

JOHNSON CITY TRANSIT (JCT)

ADA PARATRANSIT SERVICE APPLICATION

INSTRUCTIONS FOR COMPLETING THIS FORM:

You, (the applicant), or someone assisting you, must complete PART 1 through PART 6 (pages 2 through 7). A licensed medical professional or JCT approved social service agency must complete and sign the MEDICAL VERIFICATION section (pages 8 and 9). A list of JCT approved social service agencies is included on page 11.

Please answer **all** questions carefully. Incomplete forms will be returned to you, which will delay having your application processed. All information will be kept confidential. Only the information required to determine your paratransit eligibility or to provide transportation services to you will be disclosed to the individuals that perform those services.

If you have questions or need assistance completing this form, call JCT at: (423) 434-6265. Hearing-impaired callers may contact JCT through the Tennessee Relay Center, by calling:

711 or (800) 848 – 0298 (w. TDD/TTY/TB device)

711 or (800) 848 – 0299 (Voice)

SPANISH / En Español – (866) 503-0263 (Voice, TTY, ASCII)

Please see the Eligibility Standards and Appeals Process provided at the end of this application.

WHEN COMPLETED, PLEASE RETURN THE ENTIRE FORM TO:

**Johnson City Transit
ADA Paratransit Services
137 W. Market St.
Johnson City, TN 37604**

**MEDICAL PROFESSIONALS OR AGENCIES VERIFYING DISABILITIES –
PLEASE SEE PAGES 8 AND 9 OF THIS APPLICATION.**

This space is for Transit Use Only. Applicant should not write in this space.

Date Approved _____

Date Rec'd: _____

Name: _____

PART 1. GENERAL INFORMATION

If someone assisted you in completing this form, please identify them below:

Name: _____ Phone: _____

Please provide the following information about yourself, the applicant:

Name: Mr. / Ms. _____

Street Address: _____ Apt/Bldg. #: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Birth Year: _____

Do you need to have information and material given to you in any of the following ways (check all that apply)?

- Large Print
- Audio CD
- Other: _____
- No, please continue

Please give us the name and telephone number of someone we can call in an emergency:

Name: _____ Phone: _____

Relationship: _____

PART 2. APPLICANT'S CERTIFICATION

Please indicate below the reasons why you are seeking ADA paratransit eligibility (check all that apply):

- I can use JCT fixed route buses to go some places, but in other places I cannot get to or from the bus stops.
- I can use JCT buses sometimes, but only if they are equipped with wheelchair lifts.
- Because of my disability, I can never use the JCT fixed route bus service.

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the fixed route bus service provided by Johnson City Transit and must therefore use the 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 certify that, to the best of my knowledge, the information in the evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-examined as well as other actions by Johnson City Transit.

Applicant's Signature: _____ Date: _____

PART 3. INFORMATION ABOUT APPLICANT'S DISABILITY

1. What type or types of disabilities prevent you from using the fixed route bus service (Check all that apply)?

- physical disability
- mental illness
- other
- visual impairment/blindness
- developmental disability
- none

Please describe disability in more 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.

- cane
- crutches
- alphabet board
- powered scooter
- other: _____
- service animal (describe) _____
- I don't use any of the above aids or equipment
- long white cane
- Walker¹
- manual wheelchair
- personal care attendant
- leg braces
- picture board
- powered wheelchair

¹Please see wheelchair definition on page 12 of this application.

4. If you utilize a wheelchair:

a. What is the approximate combined weight of you and your wheelchair?

- under 200 lbs
- 400-600 lbs
- above 800 lbs
- 200-400 lbs
- 600-800 lbs

b. What are the approximate dimensions of your wheelchair?

- Number of inches in length (front to back)
- Number of inches in width (side to side)

JCT may be unable to accommodate you if the combined weight of you and your wheelchair is more than the maximum weight JCT vehicle lifts (or ramps) are rated by their manufacturers to safely handle, which on JCT's current vehicles is generally 660 lbs.

JCT may also be unable to accommodate you if your wheelchair's dimensions are so large that you and your wheelchair cannot be safely loaded onto the JCT vehicle/lift/ramp, or presents a legitimate safety issue once loaded (such as blocking the vestibule or interfering with safe evacuation of the vehicle in an emergency).

PART 6. INFORMATION ABOUT TRAVEL TRAINING

NOTE: Travel training is personal (one-on-one) instruction that teaches an individual how to use JCT fixed route buses.

18. Have you ever had any personal instruction on how to use JCT fixed route buses?

- NO, I have not received any personal instruction
- YES, I received personal instruction through an agency
(Name of Agency): _____
- YES, I received personal instruction from a friend/relative

Indicate below all the skills you learned:

- to travel to and from bus stops
- to cross streets
- to ride on the following routes (please list them):
Route _____ Route _____ Route _____
- reading bus schedules and planning trips
- other: _____

19. Johnson City Transit now offers free instruction to anyone interested in learning how to ride the fixed route buses. Would you be interested in getting information about this service?

- YES
- NO

I authorize the following professional to release to Johnson City Transit information about my disability and its affect on my ability to travel which may be needed in connection with my request for ADA paratransit eligibility certification. It is my understanding that the information released will be used solely to determine my ADA paratransit eligibility. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described until 60 days after the date appearing below:

Name of Professional: _____
 Street Address: _____
 City/Town: _____ State _____ Zip Code: _____
 Telephone Number: _____

I also understand that the City of Johnson City will maintain security over any protected health information as per the requirements of HIPAA.

Applicant's Name: _____

Applicant's Signature: _____ **Date:** _____

THIS ENDS THE PORTION OF THE FORM TO BE COMPLETED BY THE APPLICANT. THE NEXT SECTION (PAGES 8 and 9) MUST BE COMPLETED AND SIGNED BY A LICENSED MEDICAL PROFESSIONAL OR A JCT-APPROVED VERIFICATION AGENCY. (Agencies approved by JCT to verify applications are listed on page 11.) *Note: Under distinct circumstances, as determined by the JCT Director, the JCT Paratransit Eligibility Committee may confirm an applicant's stated condition (in lieu of medical professional or approved social service agency), during the applicant's in-person review meeting.*

**TO BE COMPLETED BY LICENSED MEDICAL PROFESSIONAL OR
JCT APPROVED SOCIAL SERVICE AGENCY**

REQUEST FOR PROFESSIONAL VERIFICATION

The Americans with Disabilities Act of 1990 (ADA), as amended, requires that Johnson City Transit (JCT) provide paratransit service (demand response, curb-to-curb) to anyone with a disability who cannot use standard JCT fixed-route buses and who is traveling in the JCT service area. The applicant who has asked you to review and sign this form is applying to Johnson City Transit to be considered eligible for this service. ADA paratransit service is intended only for those trips that the person cannot make on the fixed route bus system.

This verification form is intended to assist the JCT Eligibility Committee in the determination of when and under what circumstance the applicant can use JCT fixed-route buses and when they require paratransit service. The verification information provided here will not be a final determination of the applicant's paratransit eligibility.

**Please return the completed application to the applicant (if the applicant so requests) or to:
Johnson City Transit, ADA Paratransit Services, 137 W. Market St., Johnson City, TN 37604.**

Capacity in which you know the applicant: _____

Medical Diagnosis of condition causing disability: _____

Is the condition temporary?

NO _____ Yes _____ Expected duration until: _____ (mm/dd/yy)

If the person has a disability affecting mobility:

Is the person:

Able to walk 200 feet without assistance?

YES _____ NO _____ Sometimes (please explain): _____

Able to walk ¼ mile without assistance?

YES _____ NO _____ Sometimes (please explain): _____

Able to walk ¾ mile without assistance?

YES _____ NO _____ Sometimes (please explain): _____

Able to climb three 12 inch steps without assistance?

YES _____ NO _____ Sometimes (please explain): _____

Able to wait outside without support for up to 30 minutes?

YES _____ NO _____ Sometimes (please explain): _____

Able to wait outside for up to 30 minutes if bench is provided?

YES _____ NO _____ Sometimes (please explain): _____

Does this person use any mobility aids (walker, wheelchair, cane, service animal, etc.)?

YES _____ NO _____ If so, what? _____

If the person has a visual impairment:

Visual Acuity with Best Correction:

Right Eye _____ Left Eye _____ Both Eyes _____

Visual Fields:

Right Eye _____ Left Eye _____ Both Eyes _____

If the person has a cognitive disability:

Is the person able to:

Give addresses and telephone numbers upon request?

YES _____ NO _____

Recognize a destination or landmark?

YES _____ NO _____

Deal with unexpected situations or unexpected changes in routine?

YES _____ NO _____

Ask for, understand, and follow directions?

YES _____ NO _____

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

YES _____ NO _____

If Travel Training was provided by JCT, could this person learn to ride JCT fixed route buses?

YES _____ NO _____

Need for Personal Care Attendant:

Does the individual require a Personal Care Attendant when traveling, using transit?

YES _____ NO _____

Please describe any other affect of the disability of which JCT Paratransit should be aware:

Office Name: _____

Office Address: _____

Office Phone Number: _____

Your Name: (please type or print) _____

Signature: _____

JCT ADA PARATRANSIT ELIGIBILITY STANDARDS

A disability is a physical or mental impairment which substantially limits one or more of the major life activities of an individual; a record of such impairment; or being regarded as having such an impairment. The terms disability/impairment do not include homosexuality, bisexuality, sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or disorders resulting from the current illegal use of drugs.

Under the ADA regulations, there are three categories of persons who are eligible for ADA paratransit service. These categories are defined as follows:

Category 1. Any individual who is unable to board, ride, or disembark from an accessible fixed-route vehicle due to a physical or mental impairment without the assistance of another individual (excluding the operator of a wheelchair lift or other boarding assistance device). This category includes persons who cannot “navigate” the fixed-route system because of their disabilities.

Category 2. Any individual with a physical or mental impairment who is able to board, ride, and disembark from an accessible fixed-route vehicle, when such a vehicle is not being used on the route.

Individuals eligible under this category can “navigate” the fixed-route system, but accessible buses are not being used on the route at the particular time the individual travels.

Category 3. Any individual with a physical or mental impairment which prevents that individual from traveling to a boarding location or from a disembarking location. Conditions of an individual which make getting to or from a bus stop more difficult or less comfortable do not confer eligibility under this category.

JCT PARATRANSIT ELIGIBILITY COMMITTEE CONFIRMATION OF APPLICANT’S STATED CONDITION

Based on a review of pages 2 through 7 of the JCT paratransit application submitted by the applicant, and an in-person interview/meeting with the applicant, the JCT Paratransit Eligibility Committee has determined that the applicant’s ADA-eligible disability is “*res ipsa loquitur*” (indubitably apparent) and no further medical or agency verification is required to determine the applicant’s permanent JCT ADA paratransit eligibility.

DATE: _____

Signature of JCT Eligibility Committee Member

Position Title

**JCT-APPROVED VERIFICATION AGENCIES
for JCT ADA PARATRANSIT SERVICE ELIGIBILITY**

Adult Day Services

603 Bert Street
Johnson City, TN 37601
(423) 928-8855

Davita

107 Woodlawn Drive
Suite 100
Johnson City, TN 37604
(423) 926-2976

Medical Center Hospice

Attention: Social Work Dept.
101 Med Tech Parkway
Suite 100
Johnson City, TN 37604
(423) 431-6146

Agape Nursing and Rehab

(formerly Asbury Center)
505 N. Roan Street
Johnson City, TN 37604
(423) 975-2000

Dawn of Hope

500 E. Oakland Avenue
Johnson City, TN 37601
(423) 434-5600

NHC Health Care

3209 Bristol Highway
Johnson City, TN 37601
(423) 282-3311

Amedisys

Attention: Office Manager
136 W. Springbrook Drive
Johnson City, TN 37604
(423) 952-2340

ETSU Disability Services

Culp Center #326
P.O. Box 70605
Johnson City, TN 37614
(423) 439-8346

Options For Community Living

3211 N. Roan St.
Johnson City, TN 37601-5699
(423) 928-3258

Cornerstone Village

(formerly Appalachian Christian
Village)
Social Services Dept.
2012 Sherwood Drive
Johnson City, TN 37601
(423) 928-3168

FMC of Johnson City (Renal Care)

Attention: Social Worker
100 Technology Lane
Johnson City, TN 37604
(423) 929-7181

Quillen Rehabilitation Hospital

Attention: Social Worker
2511 Wesley Street
Johnson City, TN 37601
(423) 283-0700 or (423) 854-0765

Christian Care Center

140 Technology Lane
Johnson City, TN. 37604
(423) 434-2016

**Frontier Healthcare
Watauga Behavioral Services**

109 West Watauga Avenue
Johnson City, TN 37604
(423) 232-2600

TN Dept. of Human Services

Vocational Rehabilitation
103 E. Walnut Street
Johnson City, TN 37604
(423) 929-0171

Courtyards of Johnson City

2105 E. Lakeview Drive
Johnson City, TN 37601
(423) 928-1295
Fax: (423) 926-1292

Lakebridge Healthcare

Director of Social Services
115 Woodlawn Drive
Johnson City, TN 37604
(423) 975-0095

Volunteer Blind Industries

Attention: Director
2232 Watauga Road
Johnson City, TN 37601
(423) 929-7008

JCT ADA ADMINISTRATIVE APPEALS PROCESS

Individuals who wish to file an appeal following JCT's determination of denial of their ADA paratransit eligibility or their suspension of service by JCT (for excessive missing of scheduled trips or behavior issues) should:

- 1) File a request for an appeal hearing in writing (or electronically) within 60 days of JCT's denial of their application, or:
- 2) File a request for an appeal hearing in writing (or electronically) within 15 days of their suspension of service by JCT.
- 3) A request for an appeal hearing should be submitted to: Assistant City Manager, RE: Johnson City Transit ADA Appeal, City of Johnson City, P.O. Box 2150, Johnson City, TN 37605. A request for an appeal hearing filed electronically should be submitted to: cjstahl@johnsoncitytn.org with "Johnson City Transit ADA Appeal" listed in the subject line.

Paratransit service will not be provided to individuals pending determination of appeals regarding denial of ADA paratransit eligibility or suspensions based on seriously disruptive, violent, or illegal behavior, or behavior which is a direct threat to others.

The appeal process will allow individuals an opportunity to be heard and to present arguments to the administrative appeals board. The administrative appeals board will be composed of the Johnson City Assistant City Manager, the City Risk Manager, and the City Human Resources Director.

Individuals who have submitted an appeal will be notified of the decision of the administrative appeals board in writing, within 30 days. If no decision has been made by JCT regarding the appeal within 30 days following the appeal process, paratransit service will be provided until and unless a decision to deny the appeal is issued by JCT.

Eligibility

- JCT will confirm eligibility in no more than 21 days. In the unlikely event that JCT takes longer than 21 days to process the application, the applicant will have presumptive eligibility, be permitted to use paratransit services, until the eligibility decision is made by the agency.

- Applications are available at the transit center located :

137 W. Market St.

Johnson City, TN 37604

And online:

<http://www.johnsoncitytransit.org/documents/JCTApplicationforParaService2016.pdf>

When filled out they may be delivered by mail, in person, or via fax (423-434-6280):

Visitor Policy

A visitor is anyone with a disability who does not reside in Johnson City, Tennessee.

A visitor presenting documentation of ADA paratransit eligibility elsewhere must be treated as eligible.

Any visitors presenting documentation that they are ADA paratransit eligible in their home jurisdiction must be treated by the transit agency as eligible, and no further documentation may be required before paratransit service is provided.

If a visitor does not have documentation of ADA paratransit eligibility, JCT may require documentation of the individual's place of residence. If the visitor's disability is not apparent, documentation of disability may also be required. But no documentation of disability may be required if the visitor's disability is apparent, such as, for example, a person using a wheelchair, or an individual who is blind or has a vision impairment and travels with a guide dog. The transit agency must provide paratransit service to the individual.

JCT is not required to provide service to a visitor for more than 21 days per year; that is, per 365-day period from the first day of use. For example, if a person with a disability travels to Johnson City, TN for three weeks a year, she never needs to apply for local eligibility. JCT may require, in order for the person to continue receiving paratransit service beyond 21 days within the same year that she apply for eligibility in the same manner as would a resident. This is true whether the 21 days are consecutive or parceled out over several shorter visits.

WHEELCHAIR DEFINITION

A wheelchair is mobility aid belonging to any class of three or more wheeled devices, useable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered.

Non-wheelchair mobility aids, such as rolling walkers with a seat intended to allow temporary rest intervals, do not meet the U.S. DOT definition of a wheelchair. It departs from or exceeds the intended purpose of the manufacturers of these devices for a passenger to sit on one of these devices during a ride on a public transportation vehicle, and would reduce the passenger's safety to do so. During a trip on a JCT vehicle, a client using a non-wheelchair mobility aid/device must transfer to a regular bus seat. Non-wheelchair mobility aids may be stored on the JCT vehicle during the ride, as space allows.