

**RED APPLE TRANSIT
AMERICANS WITH DISABILITY ACT (ADA)
PARATRANSIT PROGRAM APPLICATION**

The attached application must be completed by individuals who wish to apply for eligibility in the Red Apple Transit's ADA Paratransit program. (Door to Door service). Both Red Apple Transit and First Transit personnel are involved in this review and approval process. First Transit, Inc. is contracted by the City of Farmington to operate the public transit system and paratransit service.

To Apply for ADA Eligibility:

1. Applicants must fill out pages 2-7 and 9 **COMPLETELY**. **The Medical professional or licensed social worker must complete page 8.**

2. The completed application is then mailed to:

Red Apple Transit – Paratransit Application
c/o First Transit
915A Farmington Ave
Farmington, NM 87401

3. You will be notified of your ADA eligibility status within 21 working days of the date that we receive your **completed** application.

4. You may be scheduled for an interview by a First Transit supervisor to complete the application process.

5. Upon satisfactory completion of the process, a Red Apple Transit ADA photo ID card will be issued.

All applications that are not entirely and correctly completed will be returned to the applicant and not processed.

To Replace a Lost or Stolen ID card:

1. You must first contact the Red Apple Transit at 505-325-3409 to notify them of the loss and your contact information.

2. You will be notified when and where to show-up for the making of a replacement card.

3. A Photo ID is required for replacement of your card.

4. There is a \$5.00, check or money order replacement fee for lost or stolen cards. No cash is accepted.

What is/are your disability/ disabilities? _____

Does your disability prevent you from using the regular (fixed route) bus or rail service by yourself? Yes No

If Yes, please explain: _____

Do you need someone to accompany you to travel outside the home (example, personal care assistant)? Yes No

If Yes, how often? _____

Have you had a disability for more than one year? Yes No

Is your disability considered permanent? Yes No

If No, how long do you expect to have a disability? _____

Does your disability change from day to day? Yes No

If Yes, please explain. _____

Do you use a mobility aid? Yes No

If Yes, please circle all that apply to you:

Manual wheelchair/ Motorized Wheelchair/ Scooter

Service Animal (Guide Dog)/ Cane/ Crutches

Brace(s)/ Walker/ Portable Oxygen

White Cane

Other (please specify): _____

Please Check All That Apply

- I ride the buses frequently.
- I ride the buses sometimes, if the conditions are right.
- I ride the buses when I am feeling well.
- I can only ride the buses if they have a wheelchair lift or low floor.
- I have a vision impairment that prevents me from ever getting to and from the bus, even with training.
- I could learn to use the bus service if someone taught me.
- I am not sure if I can use the bus service.
- I can never use the bus service by myself.
- There is no bus service in my area.
- I am not able to use the bus service for other reasons. Please explain:
- I don't like to use the fixed route bus service.

Do you currently use the fixed/ regular bus service? Yes No

If yes, which routes do you use? _____

If yes, do you need the assistance of another person and what aid does that person perform for you? _____

If yes, is there anything about riding the bus that is difficult for you?

Have you ever used the fixed/ regular bus service? Yes No

If yes, why did you stop? _____

Which bus routes serve your home neighborhood? _____

What is the closest bus/ train stop to your home? (Please give an intersection)

Can you get to the bus stop nearest to you home by yourself? Yes No

If no, why not? _____

Can you cross any street by yourself? Yes No

If no, please explain. _____

Can you wait at the bus stop for up to 30 minutes? Yes No

If no, please explain. _____

Are you able to grasp handles or railings, or coins or tickets while boarding or exiting the transit vehicle? Yes No

If no, please explain. _____

Are you able to maintain your balance and tolerate public transit movement when seated?
 Yes No

If no, please explain. _____

Can you understand and follow directions to get you to your destination?
 Yes No

If no, please explain. _____

Does weather affect your ability to use the bus/ train system? Yes No

If yes, please explain. _____

Have you ever received training on how to use the bus system? Yes No

If yes, Which agency provided the training? _____

When was the training provided? _____

Did you successfully complete the training? Yes No

Would you like to receive travel training? Yes No

How would you describe the terrain where you live? (e.g., flat, steep hills, gradual sloping hills, etc.)

Are there sidewalks in your neighborhood? Yes No

List the last 5 most frequent destinations you traveled to and how you traveled there:
Destination Address / Frequency of Travel / How do you get there now?

I understand that the purpose of this application is to determine if I am eligible for Red Apple Transit's Paratransit services and that Transit staff may need to talk to me later to get more information. Additionally, I understand that I may be required to attend an in-person interview as part of this application process.

By signing this application, I certify that I have been truthful in answering this form and that the information that I have provided is correct to the best of my knowledge. I understand that falsification of this information could result in a loss of Paratransit service. I agree to notify Red Apple Transit if I no longer need to use the Paratransit service.

Signature

Date

Name of Person Giving Assistance: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home): _____ (Work): _____

Relationship to Applicant: _____

APPLICANT AUTHORIZATION

I authorize the professional(s) listed below to release to Red Apple Transit information about my disability and health condition and its effects on my ability to travel on Red Apple Transit buses. I understand that I may revoke this authorization at any time.

Signature

Date

(All medical information, which you or your health care professional provide, will be kept confidential to the extent permitted under the law except that the information may be shared with other professionals or agencies involved in the determination of your eligibility.)

**TO BE COMPLETED BY YOUR LICENSED PHYSICIAN
OR HEALTH CARE PROFESSIONAL.**

PLEASE PRINT OR TYPE IN BLACK OR RED INK.

Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Telephone Number: _____

License/ Certification No.: _____ State: _____

Profession: *Please check.*

____ Physician ____ Social Worker

____ Other, please specify: _____

Must initial each statement to which you agree.

____ I certify that I have treated the Applicant and am familiar with his/ her disability and health condition.

____ I certify that I have read and agree with the Applicant's information in its entirety.

____ I certify that the Applicant is UNABLE to ride Red Apple Transit's fixed route (regular) bus services.

Why is applicant unable to use regular service. Please explain in detail:

If condition is not permanent, please indicate duration _____

I understand that false certification may be reported to the licensing jurisdiction under the State of New Mexico or appropriate code for state of license/ certification.

Signature

Date

Application will not be accepted if this oath is omitted. You must personally appear before a notary public or other authorized official for this purpose.

I solemnly affirm that the information I have provided on this application is complete and true to the best of my knowledge and belief and that intentional deception herein may be considered as significant cause for the disqualification of the ADA Paratransit Program. I will not loan my card to anyone. I also understand that Red Apple Transit employees are authorized to confiscate my I.D. card if it is used improperly.

I understand that falsification of this application may be considered grounds for termination in the disabled program. I understand that it is a criminal offense to make false statements before a notary public and I may be liable for a criminal offense should false statements be attributed to this application.

Signature of Applicant

Subscribed and duly sworn before me according to the law, by the above named applicant this _____ day of _____ 20____
in Farmington, County of San Juan and State of New Mexico.

Signature of Officer

Official Title