



## 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](mailto: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/](http://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**

<b>Your Functional Ability (Circle One Answer)</b>				
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 <b>yes</b> , 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

