



RTA Connect

APPLICATION

As a “safety-net” and for eligible riders who have a disability that prevents them from making some or all of their trips on fixed route buses, the RTA offers a shared-ride, door to door (origin-to-destination) service called RTA Connect. RTA Connect service operates in the same areas and during the same days and hours as the fixed route bus.

The Americans with Disabilities Act (ADA) makes no attempt to define the overall transportation needs of persons with disabilities, nor does the ADA guarantee that these needs will be met. Section 37.125(a) of the ADA implementing regulations requires that each public entity shall strictly limit ADA Paratransit (RTA Connect) Eligibility to individuals specified within the regulations. Your eligibility is determined by the RTA Certification Center and is based upon the result of your functional assessment.

When you have finished the application and would like to schedule an assessment appointment please contact the RTA Certification Center:

(937) 425-8444 –or– Ohio Relay 711

You must bring to the assessment appointment:

1. Your valid state issued photo identification card
2. The completed application
3. The mobility device you use when traveling (cane, walker, wheelchair, power wheelchair, etc.)

PART A (Please Print)

Check One: Mr. Mrs. Ms. Miss

Last Name _____

First Name _____ M _____

Address _____ Apt. No. _____

City _____ Zip _____

Name of Apartment Complex or Building _____

Closet Intersection _____ and _____

If you live more than $\frac{3}{4}$ of a mile from any RTA fixed route, you are outside RTA Connect's service area. Please call the RTA Certification Center if you need more information regarding service area.

Telephone Number _____ Cell _____

Email Address _____

Date of Birth _____

Benefits Information

Are you a Medicaid recipient? Yes (Case No.) _____ No

Do you receive Medicare: Yes No

Do you receive V.A. Disability Benefits: Yes No

In case of an emergency, is there someone in the local area who should be notified? Yes No

Name _____ Phone Number _____

Cell Number _____ Relationship _____

Why are you applying for RTA Connect transportation service?

How does your disability prevent you from using RTA's fixed route service?

PART B

RTA has established a process for determining RTA Connect Eligibility. RTA will strictly limit ADA RTA Connect Eligibility to persons required to be eligible under the ADA law. Individuals with permanent or temporary disabilities may be eligible for the service unconditionally or with respect to a particular type of trip or under particular conditions, depending on the assessment outcome, even when the fixed route system is completely accessible. Transit services for persons with disabilities will largely be provided by fixed route services. For this reason, please answer the questions below relating to your personal use and/or knowledge of RTA's fixed routes.

What RTA fixed route number serves your home residence? _____

Where is the nearest RTA bus stop to your home residence? _____

Did you know that all of RTA buses have wheelchair lifts and securements on them?

Yes No

Did you know if the steps on the bus are difficult for you that you could ask the driver to put the lift down for you?

Yes No

Did you know RTA offers Travel Training to show consumers how to use the fixed route system?

Yes No

Would you be interested in Fixed Route Travel Training?

Yes No

Are you aware that RTA provides "Hailer Kits" and other aids to help facilitate the use of fixed route for consumers with visual or hearing disabilities?

Yes No

Would you be interested in receiving more information about these kits?

Yes No

Describe under what circumstances you are able to use RTA's fixed routes.

Describe in detail what hinders you from using RTA's fixed routes

I have used RTA's fixed route:

In the past week

In the past month

In the past year

Never Why? _____

PART C

Do you use any of the following aids? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Walker with seat |
| <input type="checkbox"/> Communications Board | <input type="checkbox"/> Boarding Chair |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Other | <input type="checkbox"/> Oxygen |

To avoid delay in certification please be sure to come to the assessment appointment using the mobility aid that you use when you travel.

PART D

RTA Connect publications are in large print. If you wish to receive RTA Connect publications in an alternate format, please check one desired format:

- Compact Disc Braille Email

PART E

CERTIFICATION

I understand that the purpose of this application is to determine if I, or the applicant for whom I represent, is eligible to use RTA Connect services. I certify that the information provided in this application is true and correct. I understand that falsification of this application to obtain RTA Connect service violates Ohio Revised Code section 2921.12, and the United States Code Title 18, Section 1001. Penalties are fines of up to \$5,000 and imprisonment up to ten years. I agree to notify the RTA if I, or the applicant for whom I represent, no longer need to use RTA Connect services. If you are the applicant's representative, please state what capacity and attach legal documentation if you wish to represent them regarding the use of RTA Connect.

Signature of Applicant or Legal Guardian
Attach proof of guardianship if applicable

Date

Address

Phone Number

PART F

PHYSICIAN CERTIFICATION *pages 4 and/or 5 must be completed by licensed physician or psychiatrist only

Physician's Name or Stamp _____

Address _____

City _____

Zip _____

Phone _____

Fax _____

Physician Signature _____

Date _____

ELIGIBILITY CRITERIA

The impairment or disability is considered:

Permanent

Temporary

If temporary, what is the estimated period of time?

From _____

Date

To _____

Date

PHYSICAL DISABILITIES

THESE QUESTIONS MUST BE ANSWERED BY A LICENSED PHYSICIAN

Complete this section if the applicant has physical disabilities or impairments:

A physical impairment is defined by the ADA as: "Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respirator (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine."

1. As a passenger on any RTA vehicle, does the applicant need the services of a personal attendant to specifically assist the passenger with the completion of one or more daily activities while they are out in the community? Yes No If yes, please explain:

2. What is the applicant's specific disability or impairment:

3. Describe the applicant's specific disability or impairment:

4. Explain how the applicant's disability or impairment substantially limits one or more major life activities impacting their ability to use fixed route transportation: This question must be answered or the application will not be considered.

MENTAL DISABILITIES

THESE QUESTIONS MUST BE ANSWERED BY A LICENSED PHYSICIAN OR PSYCHIATRIST

Complete this section if the applicant has mental disabilities or impairments:

A mental impairment is defined by the ADA as: “Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional illness, and specific learning disabilities.”

1. As a passenger on any RTA vehicle, does the applicant need the services of a personal attendant to specifically assist the passenger with the completion of one or more daily activities while they are out in the community? Yes No If yes, please explain:

2. What is the applicant’s specific disability or impairment:

3. If the impairment is Alzheimer’s or Dementia

a. What stage of the disease is the applicant experiencing.

Check one: 1 2 3 4 5 6 7

b. Can the applicant be left alone on a transit vehicle? Check

one: Yes No

If no please

explain:

c. Does the applicant have a history of getting lost or “wondering off”?

Check one: Yes No

If yes please elaborate:

4. Describe the applicant’s specific disability or impairment:

5. Explain how the applicant’s disability or impairment substantially limits one or more major life activities impacting their ability to use fixed route transportation: This question must be answered or the application will not be considered.