



Kenneth W. Jenkins
County Executive

Office for People with Disabilities

Please
attach
photo
here

Dear ParaTransit Applicant:

Westchester County's Bee-Line ParaTransit system is an origin-to-destination, curb-to-curb shared ride alternative service for people who are unable to use the regular Bee-Line Bus System.

Please take a few moments to read the ParaTransit eligibility guidelines to better understand the parameters of this program. Answer **ALL** questions completely and explain how your disability prevents you from using a regular fixed route Bee-Line bus. Your doctor will have to complete the Doctor's Certification form on page 10. Incomplete applications will be returned and can delay the application process.

Please mail your completed application, the completed Doctor's Certification form, and a current copy of a small, thumbnail sized (license/State ID) photo to ParaTransit, 148 Martine Ave., Room 102, White Plains NY 10601.

If you have additional questions about ParaTransit, call us at (914) 995-2960 (voice) or (914) 995-7397 (TTY only).

This page intentionally left blank.

Westchester County ParaTransit Application

ALL of the following questions must be completed. Please print all answers legibly.

Part 1: General Information

1. Name
2. Address 3. Apartment #
4. City 5. State 6. Zipcode
7. Home Phone 8. Work Phone
9. Cell Phone
10. Email
11. Intersection and/or landmark nearest to your home
12. Bus stop nearest to your home and approximate distance
13. Date of Birth
14. Emergency Contact Name
 - Relationship Cell Phone
 - Home Phone Work Phone
15. If someone assisted you in completing this application, please identify:
Name Phone

Part 2: Information About the Applicant's Disability

16. Please check the reason(s) why you are seeking ADA ParaTransit eligibility.
- I can use the regular Bee-line buses to go some places, but not other places.
 - I can never use a regular Bee-Line bus because (provide full details)
-
-

17. From the following list, please check off all disabilities or symptoms that prevent you from boarding, riding or disembarking from public buses. All checked conditions must be explained in the doctor's certification form on page 9.

General Medical Condition

- Cancer
- Diabetes
- Renal (Dialysis)

- Other: Specify _____

Vision, Hearing or Speech Conditions

- Aphasia
- Cataracts
- Glaucoma
- Diabetic Retinopathy
- Visual Field Deficit
- Night Blindness
- Partially Blind
- Legally blind (20/200 or Worse)
- Totally Blind (No light perception)
- Deaf
- Deaf/Blind
- Other: Specify _____

Heart and Circulatory Conditions

- Angina
- Congestive Heart Failure
- Edema
- Heart Surgery
- High Blood Pressure
- Other: Specify _____

Neuromuscular Condition

- Cerebral Palsy
- Brian Injury
- Multiple Sclerosis
- Paraplegia
- Parkinson's Disease
- Quadriplegia
- Spina Bifida
- Stroke
- Vertigo/Dizziness
- Other: Specify _____

Lung and Breathing Conditions

- Allergies
- Asthma
- Cystic Fibrosis
- Emphysema
- Other: Specify _____

Bone and Joint Conditions

- Amputation
- Broken Bones
- Arthritis
- Osteoarthritis
- Osteoporosis
- Other: Specify _____

Cognitive/Psychological

- Alzheimer
- Autism
- Dementia
- Developmental Disabilities
- Panic Disorder
- Schizophrenia
- Other: Specify _____

18. Is your disability: Permanent
 Temporary How long? 3 to 6 months 6 to 9 months 9 to 12 months

Part 3: Mobility Information

19. If you use a mobility aid, check all that apply:

Wheelchair: Manual or Motorized

Size of wheelchair (in Inches): Width and Length

Scooter (i.e., Amigo) Yes or No

Size of Scooter (in Inches): Width and Length

Note: We may not be able to accommodate you if your wheelchair or scooter is longer than 48 inches or wider than 32 inches or if the total weight including wheelchair or scooter is more than 600 pounds.

Other mobility aids:

- | | |
|---|---|
| <input type="checkbox"/> Folding/Non-Folding Walker | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Leg Brace |
| <input type="checkbox"/> Long White Cane | <input type="checkbox"/> Service Animal |

20. How do you currently travel? Check all that apply.

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Drive myself | <input type="checkbox"/> Someone else drives | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Regular Bee-Line Bus | <input type="checkbox"/> Van Service | <input type="checkbox"/> Train |

Other

23. Are you able to get to and from a regular Bee-Line bus stop on your own or with the assistance of a mobility aid such as a cane, walker or wheelchair?

- Yes No

What makes it difficult for you to get to or from a regular Bee-Line bus stop? Please check all that apply.

- If there are no curb cuts
- If surface is uneven
- If sidewalk or terrain is too steep
- If I need to cross a busy street or intersection
- Unable to travel at night because of a vision problem
- I become confused and/or disoriented
- I have difficulty recognizing landmarks
- If the weather is very hot
- If the weather is very cold; ice/snow

If you checked any of the above, briefly explain how this prevents you from doing so.

24. Are you able to wait 10 to 15 minutes at a bus stop?

- Yes No

If no, please explain why?

25. Are you able to climb and 11-inch steps and/or find a seat on your own?

- Yes No

If no, please explain why?

26. To better meet your needs, please list the three trips that you will make frequently using ParaTransit.

Trip 1

From

To

Number of trips

Trip 2

From

To

Number of trips

Trip 3

From

To

Number of trips

Part 5: Terms, Purpose and Release of Information

This purpose of this application is to determine if the applicant is eligible for the ParaTransit service to the guidelines of the American with Disabilities Act.

The Process can be delayed if the application is not completed in its entirety. Please be aware that the Office for the People with Disabilities may contact your doctor to verify and/or clarify any further information. All information is kept confidential; only with a signed "Release Form" will information be released. Your signature below provides this authorization.

A notification of eligible criteria, an ID card, policies and procedures will be mailed after the processing of the application is completed. The process time can take up to 21 business days from the day the Office for People with Disabilities receives the completed application.

You may appeal with 60 days after receiving our written decision if you are not eligible under the AD ParaTransit guidelines or are dissatisfied with your eligibility. A letter must be sent to the Office for People with Disabilities to the attention of the director.

Your signature below certifies that all information provided on this application is true to the best of your knowledge. Any falsification of information may result in denial of my application.

Release of application information

I hereby authorize the Westchester County Office for People with Disabilities to release any information to other participating transportation services.

Applicant Signature: _____ Date: _____

Print Name: _____

Guardian or Health Care Provider Signature: _____ Date: _____

Print Name: _____

One received, the application process may take up to 21 days.

Dear Doctor,

Your patient is requesting your assistance to complete the doctor's certification form in order to apply for eligibility to use the Westchester County ParaTransit service.

Who Qualifies for ParaTransit?

ParaTransit service is designed to serve ONLY those persons whose severity of disability prevents them from using a regular fixed route bus service. Under the Americans with Disabilities Act (ADA), a disability alone does not qualify a person to ride ParaTransit. A person must be FUNCTIONALLY unable to use the fixed route Bee-Line bus.

What is ParaTransit?

ParaTransit is an alternative, curb-to-curb, demand response, public transportation service. It is designed to "mirror" the regular Bee-Line bus in terms of service times and area.

In addition, ParaTransit is required to provide service only if both the starting point and the destination of a trip are located within ¼ of a mile from a regular bus route during hours when the specific route is operating.

Doctor's Certification: To be completed by the applicant's medical doctor only.

Part 6: Doctor Certification

Please read carefully and complete the medical form for your patient. The information you provide will assist us in determining your patient's eligibility. Please print clearly and legibly, preferably in block letters.

I, (Doctor's Name) _____, certify that

(Patient's Name) _____ is and individual

With disabilities who has been a patient of mine since (year) _____

And has been diagnosed with the following _____

Refers to question 10 on page 3.

Please state how the diagnosis would **FUNCTIONALLY** prevent your patient from using the regular Bee-Line bus system. Eligibility will be determined by the **DETAILED** evaluation of your patient's physical and/or cognitive conditions. In order for us to process your patient's application, we are requesting that you **please print clearly and legibly and not repeat the diagnosis.**

Your patient's condition is Permanent Temporary

I certify that the information provided on this medical form is accurate and current.

Doctor's Signature _____ Date _____

License Number _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Stamp

