

## Application Instructions for Paratransit Eligibility

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If you are unable to use **Northwoods Transit Connections' (NTC)** accessible fixed route bus service due to a disability, you may be eligible for paratransit service. **NTC's** paratransit service is a shared ride transportation service for people whose disability prevents them from using fixed route service.

To determine whether you are eligible for paratransit service, **NTC** considers your functional ability to use **NTC's** accessible fixed route bus service. We do not base eligibility on symptoms, type of disability, use of mobility aid, age, income, ability to drive, or access to a private automobile. Someone with similar circumstances may have a different eligibility determination due to their functional ability.

To apply for eligibility, please complete the application and participate in an In-Person assessment. In some instances, **NTC** may also contact a professional you've identified to provide any needed clarification on your status.

Here are the steps to complete the process:

1. Complete the entire Application attached.
2. Use the Application Checklist to assist you in complete the process.
3. Submit your application in one of several ways as noted in the Checklist.
4. Respond to **NTC** when contacted to schedule an assessment.
5. Participate in the scheduled In-Person assessment.
6. A written notice of the eligibility determination will be provided.
7. Contact **NTC** with questions: (715)420- 0585 or for people who are deaf, hard-of-hearing, deaf-blind, and speech disabled please use Wisconsin Relay 711 service <https://wisconsinrelay.com>.

# The Application Process

All information you supply is confidential and will only be used to help determine if you can ride Fixed Route Service buses or if you are eligible for Paratransit Service.

To assist with a proper evaluation of your ability to ride Fixed Route Service buses and/or your need for Paratransit Service, you may be scheduled for an In-Person Interview. This interview will give applicants an opportunity to present issues in “their own words.” It will also provide an opportunity to ask follow-up questions in order to have a clear understanding of the abilities and needs of the applicant.

An In-Person Interview will be scheduled if it is determined that the Fixed Route Service buses may meet some or all of your transportation needs. A thorough review of the routes needed to meet your needs will be conducted, including an analysis of the accessibility of the routes and stops, as well as the environmental barriers that may exist. An In-Person Interview may also be conducted if a determination of eligibility cannot be made based on the application alone.

The following action on your part will help speed the process. All questions in the application must be answered in order for your application to be considered complete.

**You will be notified whether or not you are eligible for Paratransit Service within 21 days.** If you are not eligible, information regarding how to appeal will be sent to you. In addition, information about travel training or other travel options will be included. If you are interested, you may contact a travel trainer.

If you have any questions, need an application, need help filling out this application, or need an alternative format, please contact a travel trainer at 715-420-0585.

## For Office Use Only:

<b>Name:</b> Last, First, and Middle		
<b>In Person Review Required:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>In-Person Review Completed:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Date of In-Person Review:</b>		
<b>Doctor Verification Required:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Doctor Verification Received:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Date Doctor Verification Received:</b>		

## Eligibility Determination:

- Permanent
- Temporary, expected duration is \_\_\_\_\_

<b>Approved by: (initials)</b>		<b>Date:</b>	
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# Application Checklist

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## 1. Complete and review the Application.

- All questions have been answered.
- Current contact information is provided.
- The application form is signed by the applicant or the person assisting signed on behalf of the applicant.

## 2. Make a copy for your records.

- Make a copy of the application for your personal records.

## 3. Submit the Application.

- Submit the application in the following ways:
  - By Mail:
    - Northwoods Transit Connections, 3611 Highway 47, PO Box 853, Rhinelander, WI 54501
  - In person:
    - Northwoods Transit Connections Office, 8:00am to 5:00pm, weekdays.
  - By Fax: 715-442-0520
    - Please do not mail the application if you have already faxed it.

## 4. Assessment Appointment Scheduling.

- Applications will be processed in the order received.
- An incomplete application will be returned for completion before an assessment can be scheduled.
- Northwoods Transit Connections will contact the applicant to schedule an In-Person assessment.

## 5. Prepare for the Assessment.

- Be prepared to discuss how a disability prevents use of Northwoods Transit Connections' accessible fixed route bus service.
- Bring a phone ID, and if applicable, your employer ID, or school bus pass to the assessment.

# Application for Paratransit Eligibility Certification

## Part I. Applicant Identification

Please print.

<b>Name:</b> Last, First, and Middle			
<b>Email:</b>			
<b>Phone:</b>			
<b>Date of Birth:</b>		<b>Age:</b>	

What is the preferred method of contact to schedule the In-Person assessment?

- Email address (as printed below)
- Phone number (as printed below)

<b>Home Address</b> Street, Apt # City, State, Zip		<b>Name of Residence/ Building Complex</b>	
Please provide additional details regarding your address to assist in locating you (e.g., road name, color of house, landmark, etc.)			

Provide information for two people we could contact in an emergency.

### Primary Contact

<b>Name:</b>	
<b>Relationship:</b>	
<b>Phone:</b>	
<b>Email:</b>	

### Secondary Contact

<b>Name:</b>	
<b>Relationship:</b>	
<b>Phone:</b>	
<b>Email:</b>	

Where should we send future information?

- To me, the Applicant at the mail address listed above.
- To the person listed below.

<b>Name:</b>	
<b>Mailing address:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Relationship to Applicant:</b>	
<b>Agency:</b>	

## Part II. Applicant Information

1. Are you a Current Paratransit Rider?
  - Yes
  - No
2. Are you a new applicant?
  - Yes
  - No
3. Do you need information given to you in any of the following formats?
  - Large print
  - Audio Take
  - Braille
  - Another Language
  - Other, \_\_\_\_\_
4. What is the nature of the disability/condition? *(check all that apply)*
  - Intellectual
  - Physical
  - Sensory

**I am unable to use the fixed route bus service all or some of the time without the assistance of another individual because:**

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**Please list the Applicant's disabilities/diagnosis(s):**

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5. Is your disability or health condition:
  - Permanent
  - Varies Daily
  - Temporary, expected to last until \_\_\_\_\_

6. Identify the mobility devices used when traveling (*check all that apply*):

- Cane
- Crutch
- Walker
- Portable oxygen or respirator
- Manual wheelchair
- Power wheelchair or scooter
- Oversize wheelchair/scooter
  - Width \_\_\_\_\_
  - Length \_\_\_\_\_
  - Weight \_\_\_\_\_
- Personal Care Attendant
- Service animal
- Other

**Please note:** Northwoods Transit Connections will make every effort to carry the wheelchair and occupant if the lift and vehicle can accommodate the wheelchair and occupant. Northwoods Transit Connections may not be able to accommodate rides to individuals whose oversized wheelchair or scooter exceeds 30" in width and/or 48" in length (measured 2" above the ground) or exceed 600 pounds when occupied.

7. What mobility device will you be using when traveling outside the home?

- Describe, \_\_\_\_\_

8. Can you climb three (11 to 15 inch) steps with a handrail, without assistance from another person?

- Yes
- No
- Sometimes

9. Do you require a Personal Care Attendance (PCA) to help you travel? A PCA is a person specifically employed or designated to help with your daily living needs.

- Yes
- No
- Sometimes

10. Do you require a Personal Care Attendance (PCA) to help you travel? A PCA is a person specifically employed or designated to help with your daily living needs.

- Yes
- No
- Sometimes

11. Have you ever applied for and been denied the use of Paratransit Service with Northwoods Transit Connections before?

- Yes
  - If yes, how has your situation changed since you last applied?

\_\_\_\_\_

\_\_\_\_\_

- No

12. Have you ever used the Fixed Route Service buses?

Yes

If yes, how has your situation changed since you last applied?

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No

13. Have you ever been instructed/trained how to use the Fixed Route Service buses?

Yes

If yes, when? \_\_\_\_\_

Who did the training? \_\_\_\_\_

What was the training outcome? \_\_\_\_\_

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14. Check the items listed below that might help you use the Northwoods Transit Connections Fixed Route buses:

Help with trip planning.

Help communicating.

Wheelchair lift on the bus.

Someone to teach me.

Other, \_\_\_\_\_

### Part III. Applicant Verification.

*Application must be signed to be considered complete.*

Applicant Signature

I understand that the purpose of this application form is to determine if there are times when I cannot use the Northwoods Transit Connections Fixed Route buses and will require paratransit services. I understand that the information on this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I give permission for the Northwoods Transit Connections staff to contact the professional who has filled out this application or given supplemental verification of my condition.

Applicant Signature	
Print Name:	
Dated:	

***Person completing this form if other than Applicant (check one).***

- I certify that the information in this application is true and correct based upon the information given to me by the applicant.
- I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability or I have legal authority to complete this application.

<b>Print Name:</b>	
<b>Signature:</b>	
<b>Relationship to Applicant:</b>	
<b>Agency Name:</b>	
<b>Address</b> Street, City, State, Zip	
<b>Day Phone:</b>	
<b>Email:</b>	



### Part III. Health Care Verification Form.

**To the Applicant:** Sign below to allow the release of information from the professional who will be filling out this form.

<b>Name:</b> Last, First, and Middle			
<b>Date of Birth:</b>		<b>Age:</b>	

I hereby request that information pertaining to my limitations that prevent me from using Fixed Route buses be released to the Northwoods Transit Connections for further determination of my ADA paratransit eligibility.

<b>Signature:</b> _____	<b>Date:</b> _____
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**To the Health Care Professional completing this form:** Application with illegible or incomplete information will be returned.

<p><b>This form must be filled out by a professional who is knowledgeable about the applicant’s disability and their limitations. Please check the appropriate boxes regarding the person completing this form.</b></p>	
<input type="checkbox"/> Vocational Rehabilitation Counselor <input type="checkbox"/> Licensed Social Worker <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Audiologist <input type="checkbox"/> Independent Living Specialist	<input type="checkbox"/> Mobility Instructor <input type="checkbox"/> Physician <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Mental Health Counselor <input type="checkbox"/> Optometrist <input type="checkbox"/> Other _____

**Indicate nature of applicant’s disability (check all that apply)**

- Impaired or assisted ambulation
  - Specify mobility aid \_\_\_\_\_
- Arthritis:
  - Specify extremity \_\_\_\_\_
- Cerebrovascular Accident
- Pulmonary: Does applicant travel with Portable Oxygen Tank?
  - Yes \_\_\_ No \_\_\_
- Neurological Handicap
  - Specify \_\_\_\_\_
- Cardiac
- Kidney Disease
- Dialysis
- Legally Blind
- Severely Visually Impaired
- Alzheimer’s
- Dementia
- Cerebral Palsy

**Applicant Disability (continued): (check all that apply)**

- Mental Retardation (indicate one)†
  - Moderate
  - Severe
  - Profound
- Autism
- Deaf/Hard of Hearing
- Seizures
  - Specify \_\_\_\_\_
- Mental Illness
  - Specify \_\_\_\_\_
- Other
  - Specify \_\_\_\_\_

In your professional opinion can the applicant use a lift-equipped Fixed Route bus?

- Yes
- Yes, with training.
- No

If your answer is <b>no</b> , please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using a lift-equipped Fixed Route bus:

What is the expected duration of the applicant’s disability?

- Permanent
- Temporary, expected duration: \_\_\_\_\_

**Statement and Signature:** This section must be completed, or application will be returned.

*I certify that the information contained in this application is true and correct to the best of my knowledge and ability.*

<b>Print Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Professional Title:</b>	
<b>Clinic/Agency:</b>	
<b>Address</b> Street, City, State, Zip	
<b>Day Phone:</b>	