CITY OF WATERTOWN, NEW YORK

CitiBus System

ROOM 200, MUNICIPAL BUILDING

245 WASHINGTON STREET

WATERTOWN, NEW YORK 13601-3380

TEL. (315) 785-7772 • FAX (315) 785-7752

Dear CitiBus Paratransit Passenger:

The City of Watertown announces that eligibility for public Paratransit service, under the provisions of the 1990 "Americans With Disabilities Act" (ADA), will be determined through a Certification process outlined below. Any individual who is interested in this service is urged to complete this application or call **788-4019** for more information.

WHO IS ELIGIBLE TO RIDE THE PARATRANSIT BUS?

*People with disabilities residing in or having business in the City of Watertown are eligible.
*Persons who need wheelchairs, walkers or other mobility aids in order travel are eligible.
*Persons who are blind or visually impaired are eligible.
*Persons who, because of their disability, are unable to get on or off the fixed route bus.
*Persons who, because of their disability, are unable to walk to the nearest bus stop.
*Persons who are unable to grasp coins, tickets or handles.
*Persons who are unable to read, understand or follow bus information.
*Persons who are unable to use the regular transit system for reasons other than mobility, such as persons with severe epileptic seizures.

HOW DOES THE CERTIFICATION PROCESS WORK?

*All persons with disabilities who desire to be certified as "ADA Paratransit Eligible" should complete the attached Application Form. (Also available in LARGE PRINT) The Form can be completed by yourself, or with assistance from another person. Mail completed forms to: CitIbus Paratransit Services, c/o Guilfoyle Ambulance Service Inc.P.O. Box 88 Watertown, NY 13601 Attention: James D. Smith

* The Professional Verification Form, also attached, must be completed by your doctor or other licensed or certified health care professional and mailed to the above address.

*Upon receipt of your application and professional verification form, you will receive written notification of your eligibility status from the City of Watertown. All those who fill out an application will receive temporary eligibility until they receive the above mentioned notification.

The service will be available for all eligible persons during the same hours of operation as the regular fixed route service provided by the City. The hours of operation will be Monday through Friday - 7:00 AM to 6:15 PM and Saturday 9:40 AM to 5:35 PM.

All appointments must be made before 5:00pm the day prior to the time of service.***

*For more information call the CitiBus Paratransit Service at **788-4019**.*

APPLICATION FORM

for Transportation Service provided by the City of Watertown's Paratransit System

TO BE COMPLETED BY THE APPLICANT

All requested information that you provide in this application will be kept **CONFIDENTIAL**. It will not be released to any person, agency, or organization. This information is being solicited SOLELY for the purpose of establishing eligibility for the City's Paratransit Bus System, which is intended to serve those who are unable to use the fixed route (regular bus) service provided by the City.

PLEASE PRINT OR TYPE

*Please complete the following:

1. Name:_____
(Last) (First) (M.I.)

2. Address:_____
(Street) (City) (Zip Code)

2a. Please check one: _____I am a permanent resident, _____I am a visitor

3. Telephone Number:_____
(Home) (Work)

4. What is the disability which prevents you from using the regular CitiBus fixed route service?
_____
_____
_____

4a. Is this condition temporary? _____ If Yes, the expected duration that Paratransit service is needed-
_____

5. How does this disability prevent you from using the CitiBus fixed route service? Please explain completely. _____
_____
_____

6. Are there any other effects of your disability that CitiBus Paratransit should be aware?
_____
_____

7. Street names of the intersection nearest to your home: _____
_____

8. Can you travel from your residence to the curb without assistance?
_____Yes _____No _____Sometimes

9. Can you travel 200 feet without the assistance of another person?
_____Yes _____No _____Sometimes

10. Can you travel 1/4 mile without the assistance of another person?
_____Yes _____No _____Sometimes

11. Can you climb three 12 inch stairs?
_____Yes _____No _____Sometimes

12. Can you wait outside without support for ten minutes?
_____Yes _____No _____Sometimes

If you have answered No or Sometimes to any of the above questions (8-12) please explain completely:_____

_____

13. Are you ADA eligible on another transit system? _____Yes _____No -If Yes, Name and Phone number of transit provider _____

14. Do you have a need for a personal care attendant to accompany you while on the CitiBus? _____Yes _____No

I hereby certify that the above information is correct to the best of my knowledge.

Signed: _____ Date: _____

*If this application has been completed by someone other than the person requesting certification for Paratransit Service, please have that person complete the following:

Name: _____

Title and Organization: _____

Address: _____

Telephone Number: _____

Signed: _____ Date: _____

Return to:
CitiBus Paratransit Service
c/o Guilfoyle Ambulance Service Inc.
P.O. Box 88
Watertown, NY 13601
Attention: James D. Smith

4. With your knowledge of the applicant's disability and your professional opinion, which of the following best describes their transportation ability? **Please read carefully and check one.**

A. ___My Patient/Client has the ability to use the CitiBus fixed route (regular bus) system without restrictions. (Patient/Client does not need Paratransit services)

B. ___My Patient/Client has the ability to use the CitiBus fixed route (regular bus) system for some of their needs. (Patient/Client would require Paratransit services only part of the time, for example - in the winter months)

C. ___My Patient/Client does not have the ability to use the CitiBus fixed route (regular bus) system for any travel needs and will be restricted to using the Paratransit System (lift equipped bus) exclusively.

D. ___My patient **does not** have the ability to use the CitiBus Fixed Route System or the Paratransit System for one of the following reasons:

-My patient/client is unable to get to the curb without assistance.
-My patient/client is unable to ride the bus in a seated position
-My patient/client requires ambulance services for their medical needs during transport

* Applicants unable to reach the curb alone, who are accompanied by their own personal care attendant are eligible to ride.

5. Is there any other effect of the disability of which CitiBus should be aware? Please describe:

_____

_____

_____

Your Name: _____

Title/Degree: _____

Address: _____

Phone Number: _____

Signature: _____

Date: _____

Please return to:
CitiBus Paratransit Service
c/o Guilfoyle Ambulance Service Inc.
P.O. Box 88
Watertown, NY 13601
Attention: James D. Smith

VERIFICATION OF DISABILITY FORM

for Transportation Service provided by the City of Watertown's Paratransit System

TO BE COMPLETED BY A PHYSICIAN OR HEALTH CARE PROFESSIONAL

Dear Physician/Trained Professional:

Your patient/client has made an application to the City of Watertown for eligibility for Paratransit Service. In order for the application to be complete, certification regarding the person's physical/mental disability is required. Please complete all questions below. All requested information you provide will be kept CONFIDENTIAL. This information is being solicited SOLELY for the purpose of establishing eligibility for the City's Paratransit Bus System, which is intended to serve those who are unable to use the regular fixed route bus service provided by the City.

It is necessary that you certify that your patient/client cannot use regular fixed route bus service by verifying the nature of the disability as indicated below: (If a mental disability, a statement from a trained mental health professional is recommended. Also, please indicate whether your patient/client due to behavioral abnormalities could possibly harm themselves, other passengers or the bus driver.)

ELIGIBILITY CRITERIA

Registration is limited to disabled persons of all ages who are physically or mentally unable to access the regular bus system and who can meet one or more of the following criteria:

A. Inability to get on or off a fixed route public transit bus.
B. Inability to walk from home to the nearest bus stop.
C. Inability to grasp coins, tickets or handles.
D. Inability to read, understand or follow bus information.
E. Inability to utilize a regular public transit bus in the performance of life-sustaining activities.
F. Inability to use the regular transit system for reasons other than mobility, such as persons with severe epileptic seizures.

Please complete the following:

1. Applicant's Name:_____

2. Capacity in which you know the applicant: _____

3. Medical Diagnosis of condition causing the transit disability: _____

_____

Is this transportation disability temporary? _____Yes _____No

If yes, duration applicant will need Paratransit services _____