



My Ride Direct, a paratransit system operating in accordance with the Americans with Disabilities Act (ADA) of 1990, is designed to serve individuals whose disabling conditions or functional limitations *prevent them from using regular fixed route service*. The My Ride Direct ADA program allows paratransit fare free rides for eligible users.

WHO IS ELIGIBLE?

Under the ADA regulations, individuals who qualify for paratransit services qualify for at least one of following three categories:

1. The applicant is unable, because of mental or physical impairment as defined in the ADA, to get on, ride, or get off an accessible vehicle of the My Ride fixed route bus system.
2. The applicant needs the assistance of a wheelchair lift or other boarding device and is able, with such assistance, to get on, ride, and get off an accessible vehicle, **BUT** such a vehicle is not available on the route the person wants to travel.
3. The applicant has a specific impairment-related condition (including limitations of vision, hearing, or disorientation), which prevents travel to or from a transit station or stop of the My Ride fixed route bus system.

Which item number(s) above applies to you? _____

- Individuals who can access regular fixed route bus services are not eligible for paratransit service.
- My Ride paratransit service operates only within the Rock Hill ADA service area. If you qualify for ADA service, but live outside this area, *you are responsible for any transportation needed to arrive within 3/4 mile of the service route*.
- If the applicant is determined to be eligible for this program, one of two designations may be made: Unconditional or Conditional.
 - Unconditional eligibility** indicates that the applicant can use paratransit service for all trips within the service area.
 - Conditional eligibility** indicates that some trips may be eligible and some may not, based on functional ability to use the My Ride bus system, given the specific environment and demands of each trip. Conditional eligibility could also apply if your disability is limited to a specific period of time, as determined by the professional completing Part B of this application.

HOW TO APPLY:

1. Review the My Ride Direct brochure, and this ADA application. Additional copies are available from the City of Rock Hill Transit Department at 803-329-RIDE (7433).
2. If you believe you qualify for ADA paratransit services, complete part A of this application.
3. Provide the application - **both parts A&B** - to an authorizing professional. Both parts of the application must be completed for your application to be considered.
4. Mail the completed application (both parts A & B) to:

City of Rock Hill Transit Division
Attn: Transit Operations Supervisor
P.O. Box 11706
Rock Hill, SC 29731-1706

WHAT HAPPENS AFTER I TURN IN MY APPLICATION?

1. A representative of My Ride Direct will review your application to determine your eligibility based on the following factors:
 - a. Information provided on your application.
 - b. Information provided by your authorizing professional.
 - c. A review of available transportation options in the areas in which you desire to travel.
2. All information provided will be verified with the authorizing professional.
3. Once a determination has been made, you will receive a letter regarding our decision and a copy of the Formal Appeals Process. You have the right to appeal. For more information, please refer to the ADA

If you have questions or have not been contacted within **21 days** of submitting your application, please call 803-329-RIDE (7433) and request to speak with the operations supervisor. If you use a TDD, call 1-803-329-RIDE (7433). If a determination of your eligibility has not yet been made, you will be temporarily approved for paratransit service until a review of your application has been completed.

City of Rock Hill, SC
MY RIDE DIRECT PARATRANSIT APPLICATION - PART A

Please complete the following information:

Applicant Name: _____

Birthdate: ____/____/____

Address: _____

City: _____ State: _____

Zip: _____

Home telephone number: _____

Work/ Other daytime telephone number: _____

If hearing impaired, TDD number: _____

Do you currently use any city transportation, including My Ride Rock Hill regular fixed-route bus system?

_____ NO _____ YES

If yes, which routes? _____

What is the closest bus stop to your home? _____

Can you get to the bus stop by yourself? _____ YES _____ NO

If no, what limits you from getting there? _____

Language ability (please check all that apply):

____ English ____ Spanish Other: _____

Please check ONE of the following seven statements, which best describes the nature of the disability or limitation which prevents you from using My Ride Rock Hill fixed route bus service. Describe your specific needs in the space provided:

(MOB)

1. I have a mobility impairment, which prevents me from getting to and/or getting on a fully accessible vehicle without assistance.

Describe the nature of the condition and any environmental obstacles (such as inclines, curbs, distances, etc.) which affect your ability to access public transportation:

This condition is: ____ temporary ____ permanent

(END)

2. I have an endurance problem, which prevents me from moving the distance needed to get to the bus stop. Please describe the cause and nature of this condition:

This condition is: ____ temporary ____ permanent

(VIS)

3. I have a visual impairment that prevents me from finding my way to and from a My Ride bus stop without assistance. Describe the nature of your condition and your functional level of vision:

This condition is: ____ temporary ____ permanent

(COG)

4. I have a cognitive disability which prevents me from remembering and understanding information needed to get myself safely to and from the bus stop. Please describe the origin and characteristics of your condition:

Are you involved in any programs or training, that will have an impact on your ability to use public transportation? If so, please describe:

(OTH)

5. I have a severe medical condition, which limits my ability to function.

Please describe and note whether your is episodic in nature (i.e. do you have "good" days or times when you can access transportation, and "bad" days when you cannot?)

This condition is: ____ temporary ____ permanent

(OTH)

6. I am dealing with functional losses due to aging. I feel I am not able to access regular bus service due to the following limitations:

7. My functional limitations do not fit into any of the above categories. I am unable to use regular bus service because:

This condition is ____ temporary ____ permanent

Please check any of the following Environmental or Individual Factors that are applicable to your situation:

I. ENVIRONMENT:

- If I am waiting outside at a bus stop, I must have:
 a bench a shelter nothing additional
- When crossing a street, I need:
 curb cuts tactile curb warnings audible signals
 accessible median strip no more than (#) lanes of traffic
 Does not apply
- I cannot make my way across ground which is:
 uneven grassy hilly gravel
 Does not apply
- My ability to access transportation is affected by weather which is:
 hot (above degrees) cold (below degrees)
 rainy icy windy
- My ability to access transportation is dependent on the time of day. I cannot see in:
 full daylight partial light darkness/semi-darkness
- My ability to access stairs is as follows. I can manage:
 only one or two steps only with a handrail no steps
 I have no problem climbing steps

II. INDIVIDUAL

- The distance I can travel to and from bus stops is:
_____ five blocks or more _____ less than five blocks
- I can wait at a bus stop:
_____ no more than (#____) minutes _____ at least one hour
- The bus stops which I can access:
_____ must be stops for which I have received formal travel training
_____ must be only in areas familiar to me
- I travel:
_____ alone
_____ sometimes alone and sometimes with a companion
_____ **only** with an attendant or companion (this does NOT affect eligibility)
- I can cross a street with:
_____ 2-3 lanes _____ 4-6 lanes _____ I cannot cross the street
- If you travel with someone who assists you, does this person assist you in:
_____ Getting to or from bus stops
_____ Getting on or off the bus
_____ Pushing/maneuvering wheelchair
_____ Other (describe): _____
- Do you use a manual or powered wheelchair or scooter?
_____ Yes _____ No
- If you use a manual or powered wheelchair or scooter, what brand and model is it? _____

List your most frequent destinations and how you currently get there:

Destination	Frequency of travel	How you get there now

List places you would like to go but cannot currently access:

Destination	Frequency Desired	Barriers to your access

Which of the following disability aids do you travel with? (please check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Powered scooter/cart | <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Boarding chair | <input type="checkbox"/> Walker | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Picture board | <input type="checkbox"/> Cane | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> Portable oxygen | <input type="checkbox"/> Alphabet board |
| <input type="checkbox"/> Other (describe): _____ | | <input type="checkbox"/> None of these |

PART B of this application must be completed by a health care or human services professional who is familiar with the applicant's disabling condition and/or functional limitation.

Your signature on the application authorizes this professional to provide information to the City of Rock Hill regarding your eligibility for ADA services and any needed clarification of functional limitations due to your disabling condition.

In the space provided below, **CLEARLY PRINT** the name of the professional who will be verifying your application and specify his/her title.

Name of professional: _____

Professional Title (check the appropriate designation below):

- | | |
|---|--|
| <input type="checkbox"/> Licensed physician | <input type="checkbox"/> Licensed social worker |
| <input type="checkbox"/> Physician assistant | <input type="checkbox"/> Licensed Mental Health Worker |
| <input type="checkbox"/> Nurse (LPN/RN/NP) | <input type="checkbox"/> Licensed MR/DD worker |
| <input type="checkbox"/> Licensed physical therapist | <input type="checkbox"/> Vision specialist |
| <input type="checkbox"/> Licensed speech therapist | <input type="checkbox"/> Orientation/mobility specialist |
| <input type="checkbox"/> Licensed occupational worker | <input type="checkbox"/> Audiologist/Hearing specialist |
| <input type="checkbox"/> Other: _____ | |

I certify that the information contained in this application is correct and authorize the above-named professional to provide verification of my condition and supporting information as needed:

Applicant's signature: _____

If the applicant was assisted by someone else to complete this form, please list contact information below:

Name of person assisting: _____

Daytime telephone #: _____

Relationship to Applicant: _____

SIGNATURE: _____

Applicant's emergency contact (if different from person assisting with application):

Name _____

Relationship: _____

Daytime phone: _____

Personal Care Attendant:

If applicant requires assistance from a Personal Care Attendant, please complete the following information:

Personal Care Attendant Name: _____

Telephone #: _____

City of Rock Hill
MY RIDE DIRECT ADA APPLICATION - PART B

Professional ADA Verification

You are being asked by the applicant named in **PART A** of this application to provide information regarding his/her ability to use the transit services of the City of Rock Hill. The Rock Hill system provides ADA paratransit services through My Ride Direct to ADA eligible persons with disabilities who cannot use regular services. The information you provide will allow us to evaluate the request and determine this individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: Rock Hill fixed route transit services available within the city **are currently accessible** to persons with disabilities who need lift-equipped vehicles, vehicles which kneel to the curb, and/or announcement of bus stops. The individual applying for ADA paratransit service **MUST BE UNABLE TO ACCESS THESE SERVICES due to:**

- Conditions which prevent them from getting to or from a My Ride Rock Hill fixed bus stop, or transferring between vehicles **and/or**
- Conditions which prevent them from being able to get on, ride, or get off a lift-equipped vehicle.

Individuals for whom performing these tasks is inconvenient or uncomfortable are **NOT ELIGIBLE** for services, and you are being asked to verify this.

Eligibility for paratransit services, which consists of the use of paratransit vehicles is determined on a trip-by-trip basis. It is **extremely important** that you provide specific information about the individuals' **functional** limitations, so that these determinations can be made. For example, an individual who can easily and safely get to the bus stop nearest their home may not be able to get to a bus stop at their desired destination and thus would be eligible for a subsidized paratransit ride based on the destination.

PLEASE FOLLOW THE STEPS BELOW TO VERIFY THIS APPLICATION:

1. Read PART A of the application in its entirety.
2. Fill out PART B of the application **completely**, using the criteria provided.
3. Return the completed application to the applicant. The applicant is responsible for returning the application to the Transit Supervisor in the City of Rock Hill's Transit Department.
4. Be aware that you may be contacted for further information if questions remain about the applicant's abilities.
5. If you have any questions, contact the Transit Supervisor at 803-329-RIDE (7433).

I certify that I have read PART A in its entirety and I agree with the information provided:

____ YES ____ NO

If no, please explain: _____

Please state the condition causing this applicant's disability:

Which of the following functional limitations are associated with this condition?
Please be specific when asked to supply additional information:

____ Mobility impairment

____ Compromised endurance

____ Hearing impairment

____ Respiratory condition

____ Visual impairment

____ Muscular condition

____ Cognitive impairment*

____ Other: _____

*See below

please specify

* If this individual has functional limitations due to a cognitive impairment, please indicate any of the following issues that are pertinent to this individual:

Cannot be left alone to wait for transportation.

Displays behavior that is unsafe for self or others using public transportation.

Cannot recognize vehicles that s/he should board.

For any impairments checked above, please note specific precautions that this individual must follow in terms of:

Travel distance limitations:

Limitations regarding time of day to:

Travel: _____

Weather conditions: _____

Environmental conditions: _____

What is the severity of this individual's condition?

Mild Moderate Severe Profound/Chronic

What is the expected duration of this individual's condition?

Temporary: Approximate expected duration until ___/___/___

Long-term: Potential for functional improvement or periods of remission.

Permanent: No expectation of functional improvement

Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

____ This individual should be able to access public transportation successfully and DOES NOT need paratransit services.

____ This individual can use public transportation under certain situations as stated above.

____ This individual cannot use public transportation due to multiple functional limitations and DOES need paratransit services.

PART B - PROFESSIONAL VERIFICATION, continued

Please complete:

Name/Title: _____

Organization/Practice: _____

Address: _____

Telephone #: _____

Signature: _____

Thank you for your assistance!!