

## **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).

**City of Hot Springs, Arkansas  
ADMINISTRATIVE POLICY  
Paratransit Service  
Hot Springs Intracity Transit (IT)**

**I. PURPOSE.**

The purpose of this document is to establish administrative policies and procedures for the operation of the IT paratransit system. It is the intent of these procedures to assist in the provision of safe, convenient, reliable, and efficient transportation for eligible disabled persons residing within the IT paratransit service area. IT appreciates the opportunity to service paratransit patrons and welcomes comments, suggestions and questions regarding this policy.

**II. PRACTICE.**

IT paratransit service is a door-to-door service operated in accordance with the federal requirements governing paratransit service complementary to the City's fixed route transit system (IT). Hence, this policy is subservient to the Code of Federal Regulations, Title 49, Part 37 – Transportation Services for Individuals with Disabilities (ADA). The system is comparable to the level and type of service provided by fixed route buses. While the service is demand response in nature it is public transportation and, therefore, not equivalent to private taxicab type service.

**III. PROCEDURES.**

**1. Service Application.** In order to qualify for paratransit service, paratransit eligible individuals (hereafter termed "patrons") must be approved pursuant to the IT paratransit application process. Applications must be approved and an ID number assigned prior to commencement of service. Patrons may be required to recertify their paratransit eligibility after a 3 year period. If the patron requires a personal care attendant (PCA), the application must so indicate and the use of a PCA approved as part of the application review process. (CFR 49, Part 37.125)

**2. Service Area and Hours of Operation.** Paratransit service is provided to eligible patrons within the corporate limits of Hot Springs and within a corridor three-fourths of a mile on each side of any fixed route which extends outside the city limits. The system operates the same service hours and days as the regular fixed route system. (CFR 49, Part 37.131(a),(e))

**3. Fares & Guests.** The one way fare for paratransit service is twice the regular fixed route full fare (\$2.50). Approved PCA's are not charged when accompanying the patron and are not considered guests. Patrons may be accompanied by one guest when a reservation is made for that guest. Second or additional guests may accompany the patron on a space available basis only. All guests must pay the full Paratransit fare. Patrons and guests must pay proper fare upon boarding and must have exact change. (CFR 49, Part 37.131(c); Part 37,123(f))

**4. Reservations.** Patrons must make trip reservations during business hours, one (1) to seven (7) days in advance of the desired pick-up time and is subject to availability. IT dispatch will negotiate a pickup time with the patron which may be up to one hour in advance of or after the patron's desired departure time. *Patrons must be available to board the bus 15 minutes prior to or after the established reservation time.* Drivers will not wait more than 5 minutes if reasonable efforts to reach the patron

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fail. (CFR 49 Part 37.131(b))

**5. Cancellations and “No Shows.”** Once a reservation has been booked, patrons must call the IT office (321-6625) at least 30 minutes before their scheduled pick-up time to cancel their reservation. An answering machine is provided after hours so that cancellation messages can be left. In the event proper cancellation notice is not received, the patron may be classified as a “no show”. Same day destination changes cannot always be accommodated. (CFR 49 Part 37.125(h))

**6. Wheelchair Loading and Unloading.** All power chair operators must be in control of their chairs during loading/unloading and while securement devices are being attached. Power chairs must be stationary and manual chairs must be locked whenever the chair is on the lift. These requirements are for the protection of patrons and bus drivers from unexpected energizing or movement of wheelchairs during transit. Service is provided for all wheelchair users up to the capacity of the lift, ramp or vehicle.

**7. Securement Devices.** All wheelchairs will be secured in the designated securement devices by the driver and must remain so whenever the vehicle is in motion. Seatbelts are also available for use by patrons, if desired.

**8. Public Service.** Paratransit is a public transit service; hence, all trips are shared ride and patrons may not request that specific drivers be sent, no exceptions. (CFR 49 Part 37.121(a))

**8A. Reasonable Modification of Policy** Hot Springs Intracity Transit shall make reasonable modifications in policies, practices or procedures when the modifications are necessary to avoid discrimination on the basis of disability or to provide program accessibility to their services. A copy of this policy is available upon request.

**9. Behavior.** Eating, drinking and smoking are generally not permitted on buses at any time. Disability related exceptions can be approved by the office on a case – by – case basis. Use of profanity and lewd behavior is prohibited. Patrons must refrain from excessive noise or behavior that disturbs other passengers or the driver. Toxic, dangerous and offensive substances are not permitted on any vehicle. (CFR 49, Part 37.5(h))

**10. Service Animals & Mobility Aids.** Service animals may accompany patrons with disabilities on the buses. All other animals must be locked in an animal carrier. Patrons may travel with respirators, portable oxygen and other life support equipment provided such equipment does not violate rules concerning the transportation of hazardous materials. (CFR 49 Part 37.167(d))

**11. Baggage & Driver Assistance.** Loading and unloading of baggage, packages and articles is the responsibility of the patron. Drivers cannot load any items for passengers. Any items brought on vehicle by passenger must be the size to store out of aisle and not interfere with the entrance, exit and mechanism of the vehicle. If passenger needs assistance getting to and from the vehicle, loading baggage, etc., it is recommended, but not required, that they be accompanied by a PCA. Driver cannot assist passengers enter or exiting the vehicle. (CFR 49 Part 37.5(e))

**12. Service to Visitors.** Paratransit service is provided to visitors to Hot Springs in accordance with CFR 49 Part 37.127. Visitors may ride Intracity Transit’s paratransit system for 21 days in a 365 day period.

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**13. Suspension of Service.** Paratransit service can be suspended if a patron establishes a pattern or practice of missing scheduled trips or otherwise violates these policies. “No-shows” accumulation of five (5) or more or 10% of scheduled trips, whichever is more, in a given calendar month will be prima facie evidence of a pattern or practice of missing scheduled trips. Before suspending service, IT management will: (1) notify the patron in writing of the proposed service suspension, citing the specific basis for the proposed suspension and stating the proposed sanction; (2) provide the patron an opportunity to be heard and to present information and arguments as to why service should not be suspended; and (3) provide the individual with written notification of IT’s decision and the reason for the decision. (CFR 49 Part 37.125(h))

**14. Appeal Procedure.** Any suspended patron may appeal the suspension anytime within sixty (60) days from the date of the IT management decision. Appeals must be filed with the City ADA Coordinator, Municipal Building, 133 Convention Blvd., P.O. Box 700, Hot Springs, Arkansas 71902. Appeals must be filed, in writing, on forms as prescribed by the Coordinator. The Coordinator will assist patrons in completing the appeal form, if requested. Appeals will be heard by the City’s ADA Paratransit Advisory Committee within fifteen (15) days of filing. The sanction is stayed pending the outcome of the appeal. (CFR 49 Part 37.125(h)(3))

**15. Complaint/Grievance Procedure.** Paratransit patrons may file a complaint against IT for alleged violation of the Americans with Disabilities Act by contacting the City ADA Coordinator at the following address: Municipal Building, 133 Convention Blvd., P.O. Box 700, Hot Springs, Arkansas 71902, (501) 321-6815. The Coordinator will provide complaint forms and assist in the completion of the forms if requested. The ADA Coordinator will respond to the complaint within ten (10) days of the filing date. Unsatisfactory resolution of complaints or grievances may be appealed to the ADA Paratransit Advisory Committee.

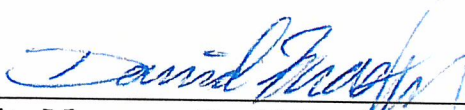
#### IV. POLICY REVIEW.

This policy has been reviewed and approved by the ADA Paratransit Staff Advisory Committee. Revisions and amendments, when necessary, shall be submitted to the committee or a similar review body representing and including persons with disabilities.

#### V. EFFECTIVE DATE.

This policy shall be effective from and after April 11, 2017 and all previous editions are hereby superseded. Revisions and amendments, when necessary, shall be issued by the City Manager.

**APPROVED**

  
\_\_\_\_\_  
City Manager David Frasher

# ACKNOWLEDGEMENT

I, \_\_\_\_\_, acknowledge receipt of and have read the  
**Print Name**

attached City of Hot Springs **Administrative Policy**, for Paratransit Service.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**MUST BE SIGNED AND RETURNED WITH APPLICATION FOR  
PROCESSING**

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

Received On: \_\_\_\_\_

Received By: \_\_\_\_\_

**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 of 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.

Physician Name \_\_\_\_\_ License No. \_\_\_\_\_

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