



PARATRANSIT (ADA) ELIGIBILITY APPLICATION

Please Return the Completed Application to:

Fayetteville Area System of Transit (FAST)
FASTTrac! Application Review
455 Grove Street
Fayetteville, NC 28301

Phone: (910) 433-1232

Fax: (910) 433-1535

Email: FASTTrac@FayettevilleNC.Gov



PARATRANSIT (ADA) ELIGIBILITY APPLICATION

Thank you for your interest in Fayetteville Area System of Transit's (FAST) Paratransit (FASTTrac!) service. FAST is committed to providing quality transit services to all of our new and existing customers. We recognize some of our customers are unable to use the conventional Fixed-Route buses, some or all of the time, due to physical and/or mental disabilities.

FASTTrac! provides origin-to-destination transportation to Paratransit certified (eligible) individuals who are unable to use the accessible fixed route system due to their disability in conjunction with the Americans with Disabilities Act (ADA) of 1990. This origin-to-destination service connects individuals who meet the eligibility requirements to wherever they wish to travel within our coverage area. If you have a disability that prevents you from using a lift-equipped FAST bus, some or all of the time, you may be eligible for FASTTrac! services.

In order to use FASTTrac! service, you must be certified as eligible. Eligibility is determined on a case-by-case basis. According to federal regulations, eligibility is strictly limited to those who have specific limitations that prevent them from using accessible public transportation.

FASTTrac! is an advanced reservation transportation service which operates service throughout the City of Fayetteville. Service boundaries are any location within $\frac{3}{4}$ mile of a FAST fixed bus route. Individuals who reside outside of our service boundary may still be eligible for FASTTrac! service as long as they travel within our coverage area. To verify if your address falls within FAST's service boundary, contact FASTTrac! Application Review at (910) 433-1232.

HOW DO I APPLY FOR FASTTrac! SERVICE?

Applying for FASTTrac! service requires a two-part process. In order to complete the certification (eligibility) process, Parts A & B (explained below) are **REQUIRED.** Part C – Medical Release of Information & Part D – Eligibility Release of Information are optional.

*Note: It is very important Parts A & B are **completed fully** prior to submission.*

PART A – APPLICANT INFORMATION (REQUIRED): Be sure to PRINT clearly and legibly (where indicated). Incomplete applications or applications that are not legible will delay the eligibility process. All documents submitted must be the ORIGINAL documents. Copied or faxed documents will not be accepted.

***Note:** Submitting the application via fax will provide an opportunity to begin the review process. FAST must then receive the original application prior to an official Determination of Eligibility being made. Should we not receive the original documents within seven (7) calendar days, FAST may send the incomplete application back to the applicant via US mail.*

PART B – HEALTHCARE VERIFICATION (REQUIRED): The Healthcare Verification Form (Part B) must be completed by a licensed clinician that knows your condition(s) best. The registered healthcare professional can be any currently licensed physician, nurse, licensed clinical social worker (LCSW), occupational therapist, etc. of your choosing.

PART C – MEDICAL RELEASE OF INFORMATION (Optional): In addition to Parts A & B of the application, the applicant has the *option* of granting FAST permission to contact their registered healthcare professional in the event FAST needs additional information or clarification regarding the documents submitted on the applicant’s behalf. The registered healthcare professional must be the same licensed professional who has signed off on the application in Part B. This form is only valid for ninety (90) days from the date of the signed Medical Release of Information form.

PART D – ELIGIBILITY RELEASE OF INFORMATION (Optional): There are often times eligible individuals will request to have their Determination of Eligibility documentation forwarded to another transportation agency. Individuals are required to provide FAST written permission to have their eligibility information forwarded to other agencies. By completing this form in advance, the eligible customer will have the authorization on file for the entire time the applicant is certified during each eligibility period. This form is only valid during the eligibility period.

***Note:** It is very important that all requested documents are completed prior to submission. All **completed** applications submitted to FASTTrac! will be processed within twenty-one (21) calendar days. The application must be thoroughly completed prior to submission. Incomplete applications do not count towards the (21) calendar day process. Submitting an incomplete application will require FAST to return the incomplete documents which may, in turn, delay the eligibility process.*

Once a **completed** application for FASTTrac! service has been received, FAST will notify the applicant by mail the Determination of Eligibility within twenty-one (21) calendar days. If the Determination of Eligibility exceeds twenty-one (21) calendar days of receipt of a completed application, the applicant may contact FAST staff via telephone at (910) 433-1232 to request use of FASTTrac! until a determination has been made.

Upon submission, the completed application may be subjected to approval for either of the following:

1. Unconditional Eligibility (Full) – The customer may use paratransit services under any circumstance.
2. Conditional Eligibility (Limited) – The customer may use paratransit services only under certain circumstance(s).

Upon submission, the completed application may also be denied. If you are determined ineligible or conditionally eligible for FASTTrac! services, the applicant may request an appeal by filing a written Notice of Appeal letter to FAST. The appeal will provide an opportunity for the applicant and/or representative to be heard, to present information and arguments before the Appeals Committee. Applicants submitting written appeals to FAST's Compliance Manager shall be provided with written notification of the decision and reasons for the decision within thirty (30) days of the hearing.

Applicants and persons assisting the applicant are encouraged to review the Rider Rules of Conduct & Exclusion Policy before completing the attached forms. These documents can be found via FAST's website (www.RideFAST.net).

Note: Submitting the application via fax will provide an opportunity to begin the review process. FAST must then receive the original application prior to an official Determination of Eligibility being made. Should we not receive the original documents within seven (7) calendar days, FAST may send the incomplete application back to the applicant via US mail.

Thank you for choosing FASTTrac! to serve your transportation needs. Should you have any questions or concerns, please feel free to contact FASTTrac! staff via telephone at (910) 433-1232.

PART A – APPLICANT INFORMATION (REQUIRED): This section is to be completed by the applicant or representative. Please be sure to PRINT legibly. Please check ALL that apply.

Name (first, middle, last): _____

Birth Date: _____/_____/_____ Gender: ___ Female ___ Male

Primary Language (please check): ___ English ___ Spanish ___ Other (specify): _____

Home Address: _____

Apt. #: _____

City: _____ State: _____

Zip: _____

Community Name (Subdivision, Apartment Complex, etc.): _____

Mailing Address (if different from address listed above): _____

_____ Apt. #: _____

City: _____ State: _____

Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

In case of emergency, whom should we contact?

Name: _____ Relationship: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

1. Do you currently use any regular fixed route bus services? Yes No
 - a. If yes, which routes? _____
 - b. Where is the closest bus stop located near your home? _____

 - c. How long could you wait at a bus stop for the next bus to arrive?
 Less than 5 minutes 5 minutes More than 5 minutes
 - d. Can you get to this bus stop by yourself? Yes No
2. If no, what limits you from getting to this bus stop?

3. If you had to wait outside at a bus stop, you would have to have:
 Bench Shelter Nothing
4. If you had to cross a street, you would need to have: Curb Cut(s)
 Tactile Curb Warning(s) Accessible Median Audible Signal(s)
 Other: _____ (Please be specific.)
5. I can cross a street with up to _____ lanes of traffic or I cannot cross any street.
6. If you had to travel across ground, you would need to have:
 Sidewalk(s) Pavement Nothing
7. If you had to travel up or down steps (stairs), you would have to have:
 Handrail(s)
 Nothing; I can travel up or down steps (stairs) without any problems
 Nothing; I cannot travel up or down steps (stairs) because:

8. Do you currently require a Personal Care Attendant (PCA) when you travel?
 Yes No

9. What mobility aid(s), if any, do you use when you travel (Check ALL that apply)?

- None Segway White Cane Picture/Alphabet Board
 Transfer Board Walker Crutches Scooter Wheelchair (Manual)
 Wheelchair (Electric) Cane Oxygen Boarding Chair
 Other: _____ (Please be specific.)

If you use a manual and/or electric wheelchair:

i. Please indicate the year, make and model of the device below:

ii. Is the device more than 30 inches wide and/or 48 inches long? Yes No

10. Are there any special specific needs that FAST should be made aware of regarding the service we provide and how it affects your disability? Yes No

If yes, please provide specific information:

NATURE OF THE APPLICANT'S CONDITION

Of the following statements, which best defines the nature of the disability or limitation which prevents you from using fixed route bus service. Be sure to describe your specific needs in the space provided. Please check ALL that apply and be as specific as possible.

I have a **mobility impairment**, which prevents me from getting to and/or getting on a fully accessible vehicle without assistance. Temporary or Permanent?

Describe the nature of this condition and any environmental obstacles (i.e. inclines, curbs, distances, etc.) which affect your ability to access public transportation:

___ I have a challenge with **endurance**, which prevents me from moving the distance needed to get to the bus stop. ___ Temporary (or) ___ Permanent?

Describe the cause and nature of this condition: _____

___ I have a **visual impairment** that prevents me from finding my way to and from a fixed route bus stop without assistance. ___ Temporary (or) ___ Permanent?

Describe the nature of your condition and your functional level of vision:

___ I have a **cognitive impairment** which prevents me from remembering and understanding information needed to get myself safely to and from the bus stop.

___ Temporary (or) ___ Permanent?

Describe the origin and characteristics of your condition:

___ I have a **severe medical condition**, which limits my ability to function. Describe and note whether your condition is temporary or permanent, and if it is episodic in nature (i.e. do you have “good” days or times when you can access transportation, and “bad” days when you cannot?)

___ I am dealing with **functional losses due to aging**. I feel I am not able to access regular bus service due to the following limitations: _____

___ My **functional limitation** does not fit into any of the above categories and is:

___ Temporary or ___ Permanent? I am unable to use regular bus service because:

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT OR REPRESENTATIVE. PLEASE BE SURE TO PRINT LEGIBLY.

I certify that the information contained in this application is true and correct. I understand that knowingly falsifying the information will result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services.

Applicant's Signature: _____ Date: _____

Did someone help you complete this form? ___ Yes ___ No

If "yes", please provide the following information about the person who assisted you in completing the form:

Name: _____ Date: _____

Relationship: _____ Phone No.: _____

Note: *It is your responsibility to notify us if your disability improves/worsens enough to change your eligibility status. If your condition improves/worsens after you have been determined eligible or we discover you submitted false information, your eligibility could be modified and/or you may be asked to re-apply.*

PART B – HEALTHCARE VERIFICATION (REQUIRED): This section is to be completed by a Registered Healthcare Professional.

Applicant Name (first, middle, last): _____

Birth Date: ____/____/____

You are being asked by the applicant above to provide information regarding their ability to use the regular fixed route bus services provided by Fayetteville Area System of Transit. For those persons who cannot use the regular fixed route bus services, the applicant may be eligible to use the paratransit (FASTTrac!) services. The information you provide will allow us to evaluate the applicant's request for FASTTrac! and determine their specific needs.

Eligibility for paratransit services is determined on a trip-by-trip basis. It is extremely important that you provide specific information about the applicant's functional limitations so such determinations can be made. For example, an applicant who can easily and safely get to the bus stop nearest their home may not be able to get to a bus stop at their desired destination and thus may be eligible to use the paratransit services based on the destination.

***Note:** All regular fixed route buses are currently accessible to persons with disabilities who need lift-equipped vehicles, vehicles with kneeling features, and announcements of bus stops. In order to be eligible for paratransit services, the applicant must be unable to access these services due to conditions which prevent them from getting to/from a regular fixed route bus stop, transferring between vehicles, and/or conditions which prevent them from being able to get on, ride, or get off a lift-equipped vehicle. Applicants for whom performing these tasks are inconvenient and/or uncomfortable are not eligible for services.*

Please complete the following tasks as outlined below:

1. Read PART A of the application in its entirety. Part A (Applicant Information) was completed by the applicant and should be provided for your review and consideration.
2. Complete PART B of the application considering the description of transit services that is provided above. Part B, Pages 2-4 must be completed by only one provider.
3. Return the completed application to the applicant as the applicant is responsible for ensuring both Parts A & B are submitted to FAST. In the event FAST has any questions or concerns regarding the information you provide in Part B, we may contact you via telephone regarding the information documented.
4. Should you have any questions, please feel free to contact FASTTrac! Application Review at (910) 433-1232.

NATURE OF THE APPLICANT'S CONDITION

A. Indicate the condition(s) that causes the applicant's disability:

B. Indicate the nature of the applicant's disability (check ALL that apply):

- Arthritis
- Cardiac Illness
- Deaf / Hearing Impairment
- Kidney Disease (Dialysis): Yes No
- Mobility impairment (Please be specific.): _____
- Severe Muscle Spasms / Seizures
- Visual Impairment / Sight Disability: Totally Blind Legally Blind
- Other (Please be specific.): _____
- Cognitive Impairment: Please indicate any of the following issues that are pertinent to the applicant. **(Skip to Section D, Page 12)**
 - Cannot be left alone to wait for transportation
 - Displays behavior that is unsafe for self or others using public transportation
 - Cannot recognize vehicles that applicant should board
 - Other (Please be specific.): _____
 - None of the Above

C. For any impairment checked above (excluding cognitive impairments), please note any relevant specific precautions from the following:

1. Does the applicant have any physical limitations that would prevent them from accessing public transportation? Please include specific measurable distances – i.e. feet, blocks, miles, etc.?

2. Does the applicant have any limitations regarding travel during a specific time of the day? Yes No
If "Yes", please explain:

3. Does the applicant have any limitations regarding travel during certain weather conditions? ___ Yes; ___ No

If "Yes", please explain:

4. Does the applicant have any limitations regarding travel during certain environmental conditions (needs curb cuts, grassy/hilly areas, etc.)?

___ Yes ___ No

If "Yes", please explain:

D. What is the severity of this applicant's condition?

___ Mild ___ Moderate ___ Severe ___ Profound

E. What is the expected duration of this applicant's condition?

___ **Long-Term:** Potential for functional improvements or periods of remission

___ **Permanent:** No expectation of functional improvement

___ **Temporary:** If Temporary, please provide an approximate expected duration until (mm/dd/yyyy): ___/___/_____

F. Please provide any additional information you may feel is beneficial in assisting FAST with determining eligibility for the applicant:

Office/Business Name:

Office/Business Address:

Office/Business Phone No.:

Professional Affiliation (check the appropriate designation):

Licensed Physician Speech Pathologist Licensed Physical Therapist
 Nurse (LPN or RN) Licensed Psychologist Licensed Occupational Therapist
 Vision Specialist Audiologist Licensed Social Worker
 Certified Rehabilitation Counselor Orientation/Mobility Specialist
 Other: _____

I have read PART A in its entirety: YES NO

I agree with the information provided in PART A: YES NO

If no, please explain: _____

TO THE BEST OF MY KNOWLEDGE, THE PREVIOUS INFORMATION IS CORRECT, BASED ON MY EXAMINATION OF THE APPLICANT AND/OR MY REVIEW OF MEDICAL FILES.

Registered Healthcare Professional (Name – Please PRINT):

Registered Healthcare Professional (Signature):

Date:

PART C – MEDICAL RELEASE OF INFORMATION – OPTIONAL:

This section is to be completed by the applicant. Please be sure to PRINT legibly. In addition to Parts A & B of the application, the applicant has the option of granting FAST permission to contact the Registered Healthcare Professional in the event FAST needs additional information or clarification regarding the documents submitted on the applicant's behalf. This Registered Healthcare Professional must be the licensed professional who has signed off on the application in Part B. This form is only valid for ninety (90) days from the date of the signed Medical Release of Information form.

Applicant's Name: _____

Applicant's Address: _____

I request and authorize (Registered Healthcare Professional's name):

at (business address)

to release my healthcare information to:

**Fayetteville Area System of Transit (FAST)
FASTTrac! Application Review
455 Grove Street
Fayetteville, NC 28301**

Phone: (910) 433-1232

I understand that it may be necessary for FAST to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility. By signing this form, I hereby authorize the Registered Healthcare Professional indicated on this document (who can verify my disability or health related condition(s)), to release this information to FAST. This information will be used only to verify my eligibility for paratransit services. I understand that I have the right to receive a copy of this authorization and that I may revoke it at any time. I further understand that this authorization expires ninety (90) calendar days after the date indicated below.

Applicant Signature: _____ Date: _____

PART D – ELIGIBILITY RELEASE OF INFORMATION – OPTIONAL:

This section is to be completed by the applicant. Please be sure to PRINT legibly. There are often times eligible applicants will request to have their Determination of Eligibility documentation forwarded to another agency. Applicants are required to provide FAST written permission to have their eligibility information forwarded to other agencies. By completing this form in advance, the eligible customer will have the authorization on file for the entire time the applicant is certified during each eligibility period. This form is only valid during the eligibility period.

Applicant's Name: _____

Applicant's Address: _____

Applicant Signature: _____

Date: _____

Applicants are required to provide FAST written permission to have their eligibility information forwarded to other transit agencies. By completing this form in advance, the eligible customer will have the authorization on file for the entire time the applicant is certified during each eligibility period. I further understand that this authorization will remain active for the duration of my eligibility period (up to four (4) years).

Transit Agency/Business Name:

Transit Agency/Business Address:

Transit Agency/Business Phone No.:

PLEASE RETURN COMPLETED FORM TO:
Fayetteville Area System of Transit (FAST)
FASTTrac! Application Review
455 Grove Street
Fayetteville, NC 28301
Phone: (910) 433-1232



POLICY OF NON-DISCRIMINATION

It is the policy of FAST to provide equal opportunity in employment as well as in the delivery of transportation services to the public; and ensure policies, procedures and practices do not discriminate against any person based on race, color, creed, national origin, ancestry, sex, age, sexual orientation, disability, veteran status protected by Federal or State law.¹

THIS CONCLUDES THE APPLICATION

