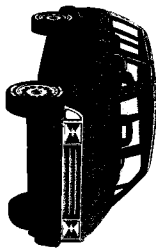


### What is T Line paratransit service?

T Line paratransit service is a public transportation system providing curb-to-curb transit service



for persons with disabilities who are unable to use the regular fixed-route bus service.

Service is provided Monday through Saturday (except holidays) from 5:45 a.m. to 6:45 p.m. Trained drivers are available to assist passengers in boarding and alighting vehicles which are specially equipped with wheelchair lifts or ramps.

### How do I become certified to ride T Line paratransit service?

You may request that an application be mailed to your home address by calling 903-794-8883 or 903-794-0437 (TTY). You will need to complete the application, certify the information provided is true and correct, and get a licensed medical professional to sign the Professional Verification Form.

If the T Line staff does not obtain enough information from your application to determine your eligibility, you may be asked to submit to an evaluation of your functional abilities. This evaluation will be scheduled and paid for by T Line.

Eligibility will be determined on a trip-by-trip basis. For instance, you

may be certified to ride the curb-to-curb service for some trips, and required to ride the fixed-route buses for other trips.

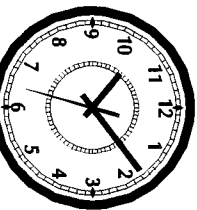


T Line will make a determination on your certification within 21 days. Once you are certified, you will receive a certification letter from T Line stating your trip eligibility and a Paratransit Service Identification Card. If you are denied T Line paratransit service eligibility, you will have the right to appeal the decision within 60 days from the initial date of determination.

How do I schedule a trip on the T Line paratransit service?

### How do I schedule a trip on the T Line paratransit service?

Schedule requests are taken from 8:00 a.m. to 4:00 p.m. Monday through Friday at 903-794-8883 or 903-794-0437 (TTY).



Trips may be booked up to 14 days in advance, but must be booked no later than 4:00 p.m. for service the next operating day.

When scheduling your trip, please have the following information ready:

- Name
- Originating Address
- Destination Address

- Time You Are Due at Your Destination

- Approximate Time of Your Return

The scheduler will give you an approximate time you will be picked up. This time will include a 15-minute time span. For instance, if your appointment time is 10 a.m., the scheduler might tell you your pick-up time will be 9:30-9:45 a.m. Please be ready when the van driver arrives. If the driver arrives at 9:30 a.m. he or she can wait only five minutes.

### What should I do if I need to cancel my trip?

If you need to cancel your trip, be sure to call 903-794-8883, 903-794-0436 or 903-794-0437



(TTY) at least *one hour* prior to your trip. Failure to do so will result in you being charged a "No Show." Should you accumulate three "No Shows," you will be subject to one of the following:

- 1) allowed to pay for the three trips you scheduled and did not cancel in advance, or
- 2) have your transportation service suspended for a period of 30 days.

## How much does T Line paratransit service cost?



The fare for a one-way trip is \$2.50 for each passenger and for each of his or her guests. For your convenience, 10 one-way trip tickets are sold for \$12.50. You will use two (2) tickets for each trip. Required personal care attendants may ride free of charge.

## What on-board policies should I be aware of?

For the comfort and convenience of all our passengers, T Line asks you to observe the following riding policies:



1. Passengers are not allowed to eat, drink, or smoke on T Line vehicles.
2. Passengers must be able to get themselves and their belongings to and from the curb at the point of origin and destination.
3. Drivers will board lightweight items for passengers, and drop the items off on the curb at the passenger's destination.
4. Passengers who require assistance beyond what is normally provided by the driver may have a personal care attendant ride free of charge.

5. A seat is guaranteed for one guest per passenger. Please tell the scheduler if you will have a guest. Additional guests can ride if space is available.

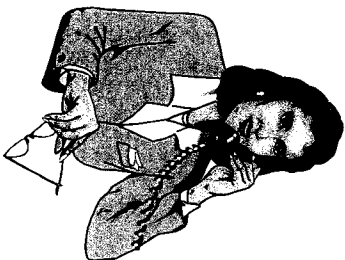
6. All passengers in wheelchairs will be required to have the wheels of the chair in a locked position when being raised or lowered on a lift, or when the vehicle is in motion.

7. Animals are prohibited unless used as service animals.

8. Passengers engaging in violent or seriously disruptive behavior are subject to service suspension.

## How can I make suggestions or comments about the service?

T Line welcomes your suggestions and comments about how the T Line



paratransit service can better serve your needs. Please feel free to call the General Manager at 903-794-8883 between 8:00 a.m. and 4:00 p.m. Monday through Friday.

**Call us at:**

**903-794-8883 or**

**903-794-0437 (TTY)**

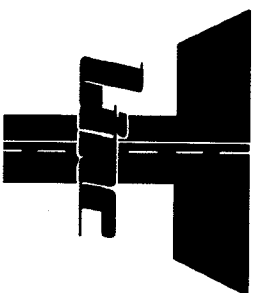
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# Rider's Guide for

## ADA

# Complementary Paratransit Service



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February, 2006

**TEXARKANA URBAN TRANSIT DISTRICT  
ADA PARATRANSIT APPLICATION**

In compliance with the Americans with Disabilities Act (ADA) of 1990, Texarkana Urban Transit District (TUTD) provides ADA Complementary Paratransit Service to individuals with a disability who are traveling in an area served by TUTD, 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. TUTD 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 TUTD at (903) 794-8883.

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

**WHEN COMPLETED, PLEASE RETURN THIS APPLICATION TO:**

Texarkana Urban Transit District  
818 Elm St.  
Texarkana, Texas 75501

**DO NOT WRITE IN THIS SPACE**

New Application: _____	Re-certification: _____
Date Received: _____	Approved: _____ Date: _____
Reviewed By: _____	Denied: _____ Date: _____
Bill Code: _____	Third Party Review: _____ Date: _____
PCA Needed: _____	ADA I.D. Number: _____

**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 TUTD FIXED-ROUTE BUSES**

Please indicate below the reasons you are applying for ADA Paratransit Eligibility:

(Check all that apply)

\_\_\_\_\_ I can use TUTD fixed-route buses to go some places, but in other places I cannot get to and from the bus stops.

\_\_\_\_\_ I can use TUTD fixed-route buses, but only if they are equipped with wheelchair lifts or ramps.

\_\_\_\_\_ Because of my disability, I can never use TUTD fixed-route buses.

\_\_\_\_\_ Other reasons (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 3 – INFORMATION ABOUT THE APPLICANT’S DISABILITY**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Physical disability      | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Mental disability |
| <input type="checkbox"/> Cognitive disability     | <input type="checkbox"/> 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Manual wheelchair                               | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Powered scooter                                 | <input type="checkbox"/> Long white cane    |
| <input type="checkbox"/> Leg braces                                      | <input type="checkbox"/> Walker             |
| <input type="checkbox"/> Cane  | <input type="checkbox"/> Crutches           |
| <input type="checkbox"/> Service animal (describe) _____                 |   |
| <input type="checkbox"/> Other (describe) _____                          |   |
| <input type="checkbox"/> 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 TUTD FIXED-ROUTE BUSES**

5. Have you ever used TUTD fixed-route buses?

- Yes, I typically use TUTD fixed-route buses \_\_\_\_\_ times a week  
 Yes, I used TUTD fixed-route buses but stopped because \_\_\_\_\_

No, I never use TUTD fixed-route buses because \_\_\_\_\_

6. What might help you ride TUTD fixed-route buses? (Check all that apply)

- Route and schedule information  
 Being able to get TUTD fixed-route buses with wheelchair lifts or ramps  
 A communication aid ( i.e., TDD, schedules in accessible formats)  
 Learning to use TUTD 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

7. Can you ask for and follow written or oral instructions to use TUTD 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) \_\_\_\_\_

8. 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) \_\_\_\_\_
- 
- 

9. 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

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

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

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

Yes (please describe) \_\_\_\_\_

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No

**PART 5 – CURRENT TRAVEL INFORMATION**

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

<b>EXAMPLE</b>	
<b>FROM:</b> 35 Palm Dr.	<b>TO:</b> Publix, 150 Main St.

FROM:	TO:
(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 TUTD fixed-route bus service.

13. Have you ever had any personal instruction on how to use TUTD fixed-route bus service?

No, I have never received any Travel Training  
 Yes, I have received personal Travel Training instruction through an agency  
Name of Agency: \_\_\_\_\_

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) \_\_\_\_\_  
\_\_\_\_\_

Did you complete the above training?  
 Yes  
 No

14. If TUTD 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 TUTD 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 TUTD 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 SIGNED BY A QUALIFIED AND LICENSED PROFESSIONAL.**

**EXAMPLES OF QUALIFIED PROFESSIONALS INCLUDE:**

- |                                     |                               |
|-------------------------------------|-------------------------------|
| Physician (M.D. or D.O.)            | Independent Living Specialist |
| Physical Therapist                  | Rehabilitation Specialist     |
| Occupational Therapist              | Licensed Social Worker        |
| Orientation and Mobility Instructor | Optometrist                   |
| Registered Nurse                    | Psychologist                  |

**PART 8 – PROFESSIONAL VERIFICATION**

**Applicant's Name:** \_\_\_\_\_

**TO BE COMPLETED BY A LICENSED PROFESSIONAL**

The Americans with Disabilities Act (ADA) of 1990 requires Texarkana Urban Transit District (TUTD) to provide **ADA Complementary Paratransit Service** to anyone who cannot use TUTD fixed-route bus service because of a disability. ADA Complementary Paratransit Service is provided in an area contiguous to TUTD fixed-route bus service. The applicant who has asked you to review and sign this application is applying to TUTD to be considered eligible for the ADA Complementary Paratransit Service, which is intended only for those trips that the applicant cannot make on TUTD fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use TUTD 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 TUTD 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 Texas or State of Arkansas License Number: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**For more information, please call or fax:**

**Texarkana Urban Transit District**  
**Phone: (903) 794-8883**  
**Fax: (903) 794-0437**