

## **Iowa City Transit Paratransit Application Guidelines**

Enclosed is the application you requested to become eligible to ride Iowa City's Americans With Disabilities Act (ADA) Complementary Paratransit Service. Iowa City utilizes federally mandated guidelines in determining eligibility for the paratransit service. Iowa City Transit contracts with Johnson County SEATS to provide its paratransit service. To be eligible to utilize this service you must meet two criteria.

1. You must reside within the Iowa City corporate limits.
2. You must have a transportation disability that precludes you from utilizing Iowa City Transit's fixed route buses.

If you meet these two criteria, you will become eligible to utilize our paratransit service either on a permanent, temporary or on a conditional basis depending on the nature of your transportation disability.

The determination regarding your eligibility is based on the information that you provide to us on the enclosed application and the information we obtain from the doctor that you list on the application. It is imperative that you fill out the enclosed application completely. By signing the release of information, you are authorizing your doctor to release information to Iowa City Transit. It is not necessary for you to have your doctor fill out or sign any part of the enclosed application. We will be sending a different form to the doctor to fill out.

Once your application is received in our office, you can utilize a 21-day grace period while we are processing your application. This grace period allows you to use our paratransit service for 21 days. You will be notified through the mail if your application has been approved or denied.

If you have any questions, please feel free to contact Iowa City Transit at 319-356-5151.

# IOWA CITY RESIDENTS ONLY

## Request for Certification of ADA Paratransit Eligibility – Iowa City Transit

1 July 2008 - 30 June 2010

The information obtained in this certification will be used by Iowa City Transit only for the determination of eligibility for the provision of paratransit service. Information may be shared with other local transit providers to facilitate travel. The information will not be provided to any other person or agency.

Please print or type this form. **All** sections must be filled out for this to be considered a complete application.

**Once a completed application is received in our office**, you will be given a 21-day grace period in which you will be allowed to ride SEATS while we process your application. The 21-day grace period will not be granted until we receive a complete application.

1. Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

2. Address: \_\_\_\_\_ Date \_\_\_\_\_  
 Street \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**If you are currently certified to ride SEATS and have a permanent Iowa City card that is not expired, please fill out questions 1 through 4 only, print your card number \_\_\_\_\_ and expiration date \_\_\_\_\_ and return to our office.**

5. Explain why you are to be certified for SEATS service. Explain why you are not able to use the regular transit bus. Tell us if you are able to use the regular transit bus only sometimes and when you can use it. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check YES or NO or SOMETIMES for each activity:	YES	NO	SOME-TIMES
A. Can you walk outdoors unaided? (Without cane, walker or person to assist you.)	_____	_____	_____
B. Can you walk to the nearest bus stop from your home?	_____	_____	_____
C. Can you tell when to get off the bus?	_____	_____	_____
D. Can you walk from the regular bus stop to your destination?	_____	_____	_____
E. Can you travel in a wheel chair to and from a bus stop?	_____	_____	_____
F. Do you require a mechanical lift to board or deboard a transit vehicle?	_____	_____	_____
G. Can you step up and down one 15-inch step and two 10-inch steps?	_____	_____	_____
H. Can you locate a bus stop and the correct bus to board without any help?	_____	_____	_____
with help?	_____	_____	_____

6. Will your current mobility restrictions be temporary or permanent?  Temporary  Permanent

If temporary, for how long? \_\_\_\_\_

7. Do you use any of the following mobility aids when you travel on paratransit? (Check all that apply)

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Manual Wheelchair       | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Crutches    |
| <input type="checkbox"/> Power Scooter           | <input type="checkbox"/> Cane                | <input type="checkbox"/> Walker      |
| <input type="checkbox"/> Personal Care Attendant | <input type="checkbox"/> Guide Dog           | <input type="checkbox"/> Other _____ |

8. Do you require a Personal Care Attendant when you travel using fixed route transit?  Yes  No

When using paratransit?  Yes  No

9. What additional information can you provide about why you would qualify for SEATS service?

\_\_\_\_\_  
\_\_\_\_\_

10. I hereby certify that the information furnished above is correct.

Signed: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ /

11. If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_ / \_\_\_ /

12. **You must complete this section in order to be considered for eligibility.** In order to allow Iowa City Transit to evaluate your request, it will be necessary for us to contact a physician to confirm the information you have provided. Please complete the following information and authorization form.

The following Physician is familiar with my disability and is authorized to provide information to Iowa City Transit as a requirement for the completion of this certification.

Print Doctor's Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Print Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ /

SEND THIS COMPLETED FORM TO: TRANSPORTATION SERVICES  
CITY OF IOWA CITY  
335 E. IOWA AVENUE  
IOWA CITY, IA 52240

