Westchester gov.com
the bee-line system
Andrew J. Spano, Westchester County Executive
County Board of Legislators
Lawrence C. Salley, Commissioner

Dear ParaTransit Applicant:

I am enclosing an application for Westchester County's Bee-Line ParaTransit system, a curb-to-curb alternative for people whose disabilities prevent them from using standard fixed route buses.

Please take a few minutes to read the enclosed materials that explain the parameters of this program; then answer the questions regarding your disability creates barriers when utilizing regular Bee-Line Buses. You must have your physician complete the original Doctor's certification from that you will find attached towards the back of the application. **We will not accept faxed or Xerox copies of the application. You must submit one (1) recent photo measuring 1 ½" x 1 ½" to be used on your rider ID Card. Your application will not be processed without a photo. Please fill in all questions, incomplete applications will delay the review process**.

Upon completion of your application you must call The Office for the Disabled to set up an interview to review your application. **Please do not mail in the application, you must bring it with you on the day of your interview**. Interviews will be conducted on Tuesday and Thursdays from 9:30 a.m. to 12:30 p.m. Please note that ParaTransit service will be provided to and from the interview upon request. The ParaTransit fare will cost $3.00 each way. To schedule your appointment you must call **(914) 995-2960**.

Upon arrival at the Westchester County Office building you are required to enter, via the entrance on Court St. from the parking lot. It is highly recommended that if you need assistance, you should bring someone with you. **We will not provide assistance from the parking lot, but the person you bring with you will not be charged the fare.**

ParaTransit Interviews will be waived under the following conditions only:

1) **If you are over the age of 80 (please mail in the application, make sure it is completed and all questions have been answered and that your picture is attached to the application).**
2) **Applying for Temporary use for the first time (if you have had temporary approval already and are looking to apply for temporary usage again you now MUST come in for an interview).**
3) **If you are already registered on another ParaTransit program anywhere in the United States.**

If you are not required to come in for an interview, please mail your completed application along with your picture to:

Westchester County Office for the Disabled
148 Martine Ave. Room 102
White Plains, NY 10601
Attn: Terri Goodwin

If you have any additional questions about ParaTransit after reading all necessary information, please contact us at (914) 995-2957 (v), (914) 995-7397 (TTY only).

Sincerely,

Evan Latainer, Director
Office for the Disabled
EL: tlg
Enc.

WESTCHESTER COUNTY ADA
APPLICATION FOR BEELINE PARATRANSIT SERVICE

What is Para Transit?

Para Transit is an alternative, curb-to-curb, demand-responsive public transportation service. It is designed to "mirror" the Bee-Line fixed-route service in terms of service times and areas.

Curb-to-curb and "mirroring" provisions of ADA mean that NO assistance is provided to individuals between the door of their starting point or destination and the Para Transit vehicle. Assistance is provided ONLY to help board and exit vehicles. In addition, Para Transit is required to provide service only if both the starting point and the destination of a trip are located within 3/4 mile of a Bee Line transit route during hours when that route is operating.

Who Qualifies for Para Transit?

Para Transit service is designed to serve ONLY those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disabilities Act (ADA), disability alone does not qualify a person to ride Para Transit. A person must be FUNCTIONALLY unable to use the fixed-route Bee-Line service. Service is provided to the following three general groups of persons with disabilities.

1. Person's who have specific impairment-related conditions which make it IMPOSSIBLE - not just DIFFICULT to travel to or from the bus stop.

2. Person's who need a wheelchair lift when a wheelchair lift-equipped bus is not available on the route that they need to travel.

3. Person's who are unable to board, ride or exit from the Bee-Line buses even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.

Please initial in the area provided below after you have read in full the above information.

____

Please answer the following questions as completely as possible. If a question does not apply to you, clearly mark N/A in the space provided. Please note this application must be filled out in its entirety or it will be returned.

PART I GENERAL INFORMATION

1. NAME : ______________________________

2. ADDRESS: ______________________________ APT. #: __________

   CITY: ______________________________ STATE: ________ ZIP: _______

3. TELEPHONE NUMBER Home: (   ) ______________ Work: (   ) ______________

   E-MAIL ADDRESS: ______________________________

   OTHER: ______________________________

4. Indicate **INTERSECTION AND / OR LANDMARK** nearest to your home: ______________

   Indicate **BUS STOP** nearest to your home & approximate distance:

5. Date of Birth: ______________________ Social Security No.: ______________________

6. Emergency Contact:

   Name: ______________________ Telephone Home: ______________________

   Relationship: ______________________ Telephone Work: ______________________

7. Are you enrolled for Medicaid? Yes ❑ No ❑

   If yes, please give Medicaid Number:

   What type of transportation have you been approved for by Medicaid?

   Bus ❑ Taxi ❑ Ambulette ❑ Ambulance ❑

8. If someone assisted you in completing this form, please identify them:

   Name: ______________________________ Telephone: ______________

PART IIINFORMATION ABOUT THE APPLICANT'S DISABILITY

9. Please check the reason(s) why you are seeking ADA Para transit eligibility.

   ❑ I can use regular BEE-LINE buses to go some places, but not for other places.

   ❑ I can use regular BEE-LINE buses sometimes, but only if they are equipped with wheelchair lifts.

   ❑ I can NEVER use a BEE-LINE because (Explain briefly): ______________________

   ____

   ____

10. From the following list, please check off all disabilities or symptoms that prevent you from boarding, riding or disembarking from public buses. **<u>All areas checked off must be stated in the doctor's certification part of this application.</u>**

General Medical Condition

Cancer ____
Diabetes ____
Renal ____
Organ Transplant ____
Other: Specify ____________

Vision / Hearing / Speech Conditions

Aphasia ____
Cataracts ____
Glaucoma ____
Diabetic Retinopathy ____
Visual Field Deficit ____
Night Blindness ____
Partially Blind ____
Legally Blind ____
(20/200 or worse)
Totally Blind ____
(No light perception)
Deaf ____
Deaf / Blind ____
Other: Specify ____

Heart & Circulatory Conditions

Angina ____
Congestive Heart Failure ____
Edema ____
Heart Surgery ____
High Blood Pressure ____
Other: Specify ____________

Neuromuscular Condition

Cerebral Palsy ____
Brain Injury ____
Multiple Sclerosis ____
Muscular Dystrophy ____
Paraplegia ____
Parkinson's Disease ____
Quadriplegia ____
Spina Bifida ____
Stroke ____
Vertigo / Dizziness ____
Other: Specify ____________

Lung & Breathing Conditions

Allergies ____
Asthma ____
Cystic Fibrosis ____
Emphysema ____
Other: Specify ____________

Bone & Joint Conditions

Amputation ____
Broken Bone ____
Arthritis ____
Osteoarthritis ____
Osteoporosis ____
Other: Specify ____________

Cognitive / Psychological

Alzheimer's ____
Autism ____
Dementia ____
Mental Retardation ____
Panic Disorder ____
Schizophrenia ____
Other: Specify ____________

11. Is the disability described above: Temporary ❑ -OR- Permanent ❑

IF TEMPORARY IS IT:

3 to 6 months ❑ 6 to 9 months ❑ 9 to 12 months ❑

Part III MOBILITY AID INFORMATION

12. If you use mobility aids, check all those that apply:

Manual Wheelchair ❑ **Motorized wheelchair ❑**

❑ Reclining ❑ Extended Foot Rest

Please give the length and size of wheel base: ____

Scooter (i.e. Amigo) ❑

❑ 3 Wheeled ❑ 4 Wheeled

Please give the length and size of wheel base: ____

Note: We may not be able to accommodate you if your wheelchair / scooter is longer than 48" or wider than 32" or if your total weight including wheelchair / scooter is more than 600 pounds.

Walking Device:

❑ Folding Walker ❑ Non-Folding Walker
❑ Crutches ❑ Cane
❑ Long White Cane ❑ Leg Brace
❑ Service Animal

13. Using a mobility aid or on your own, how far can you travel? Please check all that apply.

- I can not travel outside my house / apartment. _______
- I can get to the curb in front of my house / apartment. _______
- I can not travel more than 200 feet. _______
- I can travel up to 3 blocks (1/4 mile). _______
- I can travel up to 6 blocks (1/2 mile). _______
- I can travel up to 9 blocks (3/4 mile). _______

14. Will an aide or attendant be traveling with you? Yes ❑ No ❑

15. How do you currently travel? (Check all that apply)

Drive myself	❑	Bee-Line Para Transit	❑	Taxi	❑
Someone else drives	❑	Van/Car Service	❑	Train	❑
Regular Bus (Bee-Line)	❑	OTHER:	❑		

PART IV QUESTIONS ABOUT USING BEE-LINE BUSES

16. Have you ever used regular Bee-Line buses? Yes ❑ No ❑
    If you answered no please explain further: ____________________

    ____

    ____

    ____

17. Which of the following are you able to do on a regular Bee-line Bus?
    Please check Yes or No.

Can you read a Bus Schedule (including TDD, tape, voice)	Yes ❑	No ❑
Can you calculate the correct fare?	Yes ❑	No ❑
Can you put the fare in the box?	Yes ❑	No ❑
Can you cross the street when you get off the bus?	Yes ❑	No ❑
Can you follow instructions in an emergency?	Yes ❑	No ❑
Do you know where to get off?	Yes ❑	No ❑
Can you reach your destination when you get off the bus?	Yes ❑	No ❑
Can you get on and off a bus without a lift or ramp?	Yes ❑	No ❑

If you answered "No" to any of the above, how does your disability make it **IMPOSSIBLE?**

____

____

18. Are you able to get to and from regular Bee Line bus stops on your own or using a mobility aide? **Please check all that apply.**

- I cannot if there are no curb cuts. ❑
- I cannot if road surface is uneven. ❑
- I cannot if the street or sidewalk is too steep. ❑
- I cannot cross busy street and intersections. ❑
- I cannot find my way at night because of a vision problem. ❑
- I get confused and cannot find my way. ❑
- I probably could with instruction. ❑
- I feel unsafe traveling alone. ❑
- I can not recognize landmarks. ❑
- I cannot travel outside when it is: Too Hot ❑ Too Cold ❑
- When there is Snow / Ice on the ground ❑

If you checked any of the above boxes please explain: ______________________________

____

____

19. Can you wait 10-15 minutes for a regular Bee-Line bus at a bus stop? Yes ❑ No ❑

If No, please explain:

____

____

20. Can you climb three 11-inch steps or find a seat by yourself without the assistance of another person? Yes ❑ No ❑

If No, please explain:

____

21. Have you ever received Travel Training for bus use? Yes ❑ No ❑

Was the training successfully completed? Yes ❑ No ❑

If so, please provide the following information:

Name of Trainer: ___________________________

Name of Agency: ___________________________

Agency Telephone Number: ___________________

If no, would you like to participate in the Travel Training Program? Yes ❑ No ❑

Please explain if you checked **no**. ____

22. To better understand your needs please list the three trips that you will make most frequently using Para Transit. Please list origin of trip and destination and the number of trips to that destination each week.

1. From:___________________________________ To: __________________________________

___________________________________ __________________________________

___________________________________ __________________________________

No. of Trips Per Week ______________________

2. From:___________________________________ To: __________________________________

___________________________________ __________________________________

___________________________________ __________________________________

No. of Trips Per Week ______________________

3. From:___________________________________ To: __________________________________

___________________________________ __________________________________

___________________________________ __________________________________

No. of Trips Per Week ______________________

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

I understand that my application will be returned if it is **not complete.** I confirm that all the information that I provide on this application is true to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to the revocation of my certification. I understand that a false statement made herein may result in the rejection of my application for Para Transit service.

I agree to notify Westchester County Office for the Disabled /Bee-line Para transit at 995-PARA (7272) 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.

In the event that I apply for Para Transit eligibility in another community, I hereby authorize Bee-line Para Transit to release the information on my Para Transit application to such agency.

____
SIGNATURE OF APPLICANT

____
DATE:

***PLEASE NOTE THIS APPLICATION MAY TAKE UP TO 21 DAYS TO PROCESS.**

(PLEASE HAVE YOUR MEDICAL DOCTOR COMPLETE THE BALANCE OF THIS APPLICATION)

PROFESSIONAL CERTIFICATION

Dear Doctor:

The applicant who has asked you to review the information on the application and to sign this form is applying for eligibility for Westchester Para Transit service. Please read the following information carefully since it may affect your response. Please write clearly.

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PART VI DOCTORS CERTIFICATION

Please review the medical information provided in the application and fill out the certification as is appropriate and sign the document. The information you provide will assist us in serving ONLY those who need Para Transit.

Certification of Disability: **(PLEASE PRINT CLEARLY AND LEGIBLE)**

I, (Name of Physician): ____

certify that ____________________________________ (Name of Patient) to be a

severely disabled person who has been a patient of mine since________________ (Date) and

whose diagnosis is ____

____

Please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using Bee-Line bus service.

____

____

____

I also certify that the medical information provided in the application is accurate to the best of my knowledge and is consistent with the applicant's medical diagnosis.

Signed this ______________ day of ____________________, 200___

____

(Signature of Physician)

____

(License Number)

____

(Street Address)

____

(City) (State) (Zip)

Understanding This Application Form

I understand the purpose of this application form is to determine if I, the applicant am eligible to use the ADA Para Transit service according to the guidelines of the American with Disability Act.

I understand that this application cannot be processed if it is not complete. I understand that the Office for the Disabled may contact my healthcare professional/agency to verify my disability. I understand that a representative from the Office for the Disabled may need to talk to me or see me at a later date to clarify or get further information.

I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services.

I understand the application process can take up to 21 days from the time Para Transit receives a complete 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. If I am eligible for this service on a permanent, temporary or conditional basis, I will be given a Para Transit information packet along with a Para Transit I.D card.

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 or if I am dissatisfied with my eligibility type.

I understand if the Office for the Disabled receives new information regarding a change in my functional or cognitive ability, my eligibility status may be reviewed and changed.

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that falsification of information may result in denial of service as well as penalty under the law.

Signed: ____ Date: __________________________
(Applicant's Signature/Mark)

Co-signed: ____ Date: __________________________
(Guardian or Person assisted with this application)

Relationship to Applicant: ____

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX

Eligibility: ❑ Unconditional ❑ Conditional ❑ Temporary: (Until) Date: _____________ ❑ Denied

PCA: ❑ **Yes** ❑ **No** **SA:** ❑ Yes ❑ **No** **MA:** ______________________________

Condition(s) or Reason(s) for Denial: