

Dear Mainstream Applicant:

Thank you for your interest in Mainstream. Enclosed is an application and information about our services. Please take some time to read the information in order to familiarize yourself with the process before you begin filling out the application.

As the applicant, please complete Part 1 in detail. A licensed professional who is most familiar with the functional limitations imposed by your condition must complete and sign Part 2. Professionals who are qualified to complete this form include: Audiologist; Chiropractor; Registered Nurse; Medical Doctor; Mobility Specialist; Physical & Occupational Therapist; Optometrist; Psychologist; Licensed Independent Social Worker (LISW- *must specialize in specific functional limitations*). **Because of a potential conflict of interest, a licensed professional cannot be an immediate family member.**

Some things that will delay/prevent the Mobility Services Department from processing an application include:

- **ANY** questions that are left unanswered in Part 2.
- No signature on Part 2.
- If Part 2 is completed by anyone other than a licensed professional.
- If the licensed or certified professional completing Part 2 does not include their full name, title, address and license or certification number.
- Regardless of your age, if you have a legal guardian the guardian must sign and date the application in order for you to be assessed for Mainstream service.

After completing the application, please call our Mobility Coordinator at 614-275-5833 to schedule an appointment to submit your application and attend an interview/functional assessment. It is important to note both parts of the application must be completed within 90 days of scheduling an interview/functional assessment. If this does not occur, the application will not be valid and you will be required to complete both parts of the application again.

Should you need it, transportation on Mainstream for your interview/functional assessment can be arranged for you. You must let the Mobility Coordinator know you need transportation when you schedule the appointment. The Mobility Coordinator will schedule your ride and Mainstream will contact you to verify the availability and pickup time of the trip. These trips are on a space-available basis, and travel to and from the interview/functional assessment will be free of charge. If a ride request on Mainstream cannot be accommodated, you must find other means of transportation to the interview/functional assessment. If a ride is scheduled on Mainstream and you are unable to attend the assessment, please cancel that ride within 24 hours by calling 614-272-3033.

You will receive a status notification via U.S. mail. If you do not receive notification within 21 days after the interview/functional assessment, you will be given temporary eligibility to use Mainstream until you are officially notified otherwise. If you are denied eligibility, you have the right to appeal the decision.

If you need this information in an accessible format, or have any questions about this process, please contact the Mobility Services Department at 275-5828.

FREQUENTLY ASKED QUESTIONS ABOUT ADA PARATRANSIT ELIGIBILITY

Q: *What does ADA (or “ADA Paratransit”) mean?*

A: ADA stands for the Americans with Disabilities Act, a 1990 law prohibiting discrimination against persons with disabilities in the areas of employment, public accommodations, and public services such as transportation. The ADA considers regular bus service (COTA) to be “the primary mode of public transportation for everyone.” For this reason, all cities with regular bus service must make the service “accessible” (usable by) individuals with disabilities and provide a comparable origin to destination, or “paratransit service,” for those who are unable to use the regular bus service due to a condition.

In Franklin County, Mainstream is the “ADA Paratransit” service. The ADA states that COTA’s regular bus service should be the primary means of public transportation for everyone, including people with disabilities. Under the ADA, Mainstream serves as a “safety net” for only those persons whose functional capacity imposed by their disability prevents them from riding the regular COTA bus.

Q: *What is the ADA eligibility criterion? What qualifies as a disability?*

A: The ADA law states we need to consider your “functional ability” to use COTA’s fixed-route bus service independently. You may be eligible for ADA Paratransit service if you are unable to do any of the following due to a condition:

1. Persons who are unable to board, ride, or exit from a COTA fixed-route bus even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift. Example: Persons

who cannot ride the bus independently, recognize bus stops, read a bus schedule, determine the fare, etc.

2. Persons who have a specific impairment related condition which prevents them from getting to or from the bus stop. Examples: (1) Persons with special sensitivity to temperatures that may prohibit travel to or from a bus stop in certain weather conditions. (2) Persons with physical conditions that prevent them from getting to or from the bus stop due to a lack of sidewalks and curb cuts.

Q: *What are some of the criteria that are not considered for eligibility determination?*

A: Eligibility is not based on the following:

- Your age (i.e. senior citizen), your income or financial need
- Not having a car, being unable to drive, or inconvenient bus schedules
- Not being able to carry your books, groceries, children, or other items on COTA
- Your particular medical diagnosis or name of your disability (merely having a diagnosis of “disability”)
- Not having bus service where you live (living in an area where city bus service is simply not available)
- Using a wheelchair, in and of itself
- The reason or importance of your trip (the ADA prohibits restrictions or priorities based on “trip purpose”)

Q: *How does one qualify for this service?*

A: To qualify for ADA Paratransit service, one must have a condition that prevents his or her use of the fixed-route bus service (COTA).

Step 1: The application has two parts. The applicant must fill out Part 1. The applicant can receive assistance from someone

else, but wherever possible the applicant's answers must be written. If someone assists, state the relationship between the applicant and the person assisting them at the end of Part 1. NOTE: When questions ask for detailed examples, please give them. This will help the Eligibility Administrator understand the customer's functional limitations. Example: How does this condition prevent you from using the fixed-route COTA bus? "The diabetes has a negative effect on my stamina." "I have trouble gathering enough strength to get out of bed some mornings and I spend a lot of time resting trying to recuperate." "The arthritis makes it more difficult for me to maintain my balance since it is mostly in my feet and ankles."

Step 2: Give Part 2 of the application to a licensed or certified professional who is most familiar with your functional limitations imposed by your condition. **Please have the professional fill out the application in detail. The detailed information gives the Eligibility Administrator documented evidence to support the customer's information.**

Step 3: Call the Mobility Coordinator at 614-275-5833 to schedule an appointment to submit your application and attend an interview/functional assessment.

Q: *What does the interview/functional assessment involve?*

A: COTA Mobility Services must get a clear picture of what the applicant is and is not capable of doing as it pertains to riding public transportation.

Interviews and functional assessments consist of specific observation or testing of a person's abilities, skills, or limitations. The assessment may be of physical, psychiatric, or navigational factors (mobility/travel abilities or skills of persons with visual impairments or cognitive limitations) influencing a person's ability to use fixed-route public transportation.

Assessments may be of basic abilities and competency for daily functioning, such as testing of strength, balance, walking ability, basic memory, etc. Assessments may also be tailored to specific environmental conditions related to using transit service, such as climbing bus steps or maneuvering wheelchairs into an actual vehicle, or in crossing typical street intersections and locating specific bus stops.

Q: Is there a weight or size limit for mobility devices?

A: COTA vehicle lifts can accommodate mobility devices with the dimensions of 33” wide by 49” in length with a weight, when occupied by the applicant, of no more than 800 lbs.

ADA ELIGIBLE CUSTOMERS WILL BE PROVIDED ALL ADA MANDATED TRIPS THROUGH MAINSTREAM

ADA mandated trips are defined as follows:

The ADA law states “the entity shall provide complementary paratransit service to origins and destinations within corridors with a width of $\frac{3}{4}$ of a mile on each side of each fixed route. The corridor shall include an area with a $\frac{3}{4}$ of a mile radius at the ends of each fixed route.”

In other words, the ADA law states the transit authority must provide all trips which meet all of the following criteria:

1. The origin (starting point) of the trip is within $\frac{3}{4}$ mile of a fixed-route bus stop during the times in which the fixed-route bus is providing service.
2. The destination (the place you want to be dropped off) is within $\frac{3}{4}$ mile of a fixed-route bus stop during the times in which the fixed-route bus is providing service.

For example, a Mainstream customer calls in to reserve a trip going from his home address to 10 North Front Street at 4:00 p.m. This customer’s home address is within $\frac{3}{4}$ of a mile of a fixed-route bus stop which runs between the hours of 9:00 a.m. to 6:00 p.m. The destination address is also within $\frac{3}{4}$ of a mile of a fixed-route bus stop which runs between the hours of 8:00 a.m. to 8:00 p.m. Since both the pickup and destination addresses meet the criteria mandated by ADA law, this customer must be provided the trip.

NON ADA TRIPS ARE ALL OF THE TRIPS THAT DO NOT MEET THE ADA DEFINITION AS STATED ABOVE.

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**CENTRAL OHIO TRANSIT AUTHORITY
Mobility Services Department**

DO NOT MAIL

Please call 614-275-5833 when application is complete

PARATRANSIT ELIGIBILITY APPLICATION

Mainstream provides paratransit services to individuals who cannot use COTA's fixed-route bus service to make all of their trips. To be eligible for this service, the functional limitations of an individual's disability **must currently, significantly prevent** use of COTA's fixed-route bus service. Age, distance from a bus stop, being in a wheelchair, a medical diagnosis, or being classified as having a "disability" by themselves are not criteria for determining eligibility.

Part 1 must be filled out with the applicant's answers. The applicant may receive assistance from another person, but wherever possible the applicant's answers must be written. If another person assists, please state their relationship at the end of Part 1 and have the applicant sign.

If you live more than 3/4 of a mile from any COTA fixed route, you are outside of Mainstream's service area. If you need more information regarding COTA Mainstream service, please call 614-275-5833.

PART 1

TO BE COMPLETED BY APPLICANT

PLEASE TYPE OR PRINT CLEARLY IN INK

Please Check One: New Applicant Recertification

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Alternate Telephone: _____

Date of Birth: _____

In which format would you like to receive future communications?:

Large Print

Audio CD

Electronic (e-mail)

E-mail Address: _____

1. What is your current medical diagnosis?

2. How does this condition(s) prevent you from using COTA's fixed-route bus service? (**Important: please give detailed examples**):

3. Is this condition temporary? Yes No

If yes, what is the expected duration? _____ months

4. Are you able to do the following functions independently?

| | Yes | Sometimes | No |
|---|-----|-----------|----|
| Find your way between familiar locations? | | | |
| Grasp coins, passes and handles? | | | |
| Communicate address, destinations and telephone numbers on request? | | | |
| Ask for, understand and follow directions? | | | |
| Deal with unexpected situations or unexpected changes in routine? | | | |
| Go up and down steps? | | | |
| Recognize a destination or landmark? | | | |
| Walk or use a wheelchair/scooter 200 feet? (<i>A city block</i>) | | | |
| Walk or use a wheelchair/scooter and travel ¼ mile (1,300 feet/just under 4 ½ football fields)? | | | |

5. If you use an aid, check those that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Crutches | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Walking cane |
| <input type="checkbox"/> 3-wheel scooter | <input type="checkbox"/> Service animal | <input type="checkbox"/> Cane used by the visually impaired |

APPLICANT RELEASE

I understand that the purpose of this evaluation form is to determine my eligibility for paratransit service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I hereby authorize my medical representative to release any and all information regarding my medical condition to COTA. I understand that providing false or misleading information could result in my eligibility status being revoked. I agree to notify COTA Mainstream within 10 days if there is any change in circumstances or I no longer need to use paratransit services.

Applicant Signature: _____

Date: _____

Name and relationship of person who assisted in completing the application (if applicable): _____

Power of Attorney and/or Guardian Signature (if applicable):

Date: _____

Note: Regardless of your age, if you have a legal guardian the guardian must sign and date the application in order for you to be assessed for Mainstream service.

Important: Falsification of this application to obtain, aid, or facilitate another in obtaining Mainstream service violates Ohio Revised Code section 2921.13 and United States Code Title 18, section 1001. Penalties include fines of up to \$5,000 and imprisonment up to ten years.

CENTRAL OHIO TRANSIT AUTHORITY

PARATRANSIT ELIGIBILITY APPLICATION MOBILITY SERVICES DEPARTMENT

Mainstream provides paratransit service to individuals who cannot use COTA's fixed-route bus service to make all of their trips. To be eligible for this service, the functional limitations of an individual's disability must **prevent** use of COTA's fixed-route bus service. Age, distance from a bus stop, using a wheelchair, **medical diagnosis or name of "disability"** by themselves are not taken into consideration in making an eligibility determination.

Part 2 must be filled out clearly, completely and signed by the licensed or certified professional.

If this section is completed by the applicant with the professional's signature, it will NOT be accepted. ALL sections must be completed by the professional.

PART 2

TO BE COMPLETED BY A LICENSED OR CERTIFIED PROFESSIONAL

Professionals qualified to complete Part 2 include: Audiologist; Chiropractor; Medical Doctor; Mobility Specialist; Registered Nurse; Occupational Therapist; Physical Therapist; Optometrist; Psychologist; Licensed Independent Social Worker that specializes in the functional limitation

Applicant's Last Name: _____ First Name: _____

1) What is the applicant's current medical diagnosis?

2) How does this condition(s) prevent the applicant's use of COTA's fixed-route bus service?
(IMPORTANT: PLEASE GIVE DETAILED EXAMPLES): _____

3) Is this condition temporary? Yes No

If yes, what is the expected duration? _____ months

4) Is the applicant able to get on and off a COTA fixed-route bus equipped with a wheelchair lift without assistance? The driver operates the wheelchair lift and secures the equipment.

Yes No If no, please explain: _____

5) Is the applicant able to walk/use wheelchair to the bus stop nearest his/her home?

Yes No

If no, please indicate all of the following reasons which are applicable:

- | | |
|--|--|
| <input type="checkbox"/> Cannot maneuver over hilly or rough terrain | <input type="checkbox"/> Cannot travel on surfaces covered with ice or snow |
| <input type="checkbox"/> Cannot tolerate extreme weather temperatures | <input type="checkbox"/> Cannot cross busy intersections |
| <input type="checkbox"/> Lack of sidewalks and curb cuts in their neighborhood | <input type="checkbox"/> Cannot identify correct bus during the daylight |
| <input type="checkbox"/> Cannot locate bus stop due to visual condition | <input type="checkbox"/> Cannot identify correct bus during the night |
| <input type="checkbox"/> Cannot wait outside for ten (10) minutes | <input type="checkbox"/> Poor condition of sidewalks (i.e.: uneven/crumbled) |
| <input type="checkbox"/> Other (please specify): _____ | |
-

6) Is the applicant able to perform the following functions independently?

Find his/her way between familiar locations? Yes No

Grasp coins, passes and handles? Yes No

Communicate address, destinations and telephone numbers on request? Yes No

Ask for, understand and follow directions? Yes No

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

Go up and down steps? Yes No

Recognize a destination or landmark? Yes No

Walk or use a wheelchair and travel 200 feet? (*A city block*) Yes No

Walk or use a wheelchair and travel ¼ mile? Yes No

7) If the applicant uses an aid, please check those that apply:

- | | |
|---|--|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> 3-wheel scooter | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Walking cane | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Cane used by the visually impaired | |

8) Does the applicant require the assistance of another person (other than the driver) to assist them?

Yes No

Does the applicant need someone to assist them in

_____ Getting to or from bus stops _____ Help getting where they are going
 _____ Getting on or off the bus _____ Assistance at the location they are going to
 _____ Other (please describe) _____

9) Please indicate the individual's ability to independently perform the following functions, using the least effective mobility device:

| | Little or No Difficulty | Discomfort and/or Inconvenience | Severe Pain, Additional Impairment and Reduced Level of Function | Impossible or Likely to Cause a Serious Medical Crisis |
|---|-------------------------|---------------------------------|--|--|
| Travel independently to and from the nearest bus stop up to ¼ mile? | | | | |
| Identify the correct bus stop and correct bus to get on and off | | | | |
| Go up and down three ten inch steps, using a handrail if needed | | | | |
| Get on and off the COTA bus with a passenger lift or ramp | | | | |
| Ask for, understand and carry out instructions to take a trip. | | | | |

I certify that, based upon my skill, knowledge, experience, and a reasonable degree of certainty, the above named applicant is eligible to apply for COTA's Mobility Services Program.

Please Print Clearly

Licensed or Certified Professional Name: _____

Title: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Signature: _____

Date: _____ License/Certification Number **(required)** _____