



City of Round Rock

ADA Complementary Paratransit Service Plan

Grantee ID: 6631

February 28, 2017

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Identification of Entity

Name: City of Round Rock
Address: 2008 Enterprise Drive
Round Rock, Texas 78664
Contact: Caren Lee, Transit Coordinator
Phone: 512-671-2869
Fax: 512-218-5536

Mission

The mission of City of Round Rock Transit is to provide quality and efficient paratransit service to passengers while complying with the Americans Disabilities Act (ADA).

Background

The Americans with Disabilities Act of 1990 (ADA) requires public entities who operate non-commuter fixed route transportation services must also provide complementary paratransit service. The ADA requires the complementary paratransit service be comparable to the fixed route service, in terms of service levels and availability. There are six minimum service standards used to evaluate the comparability of the complementary paratransit service to the fixed route service.

1. Availability in the same area served by the fixed route. Specifically, service must be made available to all origins and destinations within a minimum width of $\frac{3}{4}$ of a mile on each side of each fixed route. This includes an area within $\frac{3}{4}$ miles radius at the end of each fixed route as well;
2. Available to any ADA Paratransit eligible persons at any requested time on any particular day in response to a request for service made the previous day;
3. Paratransit Service's fares that are no more than twice the fare that would be charged to an individual paying full fare for a trip of similar length, at a similar time of day on the fixed route system;
4. There can be no trip restrictions or priorities based on trip purpose;
5. Service must be made available to eligible persons on a next day basis; and
6. There can be no constraints on the amount of service that is provided to any eligible person. Specifically, there can be no operating practice that significantly limits the availability of service to individuals.

Transit providers subject to the ADA regulations must develop and administer a process for determining a person's eligibility for the complementary paratransit service. ADA Paratransit service must be provided to all individuals who are unable, because of their disability, to use the fixed route system, some of the time or all of the time. The criteria for determining a persons' eligibility is regulated by the ADA and it requires the City to have a documented process.

Nondiscrimination

The City of Round Rock shall not discriminate against an individual with a disability in connection with the provision of transportation service. The City shall not deny, to any individual with a disability, the opportunity to use the City's transportation service for the general public, if the individual is capable of using the service. The City shall not require an individual, with a disability, to use designated priority seats, if the individual does not choose to use those seats.

Filing an ADA Complaint

Any person who believes they have been discriminated against on the grounds of disability may file a complaint directly with the Federal Transit Administration (FTA) or with the City. Complaints should be filed within 180 days of the alleged violation.

To file a complaint with FTA, complete the FTA complaint form, found in Attachment A. The complaint form must be signed and mailed to:

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

With your form, please attach on separate sheet(s):

- A summary of your allegations and any supporting documentation.
- Sufficient details for an investigator to understand why you believe a public transit provider has violated your rights, with specifics such as dates and times of incidents.
- Any related correspondence from the transit provider.

To file a complaint with the City, complete the City's complaint form, found in Attachment A. The complaint form must be signed and mailed to:

City of Round Rock
Attn: Transit Coordinator
2008 Enterprise Drive
Round Rock, Texas 78664

Within 5 business days of the receipt of the complaint, the Transit Coordinator will notify, in writing, the complainant and FTA of the receipt of the complaint. The Transit Coordinator will review the complaint, policies and procedures associated with the complaint, and the circumstances under which the alleged discrimination occurred and any other pertinent factors.

Within 30 days of the receipt of the complaint, the Transit Coordinator will send the complainant and FTA a letter of finding. The letter of finding will outline the results of the investigation. If the

investigation determines the City is not in violation, the letter of finding will include an explanation and provide notification of the complainant's appeal rights. If the investigation determines the City is in violation, the letter of finding will document the violation and the action the City will take or has taken to resolve the violation.

Description of Fixed Route System

The City of Round Rock's (City) Transit System consists of two local fixed routes. The service operates Monday – Friday, 6:30 a.m. to 6:30 p.m., with hourly headways. Each of the fixed routes serve the Intermodal Transit & Parking Facility (ITPF). Maps of the two fixed routes are included in Attachment B. Route 50, RR/Howard, operates in a north and south pattern on the east side of IH-35; it begins at the higher education center, runs through town, and ends at Capital Metro's Howard Lane MetroRail Station. Route 51, RR Circulator, operates in an east and west pattern serving the medical complexes on RM 620 and the Dell/Walmart/Target area; it begins and ends at the ITPF.

Each route will be operated with two vehicles, for a total of four vehicles. As required by the ADA all routes and vehicles are accessible by persons with disabilities. Maintenance of accessible features on vehicles, as required by the ADA is maintained to a high level, so persons needing these features receive equivalent service. If for some reason the lift or other accessible features, is not working, another accessible feature equipped vehicle will be provided within 30 minutes. Bus operators will also make major stop announcements.

Eligibility Requirements and Application Process

The following individuals are ADA paratransit eligible:

1. any individual with a disability who is unable to ride or disembark from any fixed route vehicle,
- OR
2. any individual whose specific disability makes it impossible for them to travel independently all or some of the time on a fixed route

An individual interested in riding City of Round Rock's paratransit service will submit a completed application to the Transit Coordinator at:

Transportation Department
Attn: Transit Coordinator
2008 Enterprise Drive
Round Rock, Texas 78664

The completed application will include a healthcare professional attesting to the passenger's disability and that such disability would prevent the passenger's ability to independently travel on the fixed route service either all of the time or some of the time. The application is included as Attachment C.

A healthcare professional authorized to complete the healthcare provider verification section of the application include, doctors of medicine, doctors of osteopathic medicine, doctors of chiropractic, registered nurses, physician assistants, nurse practitioners, certified nurse specialist, certified registered nurse anesthetists, clinical social worker, and physical, speech, occupational, and massage therapists.

You will receive your eligibility determination within 21 calendar days from the date ALL of the following are completed:

- Full application and verification received
- In-person eligibility review
- Any additional requested information is received by staff
- Any applicant who has completed the above steps but has not received an eligibility determination letter, within 21 days, will be entitled to unlimited use of the paratransit service until you are notified your eligibility determination.

The applicant will be notified in writing of the applicant's eligibility. If approved, the passenger will be added to the eligibility list and will be able to start scheduling rides. If denied, the individual has the right to appeal that decision.

Having a disability does not automatically qualify you for ADA Paratransit Service.

Application Denial Appeal Process

If your application for ADA Paratransit Service is denied, you will need to submit your appeal, in writing, within sixty (60) days of the date of the denial notice. Appeals should be sent to:

Transportation Department
Attn: Transit Coordinator
2008 Enterprise Drive
Round Rock, Texas 78664

Upon receipt of your desire to appeal, Round Rock Transit will schedule a meeting with the designated individual(s) to hear your appeal. You will be notified by mail of the date and time of this meeting. You will have the opportunity to submit additional information, written evidence and/or arguments to support your qualifications for ADA Paratransit service. You may bring a representative with you to this meeting.

You will be notified of the designated individual(s) decision, in writing, within 30 days of the meeting. Their decision is final.

Service Type

The City provides an origin to destination paratransit service, including:

- Feeder service to an accessible fixed route, where such service enables the individual to use the fixed route bus system for part of the trip
- Curb-to-curb, shared ride, service

Passengers should wait for the vehicle in a location where the vehicle can be seen, and preferably where the bus operator can see the passenger. Passengers will be dropped off in a safe location, as close as possible to the entrance of your destination.

If a passenger needs assistance beyond the curb, it shall be provided as long as the assistance does not result in the following:

- A direct threat
- The bus operator cannot see the vehicle from the door, typically no further than 75 feet from the vehicle
- The bus operator entering the passengers home or other pick-up and drop-off locations
- The bus operator backing the vehicle
- The vehicle impeding or blocking traffic

If you live in a gated community, it is your responsibility to provide the gate code when making the reservation. If you live in an apartment complex, the pick-up location is in front of the leasing office. If a passenger cannot traverse to the leasing office, the passenger may be picked up in front of their building, upon request.

Service Area and Hours of Operation

The City offers ADA Complementary Paratransit within the required ¾ mile radius of each bus route, including the beginning and ending points. Adjustments to this service area will be made on a case-by-case basis and not extend beyond the city limits or the extraterritorial jurisdiction of the City.

Paratransit Service will be provided the same days and hours as the City's Transit Service, which is Monday – Friday, 6:30 a.m. – 6:30 p.m. The Transit Service does not operate on major holidays.

Reservations

Reservations are taken Monday through Friday during normal business hours, 8:00 a.m. to 5:00 p.m., except on designated holidays or weekends. Reservations can be made up to two weeks in advance. Next-day service is provided for requests made, any time, during the preceding day, prior to 4:00 p.m., Monday through Friday.

On days when the offices are closed and no reservations can otherwise be made and when the following day is a service day, an answering machine or similar recording device is available to patrons for scheduling or canceling reservations. At opening of next business day, all messages will be checked and calls returned to confirm reservations or cancellation.

Return Trips

Passengers will be asked, at time of initial reservation, to schedule a return time, if necessary.

Subscription Trip Policy

Passengers who use the paratransit service to make regular, recurring, trips can request a standing reservation, referred to as a subscription trip, through the dispatch office. The ADA does not allow more than 50% of its service to be subscription in nature. Subscription trips will be limited to no more than 50% of complementary paratransit service capacity. The City will take subscription requests on a first-come-first-serve basis.

If a passenger makes a standing reservation and has three (3) no-shows, per the City's no-show policy, the standing reservation will be cancelled and that passenger will not be eligible to qualify for subscription service for three (3) months. Trips missed by the individual for reasons beyond his or her control, including, but not limited to, trips that are missed due to operator error, will not count as a no-show.

No-show Policy

No-shows, as well as late cancellations, result in wasted trips which could have been used by other passengers. It is the policy of Round Rock Transit to record each customer's no-show(s) and apply appropriate sanctions when customers establish a pattern of excessive no-shows. The policy is necessary in order to recognize the negative impact no-shows have on the services provided to other passengers.

A no-show is defined as:

- any time a bus operator goes to pick a customer up and
 - he or she decides not to use the service
 - is not at the pickup location
 - has not called to cancel their trip at least one (1) hour before the scheduled pick-up time
 - has waited the required 5 minutes and the passenger does not board the vehicle

Passenger no-shows for reasons that are beyond the passengers control will not be counted. Examples of excused no-shows include, but are not limited to:

- illness,
- accidents,
- family emergency,
- passenger's appointment ran longer than expected and customer could not call to cancel, or
- Acts of God (flood, earthquake, etc.).

Passengers should contact reservations as soon as possible to alert them of your emergency so your missed trip is not counted as a no-show.

Round Rock Transit schedules pick-ups and return trips separately. We will assume all scheduled return trips are needed unless notice is given by the passenger.

If a passenger is a no-show for the first trip of the day, Round Rock Transit *will not automatically cancel subsequent trips of the day*. If, however, the passenger does not need the return or other subsequent trip(s), they will need to cancel them as soon as possible out of courtesy for other riders. If subsequent trips are not cancelled the passenger will be charged with a no-show.

If a passenger has been transported to their destination, but who is a no-show when the bus returns, they must call dispatch to request a return trip, however a pick-up window will not be guaranteed.

Suspensions of service will occur when a rider exceeds the maximum number of no-shows allowed per month. **Table 1** and **Table 2** outline the maximum number of no-shows allowed per number of trips scheduled and the associated penalties for violations.

If your service is suspended you will be sent a Notice of Service Suspension, to your home address on file. The Notice will include dates of suspension, a no-show report, appeal process and a copy of this Policy.

Table 1

Trips Scheduled per Month	Maximum # No Shows Allowed per Month
1 to 14	2
15 to 39	4
40 to 59	6
60 +	8

Table 2

No Show Penalties	
First violation	Letter of warning
Second violation	3 day suspension
Third and Fourth violation	15 day suspension

No-Show Service Suspension Appeals Process

If you have been suspended from service and feel the information regarding your no-show(s) is incorrect, you have the right to submit an appeal.

All appeals must be submitted in writing, to the City at:

Transportation Department
 Attn: Transit Coordinator
 2008 Enterprise Drive
 Round Rock, Texas 78644

within 15 days of the date of the Notice of Service Suspension letter. The appeal should provide the reason you feel your service should not be suspended. Appeals will be reviewed by the City and you will be notified of the City’s decision within 10 days of receipt of the appeal.

Pick-up Times and Passenger Readiness

Passengers are given an approximate pick-up time, to allow for the best use of resources. Bus operators strive to maintain prompt schedules to ensure all passenger reservations are honored. Passengers are asked to allow a 30-minute window of time for arrival. The 30-minute window means the passenger needs to be ready to board the vehicle 15 minutes before and 15 minutes after the scheduled time.

Upon vehicle arrival, within the 30-minute window, passengers have five (5) minutes to board the bus. Dispatch may contact the passenger if the vehicle is going to be earlier or later than the 30-minute

window, as there may be times when outside factors affect the vehicle's arrival time, such as traffic and road conditions.

Traveling Companions of ADA Eligible Persons

Personal care attendants are eligible to accompany the ADA eligible person at no charge. Passengers are required to reserve a space, at the time of reservation, for a personal care attendant. In addition, the need of a personal care attendant needs to be disclosed during the application process. If the use of a personal care attendant is not disclosed, then any individual accompanying the ADA eligible person shall be regarded as a companion.

Companions, who are not acting in the capacity of a personal care attendant, with the same origin and destination, are allowed to travel with the ADA eligible person on a space available basis. Companions are required to pay the applicable paratransit fare.

Trip Purpose

The City will accept and handle all trip requests on an equal basis. The City will not prioritize or restrict trip purposes for paratransit riders.

Service Animals, Mobility Devices, and Other Necessary Equipment

The City shall not prohibit any mobility device, provided it does not exceed the capacity of the vehicle or its equipment (lifts/ramps).

The City shall not prohibit a passenger from boarding who has a respirator, portable oxygen and/or other life support equipment, as long as the items do not violate the law or rules relating to the transportation of hazardous materials. All equipment must be small enough to fit in the vehicle safely without obstructing the aisle or blocking emergency exits.

All passengers are allowed to travel with service animals trained to assist them.

Lift and Securement Use Policy

In accordance with ADA regulations, Round Rock Transit will provide service to all individuals using mobility devices that fit within the capacity of the lift being operated. Passengers are advised that bus operators are not permitted to operate a mobility device onto the lift. The passenger is responsible for getting onto the lift with minimal bus operator assistance for these devices.

Use of the securement system is required as a condition of service. All wheelchairs and mobility devices must be safely secured before transport. When transporting passengers using mobility devices, Round Rock Transit can suggest but not require passengers transfer to a seat. The passenger, in this case, has the final decision as to whether a transfer is appropriate given the passengers' particular disability.

As the regulations require, a passenger who cannot enter the vehicle using the stairs or ramp, but who does not use a wheelchair, will be allowed to enter the vehicle using the lift. Round Rock Transit does not provide wheelchairs or other mobility devices.

Capacity Constraints

Service will not be limited because of capacity constraints. No waiting lists will be maintained and the number of trips provided to an individual will not be restricted. Reservation times may be negotiated within one hour before and after the requested pickup time.

Fare Structure

The regular fares for fixed routes is shown in **Table 3**. The paratransit fares will be no more than twice the regular fare, per federal regulations, and will be adjusted in conjunction with changes in fixed route fares. The City shall not impose any special charges for providing services to persons with a disability.

Table 3

Fare Type	Regular Fare	ADA Paratransit Fare
Single Ride	\$1.25	\$2.00
Day Pass	\$2.50	\$5.00

Rider Behavior

Passengers are expected to conduct themselves in a respectable manner. Unruly, violent or illegal conduct will not be tolerated and will be dealt with promptly, including but not limited to expulsion from the vehicle and/or notifying law enforcement.

Packages

Passengers are expected to only bring what they can safely carry on their own or with the assistance from a personal care attendant or companion, in one trip. Packages cannot block the aisle or pose a safety hazard.

Visitors

Individuals who are visiting the Round Rock area are eligible to use Round Rock Transit's ADA Paratransit service if they provide proof of disability from the area in which they reside. This service is available for a total of 21 days per calendar year. If the individual exceeds 21 days, then that person will be required to submit the Round Rock Transit's ADA Application.

Public Participation Process

The City will solicit the public's input prior to implementation of this ADA Complementary Paratransit Service Plan. The City will conduct public meetings, accept emails and phone calls. Notices of the available methods to provide input will be posted on the City's website, social media sites and the local newspaper. All comments and input will be taken under consideration. The final plan will be presented to City Council for approval.

Accessible Formats

The information in this policy and all other materials related to Round Rock Transit's programs will be made available in an accessible format upon request.

Attachment A - Complaint Forms



**City of Round Rock
Civil Rights Complaint Form**

Section 1 – Basic Information

Last Name _____ First Name _____ MI _____

Street Address _____ Apt # _____ Gate Code _____

City/State/Zip _____

Date of Birth _____ Email _____

Primary Phone Number _____ Home Cell Work

Secondary Phone Number _____ Home Cell Work

Section 2 – Complaint Information

1. Please select at least one of the following as the basis of your complaint:

Race _____ Age _____ National Origin _____

Color _____ Gender _____ Disability _____

2. What was the date and place of the alleged discriminatory action(s)? Please include, at a minimum, the earliest and most recent date.

3. Please describe how you were discriminated against, explaining as clearly as possible why you believe your Title VI rights were violated. Attach additional pages, if necessary.

4. Please provide the name(s) of individual(s) responsible for the alleged action described above.

5. Please provide the name(s) of person(s) whom we may contact for additional information to support or clarify your complaint.

Name	Address	Telephone #

6. Briefly explain what action or remedy you are seeking for the alleged discriminatory action.

7. Attach any relevant documentation you believe will assist with an investigation.

Section 3 – Filing Information

1. Have you filed this complaint with any of the following agencies?

U.S. Department of Transportation Yes No

U.S. Department of Justice Yes No

Federal Transit Administration Yes No

Federal Highway Administration Yes No

Texas Department of Transportation Yes No

Equal Employment Opportunity Commission Yes No

Other _____ Yes No

If yes, please provide a copy of the complaint form you filed with any of the above agencies.

- 2. Is this complaint against the City of Round Rock? Yes No

 - 3. Have you been in contact with a City employee regarding this complaint? Yes No If yes, what is the name and telephone number of the employee?
-

- 4. Have you filed a lawsuit regarding this complaint? Yes No

Section 4 - Certification

I certify all the information contained in this complaint is true and correct to the best of my knowledge.

Signature

Date

Authorized Representative Information

Name _____

Phone Number _____

Relationship to the Applicant _____

Signature

Date

Please mail your completed form to:

Transportation Department
Attn: Title VI Complaints
2008 Enterprise Dr.
Round Rock, Texas 78664

{NOTE: The City cannot accept this complaint form without a signature.}



City of Round Rock
Formulario de Queja de Derechos Civiles

Seccion 1 – Información basica

Apellido _____ Primer Nombre _____ Segundo Nombre _____

Dirección _____ Apt # _____ Código del portón _____

Cuidad/Estado/Zona postal _____

Fecha de nacimiento _____ Correo electrónico _____

Número de teléfono primario _____ [] Casa [] Móvil [] Trabajo

Número de teléfono secundario _____ [] Casa [] Móvil [] Trabajo

Seccion 2 – Informacion de Quejas

1. Por favor seleccione al menos uno de los siguientes como base de su queja:

[] Raza _____ [] Edad _____ [] Origen Nacional _____

[] Color _____ [] Genero _____ [] Discapacidad _____

2. ¿Cuál fue la fecha y el lugar de la supuesta (s) acción (es) discriminatoria (s)? Por favor incluya, como mínimo, la fecha más temprana y más reciente.

3. Describa cómo fue discriminado, explicando con la mayor claridad posible por qué cree que sus derechos de Título VI fueron violados. Adjunte páginas adicionales, si es necesario.

4. Por favor indicar el (los) nombre (s) de los individuos responsables de la supuesta acción descrita anteriormente.

5. Por favor proporcionar el nombre de la (s) persona (s) a quienes podemos contactar para obtener información adicional para apoyar o aclarar su queja.

Nombre	Dirección	Telefono#

6. Explique brevemente qué acción o recurso usted está buscando para la supuesta acción discriminatoria.

7. Adjunte cualquier documentación pertinente que crea que le ayudará en una investigación.

Sección 3 – Información de archivo

1. ¿Ha presentado esta queja ante alguna de las siguientes agencias?

U.S. Department of Transportation Sí No

U.S. Department of Justice Sí No

Federal Transit Administration Sí No

Federal Highway Administration Sí No

Texas Department of Transportation Sí No

Equal Employment Opportunity Commission Sí No

Otro _____ Sí No

En caso afirmativo, proporcione una copia del formulario de quejas que presentó ante cualquiera de las agencias mencionadas.

- 2. ¿Es esta queja contra la Ciudad de Round Rock? Sí No

 - 3. Ha estado en contacto con un empleado de la Ciudad con respecto a esta queja? Sí No
En caso afirmativo, ¿cuál es el nombre y número de teléfono del empleado?
-

- 4. ¿Ha presentado una demanda relacionada con esta queja? Sí No

Seccion 4 - Certificación

Certifico que toda la información contenida en esta queja es verdadera y correcta según entiendo.

Firma

Fecha

Información del Representante Autorizado

Nombre _____

Teléfono _____

Relación con el solicitante _____

Firma

Fecha

Envíe por correo su formulario completado a:

Transportation Department
Attn: Title VI Complaints
2008 Enterprise Dr.
Round Rock, Texas 78664

{NOTA: La Ciudad no puede aceptar este formulario de queja sin una firma.}

External Discrimination Complaint Form

Mail the signed form to Texas Department of Transportation, Office of Civil Rights,
 125 East 11th Street, Austin, Texas 78701 or fax to 512/416-4751.

Last Name		First Name		
Mailing Address		City	State	Zip
Telephone	Alternate Telephone	E-mail Address		
Please indicate the basis of your complaint: <input type="checkbox"/> Race _____ <input type="checkbox"/> Age _____ <input type="checkbox"/> National Origin _____ <input type="checkbox"/> Color _____ <input type="checkbox"/> Gender _____ <input type="checkbox"/> Disability _____				
Date and place of alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.				
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary).				
The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.				
Names of individuals responsible for the discriminatory action(s):				

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages, if necessary).

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- U.S. Department of Transportation _____
- Federal Highway Administration _____
- Federal Transit Administration _____
- Office of Federal Contract Compliance Programs _____
- U.S. Equal Employment Opportunity Commission _____
- U.S. Department of Justice _____
- Other _____

Have you discussed the complaint with any TxDOT representative? If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

We cannot accept an unsigned complaint. Please sign and date the complaint form below.

Complainant's Signature

Date

FOR OFFICE USE ONLY

Date Complaint Received: _____

Case #: _____

Processed by: _____

Date Referred: _____

Referred to: USDOT FHWA FTA OFCCP Other _____

Forma Externa de Queja Discriminación

Enviar forma firmada al Departamento de Transporte del Estado de Texas - Oficina de Derechos Civiles,
125 East 11th Street, Austin, Texas 78701 o por fax al 512/416-4751.

Apellido		Nombre		
Dirección		Ciudad	Estado	Código Postal
Teléfono	Teléfono Alternativo	Correo Electrónico		
Indica por favor la(s) base(s) de su queja.				
<input type="checkbox"/> Raza _____		<input type="checkbox"/> Edad _____		<input type="checkbox"/> Origen Nacional _____
<input type="checkbox"/> Color _____		<input type="checkbox"/> Sexo _____		<input type="checkbox"/> Discapacidad _____
Fecha y lugar de la(s) presunta(s) acción(es) discriminatoria(s). Favor de incluir la primera fecha de la presunta discriminación y la fecha más reciente de la presunta discriminación.				
¿Cómo se discriminó contra usted? Describa la naturaleza de la acción, decisión o las circunstancias de la presunta discriminación. Explique, de la manera mas clara posible, que sucedió y porqué cree usted que su estatus protegido fue un factor en la discriminación. Incluya como otras personas fueron tratadas de distinta manera que usted. (Adjunte hojas adicionales de ser necesario).				
La ley prohíbe intimidación o represalias contra cualquier persona ya sea por tomar acción o por participar en la toma de acción para asegurar los derechos protegidos por estas leyes. Si usted siente que se han tomado represalias en su contra, aparte de la presunta discriminación mencionada anteriormente, favor de explicar las circunstancias a continuación. Explique la acción que usted tomó que cree sea la causa de la presunta represalia.				
Nombre de los individuos responsables de la(s) acción(es) discriminatoria(s):				

Nombre de personas (testigos, compañeros de trabajo, supervisores u otros) a quienes podemos contactar para obtener información adicional para respaldar o aclarar su queja: (Adjunte hojas adicionales de ser necesario).

	<u>Nombre</u>	<u>Dirección</u>	<u>Teléfono</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

¿Alguna vez ha presentado, o tiene la intención de presentar, una queja con respecto a esta situación con cualquiera de las organizaciones que se mencionan a continuación? De ser así, favor de proporcionar las fechas en que se presentaron. Marque todas las que apliquen.

- Departamento de Transporte de los EE.UU. _____
- Administración Federal de Carreteras de los EE.UU. _____
- Administración de Transporte Federal de los EE.UU. _____
- Oficina de Programas de Cumplimiento de Contratos Federales de los EE.UU. _____
- Comisión para la Igualdad de Oportunidades en el Empleo de los EE.UU. _____
- Tribunal Federal o Estatal de los EE.UU. _____
- Otros _____

¿Ha hablado sobre la queja con algún representante de TxDOT? De ser así, favor de proporcionar el nombre y puesto de la persona y la fecha en la que tuvo la conversación.

Explique brevemente que remedio, o acción está usted buscando por la presunta discriminación.

Favor de proporcionar cualquier información adicional y/o fotografías, si son pertinentes, que usted crea ayudaran el la investigación.

No podemos aceptar una queja sin firma. Favor de incluir su firma y la fecha a continuación:

Firma del Demandante

Fecha

UNICAMENTE PARA USO OFICIAL

Fecha de Recibo de Queja: _____

No. de Caso: _____

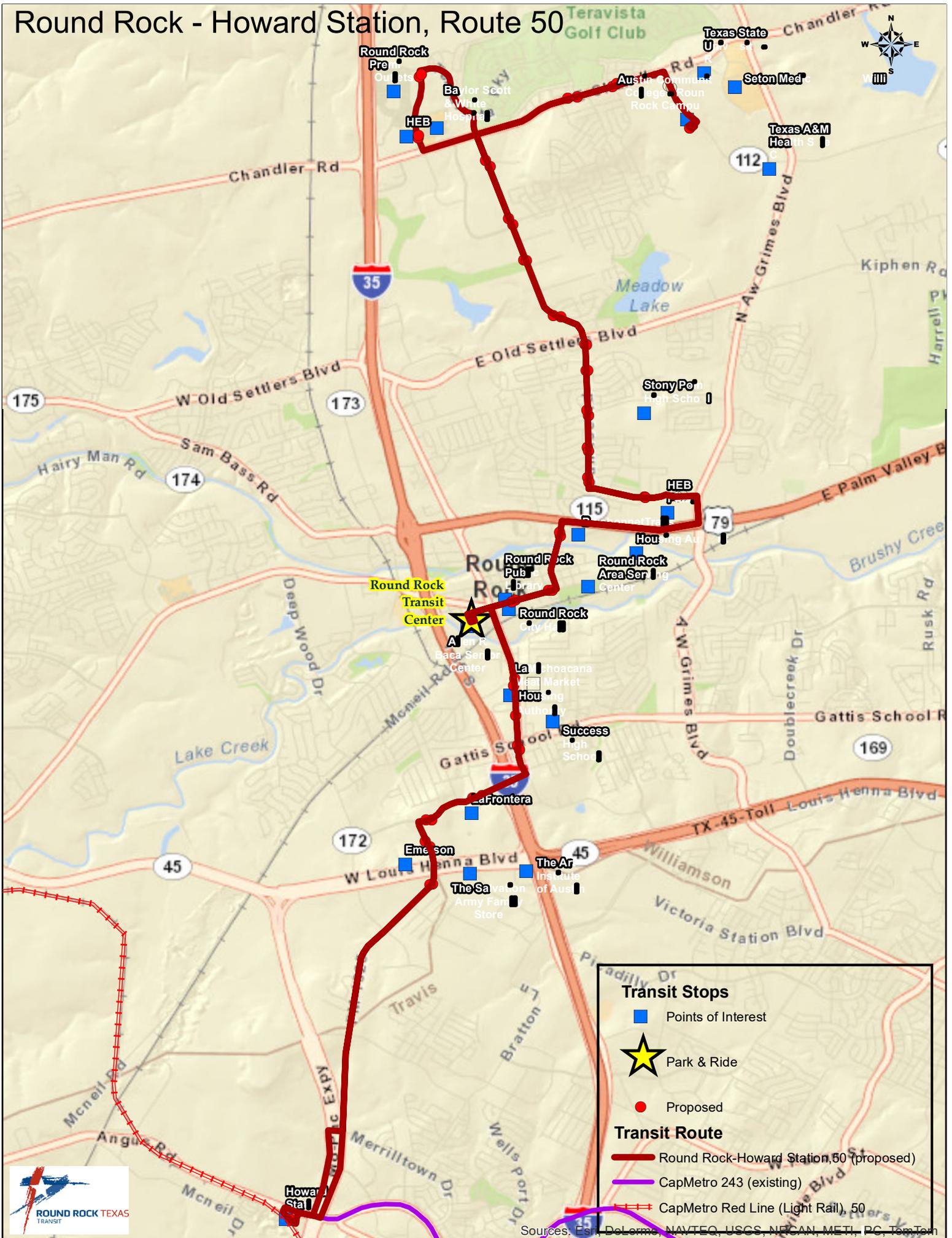
Procesado por: _____

Fecha Remitida: _____

Remitida a: USDOT FHWA FTA OFCCP Other _____

Attachment B - Fixed Route Maps

Round Rock - Howard Station, Route 50



Transit Stops

- Points of Interest
- ★ Park & Ride
- Proposed

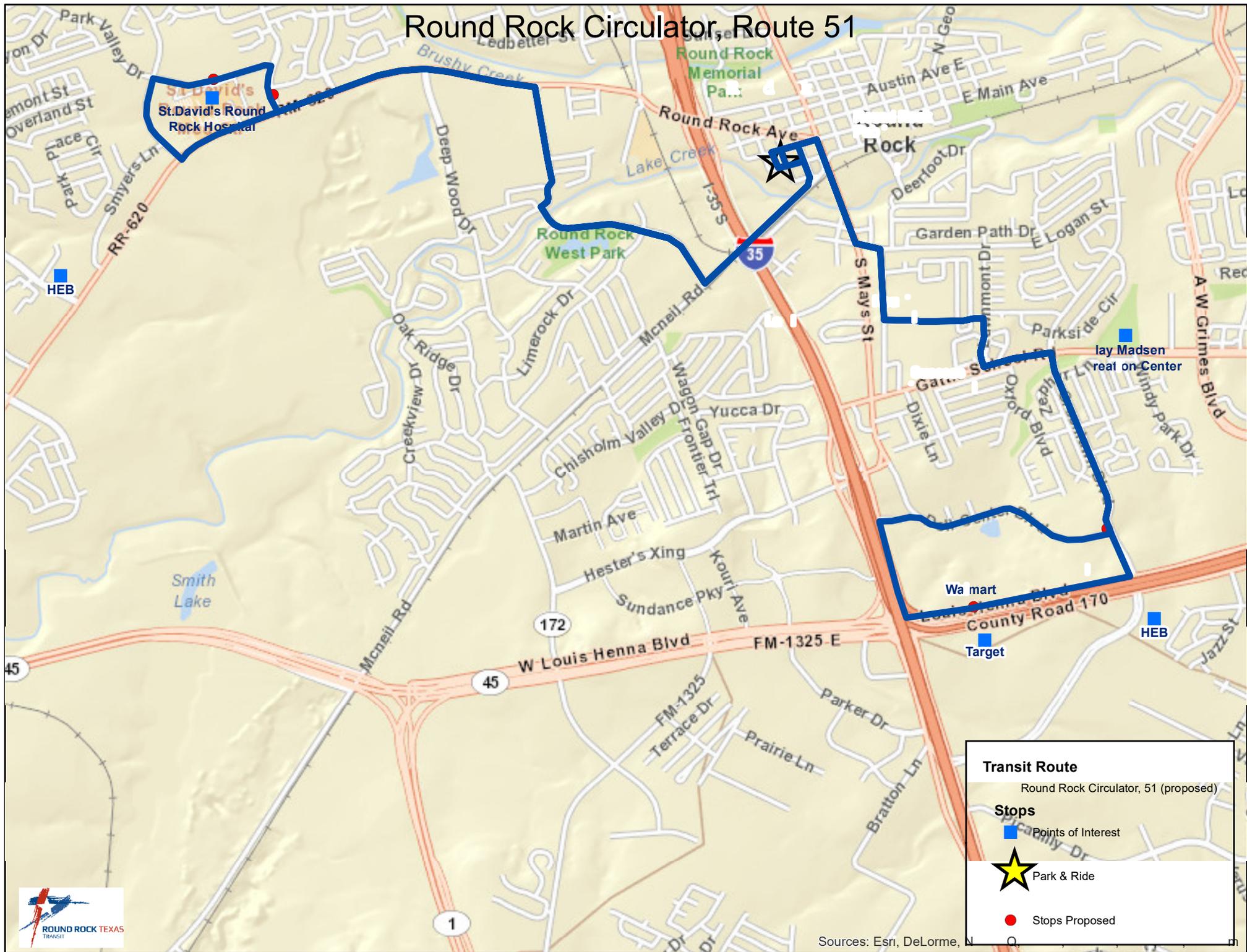
Transit Route

- Round Rock-Howard Station, 50 (proposed)
- CapMetro 243 (existing)
- CapMetro Red Line (Light Rail), 50



Sources: Esri, DeLorme, NAVTEQ, USGS, NRCAN, METI, PC, TomTom

Round Rock Circulator, Route 51



Transit Route
Round Rock Circulator, 51 (proposed)

Stops
■ Points of Interest
★ Park & Ride
● Stops Proposed



Sources: Esri, DeLorme,

Attachment C - ADA Paratransit Service Application



ADA Paratransit Eligibility Application

Round Rock Paratransit Service is for individuals with a disability which prevents them from independently traveling on the fixed route service either all of the time or some of the time. 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.

If you need any type of alternative format of this application or have any questions please contact (512) 218-7074.

To apply for this service, you and your healthcare professional must complete this application. Other supportive documentation may be included with your application. The information you provide may be shared with other transit providers to facilitate your travel in other areas.

Please read and follow these instructions.

- 1 • You complete **Part A: Applicant Information & Release**
• Your healthcare professional completes **Part B: Healthcare Provider Verification**. The applicant MAY NOT complete this section. A healthcare professional authorized to complete **Part B: Healthcare Provider Verification** include, doctors of medicine, doctors of osteopathic medicine, doctors of chiropractic, registered nurses, physician assistants, nurse practitioners, certified nurse specialist, certified registered nurse anesthetists, clinical social worker, and physical, speech, occupational, and massage therapists.

-
- 2 • Once ALL paperwork is complete, you may either:
 - Mail to or deliver in person to: City of Round Rock, ATTN: Transit Coordinator, 2008 Enterprise Drive, Round Rock, Texas 78664
 - Fax to: (512) 218-5536
 - Email to: cleee@roundrocktexas.gov
• **ORIGINALS ARE REQUIRED TO BE SUBMITTED** – if your original completed application is not mailed, then you **MUST** bring the originals with you to the in-person interview

-
- 3 • All information received in this application will be kept **CONFIDENTIAL**

-
- 4 • You will receive your eligibility determination within 21 calendar days from the date ALL of the following are completed:
 - Original full application and verification received
 - In-person interview
 - Any additional requested information is received by staff
 - Any applicant who has completed the above steps but has not received an eligibility determination letter, within 21 days, will be entitled to unlimited use of the paratransit service until you are notified your eligibility determination.



ADA Paratransit Eligibility Application

PART A: APPLICANT INFORMATION & RELEASE (please print)

Step 1: General Information

Last Name _____ First Name _____ MI _____

Street Address _____ Apt # _____ Gate Code _____

City/State/Zip _____

Gender Male Female Date of Birth _____

Email _____

Primary Phone Number _____ Home Cell Work

Secondary Phone Number _____ Home Cell Work

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone _____ Home Cell Work

Step 2: Disability Information

1. What disability have you been diagnosed with? _____

2. Does your disability prevent you from using the fixed route bus service? Yes No If yes, please explain:

3. Is your disability considered permanent? Yes No If no, how long do you expect to have this disability:

4. Does your disability change from day-to-day or seasonally? Yes No If yes, please explain:



ADA Paratransit Eligibility Application

Step 3: Mobility Information

1. What is the closest bus stop to your home? _____

2. Do you used the fixed route bus service now? Yes No Sometimes If no or sometimes, please explain:

3. Are you able to travel to the bus stop by yourself? Yes No Sometimes If no or sometimes, please explain:

4. Are you able to board the bus by yourself, with or without the use of the accessible ramp?
Yes No Sometimes If no or sometimes, please explain:

5. Do you need someone to accompany you when you travel outside the home, i.e. personal care attendant, someone designated or employed to specifically help with personal needs? Yes No If yes, please explain:

6. Does weather affect your ability to use the fixed route bus service? Yes No If yes, please explain:

7. Do you use any of the following mobility aids or specialized equipment? Yes No If yes, please select all that apply:

- Wheelchair, Type_____ Walker, Type_____
- Scooter Crutch(es) Brace(s) Support Cane
- White Cane Service Animal Oxygen Prosthesis
- Communication Board Other_____



ADA Paratransit Eligibility Application

8. Have you ever received any travel training? Yes No If yes, who provided the training:

Step 4: Applicant Certification

I certify all information contained in **PART A** of this application was completed by me or my authorized representative and is true and correct. I agree to notify the City of Round Rock of any changes in my status, which may affect my eligibility to use the service. I understand I will be required to attend an in-person eligibility review.

I have read and fully understand the conditions for service outlined in the ADA Complementary Paratransit Plan and agree to abide by them. I also understand failure to adhere to the policies and procedures will be grounds for revoking my application and the right to participate in the program.

I agree that, if I am certified for Round Rock Paratransit Service, I will pay the exact fare, if required, for each trip.

I understand and agree to hold the City of Round Rock harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to equip or maintain the safety of the adaptive equipment or service animal I require for mobility.

I hereby authorize the release of verification information and any additional information to the City of Round Rock for the purpose of evaluating my eligibility to participate in the Program.

Signature

Date

Authorized Representative Information

Name _____

Phone Number _____

Relationship to the Applicant _____

Signature

Date



This concludes the Applicant's portion of the application.

The following pages MUST be completed by a Qualified Healthcare Professional.

DO NOT SEPARATE - All parts of this application must be kept together and submitted together.



ADA Paratransit Eligibility Application

PART B: HEALTHCARE PROVIDER VERIFICATION (please print)

Step 1: Purpose of this Verification

Dear Provider:

Your patient/client has requested eligibility for Round Rock Paratransit Service. To qualify for Round Rock Paratransit Service, the applicant's disability must prevent them from travelling independently on Round Rock Transit's fixed route service, either all of the time or some of the time. Disability alone and distance to and from a bus stop do not, by themselves, qualify a person for paratransit service. For the benefit of the applicant, please answer all applicable questions as fully and accurately as possible. All information will be kept strictly confidential, according to law.

If you have any questions about the verification please contact the Transit Coordinator at (512) 218-7074.

Step 2: Applicant Information

Applicant Name _____ Date Last Seen _____

1. Please describe the medical diagnosis, physical or cognitive disability _____

2. Please describe how the disability impacts the applicants use of fixed route service _____

3. Is the disability permanent? Yes No If no, what is the expected duration? _____

4. Is a personal care attendant required? Yes No

5. Does weather affect the applicant's ability to travel? Yes No If yes, please explain:



ADA Paratransit Eligibility Application

6. Does the applicant have the ability to:

Give addresses and phone numbers? Yes No

Recognize a destination or landmark? Yes No

Deal with an unexpected change in routine? Yes No

Ask for, understand and follow directions? Yes No

Step 3: Certification

Last Name _____ First Name _____ MI _____

Phone Number _____ Fax Number _____

Title _____ License/Certification ID # _____

Agency Affiliation _____

Street Address _____

City/State/Zip _____

I certify the information contained in **Part B** is true and correct to the best of my knowledge. I hereby verify the diagnosis of disability listed has been reviewed by me, is accurate and true, and represents the current condition of the applicant named in this application.

Signature

Date