

ADA Complementary Paratransit Service Application

Bristol Virginia Transit provides ADA Complementary Paratransit as an origin-to-destination, curb-to-curb service under the guidelines of the Americans with Disabilities Act (ADA). This service provides public transportation access to individuals with disabilities who may not be reasonably able to use Bristol Virginia Transit’s accessible fixed route bus service.

Please return completed application to:

Mail: Bristol Virginia Transit, 2515 Valley Drive, Bristol, VA 24201

Email: transit@bristolva.org Fax: (276) 645-7235

General Information

Name _____

Street Address _____

City _____ State _____ ZIP _____

Email Address _____

Phone (_____) _____ - _____

Emergency or Alternate Phone (_____) _____ - _____

Date of Birth _____ / _____ / _____

How do you prefer that we contact you? (please circle one) Phone Email Mail

Disability and Mobility Equipment Information

What type of disability prevents you from using fixed route bus service? (Please check all that apply.)

- Physical Disability
- Developmental Disability
- Visual Impairment/Blindness
- Mental Impairment
- None
- Other

Please describe your disability and limitations from using fixed route bus service:

Is your disability or health condition temporary?

Yes

No

If Yes, how long do you expect it to prevent you from using fixed route bus service?

Which mobility aids and/or equipment do you use? (Please check all that apply.)

White cane for the blind or visually impaired

Crutches

Portable oxygen

Powered (electric) wheelchair

Manual wheelchair

Powered scooter

Walker

Service animal

Other _____

I do not use any mobility aids.

Do you need to bring a “personal care attendant” with you to help when you ride the transit bus or paratransit van?

Yes, always

Yes, sometimes

No

I don't know

Ability to Use Fixed Route Buses

Bristol Virginia Transit buses are accessible for mobility aids such as walkers and wheelchairs, and our courteous staff strives to meet the needs of any passenger. Please select from the following options to describe your ability to use fixed route bus service. (Please check all that apply.)

- I can't get to and from bus stops because of the distance.
- I have a disability or health condition that prevents me from riding the bus if the weather is too hot or too cold.
- I have difficulty understanding or remembering things, which makes it hard for me to ride the bus.
- My disability or health condition can change from day to day. Sometimes if I feel well enough I can ride the fixed route bus, but sometimes I can't.
- I can only get to and from bus stops if there are sidewalks and curb cuts.
- I can't ride the fixed route bus by myself.
- I am not sure if I can ride the fixed route bus.
- I can't ride the fixed route bus for other reasons.

Please explain: _____

Have you ever tried to ride one of Bristol Virginia Transit's fixed route buses?

- Yes
- No
- I don't know

Do you currently ride the fixed route buses?

- Yes
- No

If you rode fixed route buses in the past but have stopped, please explain:

Would you like free assistance with riding the fixed route buses (this includes personalized assistance with figuring out if you are physically capable of riding the bus, determining what routes might be convenient for you, and identifying where and when to catch the bus).

Yes

No

In order for Bristol Virginia Transit to evaluate your request for eligibility, it may be helpful for us to contact a physician or other professional who is familiar with, and authorized to provide information regarding, your health condition or disability and your functional abilities. Please list one or two professionals that we may contact. *Examples include but are not limited to: Family Physician, Independent Living Specialist, Ophthalmologist, Physical Therapist, Psychiatrist, Occupational Therapist, Licensed Social Worker, Psychologist, Case Manager.*

Name of qualified professional _____

Type of professional _____

Professional's agency _____

Address _____

Phone number _____

Name of qualified professional _____

Type of professional _____

Professional's agency _____

Address _____

Phone number _____

Bristol Virginia Transit may use an assessment of your functional abilities in order to determine eligibility. This assessment will help us determine your functional abilities specific to the use of fixed route transit services. Bristol Virginia Transit will contact you upon receipt of your application to schedule this assessment. The eligibility determination may be dependent upon this assessment; therefore, a delay in scheduling the assessment may cause a delay in the eligibility determination.

I understand that the purpose of this application is to determine if I am eligible to use Bristol Virginia Transit’s paratransit services. I certify that the information provided in this application is correct. I understand that falsification of information could result in the rejection of this application and my inability to use Bristol Virginia Transit’s paratransit services. I agree to notify Bristol Virginia Transit if I no longer need to use paratransit services or if my condition changes.

_____ *Applicant Signature* _____ *Date*

If you have completed this application for another individual, please complete the following:

Name _____

Street Address _____

City _____ State _____ ZIP _____

Email Address _____

Phone (_____) _____ - _____

Relationship to applicant _____

_____ *Responsible Party Signature* _____ *Date*

You will be notified within five business days regarding the status of your application. Note: A delay in scheduling the functional abilities assessment may cause a delay in the eligibility determination.

Bristol Virginia Transit has implemented an *After-Hours Next Day Reservation* answer line to schedule paratransit trips. To schedule a trip, please call (276) 645-7384 and leave a detailed message. This will enable Bristol Virginia Transit to schedule your trip request.