REGIONAL TRANSPORTATION COMMISSION
Metropolitan Planning • Public Transportation & Operations • Engineering & Construction
Metropolitan Planning Organization of Washoe County, Nevada

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 ¾ 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 20 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 the applicant's functional ability to use the fixed route bus 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 ¾ 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 July 2020.

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.

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

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).

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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: ❒ Large Print ❒ Other _____

Your primary language: ❒ English ❒ Spanish ❒ Other _____

Medicaid Number (If applicable) _____ ❒ I do not have Medicaid

❒ New Application ❒ Recertification

ID Number: _____ Exp. Date: _____

Disability and Mobility Information:

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

   ❒ physical ❒ visual ❒ cognitive ❒ mental health ❒ hearing

   Please describe your disability(s) or health condition(s) in detail, which prevents you from using RTC RIDE (fixed route large public bus)? _____
   _____
   _____

   Is your disability(s) or health condition(s) temporary? ❒Yes ❒No

   If yes, how long do you expect it to prevent you from using the RTC RIDE (fixed route large public bus)? _____ Months

2. Are you currently receiving any treatment? ❒Yes ❒No
   If yes, check what treatment(s) apply to you:

   ❒Medications ❒Physical Therapy ❒Chemotherapy
   ❒Radiation Therapy ❒Dialysis ❒Psychotherapy
   ❒Rehabilitation ❒Surgery ❒Convalescence
   ❒Non-weight Bearing Immobilization ❒Weight Bearing Immobilization
   ❒Other: _____

3. How long will you be receiving treatment?
   ❒< 3 months ❒3-6 months ❒6-9 months
   ❒9-12 months ❒> 12 months ❒Unknown duration

4. Does your disability change from day to day or seasonally? ❒Yes ❒No
   If yes, please explain: _____
   _____

5. Does your disability make it difficult for you to understand and remember how to find your way to and from the bus stop? ❒Yes ❒No
   If yes, please explain: _____
   _____

6. Have you had a recent fall, which required medical attention? ❒Yes ❒No
   If yes, what is your fall frequency per week? _____
   If yes, did the fall occur while using mobility aid/device? ❒Yes ❒No

7. Do you live in an assisted living facility or nursing facility? ❒Yes ❒No
8. Do you ever need to bring someone with you to help you when you travel (a "personal care assistant" or "personal attendant")? _____
   _____

9. Do you use any mobility aids or equipment? (Please check all that apply to you)

❒	Cane	❒	Manual Wheelchair
❒	Long White Cane	❒	Power Wheelchair
❒	Crutches	❒	Scooter
❒	Walker	❒	Service Animal
❒	Other _____	❒	Oxygen Tank

If you use a wheelchair or scooter, what is the width and length?

Width: _____inches Length: _____ inches

If you use a wheelchair or scooter, what is the total weight of your mobility device when you are using it? Weight: _____ pounds

<u>Please note:</u> 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.

If you have a service animal, indicate the tasks(s) your service animal performs for you.

___ Guides me (vision impairment) ___ Alerts me (hearing impairment)
___ Pulls me (manual wheelchair) ___Carries items for me
___ Other (Specify) _____

10. How do you currently travel?

❒ Walk ❒ Drive a Car ❒ Ride in a Car ❒ Taxi
❒ Fixed Route RTC RIDE (large public bus)
❒ Paratransit (RTC ACCESS)
❒ Fixed Route RTC RIDE (large public bus) & Paratransit (RTC ACCESS)
❒ Other _____

Transit Information:

1. Do you ride the RTC RIDE (fixed route large public bus)?
   Yes ___ No ___ Sometimes_____
2. When was the last time you used the RTC RIDE (fixed route large public bus)? _____
3. How frequently do you ride the large public bus? _____ per month
4. Specify which routes you are using: _____
5. Do you have a RTC RIDE Reduced/Disabled ID Card? (Check all that apply)
   ❒ Yes, I use my RTC RIDE Reduced/Disabled ID card when traveling by bus
   ❒ No, I don't have a RTC RIDE Reduced/Disabled ID card
6. Have you ever had training to learn how to use the RTC RIDE (fixed route large public bus)?
   ❒ Yes ❒ No ❒ No, I would like training ❒ I am being trained
7. 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 is somewhere I go all the time.
❒ I can never use the fixed route buses by myself. Please explain: _____
_____
❒ I am not 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?

_____

_____

Functional Abilities: (The following questions will give us more information about your functional abilities). **INDEPENDENTLY ARE YOU ABLE TO:**

Ask for and understand written or spoken instructions?

❒Yes ❒Sometimes ❒No
If sometimes or no, please explain: _____

Cross the street? ❒Yes ❒Sometimes ❒No
If sometimes or no, please explain: _____

Stand for 15 minutes if there is no place to sit? ❒Yes ❒Sometimes ❒No
If sometimes or no, please explain: _____

Step on and off a sidewalk from a curb? ❒Yes ❒Sometimes ❒No
If sometimes or no, please explain: _____

Walk on uneven surfaces? ❒Yes ❒Sometimes ❒No
If no, please explain: _____

Stand on a moving bus if there is a handrail? ❒Yes ❒Sometimes ❒No
If no, please explain: _____

Transfer from one bus to another? ❒Yes ❒Sometimes ❒No
If no, please explain: _____

Under the best conditions, what is the farthest that you can walk outdoors (using your mobility aid if you use one) without the help of another person?

❒ Less than one city block (200 ft.)
❒ If more than one city block, how many blocks? _____

Please provide any other information about your disability or health condition that would help us better understand your travel abilities: _____
_____

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 evaluation 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.

I agree to notify RTC ACCESS if I no longer need to use Paratransit service.

_____ Date_____
Signature of Applicant/Responsible Party

If completed by someone other than applicant:

Name: _____Title: _____

Signature_____ Telephone Number: _____

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APPLICANT AUTHORIZATION
FOR RELEASE OF MEDICAL INFORMATION

I authorize the professional listed below to release to RTC ACCESS information about my disability and health condition and its effect on my ability to travel on RTC RIDE fixed route bus system. I understand that I may revoke this authorization at any time.
All medical information, that you or your health care professional provides, will be kept confidential to the extent permitted under the law, except that the information may be shared with other agencies or professionals involved in the determination of your eligibility.

Licensed Medical Professional Information:

_____
First Name Last Name Title (e.g. MD, NP, PA)

_____
Telephone Number Agency/Organization

_____ _____
Applicant or Authorized Signature Date

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PART 2: MEDICAL VERIFICATION FORM

THE FOLLOWING LICENSED HEALTH CARE PROFESSIONALS MUST COMPLETE THE MEDICAL VERIFICATION FORM:

- Physician (MD or DO
- Registered Nurse
- Psychologist
- Psychiatrist
- Ophthalmologist
- Optometrist (visual disabilities only)
- Physical Therapist
- Occupational Therapist
- Licensed Clinical Social Worker

Dear Health Care Professional:

Your patient has requested eligibility for RTC ACCESS Paratransit Service. RTC ACCESS is a door-to-door, shared ride paratransit service for people whose disabilities or health conditions prevent them from riding the fixed route accessible transportation system all, or part of the time. As the applicant's healthcare provider, you are uniquely qualified to clarify the applicant's functional abilities and limitations to ride the RTC RIDE fixed route bus system. In order to determine this applicant's functional abilities, we require you, the healthcare provider, complete and certify all the following sections. Please detail how the applicant's disability (ies) or health condition(s) impact their ability to board, navigate, and travel independently on the accessible fixed route system. Please be as specific as possible.

The following factors DO NOT, by themselves, qualify a person for paratransit:

1. Diagnosis
2. Age
3. Discomfort
4. Lack of bus service
5. Inability to drive
6. Personal finances
7. Inconvenience
8. Distance to 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. Please be advised that all RTC RIDE buses are equipped with ADA accessible features, such as low floor buses, lifts/ramps, and audio announcements, designated priority seating areas for people with disabilities, enhanced signage, kneeling buses, and handrails. All information on this form will be strictly confidential and will not be released.

Date: _____

Name of Professional: _____ Title: _____

Signature_____ License/Certificate #_____

Address: _____

Telephone Number: _____Fax: _____

PART 2: MEDICAL VERIFICATION FORM

Name of Applicant: _____ Date of Birth _____

Address: _____ Phone #_____

Date of applicant's last visit: _____

1. Written diagnosis(es): _____

   _____

   _____
2. Date of onset: _____
3. How long have you worked with the individual? Since: _____
4. What is the expected duration of the disability?

   ____ Temporary (Conditions lasting at least 90 days but are likely to improve within one year)

   Give best estimate of rate of recovery _____

   ____ Permanent (Conditions with absolutely little expectation of improvement)
5. Is disability/condition intermittent? ____Yes ____No
6. Under what circumstances does disability/condition flare-up? _____

   _____

   _____
7. In your opinion, does this applicant's disability (ies) prevent him/her from independently using the accessible RTC RIDE (fixed route large public bus)? ____Yes ____ No
8. If yes, how does the disability or health condition impact the applicant's ability to travel independently on the accessible RTC RIDE (fixed route large public bus)? _____

   _____

   _____
9. Is therapy part of treatment? ____Yes ____No

   If yes, check what treatment(s) apply to your patient:

   __ Medications __ Physical Therapy __ Chemotherapy
   __ Radiation Therapy __ Dialysis __ Psychotherapy
   __ Rehabilitation __ Surgery __ Convalescence
   __ Non-weight Bearing Immobilization __ Weight Bearing Immobilization
   __ Other: _____
10. Is this condition:

    Subject to significant improvement with treatment? ____Yes ____No

    Likely to become worse? ____Yes ____No

PART 2: MEDICAL VERIFICATION FORM

11. If this applicant is currently on medication(s), will the side effects significantly reduce or impede his/her ability to independently ride the accessible RTC RIDE (fixed route large public bus)?

    Yes____ No____ N/A ____

    If you selected yes, please explain how the side effects would impede their ability to public transportation: _____

    _____

12. Would temperature extremes affect this applicant's ability to ride public transportation?

    ___ Yes ___ Sometimes ___ No

    Explain: _____

    _____

    _____

13. Would ice and/or snow affect this applicant's ability to ride public transportation?

    ___ Yes ___ Sometimes ___ No

    Explain: _____

    _____

    _____

14. Under the best conditions, what is the farthest that the individual can walk outdoors (using her/his mobility aid) without the help of another person?

    _____ Less than one city block (200 ft.)

    _____If more than one city block, how many blocks? _____

15. Does applicant require a personal care attendant (Someone to travel with him/her)?
    Yes____ No____ N/A ____

16. Does the individual experience seizures? Yes____ No____ N/A _____

    Date of last seizure: _____ Frequency of seizures: _____

    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____

PART 2: MEDICAL VERIFICATION FORM

17. Does individual have cognitive impairments:
    Explain_____
    _____
    _____
18. Has individual been diagnosed with brain injury resulting in impaired behavioral inhibition?
    Yes___ No___ N/A ___
    Explain: _____
    _____
    _____
19. Is the applicant able to:

    Give address and telephone number on request? Yes____ No____ N/A ____

    Recognize streets and bus numbers? Yes____ No____ N/A ____

    Deal with unexpected change in routine? Yes____ No____ N/A ____

    Sign his/her name? Yes____ No____ N/A ____

    Ask for, understand and follow directions? Yes____ No____ N/A ____

    Safely travel through crowded/complex facilities? Yes____ No____ N/A ____

    Be left alone on a public transportation vehicle? Yes____ No____ N/A ____

20. Does judgment and inhibition impairment prevent the individual from independently traveling outside the home or community? Yes____ No____ N/A ____
    Explain: _____
    _____
    _____
21. Does this applicant exhibit any inappropriate social behaviors? Yes____ No____ N/A ____
    Explain: _____
    _____
    _____

PART 2: MEDICAL VERIFICATION FORM

22. 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
23. Does the individual experience any of the following?
    auditory hallucinations___ visual hallucinations___ delusions___ disassociation___
24. Does this prevent the individual from being oriented to person, place and time? Yes___ No___
25. 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, and hallucinations?
    Crowds____ Noise____ Unfamiliar people or places____
26. Please provide visual acuity measurements and visual field readings for both eyes.
    OS: _____ OD: _____
27. Does the individual require any accommodations, adaptations, low vision aids, etc.? Please list:
    _____
    _____
28. How does the individual's visual impairment affect their ability to move about in the environment?
    _____
    _____
29. Additional Comments:
    _____
    _____
    _____