



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.



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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: _____

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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: _____

