

# Tuscaloosa Transit Authority [www.jmartin@tuscaloosa.com](mailto:www.jmartin@tuscaloosa.com)

601 23<sup>rd</sup> Ave  
Tuscaloosa, Alabama 35401

Office (205) 343-2300  
Fax (205) 349-1360

December 5, 2013

Dear Clients,

Please read the following information closely and make any arrangements you feel necessary in order to comply with our rules and regulations. **Keep this page for future reference.**

- 1) **The van will arrive either 15 minutes prior to your scheduled time or 15 minutes after your scheduled time. We will strictly follow the 5-minute maximum waiting time for passengers.** Our drivers will proceed to the address provided by you at the time of appointment. We will honk the horn 2 (two) times and wait (five) minutes for you to board the vehicle. If you are not there and ready within those 5 minutes, they will leave and you will be marked as a “no-show”. Please do not call the office to ask for a time extension because this will conflict with another rider’s appointment. Please be **READY**.
- 2) All payments for transportation are to be made to the driver as you board. Please have your correct fare (cash or ticket) in hand and ready. **Drivers do not make change.** If you are unable to pay at the time of your ride, we will be unable to transport you. Our office is not set up to keep track of past due transportation amounts. Payment is expected at the time services are rendered. **The fare is \$2.00 per person each time you board.**
- 3) Passengers are recommended to purchase tickets to prevent potential problems. You would need to buy yellow books of tickets. Each book has ten tickets and cost \$20.00. These tickets can be purchased at our office or through a van driver by cash or check.
- 4) **You will be obligated to pay your normal fare unless you cancel your ride properly. This amount will be due at boarding on your next appointment date.** If full payment is not made we will be unable to provide transportation until all amounts are paid in full. **No exceptions!**
- 5) **It is the responsibility of the client to see that our office is notified if you are sick, in the hospital or otherwise not available at the time you are scheduled for transportation. We will not call multiple places to see if you are to be transported for that day’s schedule. If you are not at the pick-up address provided when the appointment was scheduled, we will assume this to be a no show and you will be charged accordingly.**
- 6) **Passengers are required to give a 4 hour notice for cancelled appointments. If passengers fail to notify our office of a cancelled appointment three (3) times within 3 (three) months time frame without notification, they will be given a written warning for 1<sup>st</sup> offense, 14 day suspension for the 2<sup>nd</sup> offense, removed from our client database and not be qualified for demand response appointments for the 3<sup>rd</sup> offense.** Removal from the client database will require you to re-certify your application for transportation approval. **This process can take up to 21 days for re-approval upon availability.**
- 7) Clients must notify our office at the time of the appointment if a caretaker will accompany them to their appointment. Only 1 (one) caretaker per passenger will be allowed to ride free. Passenger spaces are limited and we must know in advance so that we can accommodate properly. We are sorry for any inconvenience this may cause but the new software we are using fills the vehicles to capacity on occasion.

- 8) Appointments are to be scheduled by calling our office between the hours of **7:00 a.m.** and **5:00 p.m.** Any calls made for the purpose of scheduling appointments after 5:00 p.m. will be asked to call back during our normal scheduling hours.
- 9) Please be sure that your address and phone numbers are correct at the time you are scheduling your appointment. Also be prepared to provide the name, address, and phone number of the place you are going. We must have this information to complete the scheduling process. **Please notify the office any time you have an address or phone number change.**
- 10) When you make your appointment going to a specific destination, this will be the only location allowed. We CANNOT change your appointment destination on the day of travel unless you have a true emergency, such as being taken to the hospital, as this destination is used for figuring our routes of travel.
- 11) Our drivers will secure your wheelchair properly within the vehicle and provide appropriate seatbelt restraints. However, you must have your own lap seatbelt secured prior to boarding. **If the client removes his/her seatbelt during transportation, they could be prohibited from riding with us in the future.** This is a safety and liability issue.
- 12) If you live on one of our fixed routes and your destination is the same, you will be referred to use the fixed route service as your primary transportation **unless** you have extenuating circumstances.

*We sincerely hope that our paratransit transportation will provide you with more timely and convenient service. It is designed to cut down on the waiting time for your return trip home and also provide more opportunity for appointments to be available to you. If you have any questions or concerns about our guidelines please do not hesitate to call. We look forward to providing you with the most safe and efficient transportation possible for many years to come.*

**Keep this page for future reference.**

*Thank you for riding with Tuscaloosa Metro Transit (TMT). Have a blessed day.*

Sincerely,

*Tuscaloosa Transit Staff*

## **CLOSED FOR HOLIDAYS:**

**New Years Day  
 Martin Luther King  
 Memorial Day  
 Independence Day  
 Labor Day  
 Veteran's Day  
 Thanksgiving Day  
 Day After Thanksgiving  
 Christmas Eve  
 Christmas Day**

**Tuscaloosa Transit Authority**  
**601 23<sup>rd</sup> Ave**  
**Tuscaloosa, Alabama 35401**  
**205-343-2300**

**ADA COMPLEMENTARY PARATRANSIT ELIGIBILITY APPLICATION**

Attached is the application for Tuscaloosa Transit Demand Response services. Please review it carefully, reading the description of disability as it pertains to the American with Disabilities Act of 1990. This application and professional verification will be reviewed and eligibility will be determined. It is extremely important that all forms are filled out completely. Any incomplete applications will be returned. Within twenty-one (21) days of receipt of a completed application, an eligibility determination will be made. The submission of this application does not guarantee eligibility. Eligibility determination will be in writing, and will inform the applicant of the acceptance or denial of eligibility, and in the case of denial, the reason(s) for such. In the event that eligibility is denied, a description of our appeal process will be included with the written determination.

**ADA Complementary Paratransit Eligibility Standards:**

- 1.** Any individual with a disability who is unable, as a result of a physical or mental impairment (including vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.
- 2.** Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.
- 3.** Any individual with a disability who has a specific impairment related condition, which prevents such individual from traveling to a boarding location or from a disembarking location on such system. After reviewing the above information, if you feel that your disability may fit into one of the above categories, please complete the Request for Certification of ADA Eligibility Form attached. If you do not meet the criteria defined herein, please contact Tuscaloosa Transit at 205-343-2300 for our fixed bus route information.

Keep this page for future reference.

**Return completed applications to:**

**ADA Coordinator**

## **TUSCALOOSA TRANSIT DEMAND RESPONSE TRANSPORTATION SERVICE**

### **Request for Certification of ADA Eligibility**

Tuscaloosa Transit will only use the information obtained in this certification for the provision of transportation services. The information will only be shared with other transit providers to facilitate travel in their areas. The information will not be provided to any other person or agency.

**Please type or print clearly, completely and RETURN to Tuscaloosa Transit.**

1. \_\_\_\_\_  
Last name                      First name                      Middle Initial                      Male/Female

2. \_\_\_\_\_  
Address                      **Apt. Name & No.**                      City                      State                      Zip

3. \_\_\_\_\_  
Telephone Number(s)                      Home                      Work                      Cell

4. \_\_\_\_\_                      \_\_\_\_\_  
Date of Birth                      Age

5. Are you able to use Tuscaloosa Transit fixed route buses for any of your transportation needs?  
\_\_ Yes    \_\_ No    \_\_ Sometimes (explain) \_\_\_\_\_

6. What is the disability that prevents you from using Tuscaloosa Transit fixed route service? \_\_\_\_\_  
Is this condition temporary?                      \_\_ Yes    \_\_ No  
If "Yes," expected duration is until:                      \_\_\_/\_\_\_/\_\_\_

7. Days you need transportation:    \_\_ Mon    \_\_ Tue    \_\_ Wed    \_\_ Thur    \_\_ Fri

8. How does this disability prevent you from using fixed route services? Please explain completely. (If necessary, continue on separate sheet) \_\_\_\_\_

9. Are there any other effects of your disability or other medical conditions of which Tuscaloosa Transit needs to be aware? (If necessary, continue on separate sheet) \_\_\_\_\_

**THE FOLLOWING INFORMATION WILL BE USED TO INSURE THAT AN APPROPRIATE VEHICLE IS USED TO PROVIDE YOUR TRANSPORTATION AND THAT AN ACCURATE ANALYSIS OF YOUR TRIP REQUESTS CAN BE MADE BY TUSCALOOSA TRANSIT.**

10. Which, if any, of the following aids to mobility do you use? (Check all that apply)

- Manual Wheelchair     Electric Wheelchair     Powered scooter  
 Cane     Crutches     Walker     Personal Care Attendant  
 Guide/Attendant animal

11. If you use an oversize wheelchair or scooter, what is the:

Length inches \_\_\_\_\_ Width inches: \_\_\_\_\_

Does the **TOTAL WEIGHT** of your wheelchair or scooter and yourself exceed 800 pounds?     Yes     No

12. Will an attendant need to travel with you at any time?

Yes     No     Sometimes (explain) \_\_\_\_\_

13. When traveling, will you be able to sign your name on a trip receipt?

Yes     No     Sometimes (explain) \_\_\_\_\_

14. Please answer the following questions:

Can you travel a 1/2 block without the assistance of another person?

Yes     No     Sometimes (explain) \_\_\_\_\_

Can you travel 1/4 mile without the assistance of another person?

Yes     No     Sometimes (explain) \_\_\_\_\_

Can you travel 3/4 mile without the assistance of another person?

Yes     No     Sometimes (explain) \_\_\_\_\_

15. Can you climb 12-inch steps without assistance?

Yes     No     Sometimes (explain) \_\_\_\_\_

If "yes," how many in succession? \_\_\_\_\_

16. Can you wait outside without support for 10 minutes?

Yes     No     Sometimes (explain) \_\_\_\_\_

17. List the names of two people and/or (if appropriate) agencies, which may be contacted in case of an emergency as shown below:

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Address \_\_\_\_\_

18. I hereby certify that the information given above is correct.

**Client Signature** \_\_\_\_\_ Date \_\_\_\_\_

19. If someone other than the applicant completed this form on behalf of the applicant, that person must complete the following:

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Agency Affiliation/Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Check here if all program correspondence should be sent to the applicant in care of this address.

**Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Information about ADA eligibility/certification: 205-343-2300**

Return completed form to: **ADA Coordinator**  
**Tuscaloosa Transit Authority**  
**601 23<sup>rd</sup> Ave.**  
**Tuscaloosa, Alabama 35401**

<b>Information in this box is to be completed by Tuscaloosa Transit</b>	
Conditions:	_____
Certifier's Signature:	_____
Date of Certification Expiration:	_____
Approved _____	ID Number _____
Denied _____	Reason _____

## Medical Information Release Authorization

**In order for Tuscaloosa Transit to evaluate your request, it may be necessary to contact a medical professional to confirm the information that you have provided. Please complete the following information and authorization form.**

The following health care professional is familiar with my disability and is authorized to provide Tuscaloosa Transit all information required to complete this certification.

Occupational Therapist       Ophthalmologist       Physician

Physical Therapist       Registered Nurse       Other

Professional's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Your Name (Print) \_\_\_\_\_

*Signature* \_\_\_\_\_ Date \_\_\_\_\_

**The client named above has requested Tuscaloosa Transit Paratransit Services. Tuscaloosa Transit provides transportation to individuals with disabilities who are unable to use the Tuscaloosa Transit fixed route (bus) system.**

**Demand Response Eligibility Standards:**

■ Any individual with a disability who is unable, as a result of a physical or mental impairment (including vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and useable by individuals with disabilities.

■ Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible to and useable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.

■ Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

**Tuscaloosa Transit Authority**  
**601 23<sup>rd</sup> Ave.**  
**Tuscaloosa, Alabama 35401**

**REQUEST FOR PROFESSIONAL VERIFICATION**

**This form must be completed by a licensed medical professional**

Dear Tuscaloosa Transit ADA Coordinator:

The attached authorization form has been submitted by \_\_\_\_\_, who has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize our transit services. Federal law requires that Tuscaloosa Transit provide transportation services to persons who cannot utilize available accessible fixed route (bus) services. Please keep in mind that any condition which makes traveling to or from a boarding/disembarking location, or riding on a fixed route system more difficult or less comfortable, are not reasons for eligibility. The information you provide will allow us to make an appropriate evaluation of the request and its application to specific trip requests. Thank you for your cooperation in the manner.

Capacity in which you know the applicant: \_\_\_\_\_

Medical diagnosis of condition causing disability: \_\_\_\_\_

Is the condition temporary? \_\_\_ Yes \_\_\_ No \_\_\_ Expected duration until \_\_\_/\_\_\_/\_\_\_

How does this condition affect the individual's ability to use accessible Tuscaloosa Transit fixed route (bus) service? \_\_\_\_\_

If the person has a disability effecting mobility, is the person able to:

Travel 200 feet without assistance of another person?

\_\_\_ Yes \_\_\_ No \_\_\_ Sometimes (explain) \_\_\_\_\_

Travel one half block without the assistance of another person:

\_\_\_ Yes \_\_\_ No \_\_\_ Sometimes (explain) \_\_\_\_\_

Travel ¼ mile without the assistance of another person:

\_\_\_ Yes \_\_\_ No \_\_\_ Sometimes (explain) \_\_\_\_\_

Travel ¾ mile without the assistance of another person:

\_\_\_ Yes \_\_\_ No \_\_\_ Sometimes (explain) \_\_\_\_\_

Climb 12-inch steps without assistance?

\_\_\_ Yes \_\_\_ No \_\_\_ Sometimes (explain) \_\_\_\_\_

If "yes", how many in succession? \_\_\_\_\_

Wait outside without support for 10 minutes?

Yes  No  Sometimes (explain) \_\_\_\_\_

Does this person use any mobility aids? If so, what? \_\_\_\_\_

Is this person able to negotiate ice/snow during travel?  
 Yes  No  Sometimes (explain) \_\_\_\_\_

Is this person able to travel in extreme hot/cold weather?  
 Yes  No  Sometimes (explain) \_\_\_\_\_

If the person has a visual impairment:

Visual acuity with best correction: Right eye  Left eye  Both eyes   
Visual fields: Right eye  Left eye  Both eyes

Does the person have a cognitive disability?  Yes  No

Is the person able to do the following:

Give address upon request?  Yes  No  
Give telephone numbers upon request?  Yes  No  
Deal with unexpected situations or changes in routine?  Yes  No  
Ask for, understand, and follow directions?  Yes  No  
Safely and effectively travel through crowded and/or complex facilities?  Yes  No

Is there any other effect of the disability of which Tuscaloosa Transit should be aware? If so, please describe. (If necessary, continue on separate sheet). \_\_\_\_\_

Your Name: \_\_\_\_\_

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

Office Telephone Number: \_\_\_\_\_

Alabama Medical License Number: \_\_\_\_\_

**Signature:** **X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This application must be fully completed. For information about ADA eligibility and the certification process, contact Tuscaloosa Transit at 205-343-2300**

**Return completed applications to:**

**ADA Coordinator  
Tuscaloosa Transit Authority  
601 23<sup>rd</sup> Ave.  
Tuscaloosa, Alabama 35401**

lj: Complete ADA Appl. Forms