

origin-to-destination ada paratransit guide & application



Shore Transit

31901 Tri-County Way, Suite 133

Salisbury, MD, 21804

 (phone) 443-260-2300

*  (fax) 410-677-4895 *

 (email) info@shoretransit.org

www.shoretransit.org



Overview of Services

Fixed Route Services provide public transportation services at designated bus stops along specific routes on set schedules. All of Shore Transit's Fixed Route vehicles have features to make riding accessible for people with disabilities, including wheelchair lifts, announcements of major bus stops, and professional, courteous Bus Operators.

Shore Ride Origin-To-Destination Services provides public transportation Origin-To-Destination services to customers in the rural areas located three-quarters (3/4) of a mile beyond a Fixed Route bus stop/transfer point, to a local destination or the closest Fixed Route bus stop/transfer point. Customers must contact the Customer Service Center at 443-260-2300 by 12 noon the day prior to the required transportation services. Rides in this area are limited to every two hours starting at 8:30 a.m. (earliest arrival to destination is 10:30 a.m.) and ending at 4:30 p.m. This service typically operates Monday through Friday (except for the following holidays: Thanksgiving, Christmas, and New Year's Day).

Origin-To-Destination ADA Paratransit Services are curb-to-curb/door-to-door shared ride public transportation services for customers located three-quarters (3/4) of a mile within a Fixed Route bus stop/transfer point, whose disability prevents them from utilizing the Fixed Route public transportation services and who are ADA certified. This **does not include** disabilities that make accessing the Fixed Route public transportation services difficult or inconvenient. Origin-To-Destination ADA Paratransit Services are provided within three quarters (3/4) of a mile on either side of a Fixed Route and operate during the times and dates of the Fixed Route public transportation system. ***You must call in advance to make reservations to travel on this service.***

If your disability/medical condition or public transportation system accessibility/environmental barriers, prevents you from utilizing the Fixed Route public transportation services, you may be eligible for specialized transportation service. If utilizing Fixed Route service is inconvenient or more difficult because of your disability, you may not be eligible for specialized transportation services under the Americans with Disabilities Act (ADA). The customers' ability to utilize the public transportation Fixed Route services will be assessed primarily through this application, in addition to an in-person interview with Shore Transit's Certifications Coordinator.

What is the American with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) is a federal civil right, signed into law in 1990. This law prohibits discrimination against individuals with disabilities. The intent is to remove barriers that prevent people with disabilities from participating in life's activities to the fullest. Under the ADA, Fixed Route public transportation systems are to be the primary means of public transportation for everyone, including people with disabilities.

Travel Training is offered to anyone who wishes to learn how to utilize the Fixed Route public transportation system. For more information, call 443-260-2300.

Paratransit Service is intended as a safety net only for those people whose disabilities prevent them from using the Fixed Route public transportation system.

Important:

A medical condition or eligibility for other programs does not necessarily qualify utilization of Origin-To-Destination ADA Paratransit service.

Shore Transit will consider requests for reasonable modifications to its existing ADA service policies and/or practices, in order to ensure accessible services. Please contact 443-260-2300 to make a request.

Dear Shore Access Applicant:

Thank you for your interest in Shore Transit's ADA Paratransit service, which provides public transportation to Shore Transit's ADA certified customers within the ADA service areas of Somerset, Wicomico, and Worcester Counties.

To enable us to determine your eligibility, please complete the enclosed application and accompanying forms explaining how your disability prevents you from utilizing Shore Transit's Fixed Route public transportation system. Also enclosed is a Health Care Professional Verification Form. This form must be completed and signed by your Health Care Provider. Once your application and Health Care Professional Verification Form have been completed, the next step in the certification process is to schedule an in-person interview.

After your interview, a determination will be made within twenty-one (21) days. A letter will be sent to you stating the determination.

If you will be utilizing Shore Transit's Fixed Route Services you are required to have a Shore Transit photo identification card. Photos are taken and ID cards issued at the Shore Transit Customer Service Center, 31901 Tri-County Way, Salisbury, MD, on Tuesdays and Thursdays between 10a.m. and 2p.m. Based upon your medical condition or specific circumstances, ID cards are valid anywhere from three (3) years to a continual certification.

If you do not qualify for Shore Transit's ADA Paratransit services, a letter will be mailed to you with an explanation and the procedures to follow should you wish to file an appeal.

If you have any questions regarding Shore Transit's ADA Paratransit services, or if you require assistance completing the application, please contact our office at 443-260-2300, Option 6 (Certifications).



Understanding the Certification Process

Origin-To-Destination ADA Paratransit Service has established a certification process to determine eligibility for service, consisting of the following steps:

Step 1 Review the introductory materials (the information that you are reviewing now).

Step 2 If after reviewing the materials you think that you would be eligible, complete the APPLICANT INFORMATION portion of the application.

Step 3 Have your physician or other health care professional complete the PROFESSIONAL VERIFICATION portion of the application.

Step 4 After you have completed and signed your portion of the application and your physician or other health care professional has completed and signed their portion, please call the Shore Transit Customer Service Center at 443-260-2300 to schedule an in-person interview. If needed, transportation can be provided for your in-person interview. Interviews will not be scheduled for individuals who do not have their application completed.

Step 5 Each person applying for ADA paratransit service must undergo an in-person interview with the Certifications Coordinator. At the interview your application will be reviewed. If your application is incomplete, the interview will not be held. If you use a mobility aid, make sure to bring that with you to your interview. Your interview should last approximately 30 minutes. Please be sure you are prompt! If you arrive more than 15 minutes late for your scheduled interview appointment time, your appointment will be rescheduled.

Step 6 After the in-person interview, an eligibility determination will be made within 21 days. A letter will be sent to you stating the determination. If you do not qualify for Shore Transit's ADA Paratransit services, a letter will be mailed to you with an explanation explaining why you are not eligible.

If you do not qualify for Shore Transit's ADA Paratransit services, or are permitted only partial/conditional/ or temporary service you may appeal the determination.

How do I appeal?

You have sixty (60) days from the date listed on your determination letter to file a written appeal with Shore Transit. ADA regulations require that the person who makes a determination on an appeal must not be involved in the initial determination of the individual's eligibility. Therefore, letters of appeal should be submitted to:

Shore Transit
ADA Certification Appeal
Attention: Transit Director
31901 Tri-County Way, Suite 133
Salisbury, Maryland 21804

The Transit Director has thirty (30) days from the date in which the appeal letter is received to render a decision concerning the appeal. If a decision has not been reached within thirty (30) days, you will be presumed eligible until a decision has been reached.

Eligibility/Criteria

Shore Transit Origin to Destination Paratransit customers must meet one of the two following criteria:

- * Must be 65 years of age or older

OR

- * Must be between 18 and 65 years of age with a qualifying disability as outlined in the Guidelines for Health Care Professionals

Qualifications

Customers must also be able to perform the following functions independently or with/by a companion

- *Schedule a ride
- *Carry their own packages or bags in one trip
- *Self ambulate by walking or through use of a mobility device or assisted as needed by a companion

Things to Note:

Ride Scheduling

To schedule an ADA ride, an advanced reservation is necessary. Shore Transit's Customer Service Center must be contacted by 4 p.m. the day prior to the requested ride.

Recertification

All certifications have an expiration date. All customers are required to renew their certification.

Service can be refused or suspended

Persons that engage in "violent, seriously disruptive, or illegal conduct may be refused service or may have service suspended.

If this type of behavior is determined to be an effect of the person's disability, this person may be required to ride with an attendant. This refusal of service will take place once the client does not respond to or have established a pattern or practice of disruptive behavior.

Refusal of service or suspension of service includes a pattern of behavior related to "No Shows" or Late Cancellations.

Cancellation Policy

All cancellations must be received by the Shore Transit Customer Service Center 443-260-2300 no later than two (2) hours prior to the scheduled pickup time. If notice of cancellation is not received by this time, the Customer is considered a "No Show."

A customer triggers the no-show/late cancellation procedure when:

- They have at least two no-shows with a rolling 90 calendar day period; and
- Their no-show/late cancellation rate is at least 15% of their total trips taken

Once triggered, the no-show/late cancellation procedure consequences are:

1st Incident- Written reminder. If there are no additional incidents for 90 calendar days, the customer's record is "wiped clean".

2nd Incident- Warning letter

3rd Incident- Suspension of service for seven calendar days

4th Incident- Suspension of service for 14 calendar days

5th Incident- Suspension of service for 30 calendar days

6th Incident- Suspension of service for 30 calendar days. Customer must request reinstatement by submitting a written request within one month from the date of the suspension letter in order to be reinstated.

Reinstatement request will be sent to:

Shore Transit Customer Service Center
Attention: ADA Coordinator
31901 Tri-County Way, Suite 133
Salisbury, MD 21804

If a reinstatement request is not received within the reinstatement request window, Shore Transit will consider the customer voluntarily removed from the service. The customer will then have to reapply for the service (the previous application may be utilized if it is still within the active eligibility window).

Suspension for Disruptive Behavior/Language Procedure

Shore Transit has a zero tolerance for violent, seriously disruptive, or illegal behavior or language towards staff and customers. Any incidence may result in immediate suspension of service for a minimum of 30 calendar days up to and including permanent suspension.

Shore Transit reserves the right to refuse transport to any customer who appears to be under the influence of a mind-altering substance to the degree that their impairment represents a safety risk to themselves or other passengers.

Non-violent, Disruptive Behavior

Includes, but is not limited to: vulgarity, profanity (exceptions are those with medical conditions or cognitive disabilities which make this behavior beyond their reasonable control), unsafe behaviors, loud talking/yelling/singing that disrupts the driver's concentration, inappropriate displays of affection/sexual behavior, spitting or releasing bodily waste/fluids (other than vomiting due to a medical condition), etc.

The consequences for non-violent, disruptive behavior are as follows:

1st Incident - verbal warning by the driver, followed up by a reminder letter from Shore Transit.

- If there are no continued disruptive behaviors or additional incidents for 45 calendar days, the Customer's record is "wiped clean"
- If the customer does not stop the disruptive behavior, the customer will be immediately suspended for seven calendar days from the date of suspension

2nd Incident - Suspension of service for seven calendar days

3rd Incident – Suspension of service for 14 calendar days

4th Incident – Suspension of service for 30 calendar days. Customer must request reinstatement by submitting a written request within 30 calendar days from the date of the suspension letter in order to be reinstated.

Reinstatement request will be sent to:

Shore Transit Customer Service Center
Attention: ADA Coordinator
31901 Tri-County Way, Suite 133
Salisbury, MD 21804

If a reinstatement request is not received within the reinstatement request window, Shore Transit will consider the customer voluntarily removed from the service. The customer will then have to reapply for the service (the previous application may be utilized if it is still within the active eligibility window).

Violent, Disruptive Behavior

Includes any behavior that inflicts or threatens to inflict bodily harm on Shore Transit staff or customers, or behaviors which create significant safety concerns such as throwing items or inciting fear through physical actions.

The consequences for violent, disruptive behavior are as follows:

1st Incident- suspension of service of at least one year with permanent suspension at the discretion of the Operations Manager. If reinstated:

2nd Incident- permanent suspension of service

Notification of Proposed Suspension and Right To Appeal

Regardless of the reason (no-show/cancellation or disruptive behavior) for the proposed suspension, Shore Transit will provide the customer a notification in writing, to include the following:

- Suspension time frame
- Specific reasons for the suspension
- Notice of the right to appeal
- Instructions on how to appeal:
 - o Customers may request that incidents/suspensions be reviewed by submitting a written request within ten calendar days from the date of the warning/suspension letter to:

Shore Transit Customer Service Center
Attention: ADA Coordinator
31901 Tri-County Way, Suite 133
Salisbury, MD 21804



Shore Transit
Customer Service Center
31901 Tri-County Way, Suite 133
Salisbury, Maryland 21804

APPLICATION FOR AMERICANS WITH DISABILITIES ACT MOBILITY PARATRANSIT SERVICE

The information that you provide will be used to determine your eligibility for Shore Transit's ADA Paratransit service. Information will be kept confidential in accordance with state law. Everyone applying for ADA Paratransit service must complete an application and have a healthcare provider verify your disability. When you have a **complete** application signed by your health care provider, please call for an interview. We can provide transportation to your appointment.

Directions

Fill out Part A of the application. Be sure to answer all questions as completely and specifically as you can. This information will be used to determine your eligibility for Shore Transit's paratransit service.

Part B of this application should be filled out by a healthcare professional. The healthcare professional who knows the most about the disability that most prevents you from using the public transit system should complete the form. The healthcare professional must sign Part B of the form and include his or her license number and type of license.

Once you and your healthcare professional have completed the application, Shore Transit requires an in-person interview. To obtain an appointment, call Shore Transit at 443-260-2300. Follow the telephone prompt menu and select Option 6 for Certifications. Shore Transit's Customer Service Center is open from 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding some State holidays. Once you reach an agent, an appointment for your in-person interview will be scheduled.

This in-person interview is a required part of the application. In-person interviews are held at the Shore Transit Office, located at 31901 Tri-County Way, Suite 133 Salisbury, Maryland 21804. Transportation can be provided to your appointment, if needed.

You must bring your completed application with you to the interview. Shore Transit does not accept missing or incomplete applications. **Your interview will not be conducted if the application is not complete.** If you bring in an incomplete application, a new appointment will need to be made and the determination of your eligibility and your service will be delayed.

After the interview, Shore Transit will determine your eligibility. If you are deemed eligible, Shore Transit will provide you with a card as proof of your eligibility for paratransit services.

Your picture will be taken at the end of the interview process. If you are deemed eligible, your picture identification will be sent to you with your determination letter. Shore Transit has up to 21 days to make a determination. If a determination is not made within 21 days, you may be entitled to presumptive eligibility. Call Shore Transit for more information if you do not receive your determination letter.

PART A: APPLICANT INFORMATION (PLEASE PRINT)

Date _____

Shore Transit ADA Paratransit Services. Please check one:

Re-certification Application Mobility ID# _____ First Application

Last Name _____ First Name _____ MI _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Date of Birth _____ Male _____ Female _____

Email Address for correspondence (Optional): _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relationship _____

Name of subdivision or apartment complex: _____

Nearest major intersecting street: _____

Nearest cross street to your residence: _____

List the Medical Names of Your Disabilities or Medical Conditions	Is the Condition Permanent?	Duration of Condition	
		Beginning Date	Ending Date

1. Please describe how your physical or mental condition(s) limit your ability to access bus stops or stations; ride the bus or transfer to another bus. Please be specific.

2. Do you have a **Cognitive Disability**?

(Have you ever been diagnosed with Traumatic/ Non-Traumatic Brain Injury, Developmental Disability, Borderline Intelligence, Down's syndrome, Autism, etc.?)

Yes No If Yes, please state the disability and explain how it affects you.

3. If you experience **Seizures**, please check all that apply and answer the following questions:

3a. Which type of seizures do you have?

Grand Mal Petit Mal/absence Temporal Lobe Epileptic _____

3b. When having a seizure, I: (Please check all that apply)

am difficult to arouse black out fall asleep fall down
 need immediate medical attention stare blankly into space

3c. How often do your seizures occur? _____

When was your most recent seizure? _____

3d. Are you currently taking medication to control seizures? Yes No

4. Are you currently taking prescribed medications that will, by themselves, affect your ability to ride the buses and/or trains? Yes No Please explain _____

5. Do you have a **Visual Impairment** (to include Blindness)? Yes No

If yes, please check all that apply:

- I wear contacts or glasses.
- I can recognize my stop if announcements are made.
- I am legally blind and cannot distinguish my appropriate stop, disembark, and navigate the route to my destination. I do not use a guide dog or other service animal, or any assistive device.
- I use a guide dog or other service animal, but I need paratransit to get to/from destinations that I cannot safely travel to on the route.
- I can easily hear and recognize environmental sounds that help me to determine the traffic flow patterns.
- I cannot easily hear environmental sounds that help me to determine traffic flow. I cannot always get out of the roadway before the traffic signal changes.
- I require a sighted guide to assist me with the following tasks:

6. Do you experience any of the following? Please check all that apply:

<input type="checkbox"/> Panic Attacks	<input type="checkbox"/> Seizures
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Short Term Memory Loss
<input type="checkbox"/> Delusions	<input type="checkbox"/> Long Term Memory Loss
<input type="checkbox"/> Paranoia	<input type="checkbox"/> Cannot Identify Pictures
<input type="checkbox"/> Confusion	<input type="checkbox"/> Cannot Read or Write
<input type="checkbox"/> Hear Voices	<input type="checkbox"/> Easily Taken Advantage of by Others
<input type="checkbox"/> Easily Wander Off	<input type="checkbox"/> Difficulty Understanding Written or Verbal Instructions

7. Do you have a **Mental/Psychological Disability**? (Do you have a current diagnosis of Bipolar Disorder, Schizophrenia, Anxiety Disorder, Paranoia, etc.?) Yes No

If yes, please state the disability and explain how it affects you.

8. Are there any other physical or mental disabilities that affect your **FUNCTIONAL ABILITY** to ride the regular fixed route, accessible bus and transit service? (Example: difficulty with getting to the bus, waiting at the stop for the correct bus, boarding the bus, knowing when you get to your stop, and notifying the driver that you need to get off.) Yes No If yes, please explain.

9. Can you wait 20 minutes at a bus stop or station that **DOES NOT** have seats? Yes No
If no, please explain. _____

10. Can you wait 20 minutes at a bus stop or station that **DOES** have seats and shelter?
Yes No If no, please explain. _____

11. Can you wait 20 minutes at a bus stop or station unassisted? Yes No
If no, please explain. _____

12. Do you require a ramp or lift in order to board/exit the bus? Yes No

13. How far can you travel, with assistive devices and short rest breaks if needed?

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Less than one block | <input type="checkbox"/> 3-4 blocks | <input type="checkbox"/> More than 6 blocks |
| <input type="checkbox"/> 1-2 blocks | <input type="checkbox"/> 5-6 blocks | <input type="checkbox"/> I don't know |

14. Do you use any of the following assistive devices? Please check all that apply.

- White Cane
- Standard Cane
- Orthopedic Cane (three or four prong base)
- Walker
- Respirator/Oxygen
- Manual Wheelchair
- Service/Guide Animal Describe: _____
- Scooter
- Braces
- Motorized Wheelchair
- Crutches

15. Do you require a personal care assistant (PCA) to travel with you to provide assistance?

Yes No If yes, please explain the specific assistance you require.

16. How do you travel now? Please check all that apply.

- Wheelchair/ scooter
- Drive myself
- Other Paratransit
- Regular Fixed Route Bus
- Passenger in someone else's car
- Currently have no means of travel
- Other Van Service
- Walk

17. Have you ever ridden a regular fixed route, accessible bus? Yes No

If yes, when was the last time you rode a regular fixed route accessible bus or transit service?

18. Do you currently ride Shore Transit's Fixed Route service? Yes No

If yes, which route(s) do you ride? _____

19. Have you stopped using the regular fixed route, accessible bus or transit service? Yes No

If yes, please explain _____

20. Do you feel that you could ride the accessible fixed route bus with a reasonable level of effort

if the paratransit bus could get you to or from an accessible bus stop? Yes No

If no, please explain. _____

21. Please check all that apply to you:

- I am able to board, ride, and exit a regular fixed route, accessible bus.
- When I travel on fixed route (Bus, Rail, Light Rail), I can travel alone
- I can cross the street.
- I can step on and off the sidewalk.
- I can stand on a moving bus, holding the handrail, if no seat is available. I can use a telephone to get bus schedule information.
- I can find my way to the bus stop after being shown where it is based.
- I can transfer to another bus or train after being shown where it is based.
- I can hear and understand the automatic announcement system on the bus. I need assistance understanding and navigating the fixed route system.

22. Is there anything else you wish to tell us about your ability to travel outside your home?

I hereby certify, under the penalties of perjury, that the information submitted is true and correct. I understand that providing any false information on this application may constitute a crime punishable under the law. I certify that I have not completed or answered questions in Part B or C of this application. I understand that Shore Transit will rely upon this information in making a determination as to my eligibility for participation in this program.

I understand that I am required to participate in an in-person interview as part of this application. I understand that I may not record any part of the application process without advanced written consent from Shore Transit.

I further authorize the release of any personal or medical information to appropriate parties that is necessary in the determination of my eligibility for Paratransit Services.

Applicant Signature: _____ Date: _____

If a person other than the applicant has completed this form, 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 helped fill out the form.

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

Name (Please Print): _____

Signature: _____

Relationship to Applicant: _____

Telephone: _____ (day) _____ (evening)

Please read this application again. Answer and explain every question that applies to your condition to the best of your ability and include additional information if needed.

We will process your application only when it is complete!



Shore Transit
Customer Service Center
31901 Tri-County Way, Suite 133
Salisbury, Maryland 21804

PART B: LICENSED PROFESSIONAL VERIFICATION

Dear Licensed/Certified Professional:

The Americans with Disabilities Act requires transit systems that operate fixed route service to offer complementary paratransit to people with disabilities who cannot use the regular Shore Transit service. In accordance with the Act, Shore Transit offers origin to destination bus service for those who cannot use the regular fixed-route transit services.

To qualify for Shore Transit’s origin to destination service, an individual must have a disability and be unable, as a result of a physical or mental impairment, to board, ride or exit from any accessible Shore Transit vehicle. A disability that prevents the person from navigating the system also qualifies. A disability that prevents a person from traveling to/from bus stops also qualifies. **The fact that the applicant’s medical condition makes using the public transit system more difficult is not a basis for eligibility for the program.**

Shore Transit bases eligibility determinations on the information provided by the applicant. Shore Transit also considers the information provided by the healthcare professional most able to describe the most limiting conditions of the applicant.

Passengers must be certified eligible in order to use the paratransit bus service. Applicants may be found eligible for this service for some or all of their trips. Be aware that Shore Transit fixed route services are lift or ramp equipped, have wheelchair securement areas and priority seating, and provide stop announcements.

In responding to the following questions, please focus on the applicant’s functional abilities. The information you provide, along with the applicant’s information, will enable us to make an appropriate determination. All information will be kept confidential. Thank you for your assistance.

If you have assisted an applicant complete Part A, you cannot also verify Part B. Persons completing Part B must be licensed or certified in one of the following specialties:

- | | |
|-------------------------------------|---|
| Vocational Rehabilitation Counselor | Physician |
| Orientation and Mobility Instructor | Physician's Assistant |
| Respiratory Therapist | Nurse Practitioner |
| Occupational or Physical Therapist | Psychiatrist/ Psychiatric Social Worker |
| Audiologist | Ophthalmologist |
| Independent Living Specialist | Optometrist |
| Speech and Language Pathologist | Psychologist |

GUIDELINES FOR HEALTH CARE PROFESSIONALS

The following guidelines are to be used to determine eligibility for Shore Transit's Origin-to-Destination paratransit service. If you have questions or need clarification, please call 443-260-2300.

The definition of disabled is "any individual who by reason of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability (including any individual who is a wheelchair user or has semi-ambulatory capabilities), cannot use effectively, without special facilities, planning, or design, mass transportation service or a mass transportation facility."

1. **NON-AMBULATORY:** An individual is unable to walk and requires the use of a wheelchair or other mobility device.
2. **SEMI-AMBULATORY:** An individual has a chronic condition which substantially limits the ability to walk, or is unable to walk without the use of a caliper leg brace, walker, cane or crutches.
3. **AMPUTATION:** An individual has an amputation of one or both hands, arms, feet or legs.
4. **STROKE:** An individual has an amputation of one or both hands, arms feet or legs.
5. **NEUROLOGICAL CONDITIONS OTHER THAN STROKE:** An individual has difficulty with coordination, communication, social interaction and/or perception from a brain, spinal or peripheral nerve injury or illness, has function motor deficits, or suffers manifestations that significantly reduce mobility. A specific diagnosis is required.
6. **PULMONARY OR CARDIAC CONDITIONS:** An individual has pulmonary or cardiac condition resulting in a marked limitation of physical functioning and dyspnea during activities such as climbing steps and/or walking a short distance. A specific diagnosis is required.
7. **BLIND OR LOW VISION:** An individual is legally blind, whose visual acuity in the better eye, with correction, is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the or so the widest diameter subtends an angle no greater than 20 degrees, An individual has low vision, and who visual acuity is in the range of 20/70 to 20/200 with best correction.
8. **EPILEPSY:** An individual who has had at least one tonic-clonic seizure within the past month or an individual who has at least one Complex Partial Seizure a week.
9. **DEVELOPMENTAL OR LEARNING DISABILITIES:** An individual has a significant learning, perceptual and/or cognitive disability. Some conditions are excluded from eligibility such as attention deficit disorder (ADD) and ADHD. A specific diagnosis is required.
10. **MENTAL ILLNESS:** An individual whose mental illness includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior. A specific diagnosis is required.
11. **CHRONIC PROGRESSIVE DEBILITATING CONDITIONS:** An individual who experiences debilitating diseases, autoimmune deficiencies or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and/or changes in mental status that impair mobility. A specific diagnosis is required.

Part B: Professional Verification

The following section is to be completed by the applicant’s physician or other healthcare professional. We require that all questions be clearly and accurately completed. If you change an answer, please initial the change. Failure to do so may delay the applicant’s determination. Please make certain that responses are legible.

The customer must BRING this form, completed and signed, with him/her to their certification appointment at Shore Transit. You may put it in a sealed envelope with your official logo & return address, at your discretion. **You do not need to fax or mail this form to Shore Transit.**

Part B: Instructions

In deciding whether the applicant is eligible for Shore Transit’s origin to destination service, input from the applicant’s health care professional, in-person interview, and information provided on the application is considered.

Please focus your response on the functional ability of the applicant. If a person may be eligible for some trips but not others, please specify any such limitations. Please indicate the nature of your patient’s condition or disability. This list is not all inclusive. Please add if needed. If the applicant is taking medications that would impair his/her mobility, please include this information.

Please print applicant’s name and answer all questions completely using your professional opinion. **The healthcare provider must fill out this section, NOT THE APPLICANT.**

Applicant Name: _____

1. When this person uses the public transit system, will he/she be successful at using the REGULAR fixed-route public transit system (meaning bus stop to bus stop)?

- YES-can use fixed-route SOMETIMES NO-prevented from using fixed-route

2. Why would this person be prevented from using regular, fixed-route public transit services?

Chemotherapy/Radiation		Impaired Vision	
Chronic Pain		Intellectual Functioning	
Dialysis Treatment		Limited Standing	
Fatigue/Exhaustion		Limited Walking	
Impaired Gait		Recent Seizures	
Impaired Memory		Uses a Wheelchair	
OTHER:			

3. If you believe that the person is unable to ride Shore Transit's regular fixed route service due to the medical condition, how long do you expect the limitation to last?

- 3 months 6 months 9 months 1 year 3 years

4. Please specify your patient's formal diagnosis of their disability. Without this information, your client will NOT be found eligible to ride on paratransit. Please list all disabilities, diagnoses and/or injuries that affect this person's ability to use public transit.

5. Can the person, with the assistance of a working wheelchair lift or other boarding assistance device, board, ride, and exit from a Shore Transit bus?

- Yes No

6. Does the person's medical condition/disability make it necessary that a Personal Care Attendant (PCA) accompany them when traveling? A PCA is a person designated by the client to help meet his or her personal needs while traveling or at their destination.

- Yes No

If yes, please describe why. Or, explain what tasks the PCA will assist the client with:

7. How long has this client been your patient? Or, how long have you known this person?

I certify that the information I have submitted is my true and accurate medical opinion.

Printed name of physician / healthcare professional

Signature of physician / healthcare professional

Date Signed

Type of Medical license, professional certification, or degree held: _____

License Number: _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax number _____

Applicants who do not qualify for origin to destination/ paratransit service may be eligible for Shore Transit Reduced Fare status on regular fixed-route service.

Please call 443-260-2300 for more information on reduced fares.

When the application form is completed, applicants must call 443-260-2300 to set up an appointment for Certification. Please do not mail or fax this application - bring it with you.

This application is available in alternate format upon request