



DART APPLICATION
ADA CERTIFICATION ELIGIBILITY APPLICATION

Dear Customer:

Thank you for inquiring about the Wave Transit ADA Paratransit program. Enclosed is a copy of an application of eligibility. Please read all the enclosed materials carefully before completing the application.

The Americans with Disabilities Act (ADA) of 1990 requires public transit agencies to provide Paratransit service to people with disabilities who cannot access the public transit system due to their disability. This might include being unable to travel to or from bus stops, being unable to board or exit buses, or being unable to understand how to ride the bus system.

The information obtained from this application will be used by Wave Transit to determine eligibility for service. Completing this application **does not** guarantee eligibility. The disability must prevent the ability to board, ride, and exit a fixed route bus. The information provided in this application is confidential.

After completing the application, please have a licensed health care or rehabilitation professional familiar with your disability complete and sign the last two pages. **If any sections of this application are left blank, the application will not be processed.**

Please submit the completed application via e-mail, fax, or hard copy:

Wave Transit
Attn: ADA Certification Program
P.O. Box 12630 Wilmington, NC 28405

Email: ptschedule@wavetransit.com
Fax: 910.772.7942

After reviewing your application, Wave Transit will send written notification of the decision within 21 days of receipt of your completed application. The decision will fall into one of three categories:

- A) Unconditional Eligibility:** Eligible for all services at all times we operate.
- B) Conditional Eligibility:** Eligible for services only when certain conditions are met.
- C) Ineligible:** Not eligible for services at this time based on the information submitted.

Should your application be found ineligible at that time, you will have the right to appeal the decision, should you disagree with it. A copy of the appeals process is included in all letters notifying individuals of ineligibility.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

----- OFFICE USE ONLY -----

| | |
|---------------------------|---------------------|
| Date Received: _____ | Aid Required? _____ |
| Date of Decision: _____ | Name: _____ |
| Date Letter Mailed: _____ | Signature: _____ |

To be completed by applicant - Please print or type clearly

Title: _____ Name _____ Date of Birth: ___/___/___

Home Address: _____ Apt # _____

City: _____ State: _____ Zip: _____ Email: _____

Mailing Address (if different): _____ Apt# _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Primary Language (Circle): English Spanish Other (specify) _____

If this application has been completed by someone other than the applicant requesting certification, that person must complete the following:

Name: _____

Home Address: _____ Apt # _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

1. Do you have a disability? Yes No

If yes, please explain: _____

2. Are you able to get to and from the public transit bus stops near your home and the places you plan to visit? Yes No Sometimes

If No or Sometimes, please explain: _____

3. Are you able to get on or off the public transit bus if you were already at the bus stop?

Yes No Sometimes

If No or Sometimes, please explain: _____

4. Are you able to transfer from one public transit bus to another at a bus terminal?

Yes No Sometimes

If No or Sometimes, please explain: _____

5. Are you able to learn how to identify which public transit bus to board and when to get off if given that information through signs, brochures, customer service agents, or audible announcements?

Yes No Sometimes

If No or Sometimes, please explain: _____

If you need the information is in a specific form, please specify that form: _____

6. Do you use any mobility aids? (Check all that apply)

I do not use mobility aids

Crutches

Leg Braces

Manual Wheelchair

Walker

Portable Oxygen Tank

Electric Wheelchair

Prosthesis

Service Animal

Power Scooter (3-wheeled)

Cane

Other: _____

7. If you use a wheelchair or scooter, how wide is it? _____ inches

8. How heavy is it when occupied? _____ pounds

9. How many city blocks can you travel with your usual mobility aid and/or with the help of another person? _____ blocks

10. How do you currently travel to your frequent destinations? (Check all that apply)

Buses Taxi Drive myself

I already use this program; am reapplying Other _____

11. Which of the following best describes you if you had to wait outside for a ride? (Check only one)

- I could wait by myself for ten to fifteen minutes
- I could wait by myself for ten to fifteen minutes only if I had a seat and shelter
- I need someone to wait with me because _____

12. Do you travel with the assistance of another person? Yes Sometimes Always
If "Always" or "Sometimes", please explain the type of assistance this person provides

13. Which of the following statements best describes you? (Check only one):

- I have never used regular public transit
- I have used regular public transit but not since the onset of my disability
- I have used regular public transit within the last six months and can continue to use it.
- I have used regular public transit within the last six months, but can no longer use it due to a change in my circumstances

14. The Paratransit (DART) service area includes the fixed route bus service area, plus locations within three fourths ($\frac{3}{4}$) of one mile from a Wave Transit fixed route bus route. If you live outside of the Paratransit service area, are you willing to travel to a location within three fourths ($\frac{3}{4}$) of one mile to access Wave Transit Paratransit (DART - i.e., *take microtransit, have someone drive you into the system, etc.*)? Yes No

Emergency Contacts: Please list the names of two people; these people may include support professionals, agencies, or others familiar with your disability.

Name: _____ Home # _____ Cell # _____

Address: _____

Relationship: _____

Name: _____ Home # _____ Cell # _____

Address: _____

Relationship: _____

Release of Information

I, the applicant, understand that the purpose of this application is to determine my eligibility to use Wave Transit DART services. I also agree to release the information requested to Wave Transit and any eligibility review panel and understand that the information contained herein will be treated confidentially. I understand further that Wave Transit reserves the right to request additional information at its discretion. I agree to notify Wave Transit of any changes in the status of my disability that affect my ability to use DART services. I also understand that this may affect my eligibility as a rider.

I hereby certify that I am the individual requesting certification for the Wave Transit DART service and that the above information is correct and true:

Printed Name of Applicant: _____

Signature: _____ Date: _____

Signature of Parent or Legal Guardian (if applicable): _____

Date: _____

Printed Name of Preparer: _____ Phone: _____

If preparer represents an agency, print the agency name here: _____



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This page to be completed by registered healthcare professional

The registered professional completing this should be familiar with the applicant's disability. The purpose of this application is not to determine if the patient has a disability, but to determine if the patient is able to use the public transit bus system. Please answer the following questions with this in mind.

1. Which disability or health related condition prevents the patient from using public transit buses?

What specific activities involved in riding a public transit bus are prevented due to the disability?

2. If the disability only prevents the patient from using public transit buses at some times, but not others, please explain: _____

3. Are the conditions described Permanent Temporary

If temporary, what is the expected duration (specify date) _____

4. Would the applicant be able to maintain balance and tolerate movement of a public transit bus when seated? Yes No Sometimes

If No or Sometimes, please explain: _____

5. Is the applicant able to travel on flat surfaces in good weather? Yes No Sometimes

If No or Sometimes, please explain: _____

6. Is the applicant able to travel on slight inclines in good weather? Yes No Sometimes

If No or Sometimes, please explain _____

7. Can the applicant safely and independently walk up and down three 12-inch steps?

Yes No Sometimes If No or Sometimes please explain: _____

8. Is the applicant able to grasp handles, railings, coins, and tickets while boarding or exiting a transit vehicle? Yes No Sometimes

If No or Sometimes, please explain: _____

9. Is the applicant able to board or exit a public transit bus if the vehicle has a lift, a ramp, or a kneeler that lowers the front of the bus? Yes No Sometimes

If No or Sometimes, please explain: _____

10. If the applicant has a mental impairment or cognitive disability, can they:

Give addresses and telephone numbers? _____ Yes | No

Recognize a destination or landmark? _____ Yes | No

Deal with unexpected situations or changes in routine? _____ Yes | No

Ask for, understand, and follow directions? _____ Yes | No

Safely and effectively travel through crowded facilities? _____ Yes | No

11. Please provide any additional information that may help Wave Transit determine the applicant's ability to ride the public transit system: _____

To the best of my knowledge, the previous information is correct, based upon my examination of the applicant and/or my review of official files.

Name and Title (please print) _____

Area of Specialization _____ Issued by _____

Professional License# _____

Office Address _____ State _____ Zip _____

City _____

Office Telephone _____

Signature: _____

Thank you for your assistance