



ADA Paratransit Application

Round Rock Rides is the City's on-demand ride-sharing program with over 700+ virtual stops, which offers an affordable public transit option within the City, where traditional bus routes are not feasible. Currently powered by Austin-based "zTrip" this service allows passengers to book, pay, and track their ride using a mobile app that picks you up and drops you off near your choice of location, adjusting routes dynamically based on demand.

What is ADA Paratransit Service?

The Americans with Disabilities Act (ADA) requires transit agencies to provide Paratransit service within 3/4 mile of a fixed route. Eligibility is determined through a application, professional/medical verification and a in-person assessment. Eligibility for ADA Paratransit is determined by a functional assessment of a persons ability to use the fixed route or on-demand bus system, not solely by a medical diagnosis. There are three categories of eligibility for the service.

The first category grants unconditional eligibility to individuals who cannot board, ride, or exit a fixed route bus, these individuals qualify for all trips. The second category grants conditional eligibility to those whose disability prevents independent travel to or from a fixed route bus stop, usually due to environmental barriers. The third category applies to specific trips where the fixed-route system is inaccessible to the individual.

ADA eligibility does not include inability to drive, general discomfort, fear of using public transit, or advanced age.

Completing the Application

This form provides an opportunity to describe the limitations you may have which prevent you from using the fixed-route service. It is the responsibility of the individual to complete the form and obtain certification from a healthcare professional. If you need an alternate format for this application or have questions, contact 512.218.7074.

Complete in the following Sections

Section 1— Applicant Information *You Complete & Sign*

Section 2—Health Care Professional Verification *Healthcare Profession Completes & Signs*

Send Completed ADA Eligibility Form by USPS or Email To:

City of Round Rock

ATTN: Transit Coordinator

3400 Sunrise

Round Rock, Texas 78665

Email: pilling@roundrocktexas.gov

Assessment Interview

In-person or phone interview will be scheduled to determine eligibility.

How to Ride Guide

Eligibility determination will be made within 21 days from the date all information has been submitted. A Riders Guide will be provided with information on how to set up account, make reservations, fares and other important information.

Additional information

For additional information visit City's Transit website at:

roundrocktexas.gov/city-departments/transportation/public-transportation/

Section 1—Applicant Completes

Basic Information

Please Print

Applicant's Name _____ Date of Birth _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Person to Contact in Case of Emergency

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Do you require a Personal Care Attendant (PCA) to help you travel? Yes ___ No ___

To be completed if another person helped in the completion of this form

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Certification: I certify that the information provide in this form is true and correct.

Signature: _____ Date _____

Disability Information

What disability have you been diagnosed with? _____

Is your disability Permanent ___ Temporary ___ If Temporary, expected to last until _____

Assistive Devices Used (Check All that Apply)

Cane ___ Manual Wheelchair ___ Electric Wheelchair ___ Scooter ___ Walker ___

Rollator Walker ___ Other _____

If using a wheelchair, does your residence have a wheelchair ramp? Yes ___ No ___

If using a service animal, what service does the animal provide? _____

Section 1—Applicant Completes Continued

Your Functional Ability (Circle One Answer)				
Are you able to walk up and down steps if hand-rails are present?	Always	Sometimes	Never	Don't Know
Are you able to use a telephone to get information?	Always	Sometimes	Never	Don't Know
Are you able to cross at traffic light controlled intersections?	Always	Sometimes	Never	Don't Know
Are you able to recognize your destination or landmark?	Always	Sometimes	Never	Don't Know
Are you able to cross the street if there are curb cuts?	Always	Sometimes	Never	Don't Know
Are you able to travel 3 city blocks in favorable weather?	Always	Sometimes	Never	Don't Know
Are you able to deal with unexpected situations or unexpected changes in routine?	Always	Sometimes	Never	Don't Know
Are you able to travel up or down a gradual hill on a sidewalk?	Always	Sometimes	Never	Don't Know
Are you able to find your own way to the bus stop?	Always	Sometimes	Never	Don't Know
Are you able to travel by yourself?	Always	Sometimes	Never	Don't Know

Your Current Travel

List your 3 or 4 most frequent destinations in the City of Round Rock and how you get there now.

Round Rock	Mode of Travel	Frequency

Weather-Related Considerations

Does the weather affect your ability to travel?	Yes	No
If you answered yes , please explain how:		



Section 2—Health Care Professional Verification

To be Completed by a Medical Professional Only

Qualified Healthcare Professional:

In order to determine whether the undersigned applicant is eligible for the City of Round Rock ADA curb-to-curb paratransit service, we are requesting your assistance. Please fill out the information below to describe in layman terms the applicant’s disability and how it prevents them from independently using the fixed-route bus system.

Detailed information about the applicant’s physical limitation, cognitive limitation and functional limitations and how they inhibit that persons ability to navigate to the fixed-route bus system.

All information provided will be kept confidential and only used for eligibility determination by the City.

Name of Patient/Applicant _____

What is the medical diagnosis that causes the disability? _____

Is this condition Temporary _____ Permanent _____

If temporary, what is the expected duration? _____

Certification

Person completing the verification: _____

Professional Title _____ State of Texas Certification ID # _____

Agency Affiliation _____

Business Address _____

City _____ State _____ Zip _____

Phone _____

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

