Attached is an application for you to complete in order to receive ADA paratransit service. If you have a disability that prevents you from using the fixed-route city bus service, you may be eligible for ADA paratransit service administered by Cedar Rapids Transit and operated under contract by Linn County LIFTS. If you are currently a Linn County LIFTS client, it will still be necessary for you to complete an application to be certified.

Public transit systems are required by the Americans with Disabilities Act (ADA) to establish a process for determining ADA paratransit eligibility. The goal of the process is to ensure that only persons who meet the ADA criteria are regarded as eligible. Eligibility is strictly limited to any person with a disability that is unable to use the regular fixed-route city bus system. Diagnosis of a disability does not establish eligibility. What is needed is a determination of whether the person can use the fixed-route city bus system under given circumstances. The person’s physical and mental abilities in relation to getting on and off a bus, riding the bus, and traveling to or from a bus stop will be considered when determining eligibility for paratransit services. A person’s age, income, inability to drive, travel preference or inconvenience are not considered qualifying factors. In addition, the service is only provided within the city limits of Cedar Rapids, Marion and Hiawatha.

There are three types of ADA paratransit eligibility:

- **Full** – if your disability prevents you from using the fixed-route city bus system for any trips.
- **Conditional** – if you can use the fixed-route city bus system under certain circumstances, but need the ADA paratransit service for specified trips.
- **Temporary** – if your disability does not require a permanent need for ADA paratransit service.

To enable us to determine your eligibility, it is your responsibility to complete Part 1 and have your physician or health care professional complete Part 2 of this application. Please be as specific as possible. The questions are meant to determine the functional abilities you have and under what circumstances you might be able to utilize the wheelchair-accessible fixed-route city bus system. If you don’t believe there is enough space to answer your questions, feel free to attach a sheet to the back of this application. Please number your answers to match the question so we know what response belongs to which question. Both sections must be filled out and the entire application submitted to Cedar Rapids Transit to be considered a complete application. An incomplete application will be returned to you and will delay your eligibility determination.

Completed applications will be processed within 21-days of receipt and you will receive written notification of the decision. If you have not received a response within 22-days after mailing your completed application you shall have presumed eligibility, and may begin scheduling rides until you receive a written denial of certification. If you have any questions regarding this process or need assistance in completing your application, please call (319) 286-5537 or email m.williams@cedar-rapids.org.

Please mail your completed application to the following address:

Cedar Rapids Transit  
Attn: ADA Paratransit Service Application  
427 8th St NW  
Cedar Rapids, Iowa 52405
Part 1 – Applicant Information

All questions must be answered by the applicant (only one applicant per form). Incomplete or illegible forms will be returned. Please circle appropriate answers below and give explanations where indicated.

Applicant Name: _____________________________ Birthdate: ________________

Address: ________________________________________________________________

Address is a: Residence Group Home Assisted Living Apartment Care/Nursing Facility

Telephone: __________________________ Alternate Phone: ______________________

1. Please describe your current disability: (Be specific and list all applicable disabilities)
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. How does this disability prevent you from using the fixed-route city bus system? Please keep in mind that all fixed-route city buses are wheelchair accessible.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Is your disability: Permanent Temporary
   If temporary, what is the expected duration? ________________________________

4. If your disability changes from day to day, please explain how:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. Does your disability prevent you from getting to or from a fixed-route bus stop? Yes No
   If yes, please explain: ______________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. How many blocks can you travel or walk? __________ Blocks

7. Do changes in weather prevent you from getting to or from a bus stop? Yes No
   If yes, list specific weather conditions and its impact on your mobility: _________________
   __________________________________________________________________________
   __________________________________________________________________________

8. Is there a physical barrier that, when combined with your disability, might prevent travel to or from the bus stop? If yes, please list: (Examples: no sidewalks, no crosswalks/lights, no curb cuts, steps) _________________
   __________________________________________________________________________
   __________________________________________________________________________

9. Are you prevented from traveling to or from a bus stop for any of the following reasons? (Please circle all that apply):
   Inability to negotiate hilly terrain Allergic/environmental sensitivities
   Night blindness Hyper-fatigue or frailty
   Extreme sensitivity to weather conditions Inability to cross busy intersections
   Other (please explain): _________________________________
   __________________________________________________________________________
   __________________________________________________________________________

10. Can you wait ten minutes alone at a bus stop? Yes No
    (If no, please explain) ______________________________________________________

11. Can you climb three steps to get into a bus? Yes No
    __________________________________________________________________________
12. Can you board a bus with a “kneeling” feature which lowers the height of the first step?  Yes  No
13. Can you follow written instructions?  Yes  No  Oral instructions?  Yes  No
14. Can you use the telephone or TTD to make calls?  Yes  No
15. Are you able to identify the bus you need?  Yes  No
16. Are you able to detect curbs, curb cuts, sidewalks, etc?  Yes  No
17. Do you have a visual impairment that prevents you from riding the bus?  Yes  No
18. Do you use a mobility aid?  Yes  No
   (If yes, please circle all of the following mobility aids you might use):
   Manual wheelchair  Electric wheelchair  Power scooter
   Walker  Support cane  White cane
   Oxygen tank  Crutches  Guide/assistant animal
   Ambulatory, but must use lift to board vehicle  Other _______________________
19. If you use a wheelchair or scooter, what are its physical dimensions two inches above the floor, including foot or head extensions (in inches)? Note: a common wheelchair does not exceed 30 inches in width or 48 inches in length when measured two inches above the ground, and does not weigh more than 600 pounds occupied.
   Width __________  Height __________  Length __________  Occupied Weight __________
20. Do you require a Personal Care Attendant (PCA) when you travel? Note: A PCA is someone who is designated or employed by a person to provide personal assistance; it is not a companion.  Yes  No  Sometimes
21. Do you currently ride the fixed-route city bus system?  Yes  No
   If yes, how often _________ / week.
22. Have you ever received travel training on the fixed-route city bus system?  Yes  No
23. Would you be interested in travel training?  Yes  No
24. Would you like to receive information about the fixed-route city bus system?  Yes  No

Please provide a contact name and number of a relative or friend in case we are unable to reach you:
Name: ___________________________________________  Relationship: ___________________________
Telephone: ______________________________  Alternate Phone: ___________________________

I hereby certify, to the best of my knowledge, that the information I have provided in this application is correct and true. I agree to notify Cedar Rapids Transit of any changes in my status, which may affect my eligibility to use this service. In addition, I hereby authorize my health care professional to provide any additional information to Cedar Rapids Transit personnel as needed or requested to make their eligibility determination.

Signature of applicant: ___________________________  Date: ___________________________

If you have completed this application on the applicant’s behalf, you must provide the following information.

Name: ___________________________________________
Address: _____________________________________________________________________
Daytime telephone: ___________________________  Relationship to applicant: ___________________
Part 2 - Request for Professional Verification
(To be completed by a licensed Physician or Health Care Professional)

You are being asked by the applicant named in Part 1 to provide information regarding their disability and its impact on their ability to use the fixed-route city bus system operated by Cedar Rapids Transit. The Americans with Disabilities Act (ADA) requires public transit systems to provide paratransit service to persons who, due to a disability, are unable to use the fixed-route city bus system. The goal of the ADA paratransit eligibility process is to ensure that only persons who meet the ADA criteria are regarded as eligible.

Diagnosis of a disability does not establish eligibility. What is needed is a determination of whether the person can use the fixed-route city bus system under given circumstances. Please keep in mind that all of our fixed-route city buses are equipped with wheelchair lifts/ramps. The person’s physical and mental abilities in relation to getting on and off a bus, riding the bus, and traveling to or from a bus stop will be considered when determining eligibility for paratransit services. A person’s age, income, inability to drive, travel preference or inconvenience are not considered qualifying factors. The information that you provide will allow Cedar Rapids Transit to make an appropriate eligibility determination for this applicant. Thank you for your cooperation and assistance.

Applicant’s Name _____________________________
Capacity in which you know the applicant: ________________________________________________

Please identify the applicant’s disability and describe the impacts or limitations to mobility:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Is this condition temporary?  Yes   No   If yes, expected duration ________________________

If the applicant has a visual impairment, please identify the extent of impairment and describe how it prevents their use of the fixed-route city bus system:
_________________________________________________________________________________
_________________________________________________________________________________

If the applicant has a cognitive disability, please identify the extent of impairment and describe how it prevents their use of the fixed-route city bus system:
_________________________________________________________________________________
_________________________________________________________________________________

In your professional opinion, is this person able to ride the fixed-route city bus system?  Yes   No

I hereby certify that the above information is correct and true.

Physician’s Signature (or stamp) _____________________________  Date ________________

Physician’s Name ___________________________________________  Telephone ____________

Name of Practice ___________________________________________  Email ___________________

Address of Practice __________________________________________

City __________________________________ State __________ Zip Code ______________

Medical License # ___________________________________________  State ________________