



Broome County Department of Public Transportation

Debra A. Preston, County Executive . Gregory B. Kilmer, Commissioner

Dear Applicant:

Attached please find an application for paratransit service for people with disabilities. In Broome County, this service is provided on BC Lift. The BC Lift will pick you up at your home or location of your choice and bring you to and from your destination and is available on an advance reservation basis. This service is for use only by people who either, all of the time or under certain circumstances, are unable to use our full size, fixed route BC Transit buses.

Please complete the application explaining how your disability prevents you from using fixed route BC Transit buses. This application will be used not only to determine if you need BC Lift service, but also when and under what conditions you need BC Lift.

You or someone familiar with your condition should fill out Part 1 of the form. After Part 1 is completed, take or mail the entire document to an appropriate licensed medical professional that is familiar with your ability to travel so they can fill out Part 2. Enclosed for your use is a self-addressed envelope. **PLEASE HAVE BOTH PARTS OF THE COMPLETED APPLICATION RETURNED TO:**

Broome County Department of Public Transportation
413 Old Mill Road,
Vestal, New York 13850

The application will be considered complete only when **both parts** (one and two) are received by Broome County Department of Public Transportation. A review board will then evaluate your application.

If you qualify for paratransit transportation, a membership card and information on using BC Lift will be mailed to you.

If you are denied the use of paratransit service, a letter will be mailed to you explaining the reason. If you do not agree with the decision, you can appeal. Directions for an appeal will be included with the letter you receive.

If for any reason you are not contacted within twenty one days of our receipt of your completed application, you will be able to use BC Lift service at least until you receive a definite decision on your application.

If you have any questions about this process, or if you need help filling out the application, please call 763-4464.

Sincerely,

Gregory B. Kilmer

413 Old Mill Road . Vestal, New York 13850
Phone: (607) 763-4464 . Fax (607) 763-4468 . Website: www.ridebctransit.com

B.C. Transit

B.C. Lift

B.C. Country



THE FOLLOWING PEOPLE ARE ELIGIBLE TO USE PARATRANSIT:

People who are unable to get to and from the fixed route bus stop, due to a mental or physical impairment and the conditions involved in getting to/from the bus stop. This may include a person traveling in a wheelchair who cannot negotiate a steep hill between his/her house and a bus stop. Another example is a person who is incapable of reliably finding the bus stop.

People who cannot climb steps to get into the fixed route bus, and a lift equipped bus is not available for the trip the person wishes to make.

People who cannot use the fixed route bus even if the bus has a lift. Examples include people who would not be able to recognize the correct bus to get on, people who would not be able to understand how to transfer to another bus if a transfer is needed and people who cannot recognize destinations and get off the bus at the correct stop.

Please note that fixed route drivers upon request will announce when the bus arrives at major intersections or transfer points. The driver will also announce other stops as requested by passengers.

9. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS, MARKING EITHER "YES", "NO" OR "SOMETIMES" FOR EACH. **IF YOU HAVE MARKED "NO" OR "SOMETIMES", YOU MUST PROVIDE AN EXPLANATION IN THE SPACE PROVIDED.**

A. ARE YOU ABLE TO WAIT FOR A BUS AT A BUS STOP?

_____ YES _____ NO _____ SOMETIMES

B. WOULD YOU BE ABLE TO WAIT FOR THE BUS AT A BUS STOP, IF THERE WAS A BENCH OR SHELTER?

_____ YES _____ NO _____ SOMETIMES

C. ARE YOU ABLE TO IDENTIFY THE CORRECT BUS?

_____ YES _____ NO _____ SOMETIMES

D. ARE YOU ABLE TO GET ON AND GET OFF A FULL SIZE TRANSIT BUS WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

_____ YES _____ NO _____ SOMETIMES

E. WOULD YOU BE ABLE TO GET ON AND GET OFF A FULL SIZE BUS, IF IT HAD A MECHANICAL LIFT DEVICE, WITHOUT THE ASSISTANCE OF ANOTHER PERSON? (OTHER THAN THE BUS DRIVER, WHO WILL HELP YOU WITH THE LIFT AND SECUREMENTS SYSTEM IF NECESSARY) PLEASE NOTE THE LIFT HAS HANDRAILS ON BOTH SIDES.

_____ YES _____ NO _____ SOMETIMES

F. ARE YOU ABLE TO ASK FOR, UNDERSTAND AND/OR PROCESS INFORMATION, SCHEDULES OR DIRECTIONS THAT ARE NEEDED TO MAKE NECESSARY DECISIONS DURING A TRIP? PLEASE NOTE THAT THE BC TRANSIT DRIVERS, UPON REQUEST, WILL ANNOUNCE MAJOR INTERSECTIONS AND TRANSFER POINTS, AND OTHER STOPS AS REQUESTED.

_____ YES _____ NO _____ SOMETIMES

10. Are you likely to need reasonable accommodations associated with your trip(s)?"

_____ YES _____ NO

If yes, what types of accommodations might you need and why?

“Note: BC Transit will strive to provide all reasonable accommodations. BC Transit reserves the right to seek alternative solutions to any accommodations that may create a fundamental alteration or undue burden to the system or may create a direct threat to the health or safety of others.

Any accommodation requests should be included in this application or may be scheduled during your reservation process, if possible. All reservations can be made at least one (1) business day in advance and no more than seven (7) days in advance between 8:00am and 4:00pm, Monday through Sunday. Please leave the request as far in advance as necessary, since they will need to be reviewed prior to the scheduled trip, if possible.

11. ARE YOU PREVENTED FROM TRAVELING TO OR FROM A BUS STOP LOCATION, WITHOUT THE ASSISTANCE OF ANOTHER PERSON, FOR ONE OR MORE OF THE FOLLOWING REASONS? (CHECK ALL THAT APPLY.)

- UNABLE (NOT JUST DIFFICULT) TO NEGOTIATE HILLY TERRAIN
- EXTREME SENSITIVITY TO CERTAIN WEATHER CONDITIONS - PLEASE EXPLAIN _____
- EXTREME FATIGUE CAUSED BY DISEASE, FRAILTY
- UNABLE TO CROSS BUSY INTERSECTIONS
- OTHER REASONS - PLEASE EXPLAIN _____

12. HAVE YOU EVER HAD TRAINING TO USE THE REGULAR, FIXED ROUTE BUSES?
 YES NO IF YES, WHEN? _____

TRAINED BY _____

IF TRAINING WAS COMPLETED, PLEASE LIST THE TRIPS ON WHICH THE APPLICANT IS ABLE TO TRAVEL INDEPENDENTLY.

ORIGIN	DESTINATION	ROUTE NUMBER

13. BEFORE APPLYING FOR THE BC LIFT, WHAT FORM OF TRANSPORTATION DID YOU USE FOR YOUR TRAVEL NEEDS?

14. PLEASE EXPLAIN IN YOUR OWN WORDS, WHY YOU NEED PARA SERVICE RATHER THAN USING THE FIXED ROUTE SERVICE.

15. TO HELP US PLAN TRANSIT SERVICE, WE NEED INFORMATION ABOUT YOUR TRAVEL NEEDS. THIS IS FOR PLANNING PURPOSES; YOU MAY TAKE TRIPS FOR ANY PURPOSE YOU WISH. PLEASE TELL US WHAT YOUR EXPECTED TRAVELS NEEDS ARE AND THE ADDRESS OF WHERE THEY ARE LOCATED.

- WORK SENIOR CENTER SHOPPING MEDICAL APPOINTMENTS
- RECREATION SCHOOL OTHER _____

NAME AND ADDRESS OF DESTINATION _____

NAME AND ADDRESS OF DESTINATION _____

NAME AND ADDRESS OF DESTINATION _____

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Part 2 of this Application, the Request for Professional Verification, **MUST BE COMPLETED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.**

WHO CAN VERIFY: ONE OF THE FOLLOWING HEALTH CARE PROFESSIONALS, AS APPROPRIATE TO YOUR CASE, SHOULD VERIFY YOUR LIMITATIONS:

16. THE FOLLOWING HEALTH CARE PROFESSIONAL IS AUTHORIZED TO PROVIDE INFORMATION TO BROOME COUNTY'S PARATRANSIT ELIGIBILITY REVIEW BOARD. (PLEASE PRINT THE NAME OF THE PROFESSIONAL THAT WILL BE VERIFYING YOUR LIMITATIONS AND CHECK THE TYPE OF HEALTH CARE PROFESSIONAL HE OR SHE IS)

NAME _____

FOR PHYSICALLY IMPAIRED APPLICANTS AND MENTALLY IMPAIRED APPLICANTS OTHER THAN DEVELOPMENTALLY DISABLED.

- MEDICAL DOCTOR
- PHYSICAL THERAPIST
- CERTIFIED REHABILITATION COUNSELOR

FOR VISUALLY IMPAIRED APPLICANTS:

- OPHTHALMOLOGIST
- OPTOMETRIST
- ORIENTATION AND MOBILITY SPECIALIST CERTIFIED BY NYS COMMISSIONER FOR THE BLIND OR U.S. ASSOCIATES FOR THE EDUCATION AND REHABILITATION OF THE BLIND AND VISUALLY IMPAIRED.

FOR DEVELOPMENTALLY DISABLED APPLICANTS: A QUALIFIED MENTAL RETARDATION PROFESSIONAL (QMRP)

- OCCUPATIONAL THERAPIST CERTIFIED BY THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION
- PHYSICAL THERAPIST CERTIFIED BY THE AMERICAN PHYSICAL THERAPY ASSOCIATION
- CLINICAL PSYCHOLOGIST WITH A MASTER OR DOCTORAL DEGREE IN PSYCHOLOGY
- PSYCHIATRIST

I hereby certify that the information given in this application is correct and I authorize the health care professional to whom I submit this application to provide information to the Broome County Paratransit Eligibility Review Board. 413 Old Mill Road. Vestal NY 13850

SIGNATURE OF APPLICANT _____ **DATE:** _____

IF SOMEONE OTHER THAN THE APPLICANT COMPLETED THIS FORM ON BEHALF OF THE APPLICANT, THAT PERSON MUST COMPLETE THE FOLLIWNG:

PRINT NAME: _____ **RELATIONSHIP** _____
TELEPHONE # _____

When Part 1 is completed, TAKE OR MAIL THIS ENTIRE DOCUMENT TO THE HEALTH CARE PROFESSIONAL NAMED ABOVE.

**PART 2
PROFESSIONAL VERIFICATION OF ADA
FUNCTIONAL LIMITATION(S) AFFECTING MOBILITY**

The applicant is requesting verification of limitation that prevents him/her from using regular BC Transit fixed route buses. The purpose of this form is not to verify the applicant's medical condition, but to verify the effect of the medical condition on his or her ability to get around on his or her own. The application for paratransit service is not only used to determine IF an applicant needs paratransit service, but also WHEN AND UNDER WHAT CONDITIONS the applicant needs paratransit services.

All questions must be answered for this form to be considered complete.

The information will allow Broome County's Paratransit Eligibility Review Board to make an evaluation of this person's request for transportation on BC Lift. BC Lift is Broome County's paratransit service, which is for use only by those who are unable to use the BC Transit fixed route service.

THIS VERIFICATION OF LIMITATIONS ON MOBILITY RELATES TO BROOME COUNTY'S COMPLIANCE WITH FEDERAL LAW. AN INFORMATION SHEET SUMMARIZING THIS LAW, THE AMERICANS WITH DISABILITIES ACT (ADA), IS INCLUDED FOR YOUR REVIEW. PLEASE NOTE THAT BC TRANSIT NOW HAS SUBSTANTIAL ACCESSIBLE SERVICE. ALL BC TRANSIT BUSES ARE EQUIPPED WITH LIFT DEVICES, WHICH ARE AVAILABLE FOR USE BY ANY INDIVIDUAL WITH A MOBILITY LIMITATION THAT PREVENTS STAIR CLIMBING. BC TRANSIT IS REQUIRED TO MAKE INFORMATION AVAILABLE IN ACCESSIBLE FORMATS FOR THE VISUALLY OR HEARING IMPAIRED.

1. Capacity in which you know the applicant: _____
(Name of applicant)

How does the applicant's condition/disability cause functional limitation(s) that affects this person's ability to get around? If the person's ability to get around on their own varies in degree at different times, please explain, giving specifics.

2. Is the condition? ____ Permanent ____ Temporary Expected Duration _____

3. If the applicant has a disability affecting mobility, answer the following:

A. Does the applicant use any mobility aids? (Examples are wheelchairs, scooter, crutches, canes, guide dog, walker and/or braces) if yes, please list and specify under what conditions:

B. With the use a mobility aid(s), estimate how far he/she can travel independently?

C. Can the applicant climb steps without assistance? _____

D. How long can this person wait for a bus at a bus stop? _____

E. Is the individual able to independently maneuver on to and off a mechanical lift device on the bus, with or without a mobility aid? ___ Yes ___ No. The lift can accommodate three and four wheeled carts no larger than 30" x 48" measured two inches above the ground. The weight of occupied wheelchair cannot exceed 600 pounds. The lifts are equipped with handrails and they accommodate standees with or without walkers, crutches or canes.

F. Does this person require a personal care attendant (PCA) when traveling on public transportation? ___ Yes ___ No

G. Is the applicant able to read information signs? ___ Yes ___ No

If not, please explain: _____

H. Is the applicant able to give their own address and phone number? ___ Yes ___ No

I. Is the applicant able to recognize landmarks? ___ Yes ___ No

J. Are they able to deal with unexpected situations or changes? ___ Yes ___ No

K. Is the applicant able to ask for, understand and follow directions? ___ Yes ___ No

4. What, if any, specific weather conditions prevent this applicant from getting around on his or her own? Please be specific.

5. Please describe any other functional limitation(s) affecting mobility not described above. Please be specific.

Signature: _____

Your name and title: _____

Office address: _____

Office phone number: _____ Fax Number: _____ Date: _____

Return completed form to: BC Transit, 413 Old Mill Rd., Vestal, New York 13850

If you have questions, please call (607) 763-4464
Thank you for your assistance.