



If you have a disability that PREVENTS you from independently getting to or from using RTC RIDE, you can apply for RTC ACCESS ADA Paratransit eligibility:

1. Call Us

First, call RTC Customer Service at 775-348-0477 or The Continuum at 775-829-4700 and ask to have a RTC ACCESS eligibility application packet mailed to you.

If you have any questions about the application packet or you need help filling out the form, call RTC Customer Service at 775-348-0477 for assistance.

RTC ACCESS is for people who are prevented from independently getting to or from or riding a fixed route transit bus or navigating through major transfer points.

2. Interview

After you fill out the application, call The Continuum at 775-829-4700 to set up an in-person interview with them. Bring the RTC ACCESS application form and a photo ID with you to the interview. Also bring additional information about your disability or health condition, including physician statements of how you are unable to use the bus.

At the interview they will review the application with you, take your picture, discuss your travel abilities and limitations in more detail and may ask you to take a ‘mock’ bus trip. This will take about 30-45 minutes and will give them a better idea of your travel abilities and limitations. You may have to go outside, so please dress for the weather.

3. Decision

RTC will notify you of your eligibility by mail within 21 days after the interview and assessments are completed. It is your responsibility to make sure that all required information is submitted in order to complete the application process.

If you are eligible for RTC ACCESS ADA Paratransit Service for some or all of your trips, you will receive an ID card, certification letter and a Rider’s Guide with information about how to use RTC ACCESS. If you are approved for conditional eligibility only, you will be notified of which trips you are eligible for and how to appeal the decision if you disagree. If you are not eligible, you will be notified about how to appeal if you disagree.



NEW: _____
 AUTO NEW: _____
 RECERT: _____
 AUTO RECERT: _____
 PCA: _____
 ELIG: _____
 EXP: _____
DO NOT LEAVE
ALONE _____

**APPLICATION FOR RTC ACCESS/ADA
 PARATRANSIT ELIGIBILITY**

PART A: Application Profile (PLEASE TYPE OR PRINT)

Male _____ Female _____
 Last Name _____ First Name _____ Initial _____
 Date of Birth ____/____/_____
 Address _____
 City _____ State _____ Zip code _____
 Mailing Address (If Different) _____
 Telephone # (or TTY) _____ Primary Language Spoken: _____

Please provide the name, telephone number and relationship of someone we can contact in the event of an emergency:

Name _____ Phone _____
 Relationship _____

If someone other than the applicant is filling out this application, please check the box and then enter the information below.

I certify that the information provided in the application is true and correct based upon my own knowledge of the Applicant's health condition or disability.

Name _____ Phone _____
 Relationship to Applicant _____

PART B: Disability and Mobility Information

1. List the Disabling Condition(s) that prevent you from using the regular RTC RIDE fixed route bus system and how this condition(s) would affect your use of the RTC RIDE fixed route bus system: (Stroke, Heart Attack, or Accidents, etc., give month and year).

2. Which of the following mobility aids or equipment do you use to help you get where you need to go? (Please check all that apply to you)

- | | |
|--|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Long White Cane | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Powered Scooter/Cart |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Alphabet/Picture Board | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I do not use any of the above aids or equipment | |

Please note that we **may not be able to** accommodate wheelchairs/scooters that exceed these specifications when occupied:

- 48 inches in length
- 32 inches in width
- 600 pounds (including the client)

3. Do you require the assistance of a Personal Care Attendant (PCA) (someone who must assist you with daily life functions)?

- Yes No Occasionally

4. Is your condition(s) temporary?

- Yes -> How long do you expect it to last? Years _____ Months _____
- No – Permanent -> How long have you had this condition or disability?
- Since birth _____ Years _____

PART C: Transportation Information

1. What is your current mode of transportation:

2. Have you ever used the regular RTC RIDE bus?

Yes ->How many days per week? _____

How many days per month? _____

Yes, I have used the bus, but stopped because _____

No

3. Do you know where your closest bus stop is located?

Yes ->How far from your house? _____

No

4. Please indicate below the reason(s) you are seeking RTC ACCESS ADA Paratransit eligibility.
(Check all that apply)

I am able to ride the RTC RIDE buses to go some places, but in other places I cannot get to and from the bus stops. I know that all RTC RIDE buses are wheelchair accessible.

My disability **prevents** me from independently getting to/from the bus stop.

Other _____

5. What might help you ride the regular RTC RIDE buses? (Check all that apply)

Route and Schedule Information

Knowing that all RTC RIDE buses are Wheelchair Accessible

A communication aid

Receiving training on how to use the RTC RIDE buses

If the bus stops were closer to where I live and where I need to go

I can if the driver calls out the stops

Other _____

6. Are you able to follow written or oral instructions to use the RTC RIDE buses?

Yes

No (explain)

Occasionally (explain)

7. Using a mobility aid or on your own, how far can you walk or use a wheelchair or scooter?

- I cannot get outside my house or apartment
- I can get to the curb in front of my house or apartment
- I can walk or use a wheelchair up to 3 blocks
- I can walk or use a wheelchair up to 6 blocks
- I can walk or use a wheelchair up to 9 blocks
- Over 9 blocks

8. Is your home ADA accessible (wheelchair ramp if needed, paved walkway, accessible doorway)?

- Yes
- No

9. Are there any other conditions, which limit your ability to use the regular RTC RIDE fixed route bus service?

- Yes-> Please describe

- No

PART D: Current Travel Information

1. Please list trips that you will make most frequently using the RTC ACCESS ADA Paratransit Service

PART E: Travel Training

1. RTC ACCESS offers free travel training to anyone interested in learning how to ride the RTC RIDE fixed route buses. Would you be interested in getting information about this service?

- Yes
- No - > Explain _____
- Already trained
(Agency that trained you) _____

PART F: Applicant's Certification

In compliance with the Americans with Disabilities Act of 1990 (ADA), RTC ACCESS provides Paratransit Service to anyone whose disability prevents him/her from independently getting to/from using the RTC RIDE fixed route bus service. This Paratransit Service is commonly referred to as RTC ACCESS. This application form is intended to determine when and under what circumstances the applicant can use the RTC RIDE fixed route buses.

I understand the purpose of this application is to determine if I am eligible to use the RTC ACCESS ADA Paratransit Service. I understand that my information contained in this application is kept confidential and shared only with professionals involved in evaluating my eligibility unless release is required by NRS Chapter 239 or a legal process. I certify that, to the best of my knowledge, the information provided is correct. I authorize the licensed professional who provided professional verification, to release information relating to my disability in order for RTC ACCESS/The Continuum to assess eligibility determinations.

Applicant's Signature _____ Date _____
(If someone other than the client is filling out this application, please sign above)

PLEASE BE ADVISED FAILURE TO COMPLETELY FILL OUT THIS APPLICATION WILL DELAY YOUR ELIGIBILITY PROCESS. IN ADDITION TO THIS FORM, AN IN-PERSON INTERVIEW WILL BE REQUIRED. YOUR ELIGIBILITY WILL **NOT** BE DETERMINED WITHOUT ALL NECESSARY STEPS COMPLETED. RTC ACCESS PROVIDES ELIGIBILITY DETERMINATION IN WRITING WITHIN 21 DAYS OF THE COMPLETED APPLICATION PROCESS, WHICH INCLUDES THE CLIENT INTERVIEW.

WHEN COMPLETED, PLEASE SCHEDULE YOUR APPOINTMENT WITH THE CONTINUUM AND TAKE THIS APPLICATION WITH YOU:

THE CONTINUUM
3700 Grant Drive, Suite D
Reno, Nevada 89509
775-829-4700

The Continuum
3700 Grant Drive, #D

W MOANA LN
MOANA PARK AND STADIUM AND FIRE DEPARTMENT
JACK TIGHE MEMORIAL FIELDS
W PECKHAM LN
S VIRGINIA ST

N
W E
S



Request for Professional Verification Form

Date: _____

Client Name: _____

Client Address: _____

Client Phone: _____

Please list below, those professionals who have specific knowledge of your functional abilities as they relate to your disability. Examples of those professionals may be, physicians, physical therapists, occupational therapists case workers, social workers, care givers, etc.

The Continuum may contact the professionals listed below to gain additional information to assist in making a decision regarding your application for RTC ACCESS ADA Paratransit Services. **Please bring this completed form with you to your appointment at The Continuum.**

1. Name of Professional: _____

Affiliation/Organization: _____

Address: _____

Phone: _____ **Fax:** _____

2. Name of Professional: _____

Affiliation/Organization: _____

Address: _____

Phone: _____ **Fax:** _____

3. Name of Professional: _____

Affiliation/Organization: _____

Address: _____

Phone: _____ **Fax:** _____



REGIONAL TRANSPORTATION COMMISSION

Public Transportation • Streets and Highways • Planning

**Before you apply for RTC ACCESS eligibility –
Review the map on the reverse side.**

The **white area in the center of the map is the ADA service area** and RTC ACCESS will accommodate requests for trips that begin and end within that white ADA service area, as required by the Americans with Disabilities Act (ADA) paratransit regulations.

The **light gray area (including Cold Springs, Spanish Springs, Verdi, Hidden Valley, etc.) is the Non-ADA service area** where RTC ACCESS trips are more difficult to obtain. **If your trips start and/or end outside the ADA service area RTC ACCESS may not be able to accommodate your ride requests.** Regrettably, due to funding shortages, RTC ACCESS service has been reduced outside the ADA service area.

There is no RTC ACCESS service in the dark gray area.

To verify service to an address or for other questions contact:
Sue Sherman at 775-335-1903,
Susi Trinidad at 775-332-2173 or
Lea Rogers at 775-335-1906

For hearing or speech assistance with your call, contact Relay Nevada at 1-800-326-6868 (TTY, VCO, HCO).

Sincerely,

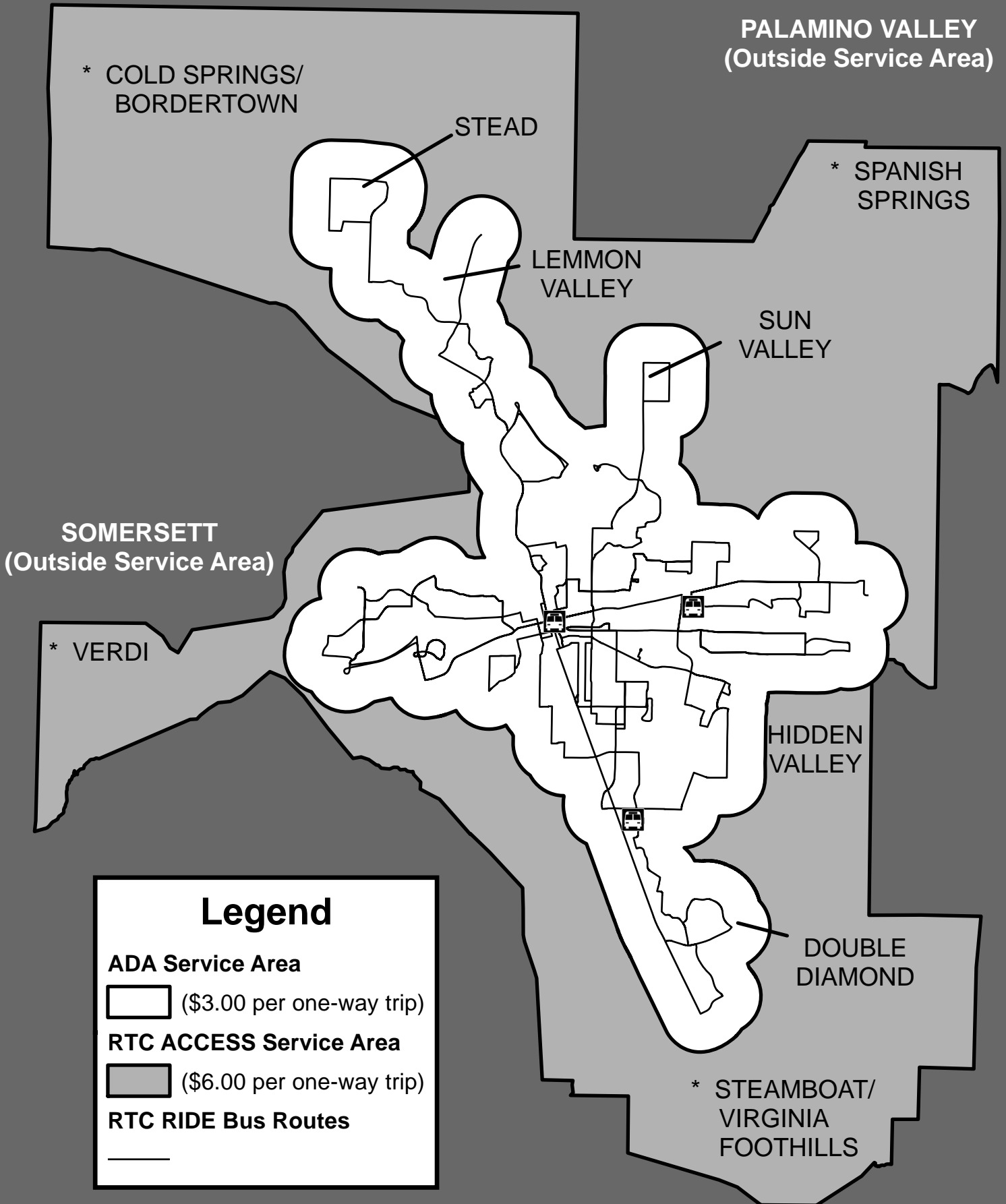
Lea Rogers
Paratransit Administrator

NON-ADA trip availability-1-ss

RTC Board: David Aiazzi (Chair), Ron Smith (Vice Chair), Dwight Dortch, Bob Larkin, David E. Humke
600 Sutro St, Reno, NV 89512 · PO Box 30002, Reno, NV 89520 · tel: 775-348-0480 · fax: 775-348-0450

rtcwashoe.com

RTC ACCESS SERVICE AREA EFFECTIVE AUGUST 2009



* Certain addresses may be outside the RTC ACCESS Service Area.