



ADA Paratransit Eligibility

Round Rock Paratransit Service is for individuals with a disability which prevents them from independently traveling on the fixed route service either all of the time or some of the time. The Americans with Disabilities Act (ADA) outlines specific criteria to determine eligibility for paratransit services; therefore, an application and an in-person eligibility interview are required to determine an applicant's individual eligibility.

To apply for this service, you and your healthcare professional must complete this application. Other supportive documentation may be included with your application. The information you provide may be shared with other transit providers to facilitate your travel in other areas.

If you need any type of alternative format for this application or have any questions, contact (512) 671-2888.

Please read and follow these instructions.

Part A: Applicant Information & Release – You Complete

Part B: Healthcare Provider Verification – Healthcare Professional Completes

See below who is authorized

The applicant MAY NOT complete this section

Note: It is very important, for you and your healthcare provider, to thoroughly answer each question on the application.

Part C: Applicant Account Registration to Round Rock Rides – You Complete

Once ALL paperwork is complete, you may either:

Mail to or deliver in person to:

**City of Round Rock
ATTN: Edna Johnson
3400 Sunrise Road
Round Rock, Texas 78665**

Email to: ejohnson@roundrocktexas.gov

All information received in this application will be kept **CONFIDENTIAL**

You will receive your eligibility determination within 21 calendar days from the date ALL of the following are completed:

- Original full application and verification received
- Round Rock Rides Account is created
- In-person interview
- Any additional requested information is received by staff
- Any applicant who has completed the above steps but has not received an eligibility determination letter, within 21 days, will be entitled to unlimited use of the paratransit service until you are notified your eligibility determination.



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PART A: APPLICANT INFORMATION & RELEASE (please print)
All questions must be answered before your application will be considered.

PLEASE PRINT

Applicant's Name _____ Date of Birth _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Email _____

Name of Apartment Complex or Nursing Home: _____

Home Phone _____ Cell Phone _____

Person to Contact in Case of Emergency

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Do you require a Personal Care Attendant (PCA) to help you travel? Yes No

What disability have you been diagnosed with? _____

Is your disability or health conditional Permanent Temporary?

Temporary; expected to last until _____

Assistive Devices Used (Check All that Apply)

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Conventional |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Other _____ |

If using a wheelchair, does your residence have a wheelchair ramp for multiple steps? Yes No

If using a service animal, what service does the animal provide? _____



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Part A – Continued

Briefly explain how your disability prevents you from using the Fixed Route Buses (city buses) _____

Can you climb ten steps with a handrail, without assistance from another person? Yes No

If applicant has a disability affecting mobility, please indicate what distance, you are able to travel without the assistance of another person.

- less than 200 ft. 1 to 2 blocks 3 to 4 blocks
- 5 to 6 blocks 7 to 8 blocks 9 or more blocks

Describe your neighborhood: (check all that apply)

- sidewalks in front of your residence
- wheelchair ramps at your residence
- paved road in front of you
- unpaved road in front of your residence

CERTIFICATION

I certify all information contained in **PART A** of this application was completed by me or my authorized representative and is true and correct. I agree to notify the City of Round Rock of any changes in my status, which may affect my eligibility to use the service. I understand I will be required to attend an in-person eligibility review.

I have read and fully understand the conditions for service outlined in the ADA Complementary Paratransit Plan and agree to abide by them. I also understand failure to adhere to the policies and procedures will be grounds for revoking my application and the right to participate in the program. I agree that, if I am certified for Round Rock Paratransit Service, I will pay the exact fare, if required, for each trip.

I understand and agree to hold the City of Round Rock harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to equip or maintain the safety of the adaptive equipment or service animal I require for mobility.

I hereby authorize the release of verification information and any additional information to the City of Round Rock for the purpose of evaluating my eligibility to participate in the Program.

Signature

Date

Authorized Representative Information

Name _____ Relationship to Applicant _____

Signature

Date



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PART B: HEALTHCARE PROVIDER VERIFICATION (please print)
To be Completed by a Medical Professional Only

The applicant is asking you to review the information on this application and to complete and sign part B of this form certifying that they have a disability that prevents them from using Fixed Route buses (city buses). This information will be used to determine whether or not the applicant needs to use Paratransit service or is able to use Fixed Route service for their travel needs. **To be completed by a medical professional who is knowledgeable about the applicant's functional ability.**

We need to know the limitation of their disability that limits their ability to ride the Fixed Route Bus the following is necessary for us to process this applications request:

- Through details of the applicants' functional limitations and how they inhibit that person's ability to board and use the Fixed Route Bus.
- Through details of the applicant's cognitive limitation and how they inhibit that person's ability to navigate using a Fixed Route bus.
- Through details of the applicant's physical limitation and how they inhibit that person's ability to reach a bus stop or the destination from a bus stop.

Under the Americans with Disability Act (ADA), if a person has the functional capability to use Round Rock city buses that person is not eligible for paratransit service (curb to curb). Disability alone and distance to and from a bus stop, by itself, does not qualify a person for Round Rock Transit paratransit service.

Thank you for our assistance. If you have any questions, please contact us 512-671-2888.

You are (Please check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical Doctor (MD or DO) | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Psychologist (Ph.D.) |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Clinical Social Worker | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Physical or Occupational Therapist | |
| <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Optometrist | |
| <input type="checkbox"/> Other _____ | | |

License/Certification ID # _____



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Part B – Continued

Name of Patient/Applicant _____ Last Seen _____

Please describe the medical diagnosis, physical or cognitive disability _____

If curb to curb service is needed, please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using regular city buses: _____

Is the disability permanent or temporary? Temporary Permanent

Are any of the applicant's conditions episodic or variable in their severity? Some examples would include fatigue from dialysis or relapsing and remitting systems as in MS?

No Yes If yes please provide details: _____

CERTIFICATION

Person Completing Form: _____

Professional Title _____

Agency Affiliation _____

Business Address _____ City _____ Zip _____

Phone _____

I certify the information contained in **Part B** is true and correct to the best of my knowledge. I hereby verify the diagnosis of disability listed has been reviewed by me, is accurate and true, and represents the current condition of the applicant named in this application.

Signature

Date

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Part C – Round Rock Rides Account Registration

In order for you to utilize the ride service in general, as well as for us to enable any Paratransit Eligibility (if approved), you'll need to create a Round Rock Rides account. This can be completed by yourself or with assistance – however keep in mind that you will need to provide a personal Cellphone # for the verification process of your account.

Please utilize the below link or phone application to create your account:

book.roundrock.rideco.com



(Search "Round Rock Rides" by RideCo if utilizing the phone app.)

You'll be asked for the following for Registration:

- Your Name
- Valid Cellphone #
- Valid Email
- Password Creation
- Agreement to Terms/Service

Note: A verification code will be sent to the Cellphone # listed on your account registration, please have access to input this verification code to be able to complete your account registration entirely. If you have any complications with getting this step done, please contact us at (512) 671-2888 and we will work to get this resolved for you.