

Westchester County ParaTransit Recertification Application

Answer ALL of the following questions completely. Please print clearly. This application must be filled out in its entirety with full details or it will be returned, delaying the application process.

Part I: General Information

1. Name				2. ID #	
3. Address				Apt. #	
City/Town/Village		State		Zip	
4. Home Phone		5. Work Phone			
6. Cell Phone					
7. E-mail					
Intersection and or landmark nearest your home					
8. Bus stop nearest your home and approximate distance					
9. Date of Birth					
10. Emergency Contact Name					
Relationship		Cell Phone			
Home Phone		Work Phone			

Part II: Information About the Applicant's Disability

1. Please check the reason(s) why you are recertifying for ADA ParaTransit.

☐ 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 (give full details):

2. Using a mobility aid or on your own, how far can you travel? Please check all that apply.

- ☐ I cannot travel more than 200 feet.
- ☐ I can get to the curb in front of my house/apartment building.
- ☐ I can travel up to 3 blocks (1/4 mile).
- ☐ I can travel up to 6 blocks (1/2 mile).
- ☐ I can travel up to 9 blocks (3/4 mile).

Part III: Mobility Information

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

Wheelchair: ☐ Manual ☐ Motorized

Size of wheelchair:

Scooter (ie, Amigo): ☐ Yes ☐ No

Size of scooter:

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 your total weight including wheelchair or scooter is more than 600 pounds.

Other mobility aids:

- ☐ Folding/Non-Folding Walker
- ☐ Cane
- ☐ Crutches
- ☐ Service Animal
- ☐ Long White Cane

2. Will an aide be traveling with you? ☐ Yes ☐ No

3. Please check all circumstances that apply regarding what makes it difficult for you to get to and from a Bee-Line bus stop INDEPENDENTLY.

- ☐ 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 and intersection
- ☐ Unable to travel at night because of vision difficulties
- ☐ 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 why you are unable to get to and from a Bee-Line bus stop.

Part IV: Affidavit and Release of Information

Affidavit

I confirm that all the information on this re-certification is true to the best of my knowledge. I understand that re-certifying my current use of the ParaTransit system is subject to review. Any misrepresentation of information will lead to the rejection of my ParaTransit re-certification application and possibly, revocation of my existing certification. I understand that this application will be returned if not completed in its entirety, which will delay the re-certification process.

Consent to Release Information

I hereby authorize the Westchester County Office for People with Disabilities to release any information from my ParaTransit application to any and/or all participating programs.

In the event that I apply for ParaTransit in another county or state, I hereby authorize the Westchester County Office for People with Disabilities to release my Bee-Line ParaTransit application to that agency.

Applicant Signature _____ Date _____

Print name _____

Part V: Level of Eligibility

Has your medical condition changed in the past three years? ☐ Yes ☐ No

If you are requesting a change in your level of eligibility, please have your physician complete the Doctor's Certification form.

If your level of eligibility has not changed, please read and sign the Request for Waiver of Doctor Certification below.

Part VI: Request for Waiver of Doctor Certification

The doctor certification will be waived if:

- The applicant has no health or medical changes and is not requesting a change in level of eligibility or
- The applicant is visually impaired or blind.

Please sign below if requesting waiver.

Applicant Signature _____ Date _____

Print name _____

Dear Doctor:

The applicant who has asked you to review and sign this form is applying for recertification for Westchester County ParaTransit service. Read the following information carefully since it may affect your response.

Who Qualifies for ParaTransit?

ParaTransit service is designed to serve **ONLY** those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disabilities Act (ADA), disability alone does not qualify a person to ride ParaTransit.

A person must be **FUNCTIONALLY** unable to use the fixed-route Bee-Line service. Service is provided to the following three general groups of persons with disabilities.

1. Persons who have specific impairment-related conditions which make it **IMPOSSIBLE** - not just **DIFFICULT** - to travel to or from the bus stop.
2. Persons who need a wheelchair lift when a wheelchair lift-equipped bus is not available on the route that they need to travel.
3. Persons who are unable to board, ride or exit from the Bee-Line buses even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.

What is ParaTransit?

ParaTransit is an alternative, curb-to-curb, demand-responsive public transportation service. It is designed to "mirror" the Bee-Line fixed-route service in terms of service times and areas.

Curb-to-curb and "mirroring" provisions of ADA mean that **NO** assistance is provided individuals between the door of their starting point or destination and the ParaTransit vehicle. Assistance is provided **ONLY** to help board and exit vehicles. In addition, ParaTransit is required to provide service only if both the starting point and the destination of a trip are located within 3/4 mile of a Bee-Line transit route during hours when that route is operating.

Part VI: Doctor's 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 to use the Westchester County ParaTransit service. **Print clearly and legibly using block letters.**

I, (Doctor name) _____, certify that
(Patient name) _____ is a disabled
individual who has been a patient of mine since (year) _____
and has been diagnosed with the following _____

Please state how the diagnosis would **FUNCTIONALLY** prevent your patient from using the Bee-Line bus system. Your patient's eligibility will be determined by your **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 conditions are ___Temporary ___Permanent

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

Doctor signature _____ Date _____
License number _____
Address _____
City _____ State _____ Zip _____
Phone number _____ Fax number _____

Stamp