

# Mountain Express's ADA Application

Thank you for inquiring about the Mountain Express "ADA" service. The primary mode of public transportation for everyone is considered to be Mountain Express (regular buses). However under a federal law called the American's with Disabilities Act or "ADA", service is to be provided to those individuals who are "functionally" unable to use Mountain Express some or all of the time, due to a disability and live within a ¾ mile distance of the fixed route. The information you provide in this application will help us determine whether you are eligible for "ADA service" based on the criteria outlined in the ADA law.

Eligibility is based on your current functional ability to ride Mountain Express 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 an "ADA" service in another city, please call our office at 800-964-5707 before completing this application and provide us with your current "ADA" 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 Mountain Express 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 Mountain Express 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                          | *independent living skills trainer     |
| *occupational therapist                                 | *special education teacher             |
| *psychiatrist, psychologist, or mental health counselor | *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 SERVICE**

The "ADA" service area is the City of Covington, Town of Clifton Forge, Town of Iron Gate and the County of Alleghany. Hours of operation are Monday – Friday, 8:00 a.m. to 5:00 p.m. **The "ADA" service is closed on New Year's Day, Good Friday, July 4<sup>th</sup>, Thanksgiving Day, Memorial Day, Labor Day and Christmas Day.**

The amount of a one-way "ADA" trip is \$1.00. Drivers are not allowed to make change and only accept cash. Fares are collected before the client boards the vehicle.

All passengers must be "ADA" Eligible prior to scheduling service. Reservations are taken Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. by calling 800-964-5707, 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.     Desired pickup time, pickup location, etc. (oversized wheelchairs, personal care attendant traveling)

The bus will be scheduled as per your request and will wait only 5 minutes past your scheduled time. In an effort to make scheduling more efficient, Mountain Express has the right to adjust the pickup time within one hour before or after the desired scheduled appointment. Individuals that miss a scheduled pickup time should call **800-964-5707** to arrange another pickup time. **Please be aware, that if you miss the bus, you will have to wait until the next scheduled stop is made.**

Passengers are allowed to bring along a personal care attendant free of charge as long as the attendant is not certified under this program. 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.

Cancellations of trips must be made at least one hour in advance of the trip. Repeated no shows (uncancelled trips) can result in suspension of service.

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

***Please return your completed application to Mountain Express ADA Service, RADAR, P. O. Box 13825, Roanoke, Virginia 24037. If you have any questions, please call 800-964-5707.***

You may also visit our website at [www.radartransit.org](http://www.radartransit.org) for information regarding the Mountain Express service.

**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 (Mountain Express). 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 city buses operated on set routes by Mountain Express.

- ☐ 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:

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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?

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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

**WITHOUT THE HELP OF SOMEONE ELSE, CAN YOU... (CONTINUED)**

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?**

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## **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 Mountain Express fixed route service. Please use common language and print or type clearly.

Can the applicant use public fixed route service?

☐ Yes ☐ No

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

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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?

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### **PROFESSIONAL VERIFICATION**

I understand that the purpose of this application is to determine if the applicant is eligible to use "ADA" 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" Services. I understand that all information will be confidential to the extent possible, and used to determine my eligibility for "ADA" 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  
"ADA" SERVICE YOU MAY CALL 800-964-5707 Ext. 105.  
WE LOOK FORWARD TO SERVING YOU .**

**For Internal Use Only:**

ADA ELIGIBLE ☐ YES ☐ NO

RESIDENCE OF: ☐ COVINGTON CITY ☐ TOWN OF IRON GATE

☐ COUNTY OF ALLEGHANY ☐ TOWN OF CLIFTON FORGE

CERTIFICATION DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CERTIFIED BY: \_\_\_\_\_