

ADA PARATRANSIT SERVICE ELIGIBILITY APPLICATION PROFESSIONAL VERIFICATION

TO THE APPLICANT – Please have the following page completed by a professional before mailing or scanning your application to Valley Ride. If the signature page immediately following this instruction page is not signed by a professional qualified to make this determination, the application will be returned to you, and completion of your ADA eligibility evaluation will be delayed.

TO THE PROFESSIONAL – ADA regulations state that persons are eligible for paratransit service if, because of a disability or medical condition, they are physically or cognitively unable to (not discomforted by or find difficult) independently use lift-equipped public transit service. ADA paratransit eligibility is not based on a person’s lack of knowledge of bus service, distance from bus service, ability to drive, language ability or age. The information you provide will assist in determining under what circumstances this applicant may be eligible for paratransit service.

RECERTIFICATIONS – At Valley Ride, we offer an abbreviated recertification process for those individuals whose condition is unlikely to change over time. This portion of the application is optional. **If the applicant has a condition that prevents them from riding public transportation AND this condition is unlikely to change over time, sign within the box on the following page titled “Verification of Permanent Condition”.** With this statement in our files, the applicant’s future eligibility renewal will be much shorter, consisting of a questionnaire that will ask questions about their travel habits and if they wish to remain in the program.

DISCLAIMER – Paratransit eligibility requirements may change in the future. Should this occur, Valley Ride reserves the right to require those with permanent status to meet these new eligibility requirements at the discretion of Valley Ride and the High Valley Transit District.

Please print legibly and be sure to fill out each section completely, incomplete applications will be returned. **Need assistance?** Call 435-336-3021.

ADA PARATRANSIT SERVICE ELIGIBILITY APPLICATION

PROFESSIONAL VERIFICATION (REQUIRED)

Name of Applicant: _____

Please describe in detail, the medical condition, physical or cognitive disability which causes the applicant to be unable to independently use a lift-equipped bus some or all of the time:

Last date of face to face contact with the applicant: ____/____/____

Is this condition temporary?

No Yes; if so, for: 4 mos. 6 mos. 9 mos. 12 mos.

I certify under penalty of perjury under the laws of the State of Utah that the information contained in this application is true and correct.

Signature _____ Date ____/____/____

Printed Name _____ Phone (____) _____

Title _____ Clinic/Agency _____

Address _____

City _____ State _____ Zip _____

Professional License/Registration/Certification # _____ State _____

Verification of Permanent Condition

OPTIONAL

I certify under penalty of perjury under the laws of the State of Utah that I am qualified to state that the applicant's condition which prevents them from riding regular fixed-route transit is unlikely to improve over time.

Signature _____ Date ____/____/____

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