Transit Authority of River City

www.ridetarc.org
(502) 585-1234
TTY (502) 213-3240

Application for TARC3 Transportation

APPLICATION FOR TARC3 TRANSPORTATION

INTRODUCTION

TARC3 is an alternative to regular TARC buses that provides door-to-door, shared-ride public transportation for individuals with disabilities who cannot independently board, ride or exit from TARC's regular fixed-route buses. **Disability alone does not automatically qualify an individual for TARC3 transportation. Note: All TARC buses and trolleys are wheelchair-accessible.**

Ramp on TARC Fixed-route bus

Wheelchair Lift on TARC 3 Paratransit vehicle

TARC3 transportation is covered under Title II of the Americans With Disabilities Act of 1990, commonly known as the ADA. The ADA is not an affirmative action statute, but rather the ADA extends federal civil rights protection to people who are considered "disabled".

In general, the transportation that TARC3 provides for people with disabilities must be comparable to the service that is provided for people who are not disabled. This includes the same days and times of operation as well as the same areas that are served by fixed-route buses, though it does not include areas served only by express bus routes. TARC3 operates within a ¾ mile radius of any fixed-route bus line.

Application for TARC3 - Introduction

If either the Application for TARC3 or the TARC3 Medical Form is not in this package, please call the TARC3 Transportation office at 213-3217.

Step1:
PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION THAT APPLY TO YOU.

- Section 1 should be answered by/for **every applicant**.
- Section 2 should be answered by/for applicants with **a mobility disability**.
- Section 3 should be answered by/for applicants with **cognitive or mental disabilities**.
- Section 4 should be answered by/for applicants with **vision disabilities**.
- Section 5 should be completed by/for **each applicant**.
- Incomplete or unsigned applications will be returned.

Step 2:
When your Healthcare Provider has completed the TARC3 Medical Form, please submit it to the TARC3 office together with your completed application. Applications and medical forms cannot be accepted if received separately.

Your application and medical form(s) will be reviewed upon receipt in our office. As part of the application process, you may be required to undergo an eligibility screening and/or a functional assessment. You will be contacted if additional information is deemed necessary. Please be patient. An eligibility decision will be made within 21 days of receipt of a completed application and medical form(s).

Applicants who do not agree with the eligibility determination may request an appeal. A detailed description of the appeals process will be included with all denial and conditional eligibility determinations.

SECTION 1: APPLICANT INFORMATION

TO BE ANSWERED BY ALL TARC3 APPLICANTS

PLEASE PRINT

Last Name_____ First _____ MI ___

Address _____Apt_____

(do not use PO box numbers)

City _____State _____ Zip Code _____

Name of subdivision or apartment complex _____

What streets border your neighborhood? _____

_____

Mailing address if different from above_____

Daytime phone #_____Evening Phone #_____

TTY # for the deaf & hard of hearing _____

Date of birth_____ / _____/_____

Do you speak English? ___ Yes ___ No If no, what language? _____

Do you need information in the following alternative formats?

_____ Large Print _____ Audio Tape

E-mail address _____

Section 1 - Continued

Emergency Contacts:

(1) Name _____

Relationship to Applicant _____

Address _____

Daytime phone # _____Evening Phone # _____

(2) Name _____

Relationship to Applicant _____

Address _____

Daytime phone# _____Evening Phone# _____

CHECK ALL THAT APPLY

1. How do you travel now?

_____ Walk
_____ Taxi
_____ Bus
_____ Drive a Car
_____ Ride in a Car
_____ Other _____

2. Which of these aids do you currently use?

_____ Portable Oxygen
_____ Straight Cane
_____ 3 or 4-Pronged Cane
_____ Walker
_____ Manual Wheelchair
_____ Powered Wheelchair
_____ Powered Scooter
_____ Other _____
_____ Crutches / Leg Brace / Prosthetic Leg
_____ Human Guide
_____ White Cane
_____ Dog Guide
_____ Alphabet Board
_____ Picture Board
_____ Service Animal

Section 1 - Continued

3. Does the total weight of your wheelchair/scooter and yourself exceed 600 pounds?

_____ Yes _____ No _____ Don't Know

4. Does your wheelchair/scooter exceed 30" in width or 48" in length?

_____ Yes _____ No _____ Don't Know

5. All TARC fixed route buses and trolleys have lifts or ramps to accommodate people with impaired mobility, whether or not they use a mobility aid. Any passenger may request the use of the lift or ramp to board or exit the bus. Do you need the lift or ramp to get on and off a TARC bus or trolley?

_____ Yes _____ No

6. Do you have a disability which, sometimes or all of the time, prevents you from boarding, riding or exiting from a TARC bus? _____ Yes _____ No

7. How does your disability prevent you from independently using a TARC bus? Please be specific. *(Must be completed)* _____

_____

8. Do you currently ride a TARC fixed route bus independently?

_____ Yes How often? _____

_____ No Date of last bus ride: _____/_____/_____

_____ No, but I could ride independently if:

_____ I were trained to use the bus

_____ I had a ride to the bus stop

_____ I don't have to use more than one bus

_____ Other

Section 1 - Continued

9. Have you ever received orientation and mobility training?

_____ Yes, If yes, where? _____ Date _____

10. Have you ever received travel training?

_____ Yes, If yes, where? _____ Date _____

11. No, If no, do you think you would like to participate in orientation & mobility or travel training?

_____ Yes _____ No

12. Is your disability temporary?

_____ No _____ Don't know _____ Yes, I expect it to last____ months

13. Does your disability change from time to time, preventing you from independently traveling to and from the bus stop sometimes?

_____ Yes, I have some good days and some bad days.

_____ No, it's usually the same all the time.

14. How would you describe the terrain from where you live to the nearest bus stop? (example: steep hills, flat, long gradual hill, etc.) _____ Don't know

_____

15. Are there continuous sidewalks between your house and the nearest bus stop?

_____ Yes _____ No _____ Don't know

16. How many blocks are there from your residence to the nearest bus stop?

____less than 1 ____1-2 ____2-3 ____3-4 ____more than 4 ____ don't know

17. Can you cross streets without help?

_____ Yes _____ No _____ Sometimes

If no or sometimes, please explain _____

_____

Section 1 - Continued

18. Can you cross at streets with very little traffic, stop signs or no traffic control?

_____ Yes _____ No _____ Sometimes

If no or sometimes, please explain _____

_____

19. Can you cross at traffic lights?

_____ Yes _____ No _____ Sometimes

If no or sometimes, please explain _____

_____

20. Can you cross at busy intersections?

_____ Yes _____ No _____ Sometimes

If no or sometimes, please explain _____

_____

21. Please add any additional information to explain why you cannot ride fixed-route buses.

_____

_____

_____

APPLICANT HEALTH INFORMATION

22. General Medical Condition

_____ Uncontrolled Diabetes
_____ End Stage Renal Disease
Dialysis? Yes ____ No ____ Days: M T W Th F Sat
_____ Cancer - Being treated until _____
_____ Other_____

How does this condition affect your ability to ride the city bus?
_____

23. Bone or Joint Conditions

_____ Osteoarthritis _____ Osteoporosis
_____ Rheumatoid Arthritis _____ Broken Bone-Date: _____
_____ Amputation -Specify_____
Use of Prosthesis ___Yes ___No
_____ Other_____

How does this condition affect your ability to ride the city bus?
_____

24. Brain / Nerve / Muscle Conditions

_____ Cerebral Palsy _____ Dementia _____ Brain Injury
_____ Multiple Sclerosis _____ Parkinson's _____ Post Polio
_____ Muscular Dystrophy _____Quadriplegia _____ Paraplegia
_____ Stroke
When_____ Which side affected?_____
_____ Epilepsy
Type_____ How many per Month?_____
Date of Last Seizure?_____
_____ Other: _____

How does this condition affect your ability to ride the city bus?
_____

25. Heart / Circulatory Conditions

_____Heart Disease _____Uncontrolled High Blood Pressure
_____ Leg Edema _____ Advanced Peripheral Vascular Disease
_____ Congestive Heart Failure
_____ Other:_____

How does this condition affect your ability to ride the city bus?

_____

26. Lung Conditions

_____ Chronic Obstructive Pulmonary Disease – Type_____
_____ Lung Cancer _____ Cystic Fibrosis
_____ Asthma
_____ Other: _____

How does this condition affect your ability to ride the city bus?

_____

27. Vision / Hearing / Speech Conditions

____ Macular Degeneration ____ Retinitis Pigmentosa ____Cataracts
____ Diabetic Retinopathy ____ Glaucoma ____Partial Hearing
____ Retinopathy of Prematurity ____ Night Blindness ____Deaf
____ Other:_____

Best Corrected Vision Right Eye: 20/____ Left Eye: 20/____
Visual Field Deficit Right Eye:_____ Left Eye: _____

How does this condition affect your ability to ride the city bus?

_____

28. Developmental / Mental Conditions

_____ Autism _____ Thought Disorder
_____ Psychosis _____ Mood/Anxiety Disorder
_____ Developmental Disability ____Mild ____Moderate ____Severe
_____ Mental Retardation ____ Moderate ____ Severe____ Profound
_____ Cognitive Deficits ____ Mild ____ Moderate ____ Severe

How does this condition affect your ability to ride the city bus?

_____

29. Is your health condition temporary?

_____ Yes - How long do you expect it to last?
___Months ___Years
_____ No - How long have you had this condition?
___Since Birth ____Months___Years
_____ I don't know

30. Does your condition change from time to time in ways that affect your ability to use the city bus? _____ Yes _____ No

Describe _____

_____

_____

31. If weather conditions such as heat, cold, snow, etc. affect your ability to travel independently, please explain.

_____

_____

_____

SECTION 2: APPLICANT INFORMATION

TO BE COMPLETED ONLY BY INDIVIDUALS WITH A MOBILITY DISABILITY

PLEASE PRINT

1. How far can you walk independently with short rest breaks?

____ Less than 1 block ____ 1 block ___ 2 blocks

____ 3 blocks ____More than 3 blocks

2. How far can you propel your wheelchair/scooter?

____ Does not apply ____1 block ____ 2 blocks ____3 or more blocks

3. How many minutes can you wait at a bus stop if:

_____Standing? _____ Bench is provided?

_____With mobility aid? _____ Don't know

4. Can you pull the cord, push the bell strip or ask the driver to let you off the bus?

_____ Yes _____ No

5. Are you able to keep your balance while seated on a moving bus?

_____ Yes _____ No

If no, explain _____

6. Are you able to keep your balance while standing on a moving bus?

_____ Yes _____ No

If no, explain _____

SECTION 3: APPLICANT INFORMATION

TO BE ANSWERED BY INDIVIDUALS WITH COGNITIVE OR MENTAL DISABILITIES, OR BY SOMEONE ASSISTING THE APPLICANT

PLEASE PRINT

1. Are you able to use a telephone? Do you carry a cell phone?

_____ Yes _____ No _____ Yes _____ No

2. Can you communicate address, destination and telephone # upon request?

_____ Yes _____ No _____ Sometimes

3. Are you able to ask for, understand and follow directions?

_____ Yes _____ No _____ Sometimes

4. Can you recognize your destination or landmark near your destination?

_____ Yes _____ No _____ Sometimes

5. How do you know when/where to get off the bus? Check all that apply.

_____ I ask the driver to announce my stop.

_____ I ask another passenger to help me.

_____ I can see my stop from inside the bus.

_____ Other, please explain

_____

_____

_____

6. Can you deal with unexpected situations or bus detours?

_____ Yes _____ No _____ Sometimes

7. What would you do if you got lost? Explain

_____

_____

_____

8. Can you wait 15 minutes at a bus stop?

_____ Yes _____ No If no, explain _____

9. If necessary, can you transfer to a second bus to complete your trip?

_____ Yes _____ No If no, explain _____

_____

10. Which of the following are you able to do? Check Yes or No

Can you calculate the correct fare?	____Yes	____No
Can you put the fare in the box?	____Yes	____No
Can you cross the street when you get off the bus?	____Yes	____No
Can you follow instructions in an emergency?	____Yes	____No
Can you reach your destination when you get off the bus?	____Yes	____No
Are you able to identify the correct bus stop?	____Yes	____No
Are you able to identify the correct bus?	____Yes	____No
Can you travel only if another person accompanies you?	____Yes	____No
Can you ask for and follow written or oral information, such as bus schedules (including TTY, tape, voice)?	____Yes	____No

SECTION 4: APPLICANT INFORMATION

TO BE COMPLETED ONLY BY INDIVIDUALS WITH VISION DISABILITY

PLEASE PRINT

1. My vision is worse during these conditions:

_____bright sunlight _____ dimly lit or shaded places
_____nighttime _____ I have no vision
_____remains the same in different lighting conditions
_____other, please explain _____
_____

2. My eye condition is considered to be:

_____stable
_____degenerative, please explain _____
_____
_____varies, please explain _____
_____

Section 4 - Continued

3. I use the following mobility aids when I walk outdoors: Check all that apply

_____human guide
_____white cane
_____dog guide
_____optical devices (telescope, light, special glasses, etc.)
_____other _____

4. I am able to locate steps:

_____Yes _____No _____Sometimes

If no or sometimes, please explain _____
_____
_____

5. I can find my destination without assistance.

_____Yes _____ No _____ Sometimes

If no or sometimes, please explain _____
_____
_____

6. Can you walk outdoors alone?

_____ If yes, please answer the following:

To places within your neighborhood _____ Yes ____ No
To places farther away _____ Yes ____ No

_____ If no, please check all that apply.

_____ I have never been taught
_____ Enviromental barriers prevent me (example: no sidewalk, etc.)
_____ Other, please explain _____
_____

SECTION 5: APPLICANT SIGNATURE

I certify that the information on this application is true and correct to the best of my knowledge. I understand that falsification of information will result in a denial of TARC3 Transportation service. I understand the information provided on this application may be disclosed to others as necessary to provide the services I have requested and as may otherwise be required by law. I give consent for TARC to contact the person who has completed the TARC3 Medical Form attached to this application, in order to confirm the information included on this application. I understand that if I refuse to undergo an independent in-person evaluation screening and/or functional assessment it will be conclusively determined that I am withdrawing my application for TARC3 Transportation service.

Signature_____ Date_____
(or mark)

IF COMPLETED BY SOMEONE OTHER THAN APPLICANT:

I certify that the information provided is true and correct based upon my own knowledge of the applicant's functional abilities.

Print Name _____

Relationship to Applicant_____

Agency (if applicable) _____

Daytime Phone _____ Evening Phone _____

Signature_____ Date _____

Please return completed application packet to:

TARC3 Transportation
1000 West Broadway
Louisville, KY 40203

TARC3 Medical Form

(General Medical or Physical Disability)

Name of Applicant _____

Address _____**Apt #**_____

City _____**Zip Code**_____ **Phone**_____

Medical Release

I (applicant signature)_____do hereby authorize my physician, medical clinic, or health care provider, to release to Transit Authority of River City any medical information related to my condition that will assist in the determination of my ability to ride the city bus.

May Be Completed Only by a Certified Health Care Professional

This medical information is being requested by TARC to determine the applicant's ability to safely and effectively use the city bus system.

Applicant has been patient of mine since: ____/____/____
Date of applicant's last physical evaluation: ____/____/____

1. Please indicate the nature of your patient's condition or disability.
(Check all that apply)

- ❑ Diabetes
- ❑ End-Stage Renal Disease
- ❑ Undergoing Cancer treatment
- ❑ Arthritis: Please specify type and area/s_____
  _____
- ❑ Amputation: Please specify extremity and/or use of prosthesis_____
  _____
- ❑ Neurological Condition: Cognitive Deficits? ____Mild ____Moderate ___Severe
- ❑ Epilepsy
- ❑ Neuromuscular Condition
- ❑ Muscular Condition
- ❑ Pulmonary Disease: If on oxygen, how many liters per min? _____
- ❑ Cardiac Disease
- ❑ Kidney Disease: Dialysis? ____Yes ____No
- ❑ Eye Condition
- ❑ Seizure Disorder Type(s) of seizures? _____
  _____
  How often do the seizures occur? _____
  After a seizure, how long does it take before the applicant is able to function safely?
  _____

Are the seizures preceded by an aura?
- ❑ Yes
- ❑ No

What triggers the applicant's seizure?
_____
_____

If the applicant is taking medication for the seizures, is he/she able to function safely and effectively in the community?
- ❑ Yes
- ❑ No

Please explain how the condtion/s would prevent the applicant from being able to safely and effectively use regular city buses.

_____

_____

_____

_____

_____

If there are other conditions that you feel would prevent the applicant from being able to safely and effectively use regular city buses, please list and explain here:

_____

_____

_____

2. Is this condition/s temporary? ___Yes ___No

If temporary, what is the expected duration? _____

3. Are there any environmental conditions that would exacerbate the applicant's condition/s? Please list:

_____

_____

4. Do you feel the applicant could be trained to independently use regular city buses safely and effectively?

___Yes ___No

5. How far do you feel the applicant could independently propel a wheelchair or ambulate with or without a mobility aid, and without lengthy rest breaks?

- ❑ No functional mobility
- ❑ _____Blocks (500' = 1 block)
- ❑ Greater than ½ mile

6. Do you feel the applicant could stand for 10 minutes or sit in a wheelchair for 10 minutes at a bus stop to wait for a regular city bus? ___ Yes ___ No

7. Please provide any additional information that you feel relevant to the applicant's ability to safely and effectively use regular city buses: _____

_____

_____

8. *TARC3 (paratransit) drivers assist individuals* from the door of their origin to the van, and from the van to the door of their destination. Does the applicant require additional assistance from a PCA? ___Yes ___No if "yes", please describe the type of assistance needed:

_____

_____

_____

Name of Medical Professional Completing this Form:

Print Name: _____

Professional Title: _____

Area of Professional Specialization: _____

"I certify that the information contained herein is true and correct to the best of my knowledge and ability."

Signature_____Date_____

Professional License, Registration or Certification Number:

#_____ State_____

Clinic or Agency_____

Address_____Suite_____

City_____State_____Zip_____

Phone (____) _____

Please return this medical verification to the applicant.

Thank you

(revised 6/2/09)