



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.
 - *It is very important, for you and your healthcare provider, to thoroughly answer each question on the application.*

- 2
 - Once ALL paperwork is complete, you may either:
 - Mail to or deliver in person to: City of Round Rock, ATTN: Transit Coordinator, 300 W. Bagdad, Round Rock, Texas 78664
 - Email to: ejohnson@roundrocktexas.gov

- 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.



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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:



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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_____



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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.



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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:



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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