

**ADA
Complementary
Paratransit Plan**

**Hill Country Transit
District**

Temple, Texas

| | |
|--|-----------|
| INTRODUCTION AND BACKGROUND | 4 |
| SECTION 1 – WHEN AND WHERE TO SUBMIT PLANS | 4 |
| SECTION 2 – SURVEY OF EXISTING SERVICES | 4 |
| SECTION 3 – PUBLIC PARTICIPATION | 5 |
| Outreach Efforts | 5 |
| Consultation with Individuals with Disabilities | 5 |
| Opportunity for Public Comment | 5 |
| Public Hearing | 5 |
| Special Public Hearing Requirement | 6 |
| SECTION 4 – CONTENTS OF THE PLAN | 6 |
| Category 1 – General Information about the Entity Submitting the Plan | 6 |
| Category 2 – Description of the Fixed Route System | 6 |
| Category 3 – Description of Existing Paratransit Services | 8 |
| Category 4 – Description of the Proposed Complementary Paratransit Service | 9 |
| Service Demand | 10 |
| Differences Between Current and Required Service | 10 |
| Description of Planned Modifications to Existing Paratransit and Fixed Route Service | 10 |
| Description of how the Proposed Paratransit Service Will Meet Each of the Six Service Criteria | 10 |
| Timetable for Implementation, Including Milestones that can be Objectively Measured each Year | 12 |
| Category 5 – Description of the Proposed Eligibility Determination Process | 12 |
| Category 6 – Description of the Public Participation Process Used to Develop the Plan | 15 |
| Category 7 – Efforts to Coordinate the Provision of Complementary Paratransit Service with Other Public Entities in the Area or in Contiguous Areas who are Responsible for Developing Plans | 16 |
| Category 8 – Certifications and Resolutions | 16 |
| SECTION 5 – OPERATING REQUIREMENTS – POLICIES | 16 |
| Fares | 16 |
| Hours of Service | 16 |
| Response Time | 17 |

| | |
|--|----|
| Subscription Service | 17 |
| Routing / Scheduling | 17 |
| Scheduled Times | 18 |
| No Show | 19 |
| Termination of Service | 19 |
| Appeal of Suspension or Termination of Service, or Complaint Appeals | 21 |
| General Riding and Use Rules for Passengers | 23 |
| Other Passengers and Personal Care Attendants | 23 |

SECTION 6 – PLAN ATTACHMENTS 23

Measured each Year

| | |
|--|--------------------|
| Fixed Route Service begins | Aug 1, 2002 |
| Paratransit Eligibility Certification Process Begins | Aug 1, 2002 |
| Convert from current Temple Transit service To ADA Paratransit service | Aug 1, 2002 |
| Continue to accept Temple Transit Certification beginning | Aug 1, 2002 |
| Temple Transit certification no longer Valid | October 1, 2002 |
| 2-month transition period for current clients begins | Aug 1, 2002 |
| 2-month transition period for current clients ends | September 30, 2002 |

Category 5 – Description of the Proposed Eligibility Determination Process

Eligibility Standards

A person is considered as eligible for Paratransit service if the individual has a disability and is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.

A person is also considered as eligible if, for whatever reason, the lift on the accessible fixed route vehicle cannot be deployed at the designated stop the individual wishes to use, thereby prohibiting the individual from otherwise using the fixed route service.

Finally, the individual is considered as eligible if the individual has a specific impairment-related condition that prevents the individual from traveling to a boarding location or from a disembarking location on the fixed route system. Such a situation might be someone who has a heart condition or breathing condition that, when coupled with distance or barriers to the boarding or from the disembarking location, prevent the individual from using the fixed

route service. Other examples of eligibility in this type situation include severe or chronic fatigue, heat sensitivity, or hypothermia.

Temporary eligibility is also acceptable. For example, a medical condition may be temporary in nature. Accordingly, a temporary certification may be applied.

Eligibility is not limited to residential status. Persons living outside the service area may be certified to use the system. Visitors to the service area may also be certified; generally, proof of certification from another ADA Complementary Paratransit service will be accepted as eligibility for the HCTD Paratransit service.

In determining eligibility, the following four tests will be used:

Test One

Does the disability prevent the individual from getting to and from a designated stop at the point of origin or destination? If so, the trip is eligible.

Test Two

Can the individual board and utilize the vehicle at the stop? If the vehicle is inaccessible, the person is eligible.

Test Three

Can the individual independently recognize the destination and disembark? If not, the trip is eligible.

Test Four

If a trip involves transfers and connections, are the paths of travel between lines or modes accessible and navigable by the individual? If not, the trip is eligible.

Documentation supporting proof of the disability is not limited to physicians. Rather, supporting documentation from independent living counselors, rehabilitation counselors, physical therapists, or other professionals may be accepted. The intent is to verify eligibility to a reasonable certainty, and HCTD will make every reasonable effort to assist the individual in the application process.

The following standards will be adhered to in the application process:

A written explanation of the certification process will be available and distributed to all who request it.

The written explanation of the process will be made available in accessible media, such as Braille, large print, and audiotape.

The written explanation of the process will describe the process for appealing determinations of non-eligibility.

The certification process will be concluded within no more than 21 days of receipt of a properly completed application.

An identification card that meets the general standards provided in the FTA regulations will be provided to all individuals certified as ADA Paratransit individuals for use as identification for reciprocal services.

Appeal of Determination of Ineligibility or Conditional Eligibility

The Director of Urban Operations or his/her designee will review all applications received for certification of eligibility. If an individual is determined as not being eligible or as being conditionally eligible, HCTD will notify the person in writing, or in accessible format if requested, stating the reasons for the decision. In the written response, the individual will also be notified of the appeal process that HCTD has established to allow individuals to appeal the decision. The applicant may contact the Director of Urban Operations or his/her designee and request an informal review of the decision and present any additional documentation that may be pertinent to the determination of eligibility. An informal review does not constitute an appeal. All appeals must be submitted in writing to the Director of Urban Operations or his/her designee. During the appeals process, individuals will have the opportunity to be heard in person and to present additional information and arguments regarding their disability and ability to use the fixed route service. The appeal will be heard by someone other than the person making the initial eligibility determination. Applicants will be notified of the appeal decision in writing, or accessible format if requested, and the notification will state the reasons for the decision if eligibility is still denied. As in the eligibility application process, the individual has the right to representation during the process. The individual will have 65 calendar days from the date of the denial notification

within which to file an appeal. Appeals will not be considered after that date. HCTD will have 30 calendar days from the date an appeal is received to decide an appeal – if no appeal decision is made within thirty days of receipt of the appeal, the individual will be granted presumptive eligibility until and unless a decision is made that determines non-eligibility. Otherwise, the individual will not be provided service pending the determination of appeal.

Presumptive and Reciprocal Eligibility

Persons who visit the service area and are certified as ADA Paratransit Eligible by another agency will be provided reciprocal service for up to 21 days during any 365-day period beginning with the first visit. If the individual plans on being in the service area longer than 21 days and so advises HCTD, HCTD will inform the visitor of the HCTD application process. If the application process extends beyond the 21 days, the individual will be granted presumptive eligibility.

Category 6 – Description of the Public Participation Process Used to Develop the Plan

The Plan was drafted by HCTD staff before presentation to the public for the following reasons:

1. To ensure each legal requirement for such a Plan is addressed and provided for in the Plan.
2. To provide an initial Plan for ease of use and understanding by other agencies, HCTD staff, and the public.
3. To provide a base document upon which modifications and revisions can be made through the public participation process.

An attachment will be provided with the final Plan that will document the following has been accomplished:

1. ***The process to consult with persons with disabilities as described in Section 3 of this Plan has been accomplished***
2. ***Outreach efforts have been made as described in Section 3 of this Plan***
3. ***Notice given of the opportunity for public comment***
4. ***Dates of completed public hearings***

| | |
|----------------|--------------------------------------|
| Three No Shows | One-month service suspension |
| Four No Shows | Two-month service suspension |
| Five No Shows | May result on termination of service |

Further, passengers will be charged the prevailing fare for any trip that is a No Show.

Before a No Show is charged, the passenger will be contacted by HCTD to determine the reason for the No Show, and to verify if the missed trip was, indeed, a No Show, and to make sure the passenger understands the No Show policy.

Any service suspension imposed due to No Shows will begin five (5) business days from the date of notification of the sanction being imposed. The sanction is stayed pending the outcome of an appeal.

Termination of Service

As stated above, service may be terminated for excessive No Shows. Service may also be terminated if passengers demonstrate mental, behavioral, emotional, or psychological tendencies toward violent or destructive behavior.

Such a termination of service shall remain effective for one year, after which the passenger may submit a request for reinstatement.

Appeal of Suspension or Termination of Service, or Complaint Appeals

A. Introduction

Various federal agency regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990 (ADA), require grant recipients that employ fifteen or more persons to adopt and file procedures that incorporate appropriate due process standards and provide for the prompt and equitable resolution of complaints alleging any action prohibited by the implementing regulations. The Hill Country Transit District, in cooperation with the City of Temple, each of which has been or is a recipient of numerous Federal grant programs, has adopted the following appeal procedures as the mechanism for resolving complaints relative to the Federally assisted transit programs operated by HCTD as governed by the Interlocal Agreement by and between HCTD and the City of Temple.

B. Procedure for Appeal of Suspension or Termination of Service

The following administrative procedure has been established to insure prompt and equitable resolution of appeals of any persons with a disability based on any alleged acts of discrimination due solely to his/her disability that would cause him/her to be excluded from participation in, or denied the benefits of, any HCTD transit service program or activity governed by the Interlocal Agreement by and between HCTD and the City of Temple that receives Federal financial assistance.

The procedure will also be used to appeal suspensions and terminations of service. Termination or suspension of service will be imposed beginning ten (10) business days from the date of the original notification of pending suspension or termination. Should no appeal be received by HCTD within the ten (10) day period, the suspension or termination will be imposed. If HCTD has not received an appeal of the sanction within 65 calendar days from the date of notification of suspension or termination, the appellant will be considered to have waived his/her right to appeal. Note that any sanction imposed will be stayed pending the outcome of an appeal.

STEP ONE

Any person with a disability who feels that he/she has been discriminated against in any HCTD transit service program or activity that receives Federal financial assistance in the Killeen service area, and which is prohibited under Section 17.7, Department of Transportation Final Regulation Implementing Section 504 of the Rehabilitation Act of 1973 (Nondiscrimination on the basis of disability in Federally-Assisted programs and Activities Receiving or Benefiting from Federal Financial Assistance) and the Americans with Disabilities Act of 1990 (ADA) because of his/her disability, may communicate directly with the HCTD Director of Urban Operations or his/her designee to seek clarification or interpretation of the event or occurrence, and passenger responsibilities.

This communication may occur formally or informally, at the discretion of the person/client/passenger initiating the appeal. However, if the communication is an appeal of notice of suspension or termination of service of the client, the communication must be in writing to the Director of Urban Operations or his/her designee, and must be received

by the Director of Urban Operations or his/her designee within 65 calendar days of the date of the written notice by HCTD of the suspension or termination. This written appeal must state the reason for the appeal, and a reasonable level of detail to allow the Director of Urban Operations or his/her designee to make an appropriate decision. If such written appeal notice is not received by the HCTD as stated within the 60 calendar days, the appellant will be considered as having waived appeal rights hereunder.

Once the Director of Urban Operations or his/her designee receives the written appeal, he/she must respond in writing to the appeal within ten (10) business days after having received the written appeal notice. If the issue is not resolved to the satisfaction of the person at this step, the appellant may go to the second step.

STEP TWO

Appeal to the HCTD General Manager

In this second step, the appellant may submit a written appeal of the decision of the Director of Urban Operations or his/her designee rendered in Step One. This second step appeal must be in writing to the HCTD General Manager, and the HCTD General Manager or his/her designee must have received the second step appeal within fifteen (15) business days of the date of the written decision of the Director of Urban Operations or his/her designee. This written appeal must state the reason for the appeal, and a reasonable level of detail to allow the General Manager to make an appropriate decision. If such written appeal notice is not received by the HCTD as stated within the fifteen (15) business days, the appellant will be considered as having waived appeal rights hereunder.

Once the General Manager or his/her designee receives the written appeal, he/she must respond in writing to the appeal within fifteen (15) business days after having received the written appeal notice.

The decision of the HCTD General Manager is final.

General Riding and Use Rules for Passengers

ATTACHMENT

A

Dear Applicant:

The HOP Special Transit Service application you requested is attached. Please answer all questions and mail the application back to us at the following address:

Hill Country Transit District
5200 General Bruce Dr.
Temple, TX 76502

Incomplete applications will be returned.

The HOP certifies individuals for the Special Transit Service according to the "Americans with Disabilities Act of 1990" which defines the standards used to determine eligibility for this service. To be eligible for the Special Transit Service, your disability must **prevent** you from doing one or more of the following:

- Boarding a regular bus, even with the use of a lift,
- Getting to a bus stop or destination when traveling within our service area,
- Traveling by bus, including the lack of ability to recognize destinations or utilize directions for reasons other than language.

Eligibility is determined by an individual's **functional ability to use the fixed route bus system**. It is NOT based solely upon the presence of a disability or use of a mobility aid. It is NOT based on the individual's lack of knowledge about the fixed route system or on the fact that using the fixed route system is difficult or uncomfortable. Eligibility is also NOT based on safety, vulnerability or age. It is NOT based on income or the lack of personal transportation. It must be **functionally impossible for an individual to use the fixed route buses**. Travel training is available to assist those individuals who are not familiar with the fixed routes.

If, after reviewing your application and any additional information you would like to provide, The HOP still cannot make a determination regarding your eligibility, you may be asked to submit to an evaluation by a health care professional that is trained to make functional assessments of your abilities.

It may take up to 21 days for a determination of your eligibility to be made after we receive your completed application. If you are certified "ADA Paratransit Eligible" you will be notified of that certification and any restrictions that apply. All certified persons will receive a personal I.D. Card, describing their certification. The fare for the Special Transit Service is \$2.00 per one-way trip.

Revised: 4/18/03

If, after you review this application, you determine that you do not qualify for the Special Transit Service, you may qualify for a discount fare on the fixed route buses. Individuals that are 60+ years old, students, Medicare recipients and persons with disabilities can ride the fixed route service for half-fare if they have a discount card issued to them by this office. Please call the office for information about how you can receive your card.

Should you have any questions regarding the certification process or how you can receive a fixed route discount card, please feel free to call The HOP at (254) 778-3636.

Thank you,

Royce Matkin

Asst. Dir. Of Urban Operations

Current Transportation

1. Do you use regular fixed route HOP buses now? Yes No Sometimes

If No or Sometimes, what limits or prevents you from using the fixed route buses? (e.g. no sidewalks)

2. What is the most difficult part of riding the fixed route buses for you? _____

3. Which bus route serves your neighborhood?

_____ 510 South (VA, Temple College, Kings Daughters Hospital, WalMart, Mall, S&W)

_____ 530 East/West Crosstown (30th St, French, Temple High School, Ave H)

4. What is the closest bus stop to your residence? (Please give location) _____

5. Can you get to this bus stop by yourself? Yes No Sometimes

If No or Sometimes, explain? _____

6. Are you able to:

Use a telephone to make calls and get information about bus service? Yes No

Ask for, understand, and follow written or spoken directions? Yes No

7. Can you board a bus by yourself? (Please note that persons who do not use wheelchairs but who cannot climb the bus steps are permitted to enter the bus by standing on the lift) Yes No Sometimes

If No or Sometimes, explain? _____

8. The HOP has a program available that can provide you, free of charge, with training on how to use the regular fixed route bus system. If you are interested in learning more about this program, please indicate below.

_____ Yes, I would be interested in learning about the travel-training program.

9. If you do not ride The HOP fixed route buses: how do you currently travel? (i.e.; family, friends, personal vehicle, cab, other) Please identify all modes available to you:

Neighborhood Environment

How would you describe the area where you live (e.g., very steep hill; long, gradual hill; flat; etc.)?

Are there sidewalks at your residence? Yes No

Is there a ramp at your residence? Yes No Is one needed? Yes No

How many steps are there at the entrance to your residence? _____

Do you live on the ground floor? Yes No

Mobility Aids Used (Check all that apply)

| Regularly | Sometimes | Rarely | |
|-----------|-----------|--------|-------------------------------|
| _____ | _____ | _____ | Manual Wheelchair |
| _____ | _____ | _____ | Electric Wheelchair |
| _____ | _____ | _____ | Power Scooter |
| _____ | _____ | _____ | Long Wheelchair |
| _____ | _____ | _____ | High Wheelchair |
| _____ | _____ | _____ | Wide Wheelchair |
| _____ | _____ | _____ | Stroller-Type Chair |
| _____ | _____ | _____ | Walker (Foldable) |
| _____ | _____ | _____ | Walker (non-foldable) |
| _____ | _____ | _____ | Cane/White Cane |
| _____ | _____ | _____ | Crutches |
| _____ | _____ | _____ | Braces |
| _____ | _____ | _____ | Prosthetics |
| _____ | _____ | _____ | Portable Oxygen |
| _____ | _____ | _____ | Communication Device |
| _____ | _____ | _____ | Certified Service Animal |
| _____ | _____ | _____ | Other (please describe) _____ |
| _____ | _____ | _____ | None of These _____ |

If you use a manual or powered wheelchair or scooter, is it more than 30" wide, more than 48" long, or does it, when in use, weigh more than 600 pounds?

Yes No

Disabling Condition

Please check the medical, health, or disabling condition(s) that prevent you from using the regular fixed route bus service. List all conditions/disabilities that apply:

Paraplegic Multiple Sclerosis Stroke
 Quadriplegic Cerebral Palsy Legally Blind
 Mental Retardation Arthritis (hip, leg, other) Epilepsy
Other _____

Explain severity/level/degree of disabling condition: _____

How does disabling condition prevent you from using the fixed route buses?

1. Is this condition/disability temporary? Yes No

If Yes, expected duration--until: _____
Ending Date of Duration

2. Does your condition/disability change from day-to-day in ways that affect your ability to use the regular bus service? Yes No

If Yes, explain: _____

3. Personal Care Attendant (PCA): A Personal Care Attendant is someone designated or employed specifically to help the eligible individual meet his or her personal needs. Does your disability require that you travel with a PCA?
 Yes No Sometimes

If Yes or Sometimes please explain: _____

4. Is there any other medical information or effects of your disability that STS should know in the event of an emergency? (e.g. Hepatitis, Tuberculosis)
Explain: _____

5. If applicant has a disability affecting mobility, use the distance measure listed below and please indicate what distance you are able to travel without the assistance of another person:

less than 200 ft. 5 to 6 blocks
 1 to 2 blocks 7 to 8 blocks
 3 to 4 blocks 9 or more blocks

6. Is your ability to independently travel this distance affected by weather such as snow, ice or temperature, or barriers such as steep hills, or other terrain. Yes No

If Yes:(explain) _____

7. Can you climb three 10" steps without assistance? Yes No
 Sometimes If No or Sometimes:(explain) _____

8. Are you able to wait outside in different weather conditions without support for 15-30 minutes? Yes No Sometimes

If No or Sometimes:(explain) _____

9. Are you able to cross traffic light-controlled intersections in the following areas:

residential semi-business business

10. If you have a cognitive disability, are you able to:

- a) Give name, address and telephone numbers upon request?
- b) Recognize a destination or landmark?
- c) Deal with unexpected situations or unexpected changes in routine?
- d) Ask for, understand and follow directions?
- e) Safely and effectively travel through crowded and/or complex facilities?

Yes No

Sometimes:(explain) _____

11. If you have a speech impairment, are you able to:
- a) Communicate with an augmentative device?
 - b) Communicate in writing?
 - c) Communicate over the telephone?

_____ Yes _____ No

Sometimes:(explain) _____

ADDITIONAL INFORMATION (optional): _____

I certify that the information provided on this application is true and complete. I understand that any false information or omission may lead to termination of my transportation privileges on the Special Transit Service vehicles. (This form must have the original signature of the applicant before it will be accepted.)

Signature _____ **Date** _____

If someone other than the person requesting certification has completed this application form, please complete the following:

Name _____

Address _____

Telephone Number _____

Relationship to Applicant _____

ATTACHMENT

B

SPECIAL TRANSIT SERVICES (STS)

Professional Verification of Eligibility

I hereby authorize the release of verification information and any additional information to Hill Country Transit District for the purpose of evaluating my eligibility to participate in the STS Program.

Signature _____

Date _____

Please note: a qualified professional must provide all information for verification of eligibility. Examples of qualified professionals are:

| | | |
|-----------------------------------|--------------|--------------------------------------|
| Caseworker | Chiropractor | Optometrist |
| Psychiatrist | Psychologist | Registered Nurse |
| Social Worker | Physician | Mental Retardation Professional |
| Licensed Medical Professional | | Counselor from an Established Agency |
| Orientation & Mobility Specialist | | |

This form must be completed by a qualified professional (PLEASE PRINT).

PERSON COMPLETING VERIFICATION _____

PROFESSIONAL TITLE _____

AGENCY/AFFILIATION _____

STATE OF TEXAS CERTIFICATION ID# _____

BUSINESS ADDRESS _____
Street Suite# City State Zip

BUSINESS TELEPHONE _____

If you mark **NO** or **SOMETIMES** to any item below, please explain.

1. What is the medical diagnosis that causes the disability (e.g., mental retardation, epilepsy)? _____

Is this condition temporary? _____ Yes _____ No

If yes, expected duration--until: _____
Date of duration

2. Does the applicant's disability require that he or she travel with an attendant?
_____ Yes _____ No _____ Sometimes
Explain: _____

3. Is there any other medical information STS should know in the event of an emergency? (e.g. Hepatitis, Tuberculosis) _____

4. If the client has a disability affecting mobility, is he or she:

able to travel a distance of 200 feet without assistance?
_____ Yes _____ No _____ Sometimes
Explain: _____

able to travel a distance of 3 blocks (1/4 mile) without assistance over different types of terrain?
_____ Yes _____ No _____ Sometimes
Explain: _____

able to climb three 12-inch steps without assistance?
_____ Yes _____ No _____ Sometimes
Explain: _____

able to wait outside without support for 15-30 minutes in different weather conditions?
_____ Yes _____ No _____ Sometimes
Explain: _____

able to cross: _____ 2-way stop _____ 4-way stop

able to cross traffic light-controlled intersection in the following areas:
_____ residential _____ semi-business _____ business

5. **If vision-impaired, what is Best Corrected Acuity?**
_____ Right _____ Left

Field Restriction: _____ Right _____ Left

If legally blind, is he or she:

able to travel a distance of 200 feet without assistance?
_____ Yes _____ No _____ Sometimes

Explain: _____

able to travel a distance of 3 blocks (1/4 mile) without assistance over different types of terrain?

_____ Yes _____ No _____ Sometimes

Explain: _____

able to climb three 12-inch steps without assistance?

_____ Yes _____ No _____ Sometimes

Explain _____

able to wait outside without support for 15-30 minutes in different weather conditions?

_____ Yes _____ No _____ Sometimes

Explain: _____

able to cross: _____ 2-way stop _____ 4-way stop

able to cross traffic light-controlled (or traffic controlled) intersection in the following areas:

_____ residential _____ semi-business _____ business

6. **If the person has a cognitive disability, is he or she able to:**

give name, address and telephone numbers upon request?

_____ Yes _____ No _____ Sometimes

Explain: _____

recognize a destination or landmark?

_____ Yes _____ No _____ Sometimes

Explain: _____

deal with unexpected situations or unexpected changes in routine?

_____ Yes _____ No _____ Sometimes

Explain: _____

ask for, understand, and follow directions?

_____ Yes _____ No _____ Sometimes

Explain: _____

safely and effectively travel through crowded and/or complex facilities?

_____ Yes _____ No _____ Sometimes

Explain: _____

7. **If the person is speech impaired, is he or she able to:**

communicate verbally?

_____ Yes _____ No _____ Sometimes

Explain: _____

communicate with an augmentative device?

_____ Yes _____ No _____ Sometimes

Explain: _____

communicate in writing?

_____ Yes _____ No _____ Sometimes

Explain: _____

communicate over the telephone?

_____ Yes _____ No _____ Sometimes

Explain: _____

I verify that the information provided above for verification is true and correct to the best of my knowledge.

Signature of qualified professional

Date