

Valley Metro's (STAR) ADA Paratransit Application

Thank you for inquiring about the Greater Roanoke Transit Company's (GRTC), Specialized Transit Arranged Rides (STAR), Americans with Disabilities Act (ADA) paratransit service. The primary mode of public transportation for many residents is considered to be Valley Metro's "fixed route" city buses. However, under a federal law (ADA) a comparable paratransit service (STAR) is provided to those individuals who are "functionally" unable to use Valley Metro's fixed route service some or all of the time, due to a disability. The information you provide in this application will help us determine whether you are eligible for "ADA paratransit service" based on the criteria outlined in the ADA law.

Eligibility is based on your current functional ability to ride Valley Metro buses. It is not based on your age, trip purpose, financial resources, ability to drive, name of your disability/medical diagnosis, or having no bus service where you live. ADA eligibility is a transportation decision, not a medical one. If there are any conditions of eligibility, they will be listed and explained in your determination letter.

If you are already certified for a paratransit service in another city, please call our office at 540-982-2222 before completing this application and provide us with your current paratransit service information to acquire a certification number.

The following steps are required to complete the ADA application process:

STEP 1: FILLING OUT YOUR APPLICATION

It is important that this application be filled-out thoroughly with current information about your functional abilities and any conditions that limit your use of Valley Metro buses. You may complete the application yourself or have someone else help you with it. If someone else is filling out the application for you, have them sign their name in the appropriate section. Once the application is complete, please be sure to review all pages for accuracy and please remember to also sign your name. Incomplete applications will be returned to the applicant and will delay eligibility determination.

STEP 2: PROFESSIONAL VERIFICATION

After your application has been completed, it is important that you have a professional(s) who is familiar with your particular disability and current ability to use Valley Metro buses verify the information that you have provided. The professional verification should be someone other than the person filling out this form. The professional verification section must be completed before submitting your application.

Some examples of professionals you could use would be:

- *physician or registered nurse
- *occupational therapist
- *psychiatrist, psychologist, or mental health counselor
- *independent living skills trainer
- *special education teacher
- *mobility instructor or travel trainer

STEP 3: AWAITING YOUR DETERMINATION

After you have done all that is required to complete the application process, your information will be reviewed and you will be notified by mail of your eligibility determination within 21 days. It is not necessary to contact our office while your application is being processed. You will also be notified if any additional information is needed or if any further action is required on your part.

STEP 4: GUIDELINES FOR USING THE STAR SERVICE

The STAR paratransit service area is the City of Roanoke, Town of Vinton, and the City of Salem. Hours of operation are Monday – Saturday, 5:45 a.m. to 8:45 p.m. The STAR service is closed on New Year’s Day, July 4th, Thanksgiving Day, Memorial Day, Labor Day and Christmas Day.

The fare for a one-way trip is two (2) times the regular fixed route (Valley Metro) bus service (\$1.50 x 2). Therefore, the amount of a one-way paratransit trip is \$3.00. Drivers are not allowed to make change and only accept cash, STAR one-trip fare tickets and STAR monthly passes which can be purchased at Valley Metro’s Administrative Offices. Fares are collected before the client boards the vehicle.

All passengers must be “ADA” Paratransit Eligible prior to scheduling service. Reservations are taken Monday through Sunday between the hours of 8:00 a.m. and 5:00 p.m. by calling 540-343-1721, extension 3. Reservations must be made on the day before the trip is to be taken and can be made up to fourteen (14) days in advance of needed time. When scheduling your appointment the following information will be needed:

- a. Certification number
- b. Time to be at your destination, pickup location, destination, and address, etc. (please notify us in regards to oversized wheelchairs, personal care attendant traveling)
- c. Return time, and destination

The van will be scheduled and the dispatcher will give you a pickup window of approximately 20 minutes of when to expect the arrival of the RADAR van. We will make every effort to get you to your destination no later than 10 minutes prior to your requested appointment time. The van may arrive anytime within the pickup window given by the dispatcher and will only wait 5 minutes past the arrival of the vehicle for you to board the van. You should be ready for the vehicle to arrive at the earliest time of the window provided by the dispatcher. In an effort to make scheduling more efficient, RADAR has the right to adjust the pickup time within one hour before or after the desired scheduled appointment. Again, our policy is to wait only 5 minutes past the arrival of the vehicle and then the van will have to leave to maintain its schedule. **If you miss your ride and the trip’s origin is from your home, we will not dispatch a van back to pick you up.** You will need to reschedule your trip for the next day. If you miss your ride and the origin is not from your home, you may call dispatch that will dispatch a vehicle as soon as their schedule allows without affecting other scheduled pickups. This could take up to 1 hour or more before a van will be able to pick you up.

We will not guarantee an exact pickup time to anyone. This is logistically impossible to do, due to many factors that are beyond our control. Please be ready for the van’s arrival at the beginning of the pickup window that is given by the dispatcher when you make a reservation.

If the vehicle has not arrived within the given pickup window please call our office and we will be glad to check on the van for you.

Packages: You are allowed to carry on the van the number of packages that you can safely carry by yourself. Our drivers will not provide assistance loading and unloading packages or carry them to your house. This includes bags of groceries or large parcels.

Passengers are allowed to bring along a personal care attendant free of charge as long as they are not certified under this program. This person should be able to provide assistance such as helping get you in and out of buildings and carrying packages. The reservationist must be notified that a personal care attendant will be accompanying the passenger during travel when setting up the passenger's travel arrangements. If more than one person is riding with you, they will need to pay the same fare as the client.

Cancellations of trips must be made at least one hour in advance of the trip.

STAR service provided is origin to destination. Drivers will assist passengers when boarding and un-boarding the vehicle. At no time may a driver enter a building.

Prior approval for RADAR's vehicle to enter any driveway is required and will be maintained in the passenger's data file.

You may also visit our website at www.valleymetro.com for information regarding the STAR service

Please return your completed application to STAR Service, Valley Metro, PO Box 13247, Roanoke, Virginia 24032. If you have any questions, please call 540-982-2222.

SECTION A: GENERAL INFORMATION

Cert. No. _____

Full Name: _____

Address: _____

City, State, Zip: _____

Mailing Address(if different than above): _____

Daytime Phone: _____ Evening Phone: _____

Date of Birth: _____ (optional) Male Female

In case of an emergency, whom may we contact? (Please select someone who would not be riding with you).

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

Please describe the disability or health condition that prevents you from using fixed route buses (Valley Metro). Please list all disabilities or health conditions that apply.

Is this disability or health condition temporary? ____ Yes ____ No

If yes, how long do you expect it to prevent you from using fixed route buses?
 _____ months

Do you ever need to bring someone with you when you travel (a personal care attendant)?
 Yes, always Yes, sometimes No

How do you currently travel to your most frequent destinations?
 Bus Drive Myself Taxi Someone drives me

SECTION B: ABILITIES TO RIDE FIXED ROUTE BUSES

Please read the following statements and check those which best describe your abilities to use fixed route buses. (Check all that apply).

Fixed route buses means the large city buses operated on set routes by Valley Metro.

- I can get to and from bus stops if the distance is not too great.
- I can ride the bus when I am feeling well. There are other times, however, when my disability or health condition worsens, and at these times I cannot ride the buses.
- I have a disability or health condition which prevents me from riding the buses or trains if the weather is very hot or very cold.
- My disability or health condition makes it impossible to travel when there is snow or ice on the ground.
- I am not really sure if I can use fixed route buses.
- I can never use fixed route buses by myself.
- I can use fixed route buses if it's someplace I go all the time.
- I cannot climb stairs to get on and off fixed route buses.
- I am not able to use fixed route buses because I have difficulty understanding how the bus routes/system works.
- I am not able to use fixed route buses for other reasons. Please explain:

Have you ever had training to learn how to travel around the community or on how to use fixed route buses?

- Yes No

Would you like information about free training to use the fixed route buses?

- Yes No

When was the last time you used fixed route buses? _____

If you used fixed route buses in the past and have stopped using them, why did you stop?

List the three (3) places you go most often and how you get there now.

Where do you go? _____

Address _____

How do you get there now? _____

Where do you go? _____

Address _____

How do you get there now? _____

Where do you go? _____

Address _____

How do you get there now? _____

SECTION C: FUNCTIONAL ABILITIES

Do you use any of the following mobility aids or specialized equipment?

- | | |
|---|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Long White Cane |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Oversized Wheelchair |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Other, Specify _____ | |

WITHOUT THE HELP OF SOMEONE ELSE, CAN YOU...

Ask for and understand written or spoken instructions?

Always Sometimes Never Not Sure

Cross the street?

Always Sometimes Never Not Sure

Stand for 10 minutes if there is no place to sit?

Always Sometimes Never Not Sure

Step on and off a sidewalk from the curb?

Always Sometimes Never Not Sure

Walk up and down three (3) twelve (12) inch steps?

Always Sometimes Never Not Sure

Stand on a moving bus holding onto a handrail?

Always Sometimes Never Not Sure

Find your own way to the bus stop if someone shows you once?

Always Sometimes Never Not Sure

Transfer from one fixed route bus to another bus?

Always Sometimes Never Not Sure

Walk up and down three (3) twelve (12) inch steps with handrail?

Always Sometimes Never Not Sure

Under the best of conditions, what is the FARTHEST you can walk outdoors (or travel using your mobility aid) without the help of another person?

- | | |
|--|---|
| <input type="checkbox"/> Less than 1 block | <input type="checkbox"/> 6 blocks (3/4 mile) |
| <input type="checkbox"/> 1 block | <input type="checkbox"/> More than 6 blocks |
| <input type="checkbox"/> 2 blocks (1/4 mile) | <input type="checkbox"/> 4 blocks (1/2 mile) |
| | <input type="checkbox"/> I cannot travel outdoors alone at all. |

Is there anything else you want to tell us about your disability or health condition that might help us better understand your travel abilities and limitations?

SECTION D: PROFESSIONAL ASSESSMENT

This section of your application must be completed, signed and dated by a professional who is familiar with your disability or health condition. Information obtained is confidential and will be used to determine if you have the functional ability to use Valley Metro fixed route service. Please use common language and print or type clearly.

Specify how the applicant's disability or health condition affects his/her ability to use public fixed route service?

Is the applicant's disability or health condition permanent or temporary?

Permanent Temporary

If temporary, how long will services be needed? _____

Please indicate the applicant's ability to perform the following functions:

Understand directions needed to complete a trip? Yes No

Identify the correct bus stop? Yes No

Travel independently to and from nearest transit stop? Yes No

Wait standing 15 minutes at a stop? Yes No

Wait if seated? Yes No

Get on/off a bus without assistance? Yes No

Get on/off if a kneeling device/lift is deployed? Yes No

Can the applicant benefit from travel training? Yes No

Walk 200 feet without assistance? Yes No

Walk 1/4 mile without assistance? Yes No

Walk 3/4 mile without assistance? Yes No

Safely and effectively travel through crowded areas? Yes No

Does applicant use any mobility aids? Yes No

If so, what type? _____

The applicant's disability or health condition is currently:

Under Control Not Under Control Improving

Is there anything else you want to tell us about the applicant's disability or health information that might help us better understand the applicant's travel abilities and limitations?

PROFESSIONAL VERIFICATION

I understand that the purpose of this application is to determine if the applicant is eligible to use ADA Paratransit Services. I certify that the information provided in this application is true and correct. I understand the falsification of the information may result in denial of service to the applicant. I understand that all information will be kept confidential.

Professional's Signature: _____

Print Name: _____

Title: _____ Date: _____

Organization: _____

APPLICANT'S SIGNATURE

I certify that the information in this application is true and correct and I understand that giving false or misleading information may result in denial of ADA Paratransit Services. I understand that all information will be confidential to the extent possible, and used to determine my eligibility for paratransit services.

Applicant's Signature: _____

Date: _____ (If unable to sign, please see below)

NOTE: If only able to make a "mark" for your signature, simply make your mark and then have someone act as a witness by signing their name above or beside yours.

IF SOMEONE ELSE HAS FILLED-OUT THIS APPLICATION FOR YOU PLEASE HAVE THEM COMPLETE THE FOLLOWING:

The information provided in this application is based upon:

- Information given to me by the applicant.
- My own knowledge of the applicant's current disability and health condition.

Signature: _____ Date: _____

Relationship to Applicant: _____

Daytime Telephone Number: _____

THANK YOU FOR TAKING THE TIME TO FAMILIARIZE YOURSELF WITH THE INFORMATION IN THIS PACKET. IF YOU HAVE ANY FURTHER QUESTIONS ABOUT OUR PARATRANSIT SERVICE YOU MAY CALL 540-982-2222. WE LOOK FORWARD TO SERVING YOU .

For Internal Use Only:

ADA ELIGIBLE YES NO

RESIDENCE OF: ROANOKE CITY CITY OF SALEM VINTON

CERTIFICATION DATE: _____

EXPIRATION DATE: _____

CERTIFIED BY: _____