



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

**RTC ACCESS** is a shared-ride paratransit service that provides door-to-door, prescheduled transportation for individuals who meet the eligibility criteria of the Americans with Disabilities Act (ADA). RTC ACCESS passengers have disabilities which prevent them from riding the fixed route bus (RTC RIDE) independently some or all of the time.

RTC ACCESS service is provided within  $\frac{3}{4}$  of a mile of RTC RIDE's regular fixed route service. RTC ACCESS service/scheduling guidelines include scheduling trips within 60 minutes of the requested time, picking up customers within a quoted 30 minute pick-up window and ride times generally not exceeding 90 minutes for each trip.

### **Eligibility Criteria for Qualifying:**

All applicants for RTC ACCESS eligibility must meet the federal requirements for Americans with Disabilities Act (ADA) paratransit eligibility. Eligible individuals must have one or more of the following:

- Disabilities which prevent them from independently getting to/from a bus stop or through major transfer points.
- Disabilities which prevent them from independently boarding, riding, and exiting a fixed route bus (RTC RIDE).
- Disabilities which prevent them from independently recognizing the correct bus stops and key landmarks.

### **Is RTC ACCESS for me?**

Disability alone does not create eligibility; the decision is based on your functional ability to use the RTC RIDE's regular fixed route service and is not a medical decision. At the same time, unavailability of fixed route service does not constitute eligibility.

## RTC ACCESS Certification Process

The certification process starts with a completed application, followed by an in-person interview/functional assessment. Individuals are notified by mail regarding eligibility within 21 days of the completed application process. If you are eligible, an RTC ACCESS identification card will be included with the notification letter, along with a Rider's Guide describing RTC ACCESS services and how to use them.

RTC ACCESS eligibility may be valid for up to 5 years. At the expiration of your eligibility, you must be recertified.

### How to Apply for RTC ACCESS Service

**Step 1:** Part 1 must be filled out by you, with your answers. You may receive assistance from another person to complete your application. If another person assists you, please state their relationship at the end of Part 1, and you must sign the application.

***If you live more than  $\frac{3}{4}$  of a mile from any RTC RIDE fixed route, you are outside of the RTC ACCESS service area.***

***Please call RTC at (775) 348-0477, if you need more information regarding the service area.***

**Step 2:** Part 2 must be completed by a licensed or certified professional who is most familiar with your functional limitations imposed by your condition. **Please ask your medical professional to fill out the *Medical Professional Authorization Form* in detail. The detailed information gives the RTC Paratransit Eligibility & Mobility Specialist documented evidence to support the information in your application.**

**Step 3:** Call 775-348-0477 to schedule an appointment to submit your application and attend an in-person interview/functional assessment with the RTC Paratransit Eligibility & Mobility Specialist.

**Outdated applications from external websites/agencies will not be accepted.** The current application version is dated April 2017.

If you use a mobility aid, it must be brought with you to the assessment, along with valid identification and your completed RTC ACCESS ADA Paratransit application and medical verification form.

**Do not mail or fax your application and medical verification form – you must make an appointment for an in-person interview/functional assessment.**

Assistance with transportation to the evaluation is available upon request, at no charge.

If you have any questions regarding this application or questions regarding RTC ACCESS services, please contact the RTC at 775-348-0477.

Para información en español, por favor llame al numero 775-348-0477

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

**Please remember to bring your signed application and medical verification form with you to your appointment.**



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

**VERY IMPORTANT! – DO NOT MAIL OR FAX**

**PLEASE CALL 775-348-0477 AFTER COMPLETING YOUR APPLICATION TO SCHEDULE YOUR IN-PERSON INTERVIEW/FUNCTIONAL ASSESSMENT**

**PART 1**  
**TO BE COMPLETED BY APPLICANT**  
**(PLEASE TYPE OR PRINT)**

**General Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (M/F) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Telephone # (or TTY) \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Do you require information in an alternate format?  Yes  No

If yes, please indicate:  Braille  Large Print  Other \_\_\_\_\_

Your primary language:  English  Spanish  Other \_\_\_\_\_

Are you on Medicaid? (No/Yes) \_\_\_\_ If Yes, Medicaid ID No. \_\_\_\_\_

**Disability and Mobility Information:**

1. What type or types of disabilities or health conditions prevent you from using the regular fixed route bus (RTC RIDE)?

- physical  visual  cognitive  mental health  hearing

How long have you had this disability? Number of years \_\_\_\_\_ and months \_\_\_\_\_.

Please describe your disability(s) or health condition(s) in detail: \_\_\_\_\_

Is your condition(s) temporary? If so, how long do you expect it to prevent you from using the regular fixed route bus (RTC RIDE)?

Yes-Temporary - How long? \_\_\_\_\_  No-Permanent

2. Do you use any mobility aids or equipment? Note, if you use mobility aids or equipment, you must bring it with you to your assessment. **(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"/> Power Wheelchair  |
| <input type="checkbox"/> Crutches        | <input type="checkbox"/> Scooter           |
| <input type="checkbox"/> Walker          | <input type="checkbox"/> Service Animal    |
| <input type="checkbox"/> Other _____     | <input type="checkbox"/> Oxygen Tank       |

**Please note: if you use a wheelchair, scooter, or other mobility device that is larger than 48" long X 30" wide and/or weighs more than 600 pounds when occupied, RTC ACCESS may not be able to transport you in that mobility device.**

3. How do you currently travel?

- Walk       Drive a Car       Ride in a Car       Taxi       Fixed Route  
 Paratransit       Fixed Route & Paratransit       Other \_\_\_\_\_

4. Do you ever need assistance from a Personal Care Attendant when you travel in the community or when using the fixed route bus (RTC RIDE)?

Yes      No      If yes, what type of assistance do they provide you?

5. Have you ever had training to learn how to travel around the community or how to use the fixed route buses (RTC RIDE)?  Yes       No

Would you like free training on how to use the fixed route bus (RTC RIDE)?

Yes, I would be interested in travel training       No, not interested

**Transportation Information:**

1. Do you ride the fixed route bus (RTC RIDE)? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_\_\_
2. When is the last time you used the fixed route bus (RTC RIDE)? \_\_\_\_\_
3. Do you know where your closest bus stop is located?  
 Yes – How far from your house? \_\_\_\_\_  No
4. Please read the following statements and check those which best describe your abilities to use the fixed route bus (RTC RIDE).

(Check all that apply)

- I can get to and from bus stops if the distance is not too great.
- I can ride the buses when I am feeling well. There are other times, however, when my disability or health condition worsens, and at these times I cannot ride the fixed route buses.
- I have a disability or health condition that prevents me from riding the fixed route buses if the weather is very hot or very cold.
- My disability or health condition makes it difficult or impossible to travel when there is snow and ice.
- I have difficulty understanding or remembering all the things I would have to do to use the fixed route buses.
- I can use the fixed route buses if it's someplace I go all the time.
- I can never use the fixed route buses by myself. Please explain: \_\_\_\_\_  
\_\_\_\_\_
- I am not really sure if I can use the fixed route buses.
- I use fixed route for some trips but sometimes there are conditions that prevent me from using the bus. (i.e. broken sidewalks, no curb cuts etc.)
- I am not able to use the fixed route buses for other reasons. Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you want to tell us about your disability or health condition that might help us better understand your **travel abilities** and limitations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 fixed route bus (RTC RIDE). This Paratransit Service is commonly referred to as RTC ACCESS. This application form is intended to determine when and under what circumstances you, the applicant, can use the fixed route bus (RTC RIDE).

I agree to submit myself to an in-person interview/functional assessment by RTC ACCESS for determination of my paratransit eligibility. I authorize RTC ACCESS to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of my paratransit eligibility.

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.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature of Applicant**

If completed by someone other than applicant:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_ License/Certificate # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**VERY IMPORTANT! - DO NOT MAIL OR FAX**  
**AFTER COMPLETING THIS APPLICATION, PLEASE CALL RTC ACCESS TO**  
**SCHEDULE YOUR IN-PERSON INTERVIEW/FUNCTIONAL ASSESSMENT**  
**APPOINTMENT AT 775-348-0477.**  
**REMEMBER you must bring valid identification and your**  
**completed RTC ACCESS ADA Paratransit application**  
**to your in-person interview/functional assessment appointment.**

## PART 2

### THE FOLLOWING MEDICAL PROFESSIONAL VERIFICATION FORM MUST BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL OR PRIMARY CARE PHYSICIAN

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: \_\_\_\_\_ Address \_\_\_\_\_

**Dear Health Care Professional:**

You are being asked to provide information regarding this individual's disability. The Federal Law is very specific regarding ADA paratransit eligibility. The law restricts eligibility to individuals who:

1. as a result of their disability, cannot board, ride, or disembark from a regular fixed route bus or
2. have a specific impairment-related condition which prevents them from getting to or from a bus stop.

The information, which you provide, will assist RTC ACCESS in determining your patient's functional and cognitive ability to use public transportation. This form assists RTC ACCESS in determining when and under what circumstance (s) the applicant can utilize the fixed route bus system. All of our vehicles are equipped with a wheelchair lift for individuals who need to use a wheelchair or cannot climb stairs. **It is essential that you be as precise as possible in your evaluation.** All information on this form will be kept strictly confidential and will not be released.

**PLEASE NOTE:** This **does not** include persons who find it **difficult** or **uncomfortable** to get to and from bus stops. **In providing information you should consider only the presence of a disability or health condition and not the applicant's age or economic status.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Professional: \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_ License/Certificate # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

- Describe diagnosed disability you are currently treating this individual for:

\_\_\_\_\_  
\_\_\_\_\_

- Date of onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last visit: \_\_\_\_/\_\_\_\_/\_\_\_\_
- How long have you worked with the individual? Since \_\_\_\_/\_\_\_\_/\_\_\_\_
- Is disability temporary? \_\_\_\_ Yes \_\_\_\_ No Give best estimate of rate of recovery \_\_\_\_\_
- Is disability permanent? If permanent, is disability progressive? \_\_\_\_ Yes \_\_\_\_ No
- Is therapy part of treatment? Yes \_\_\_\_ No \_\_\_\_ If yes, give brief description \_\_\_\_\_

\_\_\_\_\_



- Do temperature extremes affect the individual? Yes \_\_\_ No \_\_\_ (Ex. Heat index of more than 85 degrees or wind chill *less than* 10 degrees) If yes, how so? \_\_\_\_\_
- Is this individual compliant with taking medications? Yes \_\_\_ No \_\_\_
- Does the individual currently use regular route public transportation?  
Yes \_\_\_ No \_\_\_ Not Sure \_\_\_
- Are there any limitations that would prevent this individual from independently traveling on the regular route public transportation Yes \_\_\_ No \_\_\_
- If yes, please describe to what extent or give an example. \_\_\_\_\_  
\_\_\_\_\_
- Can the individual walk? Yes \_\_\_ No \_\_\_
- How far can the individual walk? (With mobility aid if applicable)  
less than 3 blocks \_\_\_ 3 blocks \_\_\_ 6 blocks \_\_\_ 9 blocks or more \_\_\_ Don't know \_\_\_
- Does the individual use a mobility aid? Yes \_\_\_ No \_\_\_ Please list type \_\_\_\_\_
- How long has individual been using the device(s)? \_\_\_\_\_
- Does the individual experience seizures? Yes \_\_\_ No \_\_\_ Date of last seizure \_\_\_ / \_\_\_ / \_\_\_
- Please give frequency of seizures \_\_\_\_\_
- What type(s) of seizures does patient experience? \_\_\_\_\_
- Known triggers \_\_\_\_\_
- Following a seizure does individual experience any of the following: (Check all that apply)  
Extreme fatigue \_\_\_ Impaired Judgement \_\_\_ Lost or disoriented \_\_\_  
Inability to communicate needs or recall information \_\_\_
- Has individual been diagnosed with brain injury resulting in impaired behavioral inhibition?  
Yes \_\_\_ No \_\_\_
- Does judgment and inhibition impairment prevent the individual from independently traveling outside the home or community? Yes \_\_\_ No \_\_\_
- Is the individual's judgment impaired? Yes \_\_\_ No \_\_\_
- When traveling independently does the individual have the ability to: (Check all that apply)  
\_\_\_ Get help if lost  
\_\_\_ Recognize & avoid danger  
\_\_\_ Cross streets safely  
\_\_\_ Follow written directions  
\_\_\_ Communicate needs  
\_\_\_ Process information  
\_\_\_ Understand and follow schedule to get places on time

- Please provide visual acuity measurements and visual field readings for both eyes.  
OS: \_\_\_\_\_ OD: \_\_\_\_\_
- Does the individual require any accommodations, adaptations, low vision aids, etc.? Please list:  
\_\_\_\_\_  
\_\_\_\_\_
- How does the individual's visual impairment affect their ability to move about in the environment?  
\_\_\_\_\_  
\_\_\_\_\_
- Does the individual experience any of the following?  
auditory hallucinations\_\_\_\_ visual hallucinations\_\_\_\_ delusions\_\_\_\_ disassociation\_\_\_\_
- Does this prevent the individual from being oriented to person, place and time? Yes\_\_\_\_ No\_\_\_\_
- Is the individual currently being treated for any of the following?  
anxiety\_\_\_\_ depression\_\_\_\_ panic attacks\_\_\_\_ schizophrenia\_\_\_\_ other: \_\_\_\_\_
- For anxiety panic attacks please indicate on average the frequency and length of panic attacks.  
per day\_\_\_\_ per week\_\_\_\_ per month\_\_\_\_ per year\_\_\_\_ approx. duration: \_\_\_\_\_
- What technique(s) and/or skills is the individual utilizing to assist in coping with the above issue(s)?  
visualization\_\_\_\_ relaxation techniques\_\_\_\_ positive self-talk \_\_\_\_ aroma therapy\_\_\_\_ other\_\_\_\_
- Are these techniques effective in reducing symptoms? Yes\_\_\_\_ No\_\_\_\_
- Do any of the following cause increased anxiety, panic attacks, hallucinations:  
Crowds\_\_\_\_ Noise\_\_\_\_ Unfamiliar people or places\_\_\_\_
- Does individual have cognitive impairments:  
Explain\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_