



## APPLICATION

If you require this application or information in another format such as larger print, Braille, or on tape, please contact your local Centro Customer Service at one of the numbers below:

-Onondaga County	(315) 442-3400
-Oswego County	(315) 342-4400
-Cayuga County	(315) 253-5765
-Oneida County	
-Utica	(315) 797-7803
-Rome	(315) 336-5310

### WHAT IS THE CENTRO BUS?

Centro buses operate along fixed routes on an established schedule. The buses are accessible with lifts, ramps and low floors, have the ability to kneel, have preferential seating for people with disabilities and seniors, have stop announcements and places to secure wheelchairs. Reduced fares are available for seniors and people with disabilities.

### WHAT IS CALL-A-BUS?

Call-A-Bus is a **public ride sharing**, transportation service of the Central New York Regional Transportation Authority (CNYRTA) for people with disabilities who would otherwise use Centro buses if it were not for their disabilities. Call-A-Bus operates at the same times and in the same areas as the Centro bus.

### **Call-A-Bus service is NOT:**

- human services sponsored transportation or for special event group trips. It is not designed to meet the needs of every disabled person. Some people may require more service or assistance than Call-A-Bus can provide.
- Senior Transportation or Rides for Work services. These programs have a different application.
- for individuals who can use the bus all of the time, but do not want to because it is inconvenient.
- door through door service. Drivers do not escort passengers inside buildings. They will escort passengers to and from an outer door, when requested in advance.
- Responsible for custodial care after passengers reach their destination.

### **CALL-A-BUS APPLICATION INSTRUCTIONS**

Under the provisions of 49 CFR, Part 37 of the U.S. Americans with Disabilities Act (ADA), the Central New York Regional Transportation Authority provides transportation services to individuals who are determined to be eligible due to one of the following situations:

1. Any person, who is unable, as a result of a physical, visual or mental disability, to board, ride or exit a Centro fixed route bus, without the assistance of another person.
2. Any person, who could use the Centro fixed route bus BUT the route they wish to travel on does not have an accessible bus.
3. Any person with a disability, who has a specific impairment related condition that makes it IMPOSSIBLE for them to travel to a Centro bus stop.

**How to Apply for Call-A-Bus**  
**This is a two part application.**

Part 1 is to be completed by the applicant or someone assisting the applicant.

Part 2 must be completed and signed by the same person who is a licensed, certified, degreed or registered healthcare provider, such as a physical or occupational therapist, a physician, nurse practitioner, registered nurse or physician assistant, a masters level social worker, a psychologist, a psychiatrist or other healthcare professional. The healthcare provider should be someone who is familiar with your abilities.

**When both parts of the application are complete, please mail original to:**  
**For Onondaga, Oswego and Cayuga Counties:**

**Call-A-Bus**  
**PO Box 820**  
**Syracuse, NY 13205-0820**

**For Oneida County:**

**Centro of Oneida**  
**185 Leland Ave**  
**Utica, NY 13502**

Incomplete applications cannot be processed and are returned to the applicant.

You may be asked to come in for a functional assessment if we cannot make a determination based upon your application. We will coordinate this visit to make it convenient for you and we will provide the transportation and assessment at no charge to you. We may also contact your healthcare professional to clarify information they have provided. All information is kept confidential.

When your eligibility for Call-A-Bus has been determined, we will notify you in writing.

There are different eligibility categories.

**CONDITIONAL ELIGIBILITY** means that we believe you can use the Centro bus for some of your trips, but not all of them. Call-A-Bus service can be requested when there are situations making a bus trip impossible, such as snow

and ice covering walkways or you must walk farther than you are able to do. We consider these conditions when you call to request a trip.

**ELIGIBILITY IN ALL CASES** means that you cannot use the Centro bus or you can never get to a bus stop due to your disability.

**TEMPORARY ELIGIBILITY** means that you have a short term disability that prevents your use of the Centro bus or getting to and from a bus stop.

Call-A-Bus eligibility determinations are good for up to 3 years. Your eligibility letter will have the expiration date. You may submit a new application whenever your abilities to travel change. We may ask you to complete another application if we have reason to believe your abilities have changed.

You have the right to appeal your eligibility determination. A copy of the Appeal Procedures will be included with your eligibility letter.

**If someone other than the Applicant is completing this form, please provide the following:**

1. Your Name \_\_\_\_\_

2. Phone \_\_\_\_\_ 3. E mail address: \_\_\_\_\_

4. Address  
\_\_\_\_\_  
\_\_\_\_\_

5. Relationship to Applicant \_\_\_\_\_

6. Signature \_\_\_\_\_

7. Date \_\_\_\_\_

**PART 1. TO BE COMPLETED BY THE APPLICANT OR THEIR DESIGNEE.**

**PLEASE PRINT CLEARLY.**

8. Today's Date: \_\_\_\_\_

**9. Purpose of this Application**

- I am applying as a new Call-A-Bus customer.
- I am an active CALL-A-BUS customer and my abilities have changed and I would like to update my records. ID# \_\_\_\_\_.
- My eligibility is expiring. I am recertifying to continue to receive CALL-A-BUS Services. ID# \_\_\_\_\_.

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**PERSONAL INFORMATION**

10. Applicant's First Name \_\_\_\_\_

11. Last Name \_\_\_\_\_

12. Male \_\_\_\_\_ Female \_\_\_\_\_ 13. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

14. Home Address \_\_\_\_\_  
\_\_\_\_\_

15. Is this your mailing address Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please provide your mailing address \_\_\_\_\_

**TELEPHONE NUMBERS**

16. Home \_\_\_\_\_  
(optional) Work \_\_\_\_\_  
(optional) Cell or Mobile Phone \_\_\_\_\_  
(optional) E mail address \_\_\_\_\_

17. How do you communicate? Speaking \_\_\_\_\_ ASL \_\_\_\_\_  
With a device, if yes please describe: \_\_\_\_\_

18. Primary Language:  
English \_\_\_\_\_  
Other \_\_\_\_\_, please describe: \_\_\_\_\_

Alternate Contact Person [if you wish, you may give us the name and telephone number of someone who may act on your behalf].

Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

**APPLICANT'S TRAVEL ABILITIES AND HISTORY**

**19. I travel to the following places often  
(Please provide addresses and how you get there)**

**Address**

**I travel by**

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**20. Please tell us why you are seeking Call-A-Bus service:**

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**21. I can travel, but I need the help of another person, a personal care aide or an escort: Yes \_\_\_\_\_ No \_\_\_\_\_  
[If yes, you must provide your own aide or escort.]**

**22. Please check any statement that describes your abilities.**

- My abilities do not change much from day to day
- Each day my abilities change without warning
- My abilities are improving with time
- My abilities are getting worse with time
- My abilities seem to change with a change in the weather or time of day

Please check a response (Yes, Sometimes, No, Don't know) for each of the following statements:

**CHECK A RESPONSE BOX**

<b>23. I drive my car to where I need to go</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	
<b>24. I have someone drive me to where I need to go</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	
<b>25. I use the Centro Transit Bus</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	
<b>26. I can get to the Centro Bus Stop near my home</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don't know</b>
<b>27. I can get from the Bus Stop to the place I want to go</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don't know</b>
<b>28. I know where to get off the bus</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don't know</b>
<b>29. I know how to transfer from one bus to another</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don't know</b>
<b>30. I can put money or a transit pass in the fare box.</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don't know</b>
<b>31. I can get on and off a bus without assistance.</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don't know</b>
<b>32. I can wait outside at the bus stop</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don't know</b>
<b>33. I can learn to ride the bus</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don't know</b>



**34. I can travel on my own (walking, using my wheelchair or scooter, using my cane or walker): Check One Only**

- I cannot travel on my own at all
- I can go One (1) block
- I can go Three (3) blocks (1/4 mile)
- I can go Six (6) blocks (1/2 mile)
- I can go Nine (9) blocks (3/4 mile)
- My power wheelchair or scooter gives me the mobility to travel long distances.

**35. I can get to the bus stop near my home:**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ I do not know where it is: \_\_\_\_\_

**35a. If you answered No, please tell us why you cannot get to the bus stop:** \_\_\_\_\_

**35b. Where is the bus stop? Please name the street and the “cross” street:** \_\_\_\_\_

**Please check a response (yes, sometimes, no, don’t know) for each of the following statements:**

<b>36.</b> I can wait outside in cold weather for 10 minutes	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don’t know</b>
<b>37.</b> I can wait outside in hot weather for 10 minutes	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don’t know</b>
<b>38.</b> I can ask for and follow directions	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don’t Know</b>
<b>39.</b> I want to learn to use the Centro Transit Bus	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don’t know</b>
<b>40.</b> I have used the Centro bus in the past year	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don’t know</b>
<b>41.</b> I feel safe and comfortable using the Centro Transit Bus	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Don’t Know</b>

**42. I use the following aids or devices when I travel:  
Check all that apply.**

- NONE:** \_\_\_\_\_
- Manual wheelchair:** \_\_\_\_\_
- Power wheelchair:** \_\_\_\_\_
- Power scooter:** \_\_\_\_\_
- Walker:** \_\_\_\_\_
- Cane:** \_\_\_\_\_
- White Cane:** \_\_\_\_\_
- Crutches:** \_\_\_\_\_
- Service Animal:** \_\_\_\_\_
- Hearing Aid:** \_\_\_\_\_
- Portable Oxygen or Breathing device:** \_\_\_\_\_
- Personal Care Attendant or Escort:** \_\_\_\_\_

-Call-A-Bus does not provide mobility aids for passengers.

-We can assist people with common wheelchairs measuring no more than 30" by 48", measured 2" from the ground.

-The weight limit, the person and their mobility device can be up to 600 pounds, combined weight.

-A service animal is a specially trained animal that provides assistance to the person. Family pets are not service animals.

**43. Please tell us, in your own words, what is preventing you from using the Centro Bus system.**

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**If you need more space, please use the additional space provided.**

**(Additional Space)**

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I, the undersigned Applicant, understand that the purpose of this Application is to determine my eligibility to use CALL-A-BUS.

I hereby certify that all information provided by me on this application is, to the best of my knowledge, true and accurate. I understand that the willful falsification of any information I have provided, could result in a cancellation of any CALL-A-BUS service that I may have previously been qualified to receive.

**HIPAA Authorization**

I, or my authorized representative, request that health information be released by my health care provider in order to complete the attached form, in accordance with New York State law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that I have the right to revoke this authorization at any time by writing to the health care provider except to the extent that action has already been taken based on this authorization. I understand that signing this authorization is voluntary. Information disclosed under this authorization might be re-disclosed by the recipient and this re-disclosure may no longer be protected by federal or state law. This authorization will expire one year from the date below.

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**SIGNATURE**

**DATE**

**Please have your healthcare provider complete Part 2.**

## Part 2. Health Care Provider's Verification

Call-A-Bus Application for: \_\_\_\_\_

The individual named above has requested the use of CALL-A-BUS services under the Americans with Disabilities Act of 1990. Eligibility for CALL-A-BUS is strictly limited to individuals whose disability prevents them from using a Centro Transit Bus or getting to and from a Centro Bus Stop.

**PLEASE NOTE THAT Centro BUSES AND MANY BUS STOPS ARE ACCESSIBLE TO MANY PEOPLE WITH DISABILITIES.** Buses have ramps or lifts, will "kneel" for those who have difficulties with stairs, have special seating available near the front of the bus and drivers make stop announcements to help with orientation. Service animals and personal care attendants are welcome on buses.

Centro buses and CALL-A-BUS vehicles can accommodate wheelchairs that measure 30" by 48" when measured 2 inches above the ground. Larger wheelchairs may not fit safely on the lifts or ramps.

Centro buses and CALL-A-BUS vehicles have ramps and lifts for people whose total weight (person and mobility device) is 600 pounds or less. Some obese persons with oversized power wheelchairs exceed this weight limit and we cannot accommodate them.

CALL-A-BUS service is not medical transportation with door through door service. Our drivers will escort a person from the front door to the vehicle, but cannot go into a building to escort a passenger from an interior office.

CALL-A-BUS does not provide monitors on its vehicles. A passenger must be able to travel alone or have a personal care attendant or escort, provided by the passenger.

Eligibility for CALL-A-BUS is determined by functional ability. Therefore, we ask that you describe what the applicant can and cannot do.

**PLEASE COMPLETE THE FOLLOWING PAGES: 13 THROUGH 15**

The HIPAA authorization is on page 12.

**PLEASE PRINT CLEARLY**

H1. I, \_\_\_\_\_ have reviewed Part 1 of this application.

H2. Applicant's diagnoses \_\_\_\_\_

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H3. If the applicant is taking medication that impacts behavior, balance, memory or other activities of daily living, please describe the effect on their ability to travel independently. \_\_\_\_\_

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Are any of the following affected by his/her disability?  
IF YES, A COMMENT IS REQUIRED.

Description	Yes	No	Comments
H4. Vision			Acuity with correction? Peripheral vision?
H5. Hearing			
H6. Speech and communications			
H7. Exposure to heat, cold, humidity or pollutants			
H8. Ability to stand for up to 10 minutes (balance, strength)			
H9. Orientation to time and place			
H10. Ability to ask for and follow directions			
H11. Ability to cross streets			
H12. Socially appropriate with strangers			
H13. Short and Long Term Memory			
H14. Problem solving skills			

H15. Is the goal of traveling independently (even if limited to neighborhood or to and from employment) within the context of treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_

H16. Applicant's condition is: permanent \_\_\_\_\_ temporary \_\_\_\_\_

H16a. If temporary, how long is the condition expected to affect abilities?  
\_\_\_\_\_ (months)

H17. Applicant's condition is: relatively stable \_\_\_\_\_ changes every day \_\_\_\_\_

H18. Applicant can walk, or travel with a manual or power wheelchair independently up to \_\_\_\_\_ blocks.

H18a. If not able to travel, please explain why. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

H19. Is there any other effect of this person's disability or disabilities that will impact the ability to travel? Please consider their physical, cognitive, and sensory abilities and their mental health status, if appropriate. \_\_\_\_\_

\_\_\_\_\_

Thank you for your time. Your Name & Address Stamp here:

If not stamped, your name and address: \_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

Title/Degree: \_\_\_\_\_ License # \_\_\_\_\_

Office, Agency or Clinic Name: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

*Part 2 must be completed and signed by the same person who is a licensed, certified, degreed or registered healthcare provider, such as a physical or occupational therapist, a physician, nurse practitioner, registered nurse or physician assistant, a masters level social worker, a psychologist, a psychiatrist or other healthcare professional. The healthcare provider should be someone who is familiar with the applicant's abilities. Call-A-Bus will not accept applications filled out by more than one person.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**[Signature is required or application will be returned as incomplete.] This should be signed by the same person completing Part 2.**