ADA PARATRANSIT RE-CERTIFICATION APPLICATION

PLEASE RETURN COMPLETED APPLICATION TO:

GoDurham ACCESS Recertification Application 1911 Fay Street Durham, NC 27704

NOTE: All pages of the application must be completed and mailed to GoDurham Access. Incomplete applications will not be processed, and will be returned to the applicant.
Faxed applications will not be accepted.

This application will be reviewed within 14 days after it is received by GoDurham ACCESS to determine the applicant's eligibility for service. The applicant shall be treated as eligible and shall be provided service for up to 30 days after the certification expiration. Applicants who are denied eligibility have the right to appeal that decision. Please contact GoDurham ACCESS at (919) 560-1555, x 303 with questions regarding the application or the appeals process.

The information in this application will be used by GoDurham ACCESS for the provision of transportation services. Information will be available to other transit providers as necessary for appropriate transportation services. The information will not be provided to any other person or agency.

TO BE COMPLETED BY A REGISTERED HEALTH CARE PROFESSIONAL ONLY

Refer to last page of the application for qualified professionals that may complete this application.

Dear Health Care Professional:

You are being asked by the applicant to provide information regarding his/her ability to use GoDurham transit services. Federal law required that GoDurham provide paratransit service to persons who cannot use fixed-route transit services. The information you provide will allow us to evaluate this request and its application to specific trip requests.

Funding resources for this program are limited, so your evaluation of each person must be based solely upon that individual's ability to use regular transit. Your verification should consider only the presence of a disabling condition, not the applicant's age or economic status. Please exercise care in evaluating applicants for this program. If we provide special services to persons who have the ability to use the regular GODURHAM bus services, some disabled persons who truly need help may have to go without. Thank you for your cooperation in this matter.

All GODURHAM City buses are accessible to wheelchairs and other mobility aids.

To qualify for GoDurham ACCESS, a person must be unable to use GoDurham city bus service due to a physical, visual or mental impairment related conditions.

1. Applicant's Name _____
2. What is the nature of applicant's disability? _____
3. The disability is ☐ permanent ☐ temporary
4. If temporary, expected duration is _____ (specify date).
5. How does it prevent him/her from using GoDurham bus routes? _____
6. How far is the applicant able to walk (or to ambulate using a mobility aid such as a wheelchair) without stopping to rest for a sustained period, and without assistance from another person?
   ☐ Applicant has no useful independent mobility
   ☐ About 200 feet (or about 40 average paces)
   About two city blocks (or about 160 average paces)
   About four city blocks (or about 320 average paces)
   Up to ¾ mile (about 800 average paces)
7. Can the applicant wait outside without support for 10 minutes?
   ☐ Yes ☐ No ☐ Sometimes (explain) _____

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Individuals may qualify for the GoDurham ACCESS service if they meet one of the following categories:

1. As a result of their disability, they are unable to board, ride, or disembark from a lift-equipped transit vehicle without the assistance of another person (excluding the operator of a wheelchair lift or other boarding assistance device) and/or they have a specific impairment-related condition which prevents them from learning to navigate the transit system.

2. They are able to board, ride, and disembark from a lift-equipped transit vehicle, but the fixed-route on which they want to travel is not 100 percent accessible, for example, the vehicle's lift or boarding device cannot be deployed at the stop which they want to use.

3. They have a specific impairment-related condition, which prevents them from getting to or from a bus stop or transit station. Please note that this includes only those who cannot get to and from a bus stop or transit station, not persons who find it uncomfortable or difficult to get to and from bus stop locations.

Does the applicant meet one or more of the categories noted above? ☐Yes ☐No

If yes, indicate which category by number, include all that apply.

☐Category 1 ☐Category 2 ☐Category 3

To the best of my knowledge, the previous information is correct, based on my examination of the applicant and/or my review of official files.

Signature_____

Print Name and Title _____

Office Address _____

City, State, Zip _____

Office Phone_____

Professional License #_____Issued by _____

Your professional area of specialization is: (check one)

☐ Physician ☐ Psychologist ☐ RN/LPN ☐Other (specify)

☐Physical Therapist ☐Rehab. Specialist ☐Clinical Social Worker _____

THANK YOU FOR YOUR ASSISTANCE