



## Alexandria DOT Paratransit Service CERTIFICATION APPLICATION



This form is for persons who wish to apply for eligibility for paratransit service under the Americans with Disabilities Act (ADA). Individuals with disabilities which prevent them from being able to use regular transit may be able to use DOT Paratransit services. All Metrorail service is accessible to individuals with disabilities with elevators in rail stations and other accessibility features. DASH and Metrobus are accessible on an on-call basis with lift equipped buses.

The information obtained in this certification process will only be used by the City of Alexandria to assess your eligibility and to ensure provision of appropriate transportation services.

### HOW TO APPLY FOR ELIGIBILITY

1. Fill out Part A of this application if you believe you qualify (see item #1 on page 2).
2. Take or mail application (Parts A and B) to your healthcare professional to have Part B completed. **Both Part A and Part B MUST be completed before your application is considered.**

3. Mail the completed application form (Parts A and B) to:



City of Alexandria  
Office of Transit Services  
421 King Street, Suite 401  
Alexandria, VA 22314

or you may fax the application to: **703 - 739 - 9415**

### YOU WILL BE NOTIFIED ABOUT YOUR ELIGIBILITY

- ! The Office of Transit Services will notify you of your eligibility status.
- ! **If you have not been notified within 21 days of submitting your application, call (703) 838 - 3800 Voice; (703) 838 - 5056 TDD. If a determination of your eligibility has not been made, you will be temporarily eligible for paratransit service.**
- ! If you are denied eligibility, you have a right to appeal. Information on the appeals process will be sent to you. Call (703) 838 - 3800 Voice; (703) 838 - 5056 TDD for more information.

**All information contained in this application will be kept confidential.**

## PART A

- 1. WHO QUALIFIES :** Under the ADA, there are three categories of persons who are eligible for ADA paratransit. Any individual with a disability qualifies who:
- A. Is unable to get on, ride, or get off an accessible public transit vehicle due to a physical or mental impairment; or
  - B. Needs the assistance of a wheelchair lift or other boarding assistance device and is able with such assistance, to get on, ride, and get off an accessible vehicle, BUT such a vehicle is not available on the route when the individual wants to travel; or
  - C. Has a specific impairment-related condition (including vision, hearing or impairments causing disorientation) which prevents travel to or from a station or stop on the system.

**Circle one:**

**2. Name:** (Mrs., Ms. or Mr.) \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address of where you will be residing when you use the DOT service :

Street: \_\_\_\_\_

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

Home Telephone Number:(\_\_\_\_) \_\_\_\_\_

Other Daytime Telephone Number:(\_\_\_\_) \_\_\_\_\_

TDD:(\_\_\_\_) \_\_\_\_\_

Is the address provided above, your legal residence in the City of Alexandria ?

Yes

No

If the answer to the question above is no, then provide the address of your legal residence below:

Street: \_\_\_\_\_

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

**PART A**

3. In case of an emergency, who should we contact?

4. Name: \_\_\_\_\_

Relationship (family, friend, neighbor, etc.): \_\_\_\_\_

Daytime Phone: ( \_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_ ) \_\_\_\_\_

TDD: ( \_\_\_ ) \_\_\_\_\_

As you answer the following questions, please keep in mind that:

! You may be able to use accessible buses operating on fixed routes. Accessible buses are equipped with ramps, lifts, and/or other devices to assist individuals with disabilities. Bus operators make stop announcements.

! Metrorail service is accessible to individuals with disabilities.

**Check Only One Box:**

4A.  I can get to and from a fixed route bus stop or Metrorail station.

4B.  I cannot get to and from a fixed route bus stop or Metrorail station.

4C.  I can get to and from a fixed route bus stop or Metrorail station **ONLY IF**  
**(circle all that apply):**

1. Curb cuts have tactile warnings. 2. I have attendant with me.

3. I need to travel less than \_\_\_\_\_ feet to or from the stop or station.

4. I am familiar with the area.

5. I receive travel training for the stops and stations I use. 6.

There are access ramps along the route to the stop. 7. There is a sidewalk.

8. The ground is level or inclined only slightly.

9. There are stairs with handrails at changes in level.

10. There are no stairs.

11. The path is free of ice or debris.

12. Other: \_\_\_\_\_

PART A

Check Only One Box:

5A.  I can generally wait outside at a fixed route bus stop or an outside Metrorail station.

What is the maximum period you can wait outside? \_\_\_\_\_

5B.  I cannot wait outside at a fixed route bus stop or at an outside Metrorail station.

5C.  I can get to and from a fixed route bus stop or Metrorail station **ONLY IF** (circle all that apply):

1. There is a bench

2. There is a shelter

3. The wait is no longer than \_\_\_\_ minutes. 4. Other: \_\_\_\_\_

6A. Will you use any mobility aids when you ride paratransit ?

Yes

No

If Yes, check all that apply:

Manual wheelchair

Service animal

Cane

Powered wheelchair

Oxygen bottle

White cane

Powered scooter

Prosthesis

Walker

Communications board

Transfer board  Crutches

Hearing Aid

Boarding chair

Other: \_\_\_\_\_

Your answer to this question will ensure that the appropriate vehicle is assigned.

6B. If you use a wheelchair, is it less than 30 inches wide by 48 inches long and is it less than 600 pounds when your weight is added?

Yes

No

**PART A**

**Check Only One Box:**

- 7A.  I can independently recognize my destination and leave the vehicle.
- 7B.  I cannot independently recognize my destination and leave the vehicle.
- 7C.  I can recognize my destination and leave the vehicle **ONLY IF**  
**(circle all that apply):**
1. I receive travel training
  2. The driver announces my stop
  3. The driver helps me in and out of the vehicle.
  4. Other: \_\_\_\_\_

**Check Only One Box:**

- 8A.  I can ride on an accessible bus operating on a fixed route.
- 8B.  I cannot ride on an accessible bus operating on a fixed route.
- 8C.  I can ride on an accessible bus operating on a fixed route **ONLY IF**  
**(circle all that apply):**
- |  |                                 |
|--|---------------------------------|
| 1. I have an attendant with me         | 2. I am familiar with the route |
| 3. I have received travel training     | 4. A seat is available          |
| 5. Every bus on my route is accessible | 6. Other: _____                 |

**Check Only One Box:**

- 9A.  I can use Metrorail.
- 9B.  I cannot use Metrorail.
- 9C.  I can use Metrorail **ONLY IF: (circle all that apply)**
- |   |                                     |
|---|-------------------------------------|
| 1. I have an attendant with me.<br>I receive travel training. | 2. I am familiar with the route. 3. |
| 5. There are stairs with handrails                            | 4. There are no stairs.             |
| 7. A seat is available  | 6. The elevators are working.       |
| Other: _____  | 8. My stop is clearly announced. 9. |

**PART A**

**Your responses to the following will not affect your eligibility for services.**

- 10A.** Do you require a Personal Care Attendant when you travel ?  
(The personal care attendant must be provided by you.)  
 Yes                       No

**Only answer questions 10 B and 10 C if you use a wheelchair or scooter.**

- 10B.** Can you transfer to a car ?  
 Yes                       No

- 10C.** Are you willing to transfer ?  
 Yes                       No

- 11.**  Please check here if you are interested in travel training.

Travel training may help you to use the fixed route bus and Metrorail systems for specific routes or for all routes. Travel training professionals may be available to work with you (and your specific disability) free of charge. For more information about travel training, call (703) 838-3800 Voice; (703) 838-5056 TDD.

**12A.** What is your disability? \_\_\_\_\_  
\_\_\_\_\_

- 12B.** Are there any other effects of your disability that we need to be aware of so that we can provide appropriate paratransit service? Please provide any information that would help.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART A

The **REQUEST FOR PROFESSIONAL CERTIFICATION** (see Part B) must be filled out by an appropriate healthcare professional.

**WHO CAN CERTIFY:** If your disability prevents you from using fixed route service, one of the following healthcare professionals, as appropriate to your case, may be able to certify you as ADA eligible.

**13.13** The following healthcare professional is authorized to provide information to the City of Alexandria, Office of Transit Services about my disability. I understand that such information is required to complete this certification (Part A & Part B).

**CLEARLY PRINT** the name of the healthcare professional who will be certifying your application and check the type of healthcare professional he or she is.

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

**Check one professional only:**

Licensed physician

Licensed physical therapist

Licensed optometrist

Licensed social worker

Nurse (LPN or RN)

Certified audiologist

Certified psychologist

Certified rehabilitation specialist

Certified speech pathologist

Registered occupational therapist

**14.** I hereby certify that to the best of my knowledge the information given above is correct and I authorize the healthcare professional named in item #13 to provide information to the City of Alexandria, Office of Transit Services.

Signature of Applicant: \_\_\_\_\_

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

**PART A**

**15.** If you are not the applicant but have completed this application on the applicant's behalf, **you must** provide the following information:

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

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

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

Daytime Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**I certify that to the best of my knowledge the information provided in this application is correct.**

Signature: \_\_\_\_\_

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

**WHEN YOU HAVE COMPLETED PART A:**

Take or mail Parts A and Part B to the healthcare professional named in item #13 on page 7.

When Part B is completed, mail Parts A and B to:

**City of Alexandria  
Office of Transit Services  
301 King Street, Room 5100  
Alexandria, VA 22314**



## PART B

### **Request For Professional Information**

You are being asked by the applicant named in Part A to provide information regarding his/her ability to use regular transit services. The DOT Paratransit program provides transportation services to those disabled Alexandria residents who cannot use regular fixed route transit due to their disability. The information you provide will allow us to better evaluate the applicants request and provide the most appropriate service.

To qualify for paratransit service, the applicant must be unable to use regular transit service due to a physical or mental disability. Regular transit includes Metrorail, Metrobus and other fixed route services (for example, DASH and the Fairfax Connector). All Metrorail service is accessible to individuals with disabilities and lift equipped vehicles are available on an on-call basis.

### **Individuals qualify for paratransit service if:**

1. They **cannot** get on, ride or get off a lift-equipped fixed route bus or Metrorail car due to their disabilities; **and/or**
2. They have specific impairment-related conditions which prevent them from getting to or from a fixed route bus stop or Metrorail station.

**Please note: This does not include persons who find it uncomfortable or difficult to get to and from fixed route bus stops or Metrorail stations.**

Please be certain to base your evaluation solely upon the applicant's ability to use regular transit. **Your certification should only consider the presence of a disabling condition.** Complete pages 10 and 11 in its entirety. You may be contacted if any questions remain.

### **STEPS OF THE CERTIFICATION PROCESS**

1. The applicant (or representative) completes Part A.
2. The medical professional completes Part B.
3. The completed application is returned to the applicant within 7 days of receipt. The applicant mails the entire application to the City of Alexandria, Office of Transit Services, 301 King Street, Room 5100, Alexandria, Virginia, 22314.
4. A determination of the applicant's eligibility is made by the Office of Transit Services within **21 days** following receipt of the **completed** application.

**PART B**

1. I have read Part A in its entirety.      Yes       No
2. I agree with the information in Part A.      Yes       No

If no, please explain:

---

---

3. Condition causing disability: \_\_\_\_\_

---

4. Severity:      Mild       Moderate       Severe       Profound

5. Expected duration of disability:

Temporary:      Expected duration until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Long - Term:      Conditions with potential for improvement or long periods of remission

Expected duration until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Permanent:      Conditions with no expectation of improvement.

6. Is there any other effect(s) of the disability that the City of Alexandria should be aware of? If so, please provide the information here:

---

---

7. Does the applicant require the assistance of a Personal Care Attendant to use paratransit service, which is provided by taxicabs and wheelchair-lift equipped vans?

- Yes       No

**PART B**

8. **CONCLUSION:** There are three categories of eligibility described in Part A of this application on page 2. You may conclude that the applicant can be included in one of these categories, or that he/she is not eligible for the Paratransit Program.

It is my professional opinion that the applicant, \_\_\_\_\_  
has a disability and the applicant:

**(COMPLETE EACH ITEM BELOW)**

A. Has a specific impairment-related condition which prevents the applicant from traveling to or from Metrorail stations or fixed route bus stops.

Yes  No

B. Needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to get on , ride, and get off vehicles which are accessible to and usable by individuals with disabilities.

Yes  No

C. Is unable, as the result of a physical (including a vision impairment) or mental impairment, and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to get on, ride, or get off vehicles on the transit system which are accessible to and usable by individuals with disabilities.

Yes  No

9. I hereby certify that the above information is true. I understand that false certification may be reported to the licensing jurisdiction under the District of Columbia Code Annotated, Section 2-3305, Code of Virginia 54.1- 2915, or Maryland Health Occupations Code Annotated 14-404 or appropriate code for state of license/certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Area Code/ Telephone Number

\_\_\_\_\_  
License/Certification No.

\_\_\_\_\_  
State

Profession(check one):

- Licensed physician
- Licensed physical therapist
- Licensed optometrist
- Licensed social worker
- Nurse (LPN or RN)
- Certified audiologist
- Certified psychologist
- Certified rehabilitation specialist
- Certified speech pathologist
- Registered occupational therapist