CITY OF HARRISONBURG DEPARTMENT OF PUBLIC TRANSPORTATION
ADA PARATRANSIT APPLICATION

475 E. WASHINGTON STREET
HARRISONBURG, VA 22802
PHONE: 540-432-0492
FAX: 540-432-0495

The City of Harrisonburg Department of Public Transportation (HDPT) provides fixed-route bus service in the City of Harrisonburg. HDPT fixed route buses have features to make riding easier, including wheelchair lifts, kneeling features, low floor buses and voice announcements of stops. The DOT ADA regulations require public entities operating fixed route transit to provide complementary paratransit to persons with disabilities who are unable to use the regular fixed route system. HDPT Paratransit provides shared ride public transportation which is curb-to-curb service. Assistance from the vehicle to the first doorway or from the doorway to the vehicle, for customers who need additional assistance to complete the trip is available.

ADA Paratransit Eligibility Standards:

- Any person with a disability who is unable to board, ride or disembark from an accessible vehicle without the assistance of another person (except for the operator of a lift or other boarding device)
- Any person with a disability who could ride an accessible vehicle but the route is not accessible or the lift does not meet ADA standards
- Any person with a disability who has a specific impairment related condition that prevents the person from traveling to or from a boarding/disembarking location

HDPT paratransit riders are required to complete an ADA Paratransit Eligibility Application Form. After reviewing the above information, if you feel your disability may fit into one of the above categories, please complete the entire application so we may understand your needs. The eligibility process in use is a self-certification process with optional professional verification. If professional verification is required, the appropriate form will be mailed to the person identified by the applicant. Once all forms have been received at this office, you may expect a determination by letter within 21 days.

Any person who disagrees with the final determination of ineligibility may appeal the decision.

HDPT Policy

All mobility devices will be properly secured to the vehicle using the installed securement system (4 point tie down). HDPT operators (drivers) will decline transport to a passenger that refuses to have their mobility device properly secured as defined in HDPT policy 6.4 and 49 CFR 37.165 (c) (2) (3). Passengers using a mobility device will be requested to wear a seat belt and must be properly restrained using the vehicle restraint system. Those able to do so will be requested to move to a seat and use the vehicle seat belt system.

All applications should be returned in person or by mail to:

Harrisonburg Department of Public Transportation
475 E. Washington Street
Harrisonburg, Virginia 22802

Remember to answer each question – For assistance call 432-0492

Application for ADA Paratransit Certification – Part A

Name of Applicant	
Street Address	
City ST ZIP Code	
Home Phone	( ) -
Work Phone	( ) - Cell Phone ( ) -
Date of Birth	/ /
E-Mail Address	

Part B

1. What is the disability that prevents you from using HDPT fixed route service?

(use the back if more room is needed)

2. How does this disability prevent you from using fixed route bus service?

3. Please explain aspects of your disability that you believe HDPT should know about.

4. Is your condition temporary? O Yes O No

   If "yes", on what date will your disability no longer prevent you from using HDPT bus routes?

   Month Year

5. Do you use any of these mobility aids? *Check all that apply:*

   □ Manual Wheelchair □ Power Wheelchair
   □ Cane(s) □ Crutches
   □ Walker □ Service Animal
   □ Power Scooter (3 or 4 wheels) □ Other

6. Can you climb three 12-inch steps without assistance?

   Yes _____ No _____ Sometimes _____

   If "No" or "Sometimes", please explain.

7. What is the farthest distance you can travel without the help of another person?

   □ I CANNOT get to the curb outside where I live □ I CAN get to the curb outside where I live
   □ 3 blocks (1/4 mile) □ 6 blocks (1/2 mile) □ 9 blocks (3/4 mile)

8. Is your mobility affected by the terrain? Do steep hills, lack of sidewalks, or other local conditions affect your mobility? Please explain:

_____

9. How long can you stand and wait at a bus stop? _____ Please explain.

_____

10. Is your ability to travel outdoors severely affected by weather such as:

Snow and ice	O Yes	O No
Extremely hot temperature	O Yes	O No
Extremely cold temperature	O Yes	O No
Other weather condition	O Yes	O No

Please explain "yes" answers.

11. Do you use a personal care attendant (PCA) when you travel?
    Yes _____ No _____ Sometimes _____
    Please explain when you need a PCA.

_____

_____

_____

Is the PCA paid for these services? Yes_____ No_____

_____

_____

Part C

Name of Applicant: _____

I certify that the information provided in this Request is accurate and I understand the securement policy of HDPT.

Signature _____

Date _____

If this Request has been completed by someone other than the person requesting certification, that person must complete the following:

Name:_____

Address: _____

City:_____ State _____Zip Code_____

Relationship to the applicant _____

Daytime phone number _____

Signature _____ Date ____/____/_____

Authorization for Release of Personal Information

THE FOLLOWING MUST BE PROVIDED BEFORE YOUR *REQUEST* CAN BE PROCESSED.

Applicant's Name	
Street Address	
City ST ZIP Code	
Date of Birth	_____/_____/_____
The following is familiar with my disability and is hereby authorized to provide personal information which may be required to complete my *Request for Certification of ADA Paratransit Eligibility.* Rehabilitation / Independent Living Professional _____ Health Care Professional _____ Physician _____	
Name	
Street Address	
City ST ZIP Code	
Applicant's Signature	_____
Date	_____/_____/_____