

## Application for Paratransit Service

The Tahoe Transportation District (TTD) administers paratransit service in South Lake Tahoe pursuant to the *ADA Paratransit Service Policies and Procedures*, available on the TTD website or upon request. The service is available for individuals who cannot otherwise use the fixed route system due to specific disabilities or medical conditions. Eligibility is established by submitting an application to the TTD, which will be reviewed and approved for a period up to three (3) years. Approved passengers must obtain a paratransit services photo ID card to maintain eligibility.

### Establishing Eligibility Under Federal Transit Administration (FTA) in 49 CFR. Section 37

Paratransit is intended for persons unable to:

- Travel to or from transit stops or stations within the service area
- Independently board, ride or exit fixed-route transit vehicles
- Otherwise independently “navigate the system,” e.g., a person who cannot ride the bus independently, recognize bus stops, understand how to complete bus trips, pay the fare, etc.

### Instructions

- If you believe you have a disability that causes you to meet the above criteria, please complete Parts A and B, then ask a qualified medical professional familiar with your abilities to complete Part C.
- Mail, fax or email to address noted on page 5.
- **Note:** Social Security Disability Insurance (SSDI) or Social Security Insurance (SSI) paperwork and DMV documents or placards are not proof of eligibility.

The determination of eligibility is not based solely on the information in this application. Applicants may be required to participate in an interview and/or functional assessment. Incomplete or illegible applications will be returned for completion, which may delay the applicant’s eligibility determination. Any false or misleading information will result in a loss of eligibility. The final eligibility determination will be issued within 21 days from the receipt of the completed application. Successful applicants will be contacted to schedule an appointment to obtain their paratransit services photo ID card.

**Alternative formats of this application are available upon request.**

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## **PART A - TO BE COMPLETED BY APPLICANT OR REPRESENTATIVE**

Please complete all sections of Part A and B. Have your qualified medical professional complete Part C and return to TTD as noted on page 5.

### **APPLICANT**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ Apt. /Unit #: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### **EMERGENCY CONTACT**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Did someone assist you in completing this application?  Yes  No

Should this person be contacted if additional information is needed?  Yes  No

If Yes, Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

TTD offers mobility training for individuals unfamiliar with public transit. Are you interested in learning more about mobility training options?

Yes  No

#### **TTD Office Use Only**

Reviewer: \_\_\_\_\_  Approved  Denied

App. Received Date: \_\_\_\_\_ Notes:

App Reviewed Date: \_\_\_\_\_ Ecolane Entry

Card Exp. Date: \_\_\_\_\_ Client ID#: \_\_\_\_\_

**PART B - TO BE COMPLETED BY APPLICANT OR REPRESENTATIVE**

Please read and sign this Medical Release. This Medical Release is necessary because TTD may need to contact the professional who completes Part C. TTD will not release information to any other party or any medical information obtained under the release(s) you provide.

**MEDICAL RELEASE**

**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

I, \_\_\_\_\_ authorize:  
(Applicant or Patient Name)

Name of professional: \_\_\_\_\_

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

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

to disclose Protected Health Information (PHI) to the Tahoe Transportation District (TTD) for the purpose of assessing whether I am eligible under the Americans with Disabilities Act (ADA) to use TTD’s paratransit service.

My PHI may include medical records, diagnostic reports, physical therapy records, and any personal and medical information pertinent to my application.

I may cancel this authorization at any time by sending a written request to TTD, Attn: Applications for Demand Response Service, P.O. Box 499, Zephyr Cove, NV 89448. This authorization will expire in twelve (12) months.

I understand that TTD will not release any medical information obtained with this release to any other party.

I understand that I am not legally obligated to sign this authorization. However, I also understand that TTD cannot process my applications for ADA eligibility without this authorization. I also understand that if TTD is unable to obtain information necessary to determine how my disability or health condition limits or prevents my use of fixed-route transit service, that my application for ADA eligibility may be denied.

I understand that by signing this statement I am authorizing TTD to provide a copy of this statement to the above listed professional for the purposes of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

\_\_\_\_\_  
Signature of Applicant or Legal Representative

\_\_\_\_\_  
Date

Applicant’s Date of Birth: \_\_\_\_\_

***The application is not complete until a qualified medical professional completes Part C. The professional should submit the application directly to TTD for eligibility determination.***

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

**PART C - TO BE COMPLETED BY A QUALIFIED MEDICAL PROFESSIONAL**

The applicant is requesting certification to use the paratransit service. Part C is intended for professionals familiar with the applicant's disability and/or health condition. Incomplete applications will be returned, which may delay the applicant's eligibility determination.

Instructions:

- Complete all of Part C.
- Information must be based on the applicant's functional abilities and not medical diagnoses of health conditions.
- For Question 2, a description of the eligibility criteria sections can be found on pages 6 through 9 (Eligibility Criteria). Please mark all sections that apply to the applicant.
- For Question 3, please describe all ways in which the applicant's disability prevents them from using fixed-route transit.

Please indicate your profession:

- |   |   |
|---|---|
| <input type="checkbox"/> Physician (MD/DO)          | <input type="checkbox"/> Physician's Assistant/Nurse Practitioner |
| <input type="checkbox"/> Registered Nurse           | <input type="checkbox"/> Physical or Occupational Therapist       |
| <input type="checkbox"/> Ophthalmologist/Optomtrist | <input type="checkbox"/> Licensed Clinical Social Worker          |
| <input type="checkbox"/> Rehabilitation Specialist  | <input type="checkbox"/> Psychiatrist/Psychologist                |
| <input type="checkbox"/> Other* _____               |   |

*\*Other professionals interested in submitting professional verification on behalf of patients/clients are encouraged to do so, but must receive approval from TTD prior to submission.*

1. Does the applicant's disability preclude them from using fixed-route transit to conduct daily activities as effectively as persons who are not so affected?  
 Yes                       No

2. Indicate the section number of the eligibility criteria (pg. 6-9 of application) of your patient's disability?
- |                                    |                                    |                                     |                                     |
|------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Section 1 | <input type="checkbox"/> Section 5 | <input type="checkbox"/> Section 9  | <input type="checkbox"/> Section 13 |
| <input type="checkbox"/> Section 2 | <input type="checkbox"/> Section 6 | <input type="checkbox"/> Section 10 | <input type="checkbox"/> Section 14 |
| <input type="checkbox"/> Section 3 | <input type="checkbox"/> Section 7 | <input type="checkbox"/> Section 11 | <input type="checkbox"/> Section 15 |
| <input type="checkbox"/> Section 4 | <input type="checkbox"/> Section 8 | <input type="checkbox"/> Section 12 | <input type="checkbox"/> Section 16 |

3. Please explain how the applicant's disability prevents them from using fixed-route transit.
- \_\_\_\_\_
- \_\_\_\_\_

4. This condition is:  
 Permanent                       Temporary; estimated duration: \_\_\_\_\_ months

5. Please indicate if applicable:
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Wheelchair                   | <input type="checkbox"/> Power/Electric Wheelchair or Scooter | <input type="checkbox"/> Walker              |
| <input type="checkbox"/> Cane                         | <input type="checkbox"/> Neurological Disorder                | <input type="checkbox"/> Crutches            |
| <input type="checkbox"/> Other Mobility Aide          | <input type="checkbox"/> Significant Visual Impairment        | <input type="checkbox"/> Hearing Impaired    |
| <input type="checkbox"/> Service Animal               | <input type="checkbox"/> Developmental Disability             | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Other, please specify: _____ |   |  |

6. If the applicant uses a wheelchair or scooter, can they transfer to a bus seat?  
 Yes                       No                       N/A
7. What is the combined weight of the applicant and mobility device (e.g., wheelchair)? \_\_\_\_\_  
**Note: TTD will transport all wheelchairs and mobility devices that can be safely accommodated by TTD vehicles and equipment.**
8. Applicant requires a Personal Care Attendant (PCA) due to the disability described.  
 Yes                       No                       Fixed-route only  
 If yes, please describe why the assistance of a PCA is required.  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Other special considerations or effects of this disability that should be known?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete the following information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Phone: \_\_\_\_\_ License number: \_\_\_\_\_

Please sign and date:

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

After completing this Part C for the applicant, please return Parts A, B and C of the application directly to TTD. There is no need to return pages 6-9 (Eligibility Criteria). To return by email, please send to: [tstyler@tahoetransportation.org](mailto:tstyler@tahoetransportation.org).

Applications can also be faxed or mailed to:

Tahoe Transportation District  
 Attn: Applications for Paratransit Service  
 P.O. Box 499  
 Zephyr Cove, NV 89448  
 FAX: (775) 589-5509

If you have questions, please contact Tara Styler, TTD Operations Manager at (775) 589-5509.

## **ELIGIBILITY CRITERIA**

There are two categories of eligibility: permanent (chronic condition) and temporary (acute). Any person who has a physical, mental, or psychological disability or incapacity of less than six months' duration that is covered in the eligibility criteria is considered to be in the temporary category, and his or her eligibility is limited to the duration of meeting the criteria. All other persons meeting eligibility criteria have chronic conditions.

Applications will remain on file as a medical record, not subject to public view. Applicants whose requests for certification are denied have the right to appeal pursuant to the appeals process in TTD's South Shore Area Paratransit Service Policies and Procedures.

### **EXCLUSIONS**

The following conditions, alone, are not considered a disability: 1) pregnancy, 2) acute or chronic alcoholism or drug addiction, or 3) contagious diseases.

### **PHYSICAL DISABILITIES**

#### **SECTION 1**

**Non-ambulatory Disabilities; Wheelchair:** Impairments that, regardless of cause, confine individuals permanently to wheelchairs.

#### **SECTION 2**

**Semi-ambulatory Disabilities; Mobility Aid:** Impairments that require individuals to use a long leg brace, a walker, or crutches to achieve mobility.

#### **SECTION 3**

**Semi-ambulatory Disabilities; Arthritis:** Persons who, due to any cause, suffer arthritis which causes a functional motor deficit in any two major limbs (arms and/or legs).

American Rheumatism Association criteria may be used as a guideline for the determination of arthritic handicap. Therapeutic Grade III or worse and Functional Class III or worse and Anatomical State III or worse are evidence of arthritic handicap.

#### **SECTION 4**

**Semi-ambulatory Disabilities; Loss of Limb:** Persons who suffer amputation of or anatomical deformity of one hand or one foot (i.e., loss of major function due to degenerative changes associated with vascular or neurological deficits, traumatic loss of muscle mass or tendons and X-ray evidence of bony or fibrous ankylosis [a stiffness or "fixation" of a joint caused by fibrous or bony tissue accumulating in a joint space] at an unfavorable angle, or joint subluxation [incomplete or partial dislocation of a joint or instability]); persons who suffer amputation of lower extremity at or above the tarsal region -- one or both legs.

## **SECTION 5**

**Semi-ambulatory Disabilities; Stroke:** Cerebrovascular accident with one of the following occurring post-CVA:

- a. Pseudobulbar palsy (spastic weakness of the muscles enervated by the cranial nerves);
- b. Functional motor deficit in the arms or legs;
- c. Ataxia affecting extremities substantiated by appropriate cerebellar signs or proprioceptive loss.

## **SECTION 6**

**Semi-ambulatory Disabilities; Pulmonary Ills:** Persons suffering respiratory impairment as defined by The Journal of the American Medical Association, "Guides to the Evaluation of Permanent Impairment, The Respiratory System."

### **CLASSES OF RESPIRATORY IMPAIRMENT:**

**Class III:** Dyspnea does not occur at rest, but does occur during the usual activities of daily living. However, the patient can walk a mile at his own pace without dyspnea although he cannot keep pace on the level with others of the same age and body build. Percent disability: 40-50.

**Class IV:** Dyspnea occurs during such activities as climbing one flight of stairs or walking 100 yards on the level.

**Class VI:** Dyspnea present on slightest exertion, such as dressing, talking, at rest.

## **SECTION 7**

**Semi-ambulatory Disabilities; Cardiac Illnesses:** Persons suffering functional classifications of cardiac disease, Classes III and IV and therapeutic classification Classes C, D, and E as defined by Diseases of the Heart and Blood Vessels -- Nomenclature and Criteria for Diagnosis.

### **FUNCTIONAL CLASSIFICATIONS:**

**CLASS III:** Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or anginal pain. For instance, inability to walk one or more level blocks or climb a flight of ordinary stairs.

**CLASS IV:** Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

### **THERAPEUTIC CLASSIFICATIONS:**

**CLASS C:** Patients with cardiac disease whose ordinary physical activity should be moderately restricted and whose more strenuous efforts should be discontinued.



**CLASS D:** Patients with cardiac disease whose ordinary physical activity should be markedly restricted.

**CLASS E:** Patients with cardiac disease who should be at complete rest, confined to bed or chair.

## **SECTION 8**

**Semi-ambulatory Disabilities; Dialysis:** Persons who in order to live must use a kidney dialysis machine.

## **SECTION 9**

**Visual Disabilities:** This section includes only the legally blind.

- a. Those persons whose vision in the better eye after best correction is 20/200 or less; and
- b. Those persons whose visual field is contracted (commonly known as tunnel vision):
  1. to 10 degrees or less from a point of fixation; or
  2. the widest diameter subtends an angle no greater than 20 degrees.

## **SECTION 10**

**Hearing Disabilities:** Deafness or hearing incapacity that may make an individual insecure in public areas because the individual is unable to communicate or hear warning signals. This section includes only those persons whose hearing loss is 90dba or greater in the 500, 1000, 2000 Hz. ranges.

## **SECTION 11**

**Disabilities of Incoordination:** This section includes those persons suffering faulty coordination or palsy from brain, spinal, or peripheral nerve injury and persons with a functional motor deficit in any two limbs or who suffer manifestations which significantly reduce mobility, coordination, and perceptiveness not accounted for in previous categories.

## **DEVELOPMENTAL DISABILITIES**

### **SECTION 12**

**Borderline Intellectual Functioning:** Those persons, not psychotic, who are so developmentally disadvantaged from infancy or before reaching maturity that they are incapable of managing themselves and their affairs independently, with ordinary prudence, or of being taught to do so, and who require supervision, control, and care for their own welfare, or for the welfare of others, or for the welfare of the community; and any person who is unable, or likely to be unable, to physically or mentally respond to an oral instruction relating to danger and, unassisted, take appropriate action relating to such danger. This section includes only those persons with the following disorders who are participating in a state or federally funded or state-recognized program.

### **SECTION 13**

**Intellectual Disability:** Refers to sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior (a general guideline is IQ which is two or more standard deviations below the norm). This section also applies to adults who by reason of illness or accident suffer an intellectual disability.

### **SECTION 14**

**Autism Spectrum Disorder:** (1) A syndrome described as consisting of withdrawal, very inadequate social relationships, exceptional object relationships, language disturbances, and monotonously repetitive motor behavior; many children with autism will also be seriously impaired in general intellectual function; (2) this syndrome usually appears before the age of six and is characterized by severe withdrawal and inappropriate response to external stimuli.

## **PSYCHIATRIC DISABILITIES**

### **SECTION 15**

Individuals with significant psychiatric disabilities who cannot complete the tasks necessary to ride fixed route service independently. For example, some individuals with severe anxiety disorders may experience overwhelming physical and psychiatric reactions that prevent them from concentrating on and completing the tasks needed to independently use fixed route transit.

## **OTHER DISABILITIES**

### **SECTION 16**

**Neurological Disorders:** Neurological disorders are diseases of the central and peripheral nervous system. In other words, the brain, spinal cord, cranial nerves, peripheral nerves, nerve roots, autonomic nervous system, neuromuscular junction, and muscles. These disorders include cerebral palsy, epilepsy, Alzheimer disease and other dementias, cerebrovascular diseases including stroke, migraine and other headache disorders, multiple sclerosis, Parkinson's disease, neuro infections, brain tumors, traumatic disorders of the nervous system such as brain trauma, and neurological disorders as a result of malnutrition.