



## Application Process for ColumBUS Call-A-Bus, ADA Paratransit Service

We appreciate your interest in applying for eligibility for ColumBUS Call-a-Bus, ADA paratransit service. This packet includes information and forms needed to apply. To use the service, applicants must apply and be found eligible. The guidelines established by the Americans with Disabilities Act are specific about whom and under what circumstances eligibility may be granted. Eligibility is based not only on the presence of a disability or the use of a mobility aid but on the effects that the disability has on the person's **functional** ability **preventing** them from boarding, riding, and disembarking independently from a fully accessible Fixed Route bus. The accessibility of the Fixed Route service and environmental and architectural barriers within the service area are also considered. A person's age, the inability to drive a car, inconvenience, or discomfort are not qualifying factors for ColumBUS Transit Call-A-Bus. It is a transportation decision, not a medical authorization.

For more eligibility information, please call (812)376-2507.

### **APPLICATION INSTRUCTIONS**

To apply for eligibility, you must fully complete the attached application forms. Additionally, a qualified, licensed medical professional (not a relative or friend) who sees you professionally must complete the attached Medical Professional Verification form. This application will solely determine ADA paratransit eligibility for ColumBUS Call-A-Bus. All applications and certifications will be kept strictly confidential and not be released. We reserve the right to verify the information reported on the application by contacting persons noted on the form.

### **Step 1: Complete the Personal Information Form**

The applicant or someone familiar with the applicant's abilities must complete this form.

### **Step 2: Medical/ Professional Verification Form Completed on Your Behalf**

This form must be completed by a Medical Professional who is familiar with the applicant's abilities.

## Call-A-Bus, ADA Paratransit Eligibility Application

### WHAT IS PARATRANSIT?

The Americans with Disabilities Act (ADA) is a federal law that guarantees people with disabilities full and equal access to the same services and accommodations available to people without disabilities. Under the ADA, public transportation that runs defined routes (city bus/fixed-route service) must be accessible to people with disabilities. When a passenger with a disability is not able to use the fixed-route system, the ADA mandates that transit systems provide complementary paratransit service.

For eligible riders that have a disability preventing them from making some or all their trips on fixed-route buses, ColumBUS Transit provides a shared ride, origin-to-destination service called Call-A-Bus. This service is available to any eligible passenger traveling within the ColumBUS Transit boundaries or to locations up to three quarters (0.75) of a mile outside of these boundaries. Paratransit service must be reserved at least one day in advance and can be made within the upcoming 3 week calendar period. Each of the vehicles used for this service are equipped with a lift to assist mobility devices. Paratransit service operates during the same days and hours as fixed-route service.

### WHO IS ELIGIBLE?

Eligibility decisions for ADA Paratransit are based on the applicant's functional ability to access and use fixed-route bus services. Each application is assessed on a case-by-case basis and is **not** a decision affected by medical diagnosis.

ADA Paratransit service is a "safety net" for persons with functional limitations that *prevent* them from using fixed-route service. As described in 49 CFR 37.123(e) of the United States Department of Transportation ADA regulations, eligibility is limited to certain categories of individuals:

- Any person with a disability who is unable to board, ride, or alight from an accessible vehicle without the assistance of another person (except for the bus operator);
- Any person with a disability who can utilize 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/alighting location.

The following examples **do not** automatically establish eligibility:

- The bus system does not meet your personal schedule; trips by bus take too long; buses do not serve destinations to which you travel;
- Fear of riding or lack of familiarity or experience with the bus system;
- Certification of a disability from SSI, SSA, or the VA;
- Living in an area not served by regular fixed-route service;
- Use of the bus system may be more difficult or less comfortable.

### APPLICATION PROCESS

Upon receipt of a **completed** ADA Paratransit Eligibility Application, an evaluation period of up to twenty-one (21) calendar days begins. During this period, it is ColumBUS Transit's responsibility to utilize the information provided by the applicant and medical professionals to determine whether the applicant meets the criteria established in 49 CFR37.123 (e) and are eligible for paratransit services.

If an incomplete application is received, a member of ColumBUS Transit's staff will reach out to the applicant for additional information or clarification.

If a determination has not been made after twenty-one (21) calendar days of receipt of a **completed** ADA Paratransit Eligibility Application, the applicant shall be treated as fully eligible for paratransit services until a determination has been made or the application is denied.

After a determination has been made, written notification of the applicant's eligibility status will be mailed to the address listed on their application.

Please return this application to:

**By mail: ColumBUS Transit  
850 Lindsey St.  
Columbus, IN 47201**

**By email: [callabus@columbus.in.gov](mailto:callabus@columbus.in.gov)**

**By fax: (812) 375-2750**

### APPEAL PROCESS

In the case that an applicant is not satisfied with the action taken on their application, they have the right to appeal that decision.

To request a hearing, write to:

**ColumBUS Transit  
c/o Civil Rights Officer  
850 Lindsey St. Columbus, IN 47201**

Appeal requests must be made within 60 days of receipt of written notification of paratransit eligibility status. Please include all information that is pertinent to your case. Appeal decisions will be made within 30 days of the request and will be made in writing.



## STEP 1

### Personal Information

#### PERSONAL INFORMATION

I am applying for: ☐ Paratransit Eligibility ☐ Paratransit Eligibility Renewal

Gender ☐ Male ☐ Female ☐ Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Mailing Address (if different from home address) \_\_\_\_\_

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

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Primary Language: ☐ English ☐ Spanish ☐ ASL ☐ Other \_\_\_\_\_

Do you require information in an alternative form?

☐ Large Print ☐ Audio ☐ Email (provide address) \_\_\_\_\_

☐ Other (Please explain) \_\_\_\_\_

Is anyone else authorized to schedule trips for you?

Name \_\_\_\_\_

#### FOR COLUMBUS CALL A BUS USE ONLY:

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

Eligible: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date Letter Sent: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

PCA: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Letter sent: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**AUTHORIZATION****A. Applicant Signature**

*I certify that the information I give in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information related to my disability will be kept confidential and only the information required to provide service will be disclosed to those who perform this service or related services.*

**Applicant Signature**\_\_\_\_\_

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

**B. Person completing this form if other than applicant (please check one):**

☐ *I certify that the information provided in this application is true and correct, based upon the information given to me by the applicant.*

☐ *I certify that the information provided in this application is true and correct, based upon my knowledge of the applicant's health condition or disability.*

**Exceptions or Additions (knowledge of applicant's disability)**\_\_\_\_\_

**Print Name**\_\_\_\_\_ **Agency**\_\_\_\_\_

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

**Date**\_\_\_\_\_ **Daytime Phone Number**\_\_\_\_\_

**Relationship to Applicant**\_\_\_\_\_

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

**City**\_\_\_\_\_ **State**\_\_\_\_\_ **Zip**\_\_\_\_\_

<b>EMERGENCY CONTACT INFORMATION</b>
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**Gender** ☐ Male ☐ Female ☐ Other \_\_\_\_\_

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

**Relationship to Applicant** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number (Daytime)** \_\_\_\_\_ **(Alternate)** \_\_\_\_\_

**Is this person authorized to schedule trips on your behalf?** ☐ Yes ☐ No

<b>PRESENT MEANS OF TRAVEL</b>
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**1. Have you recently (within the last 3 months) used ColumBUS Transit's accessible fixed-route service?**

☐ Yes ☐ No

**If No, have you attempted to use to use ColumBUS Transit's accessible fixed-route service within the last 3 months?**

☐ Yes ☐ No

**If Yes, please tell us about your experience** \_\_\_\_\_

**2. If you do not currently ride ColumBUS Transit's accessible fixed-route service, what might help you do so?**

☐ Route and schedule information ☐ Training on how to travel on the bus

☐ Having bus stops closer to where I live and need to go ☐ Other (please explain) \_\_\_\_\_

**3. What are your 3 most frequent travel destinations and how do you reach them currently?**

Destination	Travel Frequency	Mode of Travel

**4. Where is the nearest bus stop to your residence? Please give a location or intersection (e.g.; Gladstone and State) \_\_\_\_\_****5. Select any obstacles you experience when traveling to the nearest bus stop:**

☐ Busy street(s) to cross ☐ Lack of curb cuts ☐ Road construction ☐ Excessive distance ☐ No sidewalks

☐ Poor sidewalk conditions ☐ Steep incline ☐ Steep decline ☐ Time of day

☐ Other (please explain) \_\_\_\_\_

**6. Do you use any of the following mobility aids while traveling?**

☐ Support cane ☐ Crutches ☐ Walker ☐ Oxygen ☐ Manual wheelchair ☐ Power wheelchair

☐ Scooter (3 wheel) ☐ Service animal ☐ White cane ☐ Other (please specify) \_\_\_\_\_

If more than one aid was checked, what is your primary mobility aid used when traveling?

**7. If you do not currently ride ColumBUS Transit's accessible fixed-route service, please select all reasons that apply:**

☐ Not sure how to ride ☐ Bus stop is too far away ☐ There are no sidewalks where I live

☐ I am afraid to ride ☐ I do not want to ride ☐ The ground is too uneven/steep to get to the bus stop

☐ I need a wheelchair lift/ramp ☐ I am not able to recognize a destination or landmark

☐ I am able to use ColumBUS Transit's accessible fixed-route service under certain circumstances (please explain).

<b>DISABILITY AND FUNCTIONAL LIMITATION INFORMATION</b>
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**1. What type of disability prevents you from using ColumBUS Transit's accessible fixed-route service?**

☐ Physical ☐ Developmental ☐ Visual ☐ Hearing ☐ Cognitive ☐ Behavioral ☐ Other (please explain)

**2. How would you classify your health condition or disability?**

☐ Short Term/Temporary (up to 1 Year) ☐ Medium/Long Term (up to 3 Years) ☐ Permanent

**3. Please select ALL disabilities that significantly affect your ability to access ColumBUS Transit's accessible fixed-route service:**

☐ Alzheimer's Disease ☐ Amputation (specify)\_\_\_\_\_

☐ Anxiety/Panic Attacks ☐ Arthritis ☐ Asthma ☐ Autism Spectrum ☐ Cancer (specify)\_\_\_\_\_

☐ Cataracts ☐ Cerebral Palsy ☐ Congestive Heart Failure ☐ Chronic Obstructive/Pulmonary Disease (COPD)

☐ Cystic Fibrosis ☐ Dementia ☐ Diabetes (severe) ☐ Emphysema ☐ Epilepsy (severe) ☐ Heart Attack

☐ Traumatic Head Injury ☐ Kidney Disease/Dialysis ☐ Legally Blind ☐ Macular Degeneration

☐ Intellectual Disability ☐ Multiple Sclerosis ☐ Muscular Dystrophy ☐ Paraplegia ☐ Parkinson's Disease

☐ Peripheral Vascular Disease ☐ Quadriplegia ☐ Retinopathy ☐ Schizophrenia/Schizoaffective Disorder

☐ Stroke/Cerebral Trauma ☐ Systemic Lupus Erythematosus ☐ Thrombosis (Chronic) ☐ Blindness

☐ Other (please specify)\_\_\_\_\_

**Please check the statement that best describes your needs:*****If I am found eligible for ColumBUS Call-A-Bus, I will:***

\_\_\_\_ Be able to meet the Call-A-Bus vehicle at the curb

\_\_\_\_ Need the driver to assist me from my door to the Call-A-Bus vehicle

\_\_\_\_ Require the driver to assist me from the vehicle to the door of my destination

\_\_\_\_ Need assistance depending on my condition that day



[illegible]

Please describe how the disabilities that have been selected above significantly affect your ability to access CUMMINGS Transit's accessible fixed-route service. We ask that you be as thorough and specific as possible.

[illegible]

**4. Does your health condition or disability change from day-to-day in ways that would affect your ability to use ColumBUS Transit's accessible fixed-route service?**

☐ Yes      ☐ No

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

**5. Are you currently receiving any type of treatment or therapy related to your health condition or disability?**

☐ Yes      ☐ No

If Yes, what is the expected duration?    \_\_\_\_Days    \_\_\_\_Months    \_\_\_\_Years    ☐ Permanent

**6. Are there any other aspects of your health condition or disability that we should know about?**

☐ Yes      ☐ No

If Yes, please explain\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## STEP 2

### Medical Professional Verification Form

This section of the application includes two sections: a release to be signed by the applicant and a section to be completed by a licensed professional in order to provide additional information about the applicant's ability to access fixed-route transit. The application will not be considered complete without both sections included.

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***To be completed by applicant:***

By signing below, I agree to the following:

- I am applying for ADA paratransit service provided by the ColumBUS Transit. This service is limited to persons with disabilities that *prevent* them from utilizing accessible fixed-route services.
- I authorize the release of the information described below for the sole purpose of allowing ColumBUS Transit to make a determination of my paratransit eligibility status.

Applicant Name (print) \_\_\_\_\_

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

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**This section is to be completed by a Physician, Licensed Social Worker, or Rehabilitation Specialist:**

The Americans with Disabilities Act of 1990 (ADA) requires that public transportation providers offer complementary transportation to those who are unable to access fixed-route services. Paratransit service is not available to all persons with disabilities, but rather is a safety net available to those who are unable to independently access, board, ride and alight from a fixed-route vehicle.

All ColumBUS Transit vehicles are equipped with accessibility features that allow passengers utilizing wheelchairs or other mobility aids to board and ride. As the applicant's care provider, you are uniquely qualified to provide verification of this person's ability to access fixed-route services. Please complete the questions below to assist us in determining the applicant's ability to utilize ColumBUS Transit's accessible fixed-route services.

**Instructions for ColumBUS Transit Call-A-Bus applicants:**

1. Complete the Client Information section below.
2. Send **OR** take this form to your medical professional who is familiar with you and your disability.
3. Your Medical Professional may return this form to you or send it directly to Call-A-Bus office

**Client Information**

Name: \_\_\_\_\_  
First Middle Last

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

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

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

Applicant's Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's signature is required if the applicant is not their own guardian.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client relationship: \_\_\_\_\_

## Dear Health Care Professional

One of your clients is applying for ADA paratransit service (Call-A-Bus) with ColumBUS Transit. Your client/patient has authorized you to provide ColumBUS Transit with the medical information needed to determine their qualifications for Call-A-Bus services.

The ADA guidelines are specific regarding whom and under what circumstances eligibility may be granted. Eligibility is based not only on the presence of a disability or the use of a mobility aid but on the affects that the disability has on the person's **functional** ability to use Fixed Route (City Bus System) transit. The accessibility of the Fixed Route service and environmental and architectural barriers preventing the applicant from traveling to and from any destination in the service area will also be considered. For some individuals, their disabilities may prohibit them from ever using the Fixed Routes. For others, however, it may be **conditional** depending on certain circumstances. A person's age, the inability to drive a car, inconvenience or discomforts are not qualifying factors.

Please keep in mind the more information you provide regarding your client's abilities and challenges, the better ColumBUS Transit Call-A-Bus can determine eligibility. This Medical/Professional Verification form is one element in the decision making process.

Our evaluation is a transportation decision, not a medical authorization.

The disability must **PREVENT** travel on ColumBUS Transit Fixed Route buses, which have the following **ACCESSIBLE** features:

- All are equipped with wheelchair lifts, ramps and securement devices.
- All have the kneeling capability, which lowers the height of the first step onto the bus.
- If unable, a person does not have to walk up or down bus steps.
- Buses have automated voices announcements alerting passengers to the bus arrival and upcoming stops and are coordinated with LED signage onboard each bus.
- Customer Service is available to assist with bus schedules and trip planning.

Should you have any questions regarding the assessment process, please call the ColumBUS Transit Call-A-Bus office at (812)376-2507.

Thank you for your assistance  
ColumBUS Call-A-Bus Staff

<b>GENERAL MEDICAL INFORMATION</b>
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Applicant's Name (please print) \_\_\_\_\_

**1. Are you currently treating this applicant?** ☐ Yes ☐ No

If No, what was the last date you saw this applicant? (MM/DD/YY) \_\_\_\_\_

**2. Is the applicant's condition temporary?** ☐ Yes ☐ No

If Yes, what is the expected duration? (MM/DD/YY) \_\_\_\_\_

**3. How many blocks can the applicant travel without another person, but with the use of a mobility aid (if necessary)?** ☐ Less than one ☐ Two blocks ☐ Up to four blocks (1/4 mile) ☐ Up to 8 blocks (1/2 mile)

☐ More than 8 blocks ☐ Other (please explain) \_\_\_\_\_

**4. Can the applicant climb a 12-inch step?** ☐ Yes ☐ No

**Note:** When kneeled (lowered), the step onto an MTD bus is 8.5 inches.

**5. Can the applicant wait for up to 30 minutes without support or with only the support of a mobility aid?**

☐ Yes ☐ No

If No, please explain \_\_\_\_\_

**6. Does the applicant require the assistance of a Personal Care Attendant (PCA) to travel with them?**

☐ Never ☐ Sometimes ☐ Always (applicant is unable to travel unassisted)

**Note:** Obtaining a PCA is the responsibility of the applicant. PCAs travel free with the passenger on ColumBUS Transit vehicles.

<b>VISUAL IMPAIRMENT</b>
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**If vision limits the applicant's ability to independently travel, please answer the following:**

**1. Is the applicant's vision** ☐ Stable ☐ Degenerative ☐ Other

If Other, please explain \_\_\_\_\_

**2. Is the applicant able to recognize familiar places such as landmarks or destinations?** ☐ Yes ☐ No

**3. Is the applicant legally blind?** ☐ Yes ☐ No

<b>COGNITIVE DISABILITY</b>
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If a cognitive disability affects the applicant's ability to independently travel, please answer the following:

Is the applicant able to:

Provide their address, phone number? ☐ Yes ☐ No

Recognize destinations/landmarks? ☐ Yes ☐ No

Ask for and follow instructions? ☐ Yes ☐ No

Safely cross major intersections? ☐ Yes ☐ No

Is there any additional information that ColumBUS Transit should be made aware of regarding this applicant?

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By signing below, the medical professional attests that:

I understand that my client is applying for paratransit eligibility with ColumBUS Transit. The information I have provided is true to the best of my knowledge. I understand that providing falsified or incomplete information can lead to the suspension of paratransit services for the applicant.

Clinic/Agency Name \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone # \_\_\_\_\_ Office Fax # \_\_\_\_\_

Name \_\_\_\_\_

(Please Print)

(Credentials)

Signature \_\_\_\_\_

Date \_\_\_\_\_