A-2)? Then check Step 2, section (A) and select criteria A-1, A-2 or A-3, whichever applies to your situation. Have your physician or authorized human service agency representative explain your disability by completing Step 4 of the application.
3. Complete the Supplemental Questionnaire on page 6. The information provided in the Supplemental Questionnaire will not be used to determine your eligibility. This information is to assist the YCAT staff in meeting any special needs or service requirements you may have.

It is important that you complete all applicable portions of this application—type or print please.

Applications that are not complete or clearly written will be returned, which will delay the eligibility determination process.

If you are certified eligible for paratransit service, you will be contacted by US mail to schedule a photo for your YCAT OnCall ADA Identification Card and receive a YCAT OnCall Rider's Guide within 21 days.

If you are denied ADA eligibility, you may appeal the decision to the Yuma County Intergovernmental Public Transportation Authority. Your appeal will be heard by the YCAT Community Transit Advisory Committee within 65 days of an appeal form being filed out. You may also contact the YCIPTA Transit Director at (928) 539-7076 or via email at info@ycipta.az.gov for details on the appeal process or hearing results.

PHYSICIAN OR CERTIFYING AGENCY REPRESENTATIVES

ADA GUIDELINES FOR CERTIFICATION PLEASE READ CAREFULLY BEFORE CERTIFYING THE APPLICANT

The Americans with Disabilities Act of 1990 (ADA) states that a public transit operator, which has a fixed-route bus system, like YCAT, must also operate a complementary paratransit service (YCAT OnCall) for those persons not able to use the regular fixed route buses.

The criteria for certifying that a person is eligible under ADA to ride YCAT OnCall are:

IS THE APPLICANT FUNCTIONALLY ABLE TO RIDE THE REGULAR YCAT FIXED ROUTE BUS SYSTEM AND ARE THEY ABLE TO GET TO AND FROM A BUS STOP?

Many people with either cognitive or physical disabilities are able to ride YCAT. Many agencies will help to travel train their clients on how to ride the regular bus system. All buses in the YCAT fixed route system meet ADA accessibility standards.

HOWEVER, if a person with a disability cannot **INDEPENDENTLY** board, ride or **disembark** from the regular YCAT fixed route bus, they are eligible to ride YCAT OnCall under ADA guidelines **(A-1)**.

Some examples are:

Inability to climb steps; cognitive inability to use the YCAT fixed route system including transfers, fare payment and stop signaling; severe mental retardation; severe lack of coordination/motor function; psychiatric disabilities causing disorientation; Alzheimer's disease; vision impairments, etc.

A second category, if a person with a disability cannot **INDEPENDENTLY** board, ride or **disembark** the regular YCAT fixed route bus because it is not yet accessible, they are eligible to ride YCAT OnCall under ADA guidelines **(A-2)**.

A third category (A-3) of eligibility includes individuals who have specific impairment-related conditions that PREVENTS them from getting to or from a bus stop.

Some examples are:

Chronic fatigue and excessive distance to the YCAT fixed route bus stop; special sensitivity to high or low temperature; severe cardiac conditions; dialysis; radiation/ chemotherapy; a cognitive disability which impairs the ability of the individual to remember and follow directions; physical obstructions such as lack of curb cuts for wheelchairs, or other mobility device etc.

If the person meets one of the three criteria listed above, they are eligible under ADA, and thus, Section A should be marked appropriately on the application form.

YCAT ONCALL ADA PARATRANSIT PRIORITY SERVICE

Please read accompanying instructions before completing this form.

All information on this form will be kept CONFIDENTIAL.

APPLICATIONS NOT COMPLETELY FILLED OUT OR ILLEGIBLE WILL BE RETURNED.

STEP 1

Name: _____ Date of Birth _____

Mailing

Address: _____

Street

City

Zip Code

Physical

Address: _____

Street

City

Zip Code

Home Phone: _____ Mobile Phone: _____

STEP 2 CHECK THE APPROPRIATE BOX/ES – Certification based on:

ADA Eligible. Under the Americans with Disabilities Act of 1990, Individuals must meet one or more of the following criteria in order to be certified as ADA eligible. Check the appropriate box or boxes which best describes the applicant's condition.

A-1 I certify that the above named individual, because of their disability, cannot INDEPENDENTLY board, ride, and/or disembark from any bus in the YCAT fixed route system. Keep in mind that all of the fixed-route vehicles are equipped with ramps or lifts

A-2 I certify that the above named individual has a disability related condition(s) that PREVENTS him/her from riding YCAT fixed routes because the YCAT fixed route is not yet 100% accessible.

A-3 I certify that the above named individual has a disability related condition(s) that PREVENTS him/her from getting to or from a YCAT fixed route bus stop.

FOR ADA DISABILITY CERTIFICATION: your physician or an authorized human service agency representative must sign this form. Authorized agencies are:

- SMILE/ Independent Living Center
- Yuma County Health Services District
- Sunset Community Health Center
- ACHIEVE Human Services
- Arizona Department of Economic Security
- DaVita Dialysis Center
- Yuma Regional Medical Center
- SAAVI
- Horizon Human Services

FOR OFFICE USE ONLY

Date received: _____ Received by: _____

Date: _____ Approved Denied Incomplete Reviewed by: _____

STEP 3 - PART 1: THIS PAGE IS TO BE FILLED OUT BY PHYSICIAN OR CERTIFYING AGENCY REPRESENTATIVE ONLY. (please read accompanying instructions on page 2 &3)

Name of Certifying Person (print)	Signature
Title	Telephone number
Agency	Address
Date	Medical ID Number

STEP 3 - PART 2:

- Explain the applicant's disability completely
- Explain how the disability **PREVENTS** the applicant from riding YCAT fixed route system in accordance with the ADA as defined in Step 2
- Keep in mind that all of the fixed-route vehicles are equipped with ramps or lifts.
- Examples are on page 3
- MUST be legible
- A medical record cannot be submitted instead of filling out this form

Is the condition: Permanent
 OR
 Temporary – From: _____ To: _____

Return completed form to Yuma County Intergovernmental Public Transportation Authority, 2715 east 14th street, Yuma, AZ 85365, by fax to (928) 783-0309 or email to info@ycipta.az.gov

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SUPPLEMENTAL QUESTIONNAIRE

Answering the following questions will enable us to serve you better

- 1. Are you able to board the bus without assistance? Yes No
- 2. Do you have any vision impairment or limitation? Yes No
- 3. Do you have any hearing impairment or limitation? Yes No
- 4. Do you use any of the following aids to mobility? (Check all that apply)
 Manual Wheelchair Electric Wheelchair Powered Scooter
 Cane Crutches Guide Dog Other: _____

- 5. Do you require the use of an oxygen tank? Yes No
- 6. Do you require a Personal Care Attendant (PCA)? Yes No
- 7. Is your residence equipped with a wheelchair ramp? Yes No
- 8. Are you able to use and communicate with a telephone? Yes No
 a. Use a TDD and or TTY? Yes No

- 9. Are you able to make/cancel your appointments and travel arrangements?
 Yes No
 If not, who will make them for you? _____

- 10. Are you able to transfer to another bus? Yes No

11. Is there any other information which would be helpful to us to ensure we provide you with our best service? _____

10. In case of emergency notify:

Name _____ Relationship _____

Home Phone _____ Mobile Phone _____

Name _____ Relationship _____

Home Phone _____ Mobile Phone _____

I certify that the information in this application is true and correct. I understand that falsification of the information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services. **I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit, in order to assist in the determination of eligibility.**

Applicant's Signature

Date

PROFESSIONAL AUTHORIZATION

I, _____ (applicant's name), hereby authorize (Enter the name, address and phone number of the licensed professional familiar with your disability or health related condition):

Physician Name/Certified Agency Representative

Title

Address, City, State, Zip Code

Telephone Number

to release to Yuma County Intergovernmental Public Transportation Authority the necessary information about my disability in order to certify my eligibility for paratransit services. The information released will be used solely to determine my eligibility. I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at anytime.

Enter the name of the applicant and the date signed:

Print Applicant's Name

Date

Applicant's Signature

If the applicant is unable to sign due a cognitive or physical disability a Power of Attorney MUST be submitted with the application. If one is not submitted the application will be returned as being incomplete.