



## 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 accessible 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 with lift equipped or kneeling 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.

#### Application Process

1. Fill out Part A of this application if you believe you qualify (see "Eligibility" below).
2. Take or mail this 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 or bring the completed application form (Parts A and B) to:

**City of Alexandria  
Office of Mobility Services  
421 King Street, Suite 235  
Alexandria, VA 22314**

Or fax complete application to: **703-746-6433**

OR email complete application to: [Tiana.Ward@alexandriava.gov](mailto:Tiana.Ward@alexandriava.gov)

4. The Office of Mobility Services will notify you of your eligibility status.
5. **If you have not been notified within 21 days of submitting your application**, call (703) 746-4084 Voice, or Virginia Relay 711. If determination of your eligibility has not been made, you will be temporarily eligible for paratransit service.
6. If you are denied eligibility, you have a right to appeal. Information on the appeals process will be sent to you. Call (703) 746-4084 Voice; or Virginia Relay 711 for more information.

## PART A

### Eligibility

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.

### Applicant Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Last First M.I.*

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

\_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Is the address provided your legal residence in the City of Alexandria?  YES  NO

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

\_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PART A

### Emergency Contact

In case of an emergency, who should we contact?

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

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

Phone (daytime): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

### Accessibility

*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 or annunciators make stop announcements.
- Metrorail, Metrobus, and DASH service is accessible to individuals with disabilities.

#### A. CHECK ONLY ONE BOX:

- I can get to and from a fixed route bus stop or Metrorail station.
- I cannot get to and from a fixed route bus stop or Metrorail station.
- I can get to and from a fixed route bus stop or Metrorail station ONLY IF:

(Check all that apply)

1.  Curb cuts have tactile warnings.
2.  I have an 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, debris, or other barriers.
12.  Other: \_\_\_\_\_

## PART A

### B. CHECK ONLY ONE BOX:

- I can wait outside at a fixed route bus stop or an outside Metrorail station.

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

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

- I can get to and from a fixed route bus stop or Metrorail station ONLY IF:

(Check all that apply)

1.  There is a bench.
2.  There is a shelter.
3.  The wait is no longer than \_\_\_\_\_ minutes.
4.  Other: \_\_\_\_\_

### C. CHECK ONLY ONE BOX:

- I can independently recognize my destination and leave the vehicle.

- I cannot independently recognize my destination and leave the vehicle.

- I can recognize my destination and leave the vehicle ONLY IF:

(Check all that apply)

1.  I receive travel training.
2.  The driver or annunciator announces my stop.
3.  The driver helps me in and out of the vehicle.
4.  Other: \_\_\_\_\_

### D. CHECK ONLY ONE BOX:

- I can ride on an accessible bus operating on a fixed route.

- I cannot ride on an accessible bus operating on a fixed route.

- I can ride on an accessible bus operating on a fixed route ONLY IF:

(Check 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: \_\_\_\_\_

## PART A

### E. CHECK ONLY ONE BOX:

- I can use Metrorail.
- I cannot use Metrorail.
- I can use Metrorail ONLY IF:

(Check all that apply)

1.  I have an attendant with me.
2.  I am familiar with the route.
3.  I have received travel training.
4.  There are no stairs.
5.  There are stairs with handrails.
6.  The elevators are working.
7.  A seat is available.
8.  My stop is clearly announced.
9.  Other: \_\_\_\_\_

**F.** Do you require a Personal Care Attendant when you travel? (You are responsible for providing your personal care attendant)

- Yes       No

**G.** If you use a wheelchair or scooter, can you transfer to a car?       Yes       No

If you use a wheelchair or scooter, are you willing to transfer?       Yes       No

### Mobility Aids

Will you use any mobility aids when you ride paratransit?

- YES       NO

If yes, check all that apply:

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Manual wheelchair    | <input type="checkbox"/> Service Animal       | <input type="checkbox"/> Cane       |
| <input type="checkbox"/> Powered wheelchair   | <input type="checkbox"/> Oxygen Bottle        | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Bariatric wheelchair | <input type="checkbox"/> Communications board | <input type="checkbox"/> Walker     |

## PART A

Powered scooter

Transfer board

Crutches

Hearing aid

Boarding chair

Prosthesis

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

### Disability Information

What is your disability? \_\_\_\_\_

Is there anything else regarding your disability that we need to be aware of so that we can provide appropriate paratransit service? Please provide any information that would help.

### 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) 746-4084 Voice, or Virginia Relay 711.

Please check here if you are interested in travel training.

### Healthcare Provider Information

Name of healthcare provider that will fill out Part B: \_\_\_\_\_

Type of healthcare professional (**check one** – only below professionals are authorized):

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

PART A

**Disclaimer and Signature**

*I certify that my answers are correct to the best of my knowledge and I authorize the healthcare professional named above to provide information to the City of Alexandria, Office of Mobility Services.*

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

**OR** *I am not the applicant, but have completed this application on the applicant's behalf, and certify that the application is correct to the best of my knowledge:*

\_\_\_\_\_  
Signature Relationship to Applicant

\_\_\_\_\_  
Printed Name Date Daytime Phone Number

\_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

## 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 fixed route transit services. The DOT Paratransit program provides transportation services to Alexandria residents with disabilities who cannot use regular fixed route transit due to their disability. The information you provide will allow us to better evaluate the applicant's request and provide the most appropriate service.

To qualify for paratransit service, the applicant must be unable to use fixed route transit service due to a physical or mental disability. Fixed route transit includes Metrorail, Metrobus, and other fixed route services (for examples, DASH and the Fairfax Connector). Metrorail, Metrobus and DASH service is accessible to individuals with disabilities.

### Individuals Qualify for Paratransit Service if:

1. They cannot get on, rise 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 that 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 fixed route transit. **Your certification should only consider the presence of a disabling condition.** Complete pages 8-10 in their entirety. You may be contacted if any questions remain.

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: \_\_\_\_\_

**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 that the applicant  **is OR**  **is not (check one)** eligible for the City of Alexandria's Paratransit program.



## PART B

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 useable by individuals with disabilities.

Yes       No

C. Is unable, as the result of a physically (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

### Disability Information

1. Condition causing disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Severity:       Mild       Moderate       Severe       Profound

3. 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.

PART B

4. Are there any other effects of the disability that the City of Alexandria should be aware of? If so, please explain here:

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5. 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

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 the appropriate code for the state of license/certification.

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

\_\_\_\_\_  
Printed Name Daytime Phone Number

\_\_\_\_\_  
License/Certification Number Licensed State

\_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code