

# ***Spec-Trans Application***

**Amarillo City Transit  
August 2008**

# SPEC-TRANS APPLICATION

Thank you for your interest in Amarillo City Transit (ACT), we provide public transportation, in compliance with the Americans with Disabilities Act (ADA) of 1990, to citizens within the city limits of Amarillo west of Lakeside Drive.

Amarillo City Transit requires applicants for Spec-Trans service to participate in personal interview and functional assessment, if appropriate, of the applicant's travel skills and abilities. The evaluation may involve traveling to and from a bus stop, boarding, riding, and exiting a bus, transferring between buses, trip planning, and other related activities. Part of the assessment may be performed by the staff at Panhandle Independent Living Center.

Amarillo City Transit provides the following services:

**Fixed Route Service.** This service runs on a fixed route with fixed time schedules and designated bus stops. Anyone can catch the bus from any of the approximately 500 designated stops by just showing up and boarding the bus. The benefits of riding Fixed Routes include: more independence, less cost to ride and improved accessibility for persons with disabilities.

Some of the accessibility features of Fixed Route buses include: Security cameras, wheelchair lifts, the Talking Bus features both audible and visual announcements of stops and major intersections along the routes, parameter seating with seatbelts for increased security and highly trained professional drivers to help you find your stop.

The Fixed Route has stops at Northwest Texas Hospital, the VA Hospital, BSA Hospital, all Wal-Mart's, stops around Westgate Mall and most of the major grocery stores. Chances are wherever you need to go in Amarillo ACT has a Fixed Route bus stop close by.

**Spec-Trans (ADA paratransit service)** This service is for individuals with physical, cognitive or sensory disabilities that prevent them from using the Fixed Route bus system. A disability alone does not qualify an individual for paratransit service. Eligibility is not based on the applicant's disabilities, but on their functional capabilities to use the accessible fixed route bus service.

Spec-Trans eligibility can range from unconditional to conditional based on the abilities of the applicant. **If you have a disability which prevents you from using a lift-equipped Fixed Route bus some or all of the time, you may be eligible for Spec-Trans service some or all of the time. Some of your trips may only qualify for Fixed Route Service.**

The ADA requires that paratransit service be provided only to those people whose disability prevents them from getting to and from stops and/or boarding the Fixed Route buses. Therefore, all applicants seeking eligibility for Spec-Trans paratransit service must go through an interview process to determine eligibility.

# ADA Paratransit Eligibility Determination

The following three categories are used to determine ADA paratransit eligibility:

**Category 1:** An individual with a disability is ADA paratransit eligible if she/he is unable, as the result of a physical or mental impairment, to board, ride, or disembark from an accessible vehicle without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device).

**Category 2:** An individual with a disability is ADA paratransit eligible if she/he needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance to board, ride, and disembark from an accessible vehicle, but an accessible vehicle is not available on the regular Fixed Route bus system to the individual during regular hours of operation.

**Category 3:** An individual is ADA paratransit eligible if she/he has a specific impairment-related condition, which prevents her/him from traveling to a boarding location, or from disembarking from a location on the regular Fixed Route bus system.

A letter will be sent to you informing you of your assessment interview date and time. Within twenty-one (21) days of completing the application process (***including the assessment interview***), you will be informed of the results of your eligibility determination by letter. Please note that an application is only considered complete when all information is provided and the applicant has attended an assessment interview. Incomplete applications will be returned to the sender and the 21 days will not start until the application is completely filled out and the assessment interview is complete.

Individuals who are determined eligible for ADA paratransit service will be given one of the following eligibilities, based upon their **functional capabilities**:

**Unconditional Eligibility:** There will be no restrictions to Spec-Trans service.

**Temporary Eligibility:** Spec-Trans service will be provided to people who are determined capable of using the accessible Fixed Route bus service, but have a temporary need for Spec-Trans. Temporary eligibility is often given to qualifying individuals who need travel training to ride the Fixed Route system independently. Temporary eligibility is granted up to 6 months. Under extenuating circumstances, temporary eligibility can be extended.

**Conditional or Trip-by-Trip Eligibility:** If an individual meets the eligibility criteria of this section, they are able to ride the Fixed Route bus service for some of their trips, but not all of them. Spec-Trans service will be provided for trips where it has been determined that the person's disability prevents them from using the Fixed Route system independently. Other trips may be provided on the Fixed Route system.

# The Assessment Interview

All persons applying for Spec-Trans service are subject to participating in a functional assessment to gauge their travel skills, abilities, and limitations. The functional assessment shall coincide with the applicant's in-person interview. ***An applicant's refusal to participate in the functional assessment MAY render his/her application incomplete.***

An applicant may decline to engage in any component of the functional assessment that he/she regards as harmful to his/her well-being. The applicant must explain how the proposed activity is harmful to his/her well-being, and their explanation is subject to verification by his/her health care provider. ACT staff administering the functional assessment shall consider the applicant's reason for declining to participate, and shall determine the validity of the applicant's refusal. **If ACT believes the applicant's objection is legitimate or otherwise reasonable, the applicant may be excused from participating in the functional assessment (or portion thereof) and their application will be processed. If, however, the applicant's objection is not confirmed by his/her healthcare provider or found to be without merit, that person's application shall be marked incomplete and not processed further.**

The applicant may seek guidance from his/her healthcare provider as to the advisability of participating in the functional assessment. Should the healthcare practitioner render an opinion that the applicant's participation in the functional assessment is not desirable *and* offers his/her rationale for that opinion, the applicant *may* be excused from that portion of the functional assessment at the discretion of ACT staff.

Staff of Amarillo City Transit and Panhandle Independent Living Center (PILC) shall perform the functional assessment together. ACT shall make the final determination of eligibility after duly considering all information, provided by the applicant, healthcare provider and PILC.

The functional assessment shall take place only after:

- (1) The applicant has submitted a *complete* Spec-Trans application;
- (2) Verification of the applicant's disability by his/her healthcare provider has been received and reviewed, *and* no additional verification is believed to be necessary at this stage;
- (3) The client is picked up and delivered to PILC at the designated time;
- (4) PILC and ACT staff complete their respective portions of the assessment, including reviewing and clarifying information submitted by the client, requesting additional information, completing paperwork, and conducting the in-person interview and the functional assessment if appropriate.

The first portion of the functional assessment consists of the pre-ride portion, during which PILC staff will assess the applicant's orientation, ability to read and understand fixed-route bus schedules (including stop information and schedule times), and plan a trip. Following the pre-ride portion, PILC and/or ACT staff will accompany up to three applicants to a nearby bus stop where all will board a fixed-route bus for a trip through the downtown transfer station. During this phase, staff will assess the applicant's abilities to access a bus stop, identify a bus, board, pay the fare, take a seat, comprehend written and spoken stop announce information, signal a stop, transfer between buses, disembark from a bus, and return to PILC (see functional assessment form).

Following the bus ride, ACT staff will review and discuss information gathered during the applicant's assessment, and will determine the applicant's eligibility for Spec-Trans service. Applicants found eligible will receive a written notice of eligibility and a Spec-Trans identification card. Applicants found *ineligible* for Spec-Trans shall be notified in writing, and *may* be issued an ACT disabled rider card, which will allow them to ride fixed-route buses for a reduced fare. Ineligible riders will also be referred to PILC for more comprehensive training on riding fixed-route buses.

**If you have any questions or need assistance completing this form, please call:**

**Phone:**(806) 378-3095

**TDD:** (806) 372-6234

**When completed, please return or fax this form to:**

**Fax:** (806) 378-6846

**Mail:** Amarillo City Transit  
P.O. Box 1971  
Amarillo, TX 79105-1971

***This publication can be made available in alternate media formats by request.***

# Amarillo City Transit Spec-Trans Application

## General information:

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

Street address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of birth: \_\_\_\_\_

*Name and phone number of a relative or friend we can contact in case of  
emergency:*

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

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

E-mail: \_\_\_\_\_

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

*Do you have a caseworker?*

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

Agency: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

May we contact your caseworker?     yes     no

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# DISABILITY INFORMATION

Please list your disability or disabilities:

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How does your disability affect your ability to:

Walk? \_\_\_\_\_

Stand? \_\_\_\_\_

Sit? \_\_\_\_\_

Climb up or down stairs? \_\_\_\_\_

Read? \_\_\_\_\_

Hear? \_\_\_\_\_

Communicate with others? \_\_\_\_\_

Step on or off curbs? \_\_\_\_\_

Cross streets? \_\_\_\_\_

Tolerate hot weather? \_\_\_\_\_

Tolerate cold weather? \_\_\_\_\_

Fasten/unfasten seatbelt? \_\_\_\_\_

Drive an automobile? \_\_\_\_\_

Use a telephone? \_\_\_\_\_

Summon help? \_\_\_\_\_

Ask for and remember route instructions? \_\_\_\_\_

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How long have you been disabled? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What treatment or care do you receive for your disability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your disability *temporary*? \_\_\_\_yes \_\_\_\_no

If yes, when is it expected to improve or resolve? \_\_\_\_\_  
\_\_\_\_\_

Is your disability the same on a day-in, day-out basis, or does it change? \_\_\_\_\_

If it changes, please explain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What mobility equipment do you use?

\_\_\_ manual wheelchair    \_\_\_ walker    \_\_\_ service animal  
\_\_\_ power wheelchair    \_\_\_ cane    \_\_\_ portable oxygen  
\_\_\_ power scooter    \_\_\_ braces    \_\_\_ crutches  
\_\_\_ prosthesis    \_\_\_ other: \_\_\_\_\_

*ACT is unable to transport wheelchairs exceeding 30 inches in width, 48 inches in length, or 600 pounds when occupied.*

Weight of your chair when occupied: \_\_\_\_\_

Do you require the assistance of a Personal Care Attendant either on the bus or at your destination?     yes     no     sometimes

*If yes, you must provide your own Personal Care Attendant.*

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## FREQUENT DESTINATIONS

Name the three places you go most often and how you get there now?

1. Where do you go? \_\_\_\_\_

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

How often do you go? \_\_\_\_\_

How do you get there now? \_\_\_\_\_

2. Where do you go? \_\_\_\_\_

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

How often do you go? \_\_\_\_\_

How do you get there now? \_\_\_\_\_

3. Where do you go? \_\_\_\_\_

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

How often do you go? \_\_\_\_\_

How do you get there now? \_\_\_\_\_

Do you use the fixed route buses now?     yes     no

If you rode fixed route buses in the past but stopped using them, please explain

why: \_\_\_\_\_

\_\_\_\_\_

## ***ADDITIONAL INFORMATION***

In order for Amarillo City Transit to evaluate your request for eligibility, it may be helpful for us to contact a professional who is familiar with your health condition or disability and your functional abilities and limitations. Please list one or two professionals that we can contact if we need additional information. Examples of qualified professionals include:

- |                                     |                               |                 |
|-------------------------------------|-------------------------------|-----------------|
| Family physician                    | Independent living specialist | Ophthalmologist |
| Physical therapist                  | Rehabilitation specialist     | Psychiatrist    |
| Registered nurse                    | Case manager                  | Psychologist    |
| Licensed social worker              | Occupational therapist        |                 |
| Orientation and mobility specialist |                               |                 |

\_\_\_\_\_  
(Name of qualified professional)

\_\_\_\_\_  
(Name of qualified professional)

\_\_\_\_\_  
(Type of qualified professional)

\_\_\_\_\_  
(Type of qualified professional)

\_\_\_\_\_  
(Professional's agency)

\_\_\_\_\_  
(Professional's agency)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Phone)

### ***AUTHORIZATION FOR RELEASE OF INFORMATION***

*I hereby authorize the above-named professionals to provide information about my disability and abilities to use bus service to Amarillo City Transit and/or persons assisting ACT in determining my eligibility for Paratransit Service. I understand that this information will be used for the purpose of determining my eligibility for Paratransit Service and that the medical information about my disability will be kept confidential.*

**I also understand that ACT requires my participation in an in-person evaluation of my travel skills and agree to such an evaluation.**

\_\_\_\_\_  
(Signature of applicant or responsible party)

\_\_\_\_\_  
(Date)





# FUNCTIONAL ASSESSMENT FORM

Date of assessment: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Person(s) conducting assessment: \_\_\_\_\_

Assistive devices used: \_\_\_\_\_

**I. AMBULATION TO BUS:**      **Begin:** \_\_\_\_\_      **End:** \_\_\_\_\_

Distance covered: \_\_\_\_\_

How covered? (walked, used manual or power wheelchair/scooter): \_\_\_\_\_

Describe path: \_\_\_\_\_

Recognizing/avoiding hazards: \_\_\_\_\_

Negotiating curbs: \_\_\_\_\_

Negotiating curb cuts: \_\_\_\_\_

**II. CROSSING THE STREET:**      **Begin:** \_\_\_\_\_      **End:** \_\_\_\_\_

Street/intersection crossed: \_\_\_\_\_

*Did the applicant:*

Recognize/obey traffic sign/signal? \_\_\_\_\_

Look both ways? \_\_\_\_\_

Demonstrate awareness of obstacles? \_\_\_\_\_

Utilize crosswalk? \_\_\_\_\_

Cross promptly, confidently, and safely? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. BOARDING THE BUS**      **Begin:** \_\_\_\_\_      **End:** \_\_\_\_\_

**Did applicant identify the route number of the bus?** \_\_\_\_\_

**How did applicant board? (lift or stairs)** \_\_\_\_\_

**If applicant used a manual or powered chair/scooter, how much assistance was required to maneuver onto lift?** \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. FINDING A SEAT**      **Begin:** \_\_\_\_\_      **End:** \_\_\_\_\_

**Was applicant able to move into a seat (or into a wheelchair berth) after boarding?** \_\_\_\_\_

**If applicant used a manual or powered chair/scooter, how much assistance was required to maneuver into the chair berth?** \_\_\_\_\_  
\_\_\_\_\_

**Did applicant maintain balance once seated?** \_\_\_\_\_

**Can applicant fasten seatbelt?** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

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**V. DURING THE RIDE**                      **Begin:** \_\_\_\_\_                      **End:** \_\_\_\_\_

*Was the applicant able to:*

**Pay the fare?** \_\_\_\_\_

**Hear the stop announcements?** \_\_\_\_\_

**Read the stop announce sign?** \_\_\_\_\_

**Recognize their stop?** \_\_\_\_\_

**Reach the stop request signal?** \_\_\_\_\_

**Communicate with the driver?** \_\_\_\_\_

**Transfer between buses?** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**VI. DISEMBARKING FROM THE BUS**                      **Begin:** \_\_\_\_\_                      **End:** \_\_\_\_\_

**Describe the means by which the applicant disembarked from the bus,  
including the time required, necessary assistance, etc:** \_\_\_\_\_

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**VII. RETURNING FROM THE BUS**                      **Begin:** \_\_\_\_\_                      **End:** \_\_\_\_\_

**Describe the area covered, the time required to return, use of assistive  
devices:** \_\_\_\_\_

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