

May 15, 2019

This is your ADA Paratransit Request for Certification Application. Please complete all of the information on the four part folded form. Have the single sheet "REQUEST FOR PROFESSIONAL VERIFICATION OF ADA PARATRANSIT ELIGIBILITY" form completed by a Health Care Professional and return all of the forms to Danville Mass Transit. When the completed forms are returned, they will be checked for verification and you will be notified if you qualify for the service. This process may take 7-10 working days. If you are approved, you will need to come to our office with a state I.D. or driver's license so we can make a photo identification card. This card must be presented to the driver each time you board the bus.

Also enclosed is a CRIS Transportation Registration form that you will need to complete. Please return it with your application and if you qualify for the service, I will forward it to them.

You are responsible for arranging your trips with CRIS by calling 443-2287. You must call at least one (1) day in advance to schedule your trip. You may call on Saturday or Sunday to arrange a trip for the following Monday. You are also responsible for canceling any rides that you have scheduled, but cannot make by calling CRIS at 443-2287.

#### **NO SHOW POLICY**

A no show is defined as a trip that has been scheduled, but the rider does not show up to take the ride. A no show can also be defined as a scheduled ride that is cancelled *less than* one (1) hour before the scheduled pick up time. Please consider that if you do not need the ride slot that you scheduled, someone else may be able to ride, due to your cancellation. Any rider who misses 10% or more of their scheduled rides for 2 consecutive months, will be placed on probation. Any no-shows while a rider is on probation will result in a two (2) week suspension. A second violation of the no-show policy in a 12-month period will result in a four (4) week suspension.

**Approved applicants traveling in the Danville / Tilton service area** are required to purchase paratransit tickets. The cost of a six (6) ride ticket is \$12.00 and they are available at our office. They may also be purchased by mail. Transportation is provided to customers in Danville during the same hours of operation as the fixed route service. Call the Danville Mass Transit office for details. Any rider who is eligible for ADA services may also ride the fixed route buses free of charge.

All riders traveling to/from the Westville / Belgium / Georgetown / Catlin service area may pay cash or use tickets for their rides. **Approved applicants in the Belgium, Westville, and Catlin area traveling to / from Danville or to / from Georgetown** must pay \$4.00 each way or use 2 punches. **Approved applicants in the Georgetown area traveling to or from Danville** must pay \$6.00 each way or use 3 punches. Riders must have the proper fare and their ID or they will not be transported. Transportation services are provided Monday through Friday during the same hours of operation as the fixed route service in the South County areas.

If you are not approved for ADA service, or, you have the right to appeal the decision. You have 60 days from the date of the denial letter to file your written appeal. A hearing will be scheduled with Sandra Finch, the Human Relations Administrator for the City of Danville. You will receive a written determination of the appeal within 30 days of the hearing.

This appeal process may also be used if you feel you have been suspended from using the ADA service unjustly.

If you have any questions, please feel free to call me at 431-0653.

Robert McNeil  
Operations Supervisor

Expiration Date: \_\_\_\_\_

P- \_\_\_\_\_

Date of certification: \_\_\_\_\_

101 N. Jackson St. Danville, IL 61832  
217-431-0653



## *ADA Paratransit Request for Certification*

The information obtained in this certification process will be used by Danville Mass Transit for the provision of transportation services. Information will be considered confidential.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ADA paratransit service is provided to eligible passengers traveling within the Danville Mass Transit service area. Service area is defined as the area within  $\frac{3}{4}$  of a mile of the fixed routes. ADA paratransit service is provided during the same hours of operation as the DMT fixed routes.

**What is the disability which prevents you from using fixed route service?**

\_\_\_\_\_

**Is this condition temporary?** No \_\_\_ Yes \_\_\_

**If yes, it is expected to last through:** \_\_\_\_\_

(date)

**Do you use any of these mobility aids or equipment? (Check all that apply)**

- Cane       Manual wheelchair       Prosthesis       Other, Please specify \_\_\_\_\_
- Crutches       Power wheelchair       Portable oxygen
- Walker       Power scooter       Service animal

**Do you ever need to bring someone with you to help you when you travel (a “personal care attendant”)?**

- Yes, always       Yes, sometimes       No

**Please answer the following questions about your abilities. Without the help of someone else, can you....**

1. Climb three 12-inch steps if there is a handrail?  
 Always       Sometimes       Never
2. Wait outside for 10 minutes?  
 Always       Sometimes       Never
3. Give addresses and telephone numbers upon request?  
 Always       Sometimes       Never
4. Ask for, understand, and follow directions?  
 Always       Sometimes       Never
5. Deal with unexpected situations or unexpected change in routine?  
 Always       Sometimes       Never
6. Get from the bus to the door of my destination?  
 Always       Sometimes       Never

**What is the FARTHEST you can walk (or travel using your mobility aid) without the assistance of another person?**

- Less than 1 block       1 block       2 blocks (1/4 mile)       More than 1/4 mile



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

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip

**The following physician \_\_\_\_, Health Care Professional \_\_\_\_, or Rehabilitation Professional \_\_\_\_ (check one) is familiar with my disability and is authorized to provide information required to complete this certification to Danville Mass Transit.**

**Name of professional to be contacted:** \_\_\_\_\_

**Professional's address:** \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

**Professional's phone number:** \_\_\_\_\_

**I understand that the purpose of this application is to determine if I am eligible to use ADA Paratransit Services. I certify that the information provided in this application is true and correct.**

**Applicant's name** \_\_\_\_\_  
Please print

**Applicant's signature** \_\_\_\_\_

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



REQUEST FOR PROFESSIONAL VERIFICATION OF ADA PARATRANSIT ELIGIBILITY

Date of Request: \_\_\_\_\_

*This form is to be completed by a Health Care Professional.*

The attached authorization form has been submitted by \_\_\_\_\_  
(Applicant's Name)

He/she has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize our transit services. Paratransit services are provided to eligible persons who cannot utilize available Danville Mass Transit fixed route services. The information you provide will allow us to make an appropriate evaluation of this request and its application to specific trip requests. Thank you.

Capacity in which you know the applicant: \_\_\_\_\_  
Condition causing disability: \_\_\_\_\_  
Is the condition temporary? No \_\_\_ Yes \_\_\_  
If yes, it is expected to last through: \_\_\_\_\_

**Does the applicant use any of these mobility aids or equipment? (Check all that apply)**

- Cane                       Manual wheelchair     Prosthesis                       Other, Please specify \_\_\_\_\_
- Crutches                       Power wheelchair     Portable oxygen
- Walker                       Power scooter                       Service animal

**Would the applicant ever need to take someone with them to help them when they travel (a "personal care attendant")?**

- Yes, always                       Yes, sometimes                       No

**What is the FARTHEST the applicant can walk (or travel using his/her mobility aid) without the assistance of another person?**

- Less than 1 block                       1 block                       2 blocks (1/4 mile)                       More than 1/4 mile

**Please answer the following questions about the applicant's abilities. Without the help of someone else, can he/she....**

- 7. Climb three 12-inch steps if there is a handrail?  
 Always       Sometimes       Never
- 8. Wait outside for 10 minutes?  
 Always       Sometimes       Never
- 9. Give addresses and telephone numbers upon request?  
 Always       Sometimes       Never
- 10. Ask for, understand, and follow directions?  
 Always       Sometimes       Never
- 11. Deal with unexpected situations or unexpected change in routine?  
 Always       Sometimes       Never
- 12. Get from the bus to the door of their destination?  
 Always       Sometimes       Never

**How does the applicant's disability prevent him/her from using fixed route service? Please explain completely:**

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**Does the applicant's condition/disability change from day-to-day, or season-to-season in ways that affect their ability to use the fixed route service?**

No \_\_\_\_\_ Yes \_\_\_\_\_

**If yes, please explain:**

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Professional's Name: _____
Professional's Title: _____
Office Address: _____
Office Phone Number: _____
Professional's Signature: _____