NORTH CENTRAL REGIONAL TRANSIT DISTRICT
ADA PARATRANSPORT APPLICATION

In compliance with the Americans with Disabilities Act (ADA) of 1990, NCRTD provides ADA Complementary Paratransit Service to individuals with a disability who are traveling in an area served by NCRTD, but who cannot use the regular fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use the regular fixed-route bus service and when ADA Complementary Paratransit Service is required.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The applicant (or someone assisting the applicant) must complete PARTS 1-7. A licensed professional must complete and sign PART 8 - PROFESSIONAL VERIFICATION, pages 8-9.

All applicants, whether new or being re-certified, must complete a new application. The ADA Complementary Paratransit certification process may involve a personal Functional Assessment to determine if the applicant can use the regular fixed-route bus service. [NCRTD] will pay for the functional assessment as well as provide transportation to and from the evaluation, if necessary. All questions must be answered. Incomplete applications will be returned. If you have any questions or need assistance in completing this application, please call [NCRTD] at [TELEPHONE #].

NOTE: PROCESSING OF THIS APPLICATION MAY TAKE UP TO 21 DAYS

WHEN COMPLETED, PLEASE RETURN THIS APPLICATION TO:

NCRTD
1122 INDUSTRIAL PARK ROAD
ESPANOLA, NM 87532

<table>
<thead>
<tr>
<th>DO NOT WRITE IN THIS SPACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Application:</td>
</tr>
<tr>
<td>Date Received:</td>
</tr>
<tr>
<td>Reviewed By:</td>
</tr>
<tr>
<td>Bill Code:</td>
</tr>
<tr>
<td>PCA Needed:</td>
</tr>
</tbody>
</table>
PART 1 - GENERAL INFORMATION

PLEASE PRINT
Last Name: ___________________________ First Name: ___________________________
Street Address: ___________________________ Apt # ___________________________
Building Complex or Name: ___________________________
City: ___________________________ State: ___________________________ Zip Code: ___________________________
Mailing Address if different: ___________________________
Telephone Number: ___________________________ Date of Birth: ___________________________
Social Security Number: ___________________________
If someone is assisting you in completing this application, please identify him/her:
Name: ___________________________ Phone Number: ___________________________
Please give us the name and telephone number of someone we can contact in an emergency:
Name: ___________________________ Phone Number: ___________________________
Relationship: ___________________________

PART 2 - ABILITY TO USE NCRTD FIXED-ROUTE BUSES

Please indicate below the reasons you are applying for ADA Paratransit Eligibility:
(Check all that apply)

_____ I can use NCRTD fixed-route buses to go some places, but in other places I cannot get to and from the bus stops.
_____ I can use NCRTD fixed-route buses, but only if they are equipped with wheelchair lifts or ramps.
_____ Because of my disability, I can never use NCRTD fixed-route buses.
_____ Other reasons (please explain): ___________________________

__________________________________________________________

__________________________________________________________
PART 3 – INFORMATION ABOUT THE APPLICANT’S DISABILITY

1. What types of disabilities prevent you from using NCRTD fixed-route buses? (Check all that apply)

_____ Physical disability  _____ Visual impairment
_____ Developmental disability  _____ Mental disability
_____ Cognitive disability  _____ Other

If Other, please explain in detail: ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. Is the disability described above temporary or permanent?

_____ Temporary, I expect it to last for another _____ months.
_____ Permanent
_____ I don’t know

3. Please indicate below if you use any of the following mobility aids or equipment.

_____ Manual wheelchair  _____ Powered wheelchair
_____ Powered scooter  _____ Long white cane
_____ Leg braces  _____ Walker
_____ Cane  _____ Crutches
_____ Service animal (describe) ___________________________________________________________
_____ Other (describe) _________________________________________________________________
_____ I do not use any of the above aids or equipment

NOTE: We may not be able to accommodate you if your wheelchair or scooter is longer than 48 inches, wider than 32 inches, or if the total weight (including the wheelchair) is more than 600 pounds.

4. Do you require the assistance of a Personal Care Attendant (someone who must assist you with daily life functions)?

_____ Yes, I need assistance when I travel
_____ No, I do not require assistance when I travel
PART 4 – QUESTIONS ABOUT USING [NCRTD] FIXED-ROUTE BUSES

1. Have you ever used NCRTD fixed-route buses?
   _____ Yes, I typically use NCRTD fixed-route buses ______ times a week
   _____ Yes, I used NCRTD fixed-route buses but stopped because ____________
   _____ No, I never use NCRTD fixed-route buses because ______________

2. What might help you ride NCRTD fixed-route buses? (Check all that apply)
   _____ Route and schedule information
   _____ Being able to get NCRTD fixed-route buses with wheelchair lifts or ramps
   _____ A communication aid (i.e., TTY, schedules in accessible formats)
   _____ Learning to use NCRTD fixed-route buses with travel training
   _____ If bus stops were closer to where I live and where I need to go
   _____ Other (please describe) ____________________________________________
   _____ None of these would help

3. Can you ask for and follow written or oral instructions to use NCRTD fixed-route buses?
   _____ Yes  _____ No  _____ Sometimes

If you selected NO or SOMETIMES, please check all that apply:
   _____ I get confused and might get lost
   _____ Other people cannot understand me
   _____ I probably could with instructions
   _____ Other (please describe) ____________________________________________
4. Are you able to get to and from bus stops on your own?

____ Yes  ____ No  ____ Sometimes

If you selected NO or SOMETIMES, please check all that apply:

____ I cannot get places if there are no curb cuts
____ I cannot if the streets or sidewalks are too steep
____ I cannot cross busy streets and intersections
____ I cannot travel outside when it is too hot
____ I cannot find my way at night because of my limited vision
____ I probably could with travel training
____ I feel unsafe traveling alone
____ Other (please describe)

5. Using a mobility aid or on your own, how far can you walk or operate your wheelchair or scooter?

____ I cannot walk outside my house or apartment
____ I can get to the curb in front of my house or apartment
____ I can walk or use my wheelchair up to 3 blocks
____ I can walk or use my wheelchair up to 6 blocks
____ I can walk or use my wheelchair up to 9 blocks

6. Can you wait up to 30 minutes for a NCRTD fixed-route bus at a bus stop?

____ Yes
____ Yes, if the bus stop has a bus bench or shelter
____ No (please explain)

7. Are there any other conditions that limit your ability to use NCRTD fixed-route buses?

____ Yes (please describe)

____ No
PART 5 – CURRENT TRAVEL INFORMATION

Please list the trips you will make most frequently using ADA Complementary Paratransit Service.

EXAMPLE

<table>
<thead>
<tr>
<th>FROM:</th>
<th>TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 Palm Dr.</td>
<td>Publix, 150 Main St.</td>
</tr>
</tbody>
</table>

(1) ____________________________ (2) ____________________________ (3) ____________________________

PART 6 – INFORMATION ABOUT TRAVEL TRAINING

NOTE: Travel Training is personalized (individual or group) instruction that teaches the skills necessary to use NCRTD fixed-route bus service.

1. Have you ever had any personal instruction on how to use NCRTD fixed-route bus service?
   ___ No, I have never received any Travel Training
   ___ Yes, I have received personal Travel Training instruction through an NCRTD employee:
   Name of NCRTD employee: ________________________________

   If you selected YES, please indicate below the skills you learned:
   ___ To travel to and from bus stops
   ___ To cross streets
   ___ To read bus schedules and plan trips
   ___ To ride the following routes:
   Route # ________ Route # ________ Route # ________ Route # ________
   ___ Other (please explain)______________________________

2. Did you complete the above training?
   ___ Yes
   ___ No
3. If NCRTD offers free Travel Training to anyone interested in learning how to ride the fixed-route bus service, would you be interested in getting information about this training?
   Yes
   No

PART 7 - APPLICANT'S CERTIFICATION

I understand the purpose of this application is to determine if there are times when I cannot use [NCRTD] fixed-route bus service and must therefore use the ADA Complementary Paratransit Service. I understand the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this application is true and correct. I authorize the licensed professional who provided professional verification to release information relating to my disability to NCRTD in order to assess eligibility determinations.

Applicant’s Signature: ___________________________ Date: __________________

THIS CONCLUDES THE PORTION OF THE APPLICATION TO BE COMPLETED BY APPLICANT.

THE LAST SECTION (PAGES 8-9) OF THIS APPLICATION MUST BE COMPLETED AND SIGNED BY A QUALIFIED AND LICENSED PROFESSIONAL.

EXAMPLES OF QUALIFIED PROFESSIONALS INCLUDE:

<table>
<thead>
<tr>
<th>Physician (M.D. or D.O.)</th>
<th>Independent Living Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapist</td>
<td>Rehabilitation Specialist</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>Licensed Social Worker</td>
</tr>
<tr>
<td>Orientation and Mobility Instructor</td>
<td>Optometrist</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>Psychologist</td>
</tr>
</tbody>
</table>
PART 8 – PROFESSIONAL VERIFICATION

Applicant’s Name: ________________________________

TO BE COMPLETED BY A LICENSED PROFESSIONAL

The Americans with Disabilities Act (ADA) of 1990 requires NCRTD to provide ADA Complementary Paratransit Service to anyone who cannot use NCRTD fixed-route bus service because of a disability. ADA Complementary Paratransit Service is provided in an area contiguous to NCRTD fixed-route bus service. The applicant who has asked you to review and sign this application is applying to NCRTD to be considered eligible for the ADA Complementary Paratransit Service, which is intended only for those trips that the applicant cannot make on NCRTD fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use NCRTD fixed-route bus service and when he/she requires ADA Complementary Paratransit Service.

Please review the information provided by the applicant in PARTS 2-4 of this application and then answer the questions below:

A. Has the applicant been diagnosed with a physical, mental, cognitive, or other disability?

   _____ No
   _____ Yes

   Diagnosis & onset: ________________________________
   ICD – 9 codes: ____________________________________
   DSM – IV codes: __________________________________
   OS – visual acuity & field: __________________________
   OD – visual acuity & field: __________________________

B. The applicant’s disability is:

   _____ Permanent  _____ Temporary – until when?

C. Please describe all conditions (physical, mental, cognitive, other) that functionally prevent the applicant from using NCRTD fixed-route buses:

   __________________________________________________
   __________________________________________________
   __________________________________________________

D. Does the applicant require the assistance of a Personal Care Attendant (PCA) when traveling on a public vehicle?

   _____ Yes
   _____ No
E. To the best of your knowledge, is the information provided in PARTS 2-4 of this application true and correct?

_____ Yes
_____ No
_____ Do not know

Signature: ___________________________ Date: ______________
Print or Type Name: ___________________________
Title: ______________________________________
State of New Mexico License Number: ______________
Business Address: ____________________________ Phone Number: ______________
City: ____________________________ State: ______ Zip Code: ____________

For more information, please call:

NCRTD
866-206-0754