

The City of Davenport maintains an ADA Paratransit Program to support community members whose disabilities prevent them from using fixed transit services. Individuals interested in the service are highly encouraged to read this introduction and background BEFORE completing the application as there are eligibility requirements.

What is Paratransit Service?

Under the Americans with Disabilities Act (ADA), paratransit service functions as a “safety net” for persons whose disabilities prevent them from using the regular fixed route transit system. Paratransit service is by nature a shared-ride service. The standard of service is not intended to resemble that of a taxi service, which typically transports passengers directly to their destination. Paratransit service is not intended to provide a comprehensive level of mobility that meets all of the travel needs of all persons with disabilities at all times. As such, the service criteria are intended to mirror the level of service provided by the fixed route system. A paratransit trip should be comparable in length to an identical trip on the fixed route system, including the time necessary to travel to the bus stop, wait for the bus, actual riding time, transfers, and travel from the final stop to the person’s ultimate destination.

What Paratransit Service is Not

Paratransit service is not intended for individual use because it is easier or cheaper than the fixed route service.

What is the Service Area for Paratransit Service?

The paratransit service is only provided for pickup and drop-off locations within 3/4 miles of an existing bus route.

How does Paratransit Service work?

All transportation under the paratransit program is by appointment only. Eligible individuals must call River Bend Transit at the number provided to make a reservation and obtain trip information (TDD equipped). Reservations may be made up to fourteen (14) days in advance, but no later than one (1) day before desired trip date. Service is provided during Davenport CitiBus Transit hours of approximately 6:00 a.m. to 7:00 p.m. Monday through Friday, and Saturdays from 9:00 a.m. to 7:00 p.m.

Be mindful, all reservations are within a 60-minute window. When making your reservation, eligible individuals provide the location and time they need to be at a location, along with the location to be picked up from. Operators will generally advise the best window to make that appointment, and ask additional questions to schedule the round trip. When schedule give yourself ample time and prepare to wait. Example scenarios.

- Individual has an appointment at 10:00 a.m. It takes roughly 30 minutes to get from the pickup location to the drop off location. The paratransit reservation will likely be for pickup between 9:00 a.m. and 9:30 a.m. Individuals must be ready to board; the bus will not wait longer than 5 minutes.
- Individual scheduled pickup from an appointment during the window of 1:00 p.m. to 1:30 p.m. The appointment was complete at 12:30 p.m. Pickup cannot be rescheduled to an earlier time. If the appointment runs late, the individual would call River Bend Transit to reschedule pickup which will be the next available pickup window. This could be a half hour later or three hours later depending on existing reservations and routes.

The cost for the paratransit service is \$1.75 for a one-way trip and \$3.50 for a round trip. One personal care attendant may ride with the individual for free.

Other passengers may be picked up or dropped off during your trip.

What are the Eligibility Requirements for Paratransit Service?

Eligibility for paratransit service is based on an individual's functional ability, specifically whether they are able to use the fixed route transit system independently or not. A person's age, income, inability to drive, travel preference, or inconvenience are not considered qualifying factors. Eligibility for paratransit service is not automatically assumed because of a disability as eligibility is not intended to be based on a medical diagnosis or type of disability, rather an individual's inability to use the fixed route transit system. A detailed explanation of how an individual's disability makes it functionally impossible to use an accessible fixed route bus must be provided in the application and certified as complete and true.

Eligibility criteria and evaluation of an individual's abilities ensures the program meets ADA requirements, Davenport CitiBus Transit's ability to meet basic paratransit service requirements, and supports sustainability of the Paratransit Program for persons whose disabilities prevent them from using the regular fixed route transit system. Without criteria and evaluation, the program and its ability to meet basic service requirements for persons whose disabilities prevent them from using the regular fixed route transit system would be at risk due to overuse/oversubscription.

Individuals who are eligible to use Paratransit fall into one or more of three categories:

- 1. Eligibility Category 1 - A person with a disability who cannot navigate the transit system without assistance.** An individual under this category is unable, as the result of a disability, 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 vehicle on the system which is readily accessible to and usable by individuals with disabilities. Examples of individuals who would qualify under this category include those with intellectual, cognitive, vision, or psychiatric disabilities who cannot independently navigate the fixed route system for some or all of their trips.
- 2. Eligibility Category 2 - A person with a disability who requires an accessible vehicle when one is not available.** An individual under this category needs the assistance of a wheelchair lift or other boarding assistance device and is able to use accessible fixed route service, but the available fixed route service is not accessible. Eligibility under this category is necessary when accessible vehicles are not being used to provide service on the fixed bus route the individual wishes to use, or if a boarding or disembarking location (i.e., bus stop) is inaccessible and the lift or ramp cannot be deployed there. All buses the City of Davenport procures are ADA-accessible. Therefore, City staff will reach out to individuals who include themselves in this category for further information.
- 3. Eligibility Category 3 - A person with a disability who is unable to reach the transit stop.** An individual under this category has a specific impairment-related condition which prevents the individual from traveling to or from a bus stop in the fixed route system. The individual's specific impairment-related condition is a key

factor. For example, for an individual who uses a wheelchair, a lack of sidewalks or barriers along the sidewalk (such as lack of curb ramps, or an object constraining the width of a sidewalk so as to be impassable) may prevent them from being able to travel to a bus stop. Other examples of individuals who qualify under this category include individuals prevented from traveling to a bus stop during extreme temperatures because their disability makes them unable to be outside in temperature extremes, and individuals with a vision disability who may be unable to cross a complex intersection in order to get to or from a bus stop.

Types of Eligibility

Applications will be reviewed for eligibility and a determination made. If an applicant is approved, eligibility may have limitations. There are three types of eligibility the City may grant based on a completed application. Both the applicant and their medical professional will need to select which type of eligibility category the applicant is in and which type of eligibility is being sought as part of the application process.

- 1. Unconditional Eligibility** – An individual who is unable to use fixed route transit services under any circumstances requires unconditional eligibility, allowing the individual to make all trips using paratransit. Individuals with Unconditional Eligibility are required to reapply for paratransit service every three years, the determination is not for an indefinite period of time.
- 2. Conditional Eligibility** – An individual may be able to use the fixed route system for some trips. This type of eligibility is for persons whose disability is episodic (flareups) or for whom the disability alone does not warrant eligibility, but when the disability is combined with a condition outside of anyone's control, i.e. weather/snow on ground, the combination prevents usage of fixed route service. Under conditional eligibility paratransit services would only be available for those trips that the individual cannot make using the fixed route system, based on the conditions of the particular trip. As an example, if a person with a disability is unable to be outside in temperatures below 40 degrees for any length of time, they would be granted eligibility for paratransit in the fall, winter, and early spring, but not the summer.
- 3. Temporary Eligibility** – An individual who experiences a temporary loss of functional ability that prevents them from using fixed route service may be granted temporary eligibility. For example, an individual may need to undergo two months of treatment for a health condition, resulting in severe fatigue that prevents use of the fixed route service for the duration of the treatment.

Accessibility Features of the Fixed Route Transit System

Be aware of the accessibility services available using the fixed route system. All of Davenport CitiBus Transit's buses are equipped with the following features to promote equal opportunity and access to public transportation

- Wheelchair Securement System, both automatic and manual.
- Lowering capability. The bus can be lowered to provide easier boarding.
- Deployable ramps. The bus has a ramp that can be automatically raised and lowered for easier access.
- Automated Voice Annunciators that communicate approaching intersections and bus shelters automatically.

Application Introduction

There are two parts to the application for the Paratransit Program. All information provided in the application is kept confidential.

1. ADA TRANSIT PARATRANSIT ELIGIBILITY - APPLICANT INFORMATION, and the
2. MEDICAL/PROFESSIONAL VERIFICATION FOR ADA PARATRANSIT ELIGIBILITY

Partially completed applications will not be processed and may delay approval for use of paratransit service. BOTH THE APPLICANT AND MEDICAL PROFESSIONAL VERIFICATION FORM MUST BE COMPLETED AND SUBMITTED TO BE CONSIDERED; ANY SECTION(S) LEFT BLANK WILL BE RETURNED TO THE APPLICANT TO COMPLETE BEFORE CONSIDERATION CAN BEGIN.

PART 1 | ADA TRANSIT PARATRANSIT ELIGIBILITY - APPLICANT INFORMATION

You or your designee must answer ALL questions. A detailed explanation of how your disability makes it functionally challenging for you to use an accessible bus is required and you must certify that information is complete and correct by signing and dating.

PART 2 | MEDICAL/PROFESSIONAL VERIFICATION FOR ADA PARATRANSIT ELIGIBILITY

This form must be completed by a licensed medical professional (not a relative or friend) that sees you on a professional basis. Examples of a medical/licensed professional include: registered nurse, physician, psychologist, chiropractor, physician's assistant, or nurse practitioner employed by a medical facility. The medical provider must complete your application as thoroughly as possible; incomplete forms will be returned to applicant.

Submit the completed Part 1 and Part 2 in one of four ways. Applicants will not be permitted to schedule any transportation through the Paratransit Program until written approval of the application is provided or the application has been under consideration for at least 21 days.

- By mail to: Davenport CitiBus Transit, ATTN: Transit Programs, 1200 E 46th Street, Davenport, IA 52807.
- By hand delivery Monday through Friday, 7:00 am to 4:30 pm, to the Davenport Public Works Center, 1200 E 46th St, Davenport, Iowa 52807.
- By Fax to (563) 328-7234.
- By Email to: citibustransitprograms@davenportiowa.com.

Application Processing

All applicants, whether new or renewal, must complete this application form.

A determination of eligibility will be made by Davenport CitiBus Transit staff within 21 days of a completed application. Incomplete applications will be returned to the applicant.

ADA Paratransit Passes

ADA Paratransit Passes are only valid for the timeframe indicated on the card provided, and must be renewed prior to the expiration date; all passes are the property of the City of Davenport and are non-transferrable and subject to confiscation if abused or if rules and regulations are not followed.

To Appeal a Determination

If it is determined that you are able to use the fixed-route some, or all of the time, and are denied eligibility or only granted conditional eligibility you may appeal the decision. Written appeals must be received within 60 calendar days of the denial letter. Appeals should state the desire to appeal the decision that was made and why you feel you should be eligible for the ADA Paratransit program. Attach copies of any pertinent information. A decision will be made within 21 calendar days. An appeal decision is a final determination. Individuals may only re-submit an application if their condition changes and making them unable to use the regular fixed-route transit system.

All appeals must be in writing and submitted:

- By mail to: Davenport CitiBus Transit, ATTN: Transit Programs, 1200 E 46th Street, Davenport, IA 52807.
- By hand delivery Monday through Friday, 7:00 am to 4:30 pm, to the Davenport Public Works Center, 1200 E 46th St, Davenport, Iowa 52807.
- By Fax to (563) 328-7234.
- By Email to: citibustransitprograms@davenportiowa.com.

Questions & Assistance

- Direct questions about an application to 563-888-2159.
- For assistance completing an application, call 563-888-2151.

Sincerely, DAVENPORT CITIBUS TRANSIT

--- PROCEED TO PAGES 5 THROUGH 6 ---

It is important to complete every part of the form completely and as accurately as possible. Application not fully completed, clearly written, or deemed false will not be considered and returned, delaying the process.

PART 1 - ADA TRANSIT PARATRANSIT ELIGIBILITY - APPLICANT INFORMATION

It is important to complete every part of this form completely and as accurately as possible. Application not fully completed, clearly written, or deemed false will not be considered and returned, delaying the process.

Type of Application. Check One.		New Applicant		Recertification/Renewal
Have you ever used the Davenport CitiBus Transit Fixed Route Service?		Yes		No

Applicant and Summary of Disability

First Name		Middle Name		Last Name	
Date of Birth	____ / ____ / ____	Phone #			

Physical Address (3+ Months)	
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Describe current disability which can be verified by a medical professional.

Is your disability Permanent or Temporary?		Permanent		Temporary, How Long? _____
Is your disability supported by a mobility aid?		Yes		No

If Yes, explain	
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How does your disability prevent the use of the Davenport CitiBus Transit fixed-route bus system (all transit buses are equipped with ramps, wheelchair securement systems, automated voice annunciators)?

Applicant Abilities

Do you now use regular fixed route bus service?		Yes		No		Sometimes
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If yes, how many times a week?	
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If no, please explain.	
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Have you ever received travel training on CitiBus Transit's fixed-route system?		Yes		No	
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Would you be interested in receiving travel training?		Yes		No	
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Would you like to receive information about the CitiBus fixed-route system?		Yes		No	
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Do you require a Personal Care Attendant when you travel?		Yes		No		Sometimes
NOTE: This person is not a companion or escort, but someone who will be helping you with mobility assistance, personal care, communication, transportation, sign language interpretation, providing services as a reader, etc., as you make your trip.						

Do you require a service animal when you travel?		Yes		No		Sometimes
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Are you able to board or exit a wheelchair accessible bus independently?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to ride a wheelchair accessible bus independently?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to cross street(s) independently?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to get around in a store or shopping mall by independently?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to leave and return to your regular destinations independently?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are there obstacles that prevent you from getting to/from a bus stop?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to adapt to unexpected changes in routine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to travel on slight inclines?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to travel on flat surfaces?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Is there a physical barrier that combined with your disability prevents travel to and from a bus stop? Example: Stairs, No Sidewalk, No Curb Ramp)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Is your disability affected by weather/seasonal/lighting conditions?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Can you provide names, addresses & telephone numbers upon request?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to recognize locations and landmarks either visually or if audibly announced?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to identify the bus you need?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to ask for, understand, and follow directions?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Are you able to recognize printed information?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Can you wait alone at a bus stop for 15 minutes if there is a bench or shelter?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
Can you wait alone at a bus stop for 15 minutes if there is NO bench or shelter?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes

If you answered "Yes" or "Sometimes" to any of the Applicant Abilities, explain here.

How far is your residence from the nearest bus route?

<input type="checkbox"/>	< 1 Block	<input type="checkbox"/>	1 Block	<input type="checkbox"/>	2 Blocks	<input type="checkbox"/>	1/4 Mile	<input type="checkbox"/>	1/2 Mile	<input type="checkbox"/>	3/4 Mile
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Under the best conditions, how many blocks can you walk or travel without the help of another person?

<input type="checkbox"/>	< 1 Block	<input type="checkbox"/>	1 Block	<input type="checkbox"/>	2 Blocks	<input type="checkbox"/>	1/4 Mile	<input type="checkbox"/>	1/2 Mile	<input type="checkbox"/>	3/4 Mile
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Do changes in weather prevent you from getting to or from a bus stop?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
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If yes, please explain.



Davenport CitiBus Transit Paratransit Program Application

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Is there something that might help you ride the fixed-route bus system? (Check all that apply)

- ☐ Yes, if someone taught me to understand the route, schedule, and fare information.
- ☐ Yes, if someone were to show me how to ride the bus.
- ☐ Yes, if someone showed me how to get on and off the bus.
- ☐ Yes, if the bus were to come closer to where I live and need to go.
- ☐ No, none of these would help.

Which Eligibility Category(ies) do you feel you fit into? Find additional detail on Page 1 and 2 of this application.

- ☐ A person with a disability who cannot navigate the transit system without assistance.
- ☐ A person with a disability who requires an accessible vehicle when one is not available.
- ☐ A person with a disability who is unable to reach the transit stop.

Which Type of Eligibility are you seeking? Find additional detail on Page 3 of this application.

<input type="checkbox"/>	Unconditional Eligibility	<input type="checkbox"/>	Conditional Eligibility	<input type="checkbox"/>	Temporary Eligibility
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Do you qualify for an Iowa Home and Community Based Services Waiver? If yes, you are not required to have Part 2 of this application completed by your medical provider. Instead attach a copy of your waiver to this application upon submission.

- ☐ Yes
☐ No

If this application is being completed by someone other than the applicant, provide requested information below.

First and Last Name			
Relationship to Applicant			
Phone		Email	

I, the undersigned, certify that the information on this application is true and correct as provided by the applicant or on behalf of the applicant.

Signature of Applicant		Date	
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Applicant Certification

I, the undersigned applicant, understand the purpose of this application is to determine my eligibility to use Davenport CitiBus Transit's paratransit service.

I hereby authorize my medical/licensed professional to provide information regarding any medical history as it pertains to my ability, and which is needed for ADA paratransit certification.

I agree to notify Davenport CitiBus Transit of any changes in status of my location, contact information, and/or disability that affects my ability to use paratransit service.

I hereby certify that the information in this application is true and correct and understand that falsification of any information may result in denial of service.

I understand all information will be kept confidential and only the information required providing the service I request will be disclosed.

Furthermore, I understand that Davenport CitiBus Transit representatives will not disclose approvals, denials, or medical information to anyone other than the applicant.

Signature of Applicant		Date	
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PART 2 - MEDICAL/PROFESSIONAL VERIFICATION FOR ADA PARATRANSIT ELIGIBILITY

Dear Health Care Professional:

This is not a request for copies of medical records.

You are being asked by the applicant named in Part 1 to provide information regarding their disability and its impact on their ability to ride Davenport CitiBus Transit's fixed-route transit system. The Americans with Disabilities Act (ADA) requires public transit systems to provide paratransit service to persons who, due to a disability, are functionally unable to use the fixed-route system. The goal of the ADA paratransit eligibility process is to ensure that only persons who meet the ADA criteria are regarded as eligible and the service is not being provided to persons who simply want an on-demand service. As such, the service criteria are intended to mirror the level of service provided by the fixed-route system. A paratransit trip should be comparable in length to an identical trip on the fixed-route system, including the time necessary to travel to the bus stop, wait for the bus, actual riding time, transfers, and travel from the final stop to the individual's ultimate destination.

For additional context when completing this form, the Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulations, 49 C.F.R., Appendix D, Section 37.125 explains: "The substantive eligibility process is not aimed at making a medical or diagnostic determination. While evaluation by a physician (or professionals in rehabilitation or other relevant fields) may be used as part of the process, a diagnosis of a disability is not dispositive. What is needed is a determination of whether, as a practical matter, the individual can use fixed-route transit in his or her own circumstances. Transit agencies, with input from the communities they serve, devise the specifics of their individual eligibility processes."

The information you provide will enable us to make an appropriate determination for this applicant. All information is kept confidential.

What is the Service Area for Paratransit Service?

The paratransit service is only provided for pickup and drop-off locations within 3/4 miles of an existing bus route.

What are the Eligibility Requirements for Paratransit Service?

Eligibility for paratransit service is based on an individual's functional ability, specifically whether they are able to use the fixed-route transit system independently or not. A person's age, income, inability to drive, travel preference, or inconvenience are not considered qualifying factors. A determination is made based upon an individual's physical and mental ability to board, ride, and disembark independently from a fully accessible fixed-route vehicle. It is important for all applicants to realize that this is a transportation decision, not a medical authorization.

Please use full sentences to explain how the applicant's disability functionally prevents them from using the fixed-route system and how they would not have the same problems with paratransit. Failure to follow these instructions can result in insufficient information being presented to substantiate eligibility for paratransit. Please do not list a patient's diagnosis as the reason the applicant needs paratransit service. A diagnosis of a disability does not establish eligibility.

Eligibility criteria and evaluation of an individual's abilities ensures the program meets ADA requirements, Davenport CitiBus Transit's ability to meet basic paratransit service requirements, and supports sustainability of the Paratransit Program for persons whose disabilities prevent them from using the regular fixed route transit system. Without criteria and evaluation, the program and its ability to meet basic service requirements for persons whose disabilities prevent them from using the regular fixed route transit system would be at risk due to overuse/oversubscription.

For awareness, all buses are equipped with the following features for use by all riders.

- Wheelchair Securement System, both automatic and manual.
- Lowering capability. The bus can be lowered to provide easier boarding.
- Deployable ramps. The bus has a ramp that can be automatically raised and lowered for easier access.
- Automated Voice Annunciators that communicate approaching intersections and bus shelters automatically.

Additionally, customer service phone line(s) are available to provide bus schedule information and assist customers with their trip routing, including transfers between bus routes.

Persons who are eligible to use paratransit fall into one, or more, of three categories. You will be asked to select which category(ies) best describe your patient.

- 1. Eligibility Category 1 - A person with a disability who cannot navigate the transit system without assistance.** An individual under this category is unable, as the result of a disability, 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 vehicle on the system which is readily accessible to and usable by individuals with disabilities. Examples of individuals who would qualify under this category include those with intellectual, cognitive, vision, or psychiatric disabilities who cannot independently navigate the fixed route system for some or all of their trips.
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disability makes them unable to be outside in temperature extremes, and individuals with a vision disability who may be unable to cross a complex intersection in order to get to or from a bus stop.

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- 3. Temporary Eligibility** – An individual who experiences a temporary loss of functional ability that prevents them from using fixed route service may be granted temporary eligibility. For example, an individual may need to undergo two months of treatment for a health condition, resulting in severe fatigue that prevents use of the fixed route service for the duration of the treatment.

The information that you provide will allow Davenport CitiBus Transit to make an appropriate eligibility determination for this applicant. Thank you for your cooperation and assistance.

A determination of eligibility will be made by Davenport CitiBus Transit staff within 21 days of a completed application. Incomplete applications will be returned to the submitter.

Sincerely, DAVENPORT CITIBUS TRANSIT

--- PROCEED TO PAGE 12 ---



Davenport CitiBus Transit Paratransit Program Application

3 Parts | Applicant Pages 1 – 8, Medical Professional 9 – 13, Office Review 14-15

It is important to complete every part of the form completely and as accurately as possible. Application not fully completed, clearly written, or deemed false will not be considered and returned, delaying the process.

Patient & Paratransit Service Applicant

First Name		Middle Name		Last Name	
Date of Birth	____ / ____ / ____	Date last seen in office (90 days or less)	____ / ____ / ____		

Medical Professional Acknowledgements

I have read the entirety of Section 1 of the Paratransit Program Application Prepared by the Applicant. ☐ Yes ☐ No

I have read the instructions for completing Section 2 of the Paratransit Program Application. ☐ Yes ☐ No

Applicant/Patient Abilities & Impairments

Can the applicant give addresses and phone numbers?		Yes		No		Sometimes
Can the applicant recognize a destination or landmark?		Yes		No		Sometimes
Can the applicant manage or cope with unexpected change(s) in routine?		Yes		No		Sometimes
Can the applicant travel safely/effectively through crowded or complex facilities?		Yes		No		Sometimes
Does the applicant have difficulty walking more than 1 block?		Yes		No		Sometimes
If Yes, how far can the applicant walk independently?						
How far can the applicant travel using a mobility device?						
Does the application require use of a Personal Care Attendant*?		Yes		No		Sometimes

*A Personal Care Attendant is not a companion or escort, but someone who will be helping the applicant with mobility assistance, personal care, communication, transportation, sign language interpretation, provide services as a reader, etc., during a trip.

How long can the applicant wait outside, if sitting?						
How long can the applicant wait outside, if standing?						
How long can the applicant wait outside, if using a mobility device?						
Can the applicant travel independently?		Yes		No		Sometimes
Does different weather/seasonal conditions affect the applicant's disability and/or inability to travel independently?		Yes		No		Sometimes

If Yes, how?

Specify which functional limitations (impairments) are associated with the applicant/patient's condition. Check all that apply.

Cognitive impairment. If cognitive, please indicate all that apply below.

Cannot be left alone to wait for transportation		Inability to read or understand information from signs/symbols		Cannot recognize vehicles that he/she should board	
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Visual impairment (with correction). Please describe visual acuity and/or the individual's inability to distinguish shapes and objects near/far, or other visual impairment that prevents the individual from safely walking to, boarding, or riding a bus with correction.



	Mobility		Respiratory		Compromised endurance
	Total hearing		Partial hearing		Other

Other Detail About the Applicant/Patient Disability

Is disability expected to be Permanent or Temporary?		Permanent		Temporary, How Long? _____
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Please explain medical diagnosis, physical or cognitive disability which causes the applicant to be unable to independently use a public transit bus some, or all of the time. Describe how the disability prevents the applicant from using Davenport CitiBus Transit's fixed-route system. Please provide detail in layperson's terminology.

Does applicant/patient use a mobility device?		No		Yes, explain _____
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Does a visual impairment prevent the individual from riding in an accessible bus equipped with PA system that automatically communicates approaching intersections & bus shelters?		Yes		No
--	--	-----	--	----

Does the individual have other medical condition(s) we should be aware of?		No		Yes, explain _____
--	--	----	--	--------------------

In your professional opinion can the applicant ride Davenport CitiBus Transit's fixed-route transit system independently?		Yes		No
---	--	-----	--	----

What Eligibility Category and Type of Eligibility Do You Believe the Applicant Is?

What Eligibility Category do you feel the applicant/patient fits into? Find detail on Page 9 of this application.

- ☐ A person with a disability who cannot navigate the transit system without assistance.
- ☐ A person with a disability who requires an accessible vehicle when one is not available.
- ☐ A person with a disability who is unable to reach the transit stop.

What Type of Eligibility best describes the applicant/patient's situation? Find additional detail on Page 9 and 10 of this application.

- ☐ An individual who is unable to use the fixed-route transit services under any circumstances.
- ☐ An individual who may be able to use the fixed-route system for some trips.
- ☐ An individual who experiences a temporary loss of functional ability that prevents them from using fixed-route service.

Medical/Professional Certification

I certify that the information I have provided herein is a fair representation of this applicant's medical impairment or condition and is accurate to the best of my knowledge. I understand the information provided hereto will be used for the sole purpose of determining the applicant's eligibility for paratransit services. I also agree that Davenport Transit may contact me for clarification of any information I have provided, and I will reply in good faith. I certify that the information contained herein is true and correct to the best of my knowledge and ability.

Medical/Professional Completing Application		Date	
---	--	------	--

Medical License #		Phone #		Fax #	
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Medical Facility/Medical Practice Name

Complete Business Address

Davenport CitiBus Transit Paratransit Application Review – Office Use Only

Applicant Name

Date Application Received

Application Received Via

☐ Email ☐ Fax ☐ In-Person ☐ Mail

Application For: ☐ Category 1 ☐ Category 2 ☐ Category 3

Term: ☐ Unconditional ☐ Temporary ☐ Conditional

Part A

Do the applicant and medical professional's descriptions match?

Yes

No

Is the applicant claiming eligibility under Category 2?

Yes

No

Is the application complete?

Yes

No

Is a Personal Care Attendant Required and Confirmed by Medical Professional?

Yes

No

If Yes to the above, determine if the requirement is temporary or permanent.

Temp

Perm

Is fixed-route service inaccessible due to the disability and obstacles, such as geography, lack of infrastructure, ADA connectivity, etc.?

Yes

No

If Yes, explain findings based on GIS review and/or on-site inspection.

Has the applicant, as supported by the medical professional's determination, demonstrated eligibility due to lack of ability to board, travel or disembark independently?

Yes

No

Is the applicant a good candidate for training on use of the fixed route system?

Yes

No

Part B - Determination

Indicate Category Applicant is Eligible for.

Applicant is a person with a disability who cannot navigate the transit system without assistance.

Applicant is a person whose disability requires an accessible vehicle when one is not available.

Applicant is a person whose disability prevents them from reaching a fixed route.

Applicant is not eligible for paratransit services.

Explain your determination.

Indicate the Term of Paratransit Service the Applicant is Eligible for. Provide an explanation following selection.

Unconditional Eligibility:

Conditional Eligibility:

Temporary Eligibility:

Approved for: ☐ Category 1 ☐ Category 2 ☐ Category 3

Term: ☐ Unconditional ☐ Temporary ☐ Conditional

Denied: ☐

Application returned as incomplete: ☐

Date Returned

Part C – Execute Determination. Check Action(s) Taken. (See Appendix 38.12 for letter templates)

If approved, issue letter indicating the application is approved, under which category the application is approved, and the conditions of approval.

If denied, and applicable, issue letter to schedule an appointment with the applicant to review the application and provide training/assistance on ways to access the fixed-route transit system.

If denied, issue letter of denial. Document reason(s) for denial in Part B.

If application returned due to being incomplete, issue letter of return. Document reason(s) for return in Part B.

Transit Pass Issued Date

Must Reapply By

Issued By

Date Issued

File completed form and a copy of the determination letter in the Davenport CitiBus Transit Staff Drive.

Part D - Appeals

Date Appeal Received

Appeal Received By

Did the appeal include information or details that would move the decision from denied to approved?

Yes

No

Explain your findings and decision to either approve or deny the appeal. Include evaluation of the application and appeal by others, if applicable.

Approved for: ☐ Category 1 ☐ Category 2 ☐ Category 3

Term: ☐ Unconditional ☐ Temporary ☐ Conditional

Denied: ☐

Part E – Execute Determination of Appeal. Check Action(s) Taken. (See Appendix 38.12 for letter templates)

If appeal approved, issue letter indicating the application is approved, under which category the application is approved, and the conditions of approval.

If appeal denied, issue letter of denial. Document reason(s) for denial in Part D.

Transit Pass Issued Date

Must Reapply By

Issued By

Date Issued

File completed form and a copy of the determination letter in the Davenport CitiBus Transit Staff Drive.

