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City of Long Beach
Department of Transportation
Kennedy Plaza

ONE WEST CHESTER STREET
LONG BEACH, NEW YORK 11561
(516) 431-1001
www.longbeachny.gov

PARA TRANSIT APPLICATION

Please submit to:
City of Long Beach
Transportation Department
1 West Chester St.
Long Beach, NY 11561

City of Long Beach Para Transit Application

Dear Applicant,

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that prohibits discrimination against people with disabilities. The intent of ADA is to ensure that persons with disabilities who cannot use the regular fixed route bus have equal access to public transportation. The specialized transportation offered by the Long Beach Para Transit Program is curb-to-curb shared ride service for eligible individuals who are prevented from accessing, boarding or riding the regular fixed route bus service.

Passengers must be certified eligible in order to use the curb-to-curb bus service whereby **NO** assistance is provided to individuals between the door of their starting point or destination and the Para Transit vehicle. **Driver assistance is permitted ONLY to help board and exit the vehicle.** If further assistance is required, applicant must have a personal care assistant (PCA) or someone to assist them to bring them to or from the curb at their starting point and destinations.

Categories of eligibility for the City of Long Beach Para Transit Program are as follows:

- **Persons who are unable to board, ride, or disembark from a fixed route bus, regardless of their ability to get to a bus stop.**
- **Persons with specific impairments which make it impossible to travel to a bus stop to board a fixed route bus, or travel to their final destination after disembarking from the fixed route bus.**

If you believe your disability may fit into one of the categories described above, you must apply for certification by completing the attached Para Transit Application form. In addition a New York licensed professional (i.e., physician, physical/occupational therapist or social worker) who is familiar with your functional ability must verify your application.

Please remember that your age, disabilities or distance from a bus stop, do not automatically make you eligible for para transit service.

Your application will be considered complete once all questions have been answered and your licensed/certified professional has completed Part C. Return this application to the Department of Transportation. The City of Long Beach Department of Transportation will provide a decision as to your eligibility within 21 days, once the completed application is received.

Thank you.

City of Long Beach Para Transit Program

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PART A APPLICANT INFORMATION (PLEASE PRINT)

Date:_____

PART I GENERAL INFORMATION

Please check one: First Application_____ Re-certification Application_____

Last Name_____ First Name_____ MI_____

Street Address_____ Apt #_____

City_____ State_____ Zip Code_____

Home Phone Number () _____ Cell Phone Number () _____

Date of Birth_____ Male___ Female___

Email Address for correspondence (Optional):_____

Emergency Contact name: _____

Emergency Contact Phone Number:() _____ Alternate Number:() _____

Indicate INTERSECTION AND/OR LANDMARK nearest to your home_____

Name of Apartment Complex, if applicable_____

Indicate BUS STOP nearest to your home and approximate distance_____

PART II APPLICANT'S DISABILITY INFORMATION

List the Medical Names Of Your Disabilities or Medical Conditions	Is the Condition Permanent?	Duration of Condition	Medications for Taken for the condition

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1. Please check the reason(s) why you are seeking ADA Para Transit eligibility.

- I can use regular fixed route buses to go some places, but not to other places
- I can use regular fixed route buses sometimes, but only if they are equipped with wheel chair lifts
- I can NEVER use a route bus. Please describe how your physical or mental condition limit your ability to access the bus stop, ride the bus or transfer to another transit bus. Please be specific:

2. Have you ever been diagnosed with a Cognitive Disability such as Traumatic/Non-Traumatic Brain Injury, Mental Retardation, Borderline Intelligence, Downs Syndrome, Autism, etc.? Yes No

3. Do you experience any of the following? Please check all that apply:

Panic Attacks		Easily Agitated or Angered	
Anxiety		Easily Wander Off	
Hallucinations		Seizures	
Delusions		Visual Impairment	
Paranoia		Short Term Memory Loss	
Confusion		Long Term Memory Loss	
Hear Voices		Cannot Identify Pictures	
Inappropriate Behaviors		Cannot Read or Write	
Easily Taken Advantage of by Others		Difficulty Understanding Written or Verbal Instructions	

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4. Do you experience **Seizures**? Please check all that apply.
 Grand Mal Petit Mal Temporal Lobe Epileptic Lobe

5. When having a seizure, I: Please check all that apply:
 Am Difficult to arouse Blackout Fall Asleep
 Need Immediate Medical Attention Stare blankly into Space

How often do they occur? _____

Are you currently taking medication to control them? Yes No

6. Do you have **Visual Impairment** (to include Blindness)? Yes No
If yes, please check all that apply:

- I wear contacts or glasses.
- I can recognize my stop if announcements are made.
- I am legally blind and cannot distinguish my appropriate stop, disembark, and navigate the route to my destination. I do not use a guide dog or other service animal or an assistive device.
- I use a guide dog or other service animal, but I need para transit to get to /from destinations that I cannot safely travel to on the route.
- I can easily hear environmental sounds that help me to determine traffic flow.
- I cannot easily hear environmental sounds that help me to determine traffic flow.
- I cannot always get out of the roadway before the traffic signal changes.
- I require a sighted guide to assist me with the following tasks:

7. Do you have a **Mental/Psychological Disability**? Yes No If yes, please state the disability and explain how it affects you.

8. Are there any other physical or mental disabilities that impact your **FUNCTIONAL ABILITY** to ride the regular fixed route, accessible bus service? (Example: Difficulty with getting to the bus, waiting at the stop for the correct bus, boarding the bus, knowing when you get to your stop and notifying the driver that you need to get off.) Yes No If yes, please explain:

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9. Can you wait 20 minutes at a bus stop that DOES NOT have seating? Yes No
 If no, please explain:

10. Can you wait 20 minutes at a bus stop that DOES NOT have seating or shelter?
Yes No
 If no, please explain:

11. Can you wait 20 minutes at a bus stop unassisted? Yes No
 If no, please explain:

12. How far can you walk without the assistance of another person? Please check.
 Less than one block 3-4 blocks Over 6 blocks
 1-2 blocks 5-6 blocks I don't know

13. Do you require a ramp or lift in order to board/exit the bus? Yes No

14. Do you use a mobility device to travel? Yes No If yes please check all that apply.

White Cane		Orthopedic Cane (three or four prong base)	
Standard Cane		Walker	
Braces		Crutches	
Manual Wheel Chair		Motorized Wheel Chair	
Respirator/Oxygen		Service/Guide Animal (Please Describe below)	

15. What is the height, width and weight of your unoccupied wheelchair/ scooter?
 Height_____ Width_____ Weight_____

16. What is the weight of your wheelchair/ scooter while occupied? _____

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17. Do you require a personal care assistant (PCA) to travel with you to provide transportation assistance? Yes No If yes, please explain the specific assistance you require.

18. If you do not require a personal care assistant for bus travel, are you required to be met by a caregiver when exiting the bus? Yes No

19. If the bus arrives at your destination and the caregiver is not there to assist you off the bus, who must be contacted?

Name: _____ Telephone _____ Alternate Phone _____

Please note: If the contact number is not answered or if the number is disconnected, Family Service of local police may be called to take custody of the passenger.

20. Are there situations when your caregiver will not be required to meet the bus?
Yes No

If yes, please explain: _____

21. How do you travel now? Please check all that apply.

Walk	<input type="checkbox"/>
Drive myself	<input type="checkbox"/>
Other Van Service	<input type="checkbox"/>
Wheel Chair/ Scooter	<input type="checkbox"/>
Passenger in someone else's car	<input type="checkbox"/>
Currently have no means of travel	<input type="checkbox"/>
Regular fixed route bus	<input type="checkbox"/>

22. Have you ever ridden a regular fixed route, accessible bus? Yes No
If yes, when was the last time you rode a regular fixed route, accessible bus?

23. Why did you stop using the regular fixed route accessible bus?

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PART B APPLICANT'S CERTIFICATION, CONSENT OF RELEASE OF APPLICATION INFORMATION

I understand the purpose of this application form is to determine if I, the applicant am eligible to use ADA Par Transit service according to the guide lines of the Americans with Disabilities Act. I understand that this application cannot be processed if it is not complete. I understand that the Office for the Disabled my contact my healthcare professional/agency to verify my disability. I understand that a representative from the Transportation Department may need to talk to me or see me at a later date to clarify or get further information.

I understand the application process can take up to 21 days from the time Para Transit receives a completed application. If my application is returned for clarification or additional information, this can delay the process. I will receive notification of the determination of this application from the City of Long Beach Transportation Department. I understand that I may appeal the determination within 60 days after receipt of written notification if I am determined not eligible for ADA Para Transit service by submitting a letter of appeal to the City Manager who shall review the determination and either uphold or reverse the determination.

I have reviewed all of the information contained in this application. I certify that all the information is true and correct to the best of my knowledge and ability. I understand that falsification of information may result in denial of service as well as penalty under law. I understand that only certain information may be kept confidential.

I agree to notify the City of Long Beach Transportation Department in writing if I no longer need Para Transit for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using Para Transit may be grounds for suspending or revoking my eligibility to participate in this program.

This confidential information includes the specific diagnosis provided by the licensed professional, the nature of the disability provided by the applicant and the applicant's day and month of birth. I understand that the only information required to providing para transit services will be disclosed to those who perform those services. I understand that the City of Long Beach Para Transit Program may contact the licensed professional who has completed the Professional Verification (PART C) attached to this application in order to confirm or clarify this information. I hereby authorize release of this medical information as requested by the City of Long Beach Para Transit Program for a period of 3 years from this date.

Signed: _____
(Applicant's signature / Mark)

Date: _____

Co-Signed _____

Date: _____

Print Name _____ (Guardian or Person assisted with this application)
Relationship to Applicant _____

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX	
Eligibility: <input type="checkbox"/> Unconditional <input type="checkbox"/> Conditional <input type="checkbox"/> Temporary (Until) Date _____	<input type="checkbox"/> Denied
PCA: <input type="checkbox"/> Yes <input type="checkbox"/> No	SA: <input type="checkbox"/> Yes <input type="checkbox"/> No
Conditions or Reasons for Denial:	

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PART C: LICENSED PROFESSIONAL VERIFICATION

Dear Licensed Professional:

The Americans with Disabilities Act (ADA) of 1990 is a civil rights bill prohibiting discrimination against people with disabilities. In accordance with the Act, the City of Long Beach offers a curb-to-curb bus service for those who cannot use the regular fixed route buses. Para Transit service is designed to serve **ONLY** those persons whose severity of disability prevents them from using public transportation.

Passengers must be certified eligible in order to use the curb-to-curb bus service whereby **NO** assistance is provided to individuals between the door of their starting point or destination and the Para Transit vehicle. Driver assistance is permitted **ONLY** to help board and exit the vehicle. If further assistance is required, applicant must have an aide or someone to assist them to bring them to or from the curb at their starting point and destinations.

Applicants may be found eligible for this bus service for some trip requests but not for all trips they request. Eligibility is based upon a **functional inability** to use the regular fixed route bus service.

Categories of eligibility for the City of Long Beach Para Transit service are as follows:

- Persons who are unable to board, ride, or disembark from a fixed route bus, regardless of their ability to get to a bus stop.
- Persons with specific impairments which make it impossible to travel to a bus stop to board the fixed route bus, or travel to their final destination after disembarking from the fixed route bus.

All regular fixed route buses are equipped with a ramp or lift for people who use a wheelchair or cannot climb stairs.

The information you provide, along with the applicant's information, will enable us to make an appropriate determination. All information will be kept confidential.

If you have completed Part A of this application you cannot also verify Part B. Persons completing Part B must be a licensed professional in the State of New York.

Thank you for your assistance.
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PART C: LICENSED PROFESSIONAL VERIFICATION

Please make certain that responses are legible.

1. What disability or conditions prevents the applicant from riding the regular fixed route bus? Explain in detail the applicant's clinical diagnosis pertaining to physical, developmental, cognitive, visual or other disability.

2. Is the condition temporary? Yes No
3. What is the expected duration of the condition? _____ months
4. Is the applicant able to travel to and from the bus stop? Yes No

If No Check all that apply:

- Cannot negotiate in areas with sidewalks.
- Cannot negotiate steep terrain.
- Cannot tolerate: Heat Cold Humidity Poor Air Quality
- Cannot locate bus stop: Visually Cognitively
- Cannot stand at a bus stop for: 10 minutes 20 minutes 30 minutes

5. Is the applicant able to accomplish the following task without assistance?

- | | | |
|--|------------------------------|-----------------------------|
| Find his/her way between familiar locations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grasp coins, passes, railings and handles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Signal the bus driver to get off the bus at the appropriate stop | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Communicate important information upon request | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ask for, understand and follow directions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travel 200 feet (1 city block) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travel ¼ mile | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travel ½ mile | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Deal with unexpected situations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safely travel through crowded facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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6. Does the applicant have a visual impairment? Yes No If yes, please check all that apply.

Totally Blind Legally Blind Glaucoma Retinopathy
Retinal Detachment Macular degeneration Cortical Blindness
Other _____

7. Please Print Name and Title of Health Care Professional

Full Name: _____ Title _____

Clinic/Business _____

Street Address: _____ City: _____ St: _____ Zip Code: _____

Phone #: _____ Fax #: _____ Email (optional) _____

New York State Professional License, Registration or Certification Number:

Agency Issuing License/Certification: _____

I have reviewed all of the information contained in this application and hereby certify that all the information is true and correct to the best of my knowledge and ability. I certify that the applicant named herein, is under my professional care. I hereby swear and affirm that the applicant is disabled as indicated.

Signature of Licensed Professional: _____

Date: _____

Additional Comments _____

