

November 12, 2007

Public Information Officer
Island Transit
3115 Market Street
Galveston, TX 77550-1315

Re: Texas Public Information Act request

Dear Public Information Officer:

On August 22nd, 2007, we sent a **request for information letter** to you requesting information available under the **Texas Public Information Act**.

As of this mailing, we have not received a response to our request. This is in violation of the Texas Public Information Act. The Act states that as an agency "that spends or that is supported in whole or in part by public funds," our request "must be handled with good faith and must be accomplished within a reasonable time period." This reasonable amount of time is given as 10 business days in the most recent guideline published by the Attorney General's office. The source for this information can be found online at http://www.oag.state.tx.us/opinopen/og_resources.shtml.

This documented and certified mail request is to ensure your attention and response. Below you will find the body of the original Request for Information and contact information for communicating with us:

The Paratransit Education and Advocacy Collaborative (PEAC), a project of Texas Citizen Fund, is currently developing web-based tools for persons with disabilities to better understand the nature and availability of paratransit services in Texas. PEAC is a non-profit organization, and the information we are requesting will be used for the benefit of the public, not for commercial purposes.

In an effort to accomplish these educational goals, we respectfully request the following information through the Texas Public Information Act:

- Rider's Manuals in force during 2004, 2005, and 2006
- Maintenance interval information on paratransit lifts in force during 2004, 2005, and 2006
- Eligibility determination process and applications in force during 2004, 2005, and 2006.
- Appeals Policies and Processes for denial of service as well as loss of service during 2004, 2005, and 2006
- Missed Ride Policies and Cost of Ride Policies in force during 2004, 2005, and 2006

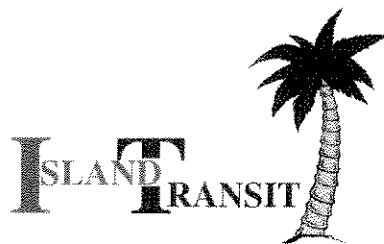
Per the Texas Public Information Act, should your agency anticipate that fulfillment of this request will exceed ten business days, please contact Tim Brown, Project Liaison, toll-free at 1-877-542-5101. Electronic data responses are preferred and can be sent to peactexas@gmail.com. Should hard-copy response costs exceed \$40, please contact Tim Brown at the toll-free number above.

Thanks in advance for your timely response and for your consideration.

Sincerely,



Dan Gadbury
Project Manager, Paratransit Education and Advocacy Collaborative (PEAC)
221 E. 9th Ste 409
Austin, TX 78702



3115 Market
Galveston, Texas 77550
(409) 797-3900
(409) 797-3901 fax

This document was in force for 2004, 2005, and 2006.

ISLAND TRANSIT SYSTEM
Preventative Maintenance Inspections
Cut-A-Way Vans

VEHICLE NO. _____ DUE FOR _____

SYMBOLS: A-Adjust; C-Clean; CH - Change; I - Inspect; L - Lubricate; O - Operating Test; S - Service; T - Tighten. Check off each item as completed. Record on back of this form those defects which have not been corrected, and which are likely to give trouble before the next inspection.

C	B	A	Item
			VEHICLE INTERIOR: Protect interior of van to prevent soiling of cushions, upholstery, mats, and controls, with special care to protect carpet.
			INSTRUMENTS, DASH: O and I-Indicator lights, gauges (while driving to pit.)
			LIGHTS, INTERIOR AND EXTERIOR: I - All.
			WIPER BLADES: I - For serviceability.
			HINGES, LATCHES, AND LOCKS: L - Hood and Door.
			WHEEL CHAIR STATIONS & LOCKS: I and T.
			WHEEL CHAIR LIFT: I; L; S; A.
			SEAT BELTS: O and I - condition of all seat belts.
			INTERIOR: Inspect cushions, door panels, headlinings, mats, seat belts, carpet, controls, steering wheel. Clean as required.
			SPEEDOMETER READINGS: _____
			WINDSHIELD WASHER: S - fluid level.
			TAG & STICKER: I - Front & Rear License plate tag. I - for current Inspection Sticker
			TIRES: I - for abnormal wear and general condition. I - Air Pressure inflate to 65 P.S.I.
			EXTERIOR: Inspect for body damage. O - Entrance door. I & L - Entrance door motor
			OIL FILTER: Ch - element.
			ENGINE: Ch - Crankcase Oil, _____ Qt. Put in.
			COOLING SYSTEM: I - Radiator & Heater hoses. I - Fan and Fan Clutch Operation
			BATTERY: C and T - Battery cable connections; S - Water level; I - alternator output 14.2 Volts.
			BRAKE MASTER CYLINDER: I and S - Fluid.
			ENGINE GLOW PLUG CIRCUIT: I and O
		X	CRANKCASE BREATHER: Ch - Element.
		X	AIR CLEANER: Ch - Element.
			ENGINE: I and O - install reader to computer, inspect for codes. I - Engine Access. I - Drive belts.
			BELTS: I - Accessory drive belts, change as needed.
		X	FUEL FILTERS: Ch.
	X	X	TRANSMISSION: Ch - fluid; Ch - Fluid. Install reader to computer. Inspect for codes.
			STEERING GEAR BOX: I and O - free play - L Joints. I - Stops. I - Powersteering Lines & Pump
			BRAKES: I - Lining wear and leaks.
	X	X	WHEELS, FRONT: I and L - Bearings. Inspect
			FRONT SUSPENSION: I - Springs, shocks & bushings.
			WHEELS, REAR: I - Oil leaks; T - Mounting and Flange Nuts.
			REAR SUSPENSION: I - Springs, shocks & bushings.
			UNIVERSAL JOINTS, SLIP JOINTS: I; L; - if equipped with lubricant fitting.
			CHASSIS, OTHER: Lubricate.
			REAR AXLE: I and S - Fluid.
	X	X	DRAIN & REFILL DIFFERENTIAL, CLEAN BREATHER:
			A/C - Heating SYSTEM: I and O. C - A/C evaporator filters. C - Condenser coil.
			YARD TEST.

Completed By: _____ Approved By: _____
(INSPECTOR) (FOREMAN)



3115 Market
Galveston, Texas 77550
(409) 797-3900
(409) 797-3901 fax

This document was in force for 2005 and 2006.

ISLAND TRANSIT DIAL-A-RIDE GUIDE

ISLAND TRANSIT DIAL A RIDE TRANSIT SYSTEM (DART)

PASSENGER GUIDE

**REVISED
MARCH 15, 2005**

This guide is available, upon request.

ISLAND TRANSIT DIAL-A-RIDE GUIDE

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SECTION

1. Service Provider
2. Eligibility for Service
3. Application for Service
4. Description for Service
5. Special Requirements
6. Reservations
7. Fares
8. Appeals Process

ISLAND TRANSIT DIAL-A-RIDE GUIDE

SECTION 1 SERVICE PROVIDER

- A. Dial A Ride Transit System (DART) is operated by the City of Galveston's Island Transit. The IT Office is located at 3115 Market Street, Galveston, Texas. Hours of operation are 6:00 am to 11:30 pm, Monday through Saturday, and 9:00 am to 6:00 pm on Sunday, including holidays. Office hours are 8:00 am to 5:00 pm, Monday through Friday and 9:00 am to 6:00 pm, Saturday and Sunday.

SECTION 2 ELIGIBILITY FOR ADA SERVICE (AMERICANS WITH DISABILITIES ACT OF 1990)

- A. Any individual with a disability who is unable, as the result of a physical or mental disability, to board, ride, or disembark from any vehicle on the fixed route.
- B. Anyone who requires a wheelchair lift or other boarding assistance device and is able, with such a device, to board, ride, and disembark from any vehicle which is readily accessible to individuals with disabilities and cannot be accommodated on an existing vehicle or cannot be accommodated because of inadequacy of boarding or disembarking location.
- C. Any individual who is unable to travel, because of an impairment-related condition, to a boarding location or from a disembarking location.
- D. Any individual certified, due to a permanent disability remains eligible for service permanently. Any individual certified due to a temporary disability, remains eligible based upon the recommendation of their physician.
- E. Determination of eligibility will be made with five (5) business days from receipt of the completed application. The Island Transit Staff

ISLAND TRANSIT DIAL-A-RIDE GUIDE

will review the application. Incomplete applications will not be accepted. If you need assistance in completing your application, please call 409-797-3909. During the application process, service will be provided to the applicant. If eligibility is unable to be determined, Island Transit staff will contact the professional listed on the Application for Service.

SECTION 3 APPLICATION FOR SERVICE

- A. Application for Service must be filled out by the applicant and a qualified physician.
- B. An additional signature on a professional letterhead or prescription notepad must accompany your application.
- C. To obtain an application, please contact Dial-A-Ride Transit at 409-797-3909.

SECTION 4 DESCRIPTION OF SERVICE

Island Transit provides Curb-to-Curb service through DARTS to ADA eligible passengers from the exit door of the passenger's origin to the vehicle. We do not provide assistance over the threshold of any facility, nor do we provide assistance with bags, packages, and etc. However passengers may bring aboard only what her or she can handle. Pick up time at origin will be between 15 and 55 minutes prior to the appointment time, at destination. Return trips will be provided between 15 and 55 minutes after office has received notification of pick up. Cancellation should be received at least on (1) hour prior to scheduled pickup time. Customers who do not notify the office of their cancellation (s) will be charged \$0.60 for the no-show trip at their next scheduled appointment.

Smoking, eating, drinking, or radios are not permitted on any Island Transit vehicle. No animals, except those assisting the disabled, will be permitted on any Island Transit vehicle. Loud and/or abusive behavior shall be cause for immediate removal from vehicle and possible loss of ridership privilege.

ISLAND TRANSIT DIAL-A-RIDE GUIDE

All Dial-A-Ride passengers must wear seat belts at all time while riding in Island Transit vehicles.

DARTS services are provided during the following hours: 6:00 am to 11:30 pm, Monday through Saturday, and Sunday 9:00 am to 6:00 pm.

SECTION 5 SPECIAL REQUIREMENTS

- A. If you require a Personal Care Attendant, please inform the Dispatcher when making your reservation. The Attendant my board without paying a fare.
- B. If you have a companion to ride with you, this individual pays the same fare as an ADA eligible passenger.
- C. Visitors to Galveston who have been certified with their local Paratransit service will be provided service for up to twenty-one (21) days. If individuals are not certified and claim they are eligible, they are presumed eligible and will be provided service for up to twenty-(21) days, with documentation of their place of residency and the nature of their disability.
- D. Ambulatory attendants are permitted to use the wheelchair lifts when Assisting individuals.

SECTION 6 RESERVATIONS

- A. Reservations should be made at least 48 hours in advance of pickup time. Reservations are taken during office hours 8:00 am to 5:00 pm, Monday through Friday, 9:00 am to 6:00 pm, Saturday and Sunday. Passengers who do not notify the Island Transit office of their cancellation will be charged \$0.60 for the no-show trio at their next scheduled appointment. Advance reservations my be made up to 7 days prior to the date of service.
Reservations may be made by calling 409-797-3909 or 800-735-2989 RELAY TEXAS TDD (for the hearing impaired).

ISLAND TRANSIT DIAL-A-RIDE GUIDE

SECTION 7 FARES

\$0.60 per one-way trip (cash or ticket)

\$20.00 monthly pass

\$24.00 book of tickets (40 tickets per book)

Tickets and passes may be purchased at the Island Transit office located at 3115 Market Street, Galveston, Texas 77550, or by mail at the same address. Please enclose a check or money order payable to Island Transit with a self addressed stamped envelope. Do not send cash for mail purchases.

Any questions regarding fare or ticket purchases, please contact our office at 409-797-3909.

SECTION 8 APPEALS PROCESS

- A. The appeals process should be used when an applicant wishes to appeal the decision of Island Transit staff regarding ineligibility of an applicant or for suspension of service. Service will be provided during the appeals process.
- B. The individual may file an appeal, in writing, by contacting Island Transit, 3115 Market, Galveston, Texas 77550 within sixty (60) working days after the determination of ineligibility.
- C. Upon receipt of the appeal, Island Transit Staff will contact the individual within five (5) working days, Monday-Friday to schedule an opportunity for the individual to be heard in person to present information and arguments. Authorized representatives of Island Transit and the Transportation Commission will conduct this hearing at Island Transit. Within five (5) working days of this hearing, Island

ISLAND TRANSIT DIAL-A-RIDE GUIDE

Transit will notify the appellant in writing as to the result of the hearing.

- D. Individuals dissatisfied with the results of the appeals hearing, may appeal the decision of the hearing to the Director of Transportation at Island Transit 3115 Market Street, Galveston Texas 77550 or by calling 409-797-3900. All such appeals shall follow policy and procedures outlined by the City of Galveston for citizen complaints. The City of Galveston will forward complaints to an individual appeals board, if necessary. Island Transit will provide transportation for all appeals related hearings. Reservations for these trips are to be made according to normal procedures.



3115 Market
Galveston, Texas 77550
(409) 797-3900
(409) 797-3901 fax

This document was in force for 2004.

**ISLAND TRANSIT
DIAL A RIDE TRANSIT SYSTEM
(DARTS)**

PASSENGER GUIDE

**REVISED
JULY 8, 2002**

This guide is available, upon request.

ISLAND TRANSIT DIAL A RIDE GUIDE

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DIAL-A-RIDE SYSTEM GUIDE

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DIAL-A-RIDE TRANSIT SYSTEM GUIDE

for the no-show trip at their next scheduled appointment. Advance reservations may be made up to 7 days prior to the date of service. We do not schedule same day appointments.

Reservations may be made by calling (409) 797-3909 or (800) 735-2989 RELAY TEXAS TDD (for the hearing impaired).

SECTION 7

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DIAL-A-RIDE SYSTEM GUIDE

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DIAL-A-RIDE SYSTEM GUIDE

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3115 Market
Galveston, Texas 77550
(409) 797-3900
(409) 797-3901 fax

This document was in force for 2004, 2005, and 2006.

**ISLAND TRANSIT/ DEMAND RESPONSE DIAL-A-RIDE
APPLICATION FOR CERTIFICATION OF ELIGIBILITY**

Dear Physician/Certified Health Professional:

We are requesting your assistance so that we can determine whether the undersigned applicant is eligible for Island Transit Demand Response bus services. Island Transit Demand Response is a curb-to-curb bus service for people whose disability prevents them from using the local fixed route Island Transit bus system for one of the following reasons:

Passenger is unable, without the assistance of another person, to board, ride or disembark from an accessible local Island Transit bus. This includes people who, due to a severe impairment, are unable to "navigate" the bus system even with medication or corrective lenses.

Passenger is prevented from getting to and from the bus stop, based on a disabling condition. Eligibility is not available on the basis of increased safety, convenience, or based on distance to the bus stop alone (the physical limitation must be the determining factor.)

Please render judgment whether the applicant, in your professional opinion, can or cannot access an accessible bus due to severe functional disability. We have provided a space below for you to describe in layman terms that applicant's disability, and how their disability prevents use of the local fixed route bus service. Detailed information will help Island Transit make the property eligibility determination.

Thank you.

Please Print or Type

Important: Please sign the application card below and provide an additional signature on your professional letterhead or prescription note to help us prevent fraudulent applications. The application *cannot* be processed without all requested information and both signatures.

1) Patient/Client name: (Please print or type)

2) Describe completely the medical condition (Please print or type)

How does the medical condition prevent local fixed route bus usage? (Please print or type)

3) Check One

Permanent Temporary, If temporary, please specify how many months _____

4) Does applicant use any of the following aids for mobility? (circle all that apply)

Manual Wheelchair Electric-Wheelchair Cane Guide/Service Dog
Crutches Powered Scooter Walker Personal Care Attendant

5) Professional's Name: (please print or type)

Telephone Number:

()

6) Physician/Certified Health Professional's Signature

X _____

Date:

I hereby certify that I have read and understand the eligibility requirements for the Island Transit Demand Response bus service as stated on the above letter and certify that my patient cannot ride an accessible local fixed route bus.

**ISLAND TRANSIT/ DEMAND RESPONSE DIAL-A-RIDE
APPLICATION FOR CERTIFICATION OF ELIGIBILITY**

INSTRUCTIONS FOR APPLYING FOR ISLAND TRANSIT DIAL-A-RIDE SERVICES

To Apply you must:

1. Have your physician/certified health professional complete and sign the medical verification section of the application on the reverse side.
2. Have your physician/certified health professional submit an additional signature on his/her letterhead or prescription note verifying completion of this application form to help us prevent fraudulent applications.
3. Fill out completely and sign the applicant's portion of the application below.
4. Return the completed application form with professional's letterhead to the address below:

Remember:

Island Transit will process your completed application and notify you within 14 days after a completed application arrives in our office. Island Transit reserves the right to require additional information. Final decisions will be made by Island Transit.

If the application is denied by Island Transit, the applicant has the right to appeal in writing to the following address: Transportation Commission c/o Island Transit, at the address below.

Return completed application form to:

**Island Transit
3115 Market Street
Galveston, Texas 77550**

If you have any questions, please call Dial-A-Ride
(409) 797-3909
(409) 797-3901 fax

TO BE COMPLETED BY APPLICANT				
Name of Applicant: (Nombre de Solicitante)	Last (Apellido)	First (Nombre)	Middle (Inicial)	Social Security No. (Numero de Seguro Social del Solicitante)
Address: Street (Dirección: Calle)		Apartment Number (Numero de Apartamento)		City (Ciudad)
Zip Code (Código Postal)		Telephone No. (Teléfono)		Date of Birth (Fecha de Nacimiento)
Apartment Complex Name (Nombre de Apartamento)			Gate Code (Código de Cochera)	
Applicant's Signature (required) (Firma)				Date (Fecha)
X _____				