

NO. \_\_\_\_\_

**HOT SPRINGS INTRACITY TRANSIT (IT)  
ADA PARATRANSIT SERVICE  
ELIGIBILITY APPLICATION**

(PLEASE PRINT OR TYPE)

1. Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Please identify your disability and explain how it prevents you from using the regular IT fixed route bus service. Please explain completely. Use an additional sheet if needed.

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

Is this condition temporary? \_\_\_\_\_ If Yes, expected duration until \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Are there any special concerns regarding your disability of which we need to be aware in order to serve you better? (e.g., breathing apparatus)

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

4. Do you require a Personal Care Attendant when you travel using transit?  
\_\_\_\_\_Yes \_\_\_\_\_No

5. Do you use any of the following aids to mobility? (Check all that apply)

Manual wheelchair \_\_\_      Electric wheelchair \_\_\_      Walker \_\_\_      Cane \_\_\_  
Powered scooter \_\_\_      Crutches \_\_\_      Dog guide \_\_\_

6. Please answer the following questions:

Can you travel 200 feet without the assistance of another person?

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

Can you travel 1/4 mile without the assistance of another person?

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

Can you travel 2-3/4 miles without the assistance of another person?

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

Can you climb three 12-inch steps without assistance?

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

Can you wait outside without support for ten minutes?

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

7. If you have visual impairment, please provide the following:

Visual acuity with best correction: \_\_\_Right Eye    \_\_\_Left Eye    \_\_\_Both Eyes

Visual fields: \_\_\_Right Eye    \_\_\_Left Eye    \_\_\_Both Eyes

8. If the applicant has a cognitive disability, please complete the following:

Is the applicant able to:

Give addresses and telephone numbers upon request? \_\_\_Yes    \_\_\_No

Recognize a destination or landmark? \_\_\_Yes    \_\_\_No

Deal with unexpected situations or unexpected change in routine? \_\_\_Yes    \_\_\_No

Ask for, understand and follow directions? \_\_\_Yes    \_\_\_No

Safely and effectively travel through crowded and/or complex facilities?  
\_\_\_ Yes \_\_\_ No

9. **I hereby certify that the information given above is true and correct, and, if approved for paratransit service, I will abide by the policies and procedures as set by Hot Springs Intracity Transit.**

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant

10. If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*COMPLETE THE CERTIFICATION ON THE NEXT PAGE\*\***

OFFICE USE ONLY	
DATE RECEIVED ____/____/____	DATE OF DETERMINATION ____/____/____
APPROVED _____	DENIED _____
COMMENTS _____	
_____	
_____	
EXPIRATION DATE ____/____/____	CARD # ASSIGNED _____

HEALTHCARE PROFESSIONAL CERTIFICATION

I hereby certify that I have reviewed the application of \_\_\_\_\_ and concur that the information provided regarding the applicant's disability(s) is true and correct. Further, based on this information and having read the eligibility criteria stated below, the applicant is, in my professional opinion, ADA paratransit eligible.

Your Name \_\_\_\_\_ License # \_\_\_\_\_

Professional Title and Type \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

HOT SPRINGS INTRACITY TRANSIT (IT)  
PARATRANSIT SERVICE ELIGIBILITY CRITERIA

The following individuals are eligible for IT paratransit service:

1. Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any bus on the IT system which is readily accessible to and usable individuals with disabilities.

**OR**

2. Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.
  - (i) Only a specific impairment-related condition which prevents the individual from traveling to a boarding location or from a disembarking location is a basis for eligibility. A condition which makes traveling to boarding location or from a disembarking location more difficult for a person with a specific impairment-related condition than for an individual who does not have the condition, but does not prevent the travel, is not a basis for eligibility.
  - (ii) Architectural barriers not under the control of the City's fixed route service and environmental barriers (e.g., distance, terrain, weather) do not, standing alone, form a basis for eligibility. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility, if the effect is to prevent the individual from traveling to a boarding location or from a disembarking location.

Source: 49 CRF Part 37.123

**IT ADA PARATRANSIT  
ELIGIBILITY APPLICATION INSTRUCTIONS**

The City of Hot Springs and Hot Springs Intracity Transit (**IT**) provide supplementary paratransit service to persons with disabilities who are eligible for such service under the Americans with Disabilities Act (ADA). This paratransit service is provided by means of vans or small buses to all origins and destinations within the **IT** service area. The fare is \$2.50 per one-way trip.

Any disabled person who desires to use the **IT ADA PARATRANSIT SERVICE** must complete the attached application form. If the form is needed in a different format, (e.g., cassette type), please contact the **IT** office at 321-6625 (TDD 321-6843).

**APPLICATION INSTRUCTIONS**

**STEP ONE:** Complete the attached form in as much detail as possible. You may need the assistance of another person and/or the assistance of a health care professional. If you are unable to obtain such assistance, please call the **IT** office at 321-6625 (TDD 321-6843).

**STEP TWO:** Take the application to a health care professional (e.g., your doctor) and secure that signature and information in block 11, page 4.

**STEP THREE:** Mail or otherwise deliver the completed application to:

**HOT SPRINGS INTRACITY TRANSIT  
100 Broadway Terrace  
HOT SPRINGS, ARKANSAS 71901**

**STEP FOUR:** The **IT** office will notify you within 21 days after receipt of your completed application of the decision regarding your eligibility for ADA paratransit service. (If a decision is not reached within 21 days, you will be provided "presumptive eligibility" until a decision is made.)

**STEP FIVE:** If you are determined eligible, **IT** will arrange to have an ID card made documenting your eligibility.

**STEP SIX:** If your application is denied, you may file an appeal anytime within sixty (60) days from the date of the denial determination decision. To file an appeal, contact the Office of the Deputy City Manager (address above) and request an "ADA paratransit eligibility determination appeal" form. Complete the appeal form and return it to the Deputy City Manager's office within the aforementioned sixty days.

FOR ADDITIONAL INFORMATION AND SERVICE SCHEDULES AND POLICIES, PLEASE CONTACT IT AT 321-6625 OR THE OFFICE OF THE DEPUTY CITY MANAGER AT 321-6815 (TDD 321-6843).