Application for Paratransit & Non-Emergency Medical Transportation Services

Please read, sign, date, and mail to **Transdev *Eligibility Department,* 1825 Pleasant St, DeKalb, IL 60115*.***

Dear Applicant:

We appreciate your interest in the City of DeKalb's paratransit service. The City's paratransit service is an origin to destination demand response service provided to disabled and elderly citizens. The enclosed application will determine your eligibility to use the service.

The City's paratransit service is a combination of Americans with Disabilities Act (ADA) service, required by federal law, and additional service which the City of DeKalb elects to provide for elderly and disabled individuals. ADA service eligibility is stricter but prevents someone from being denied trips within the DeKalb Urbanized Area. Individuals who are approved solely by age, 65 years or older, or whose disabilities do not prevent them from using the fixed route service will be considered non-ADA eligible.

The application must be filled out completely and legibly. The enclosed Professional Verification must be completed by a doctor, licensed health care provider, or licensed rehab/social worker familiar with your disability. If it is incomplete, applications will be returned to applicants and not processed.

After the City's contracted transit service provider, Transdev Services Inc., receives your completed application, you may be contacted to provide additional information to aid in the determination of your eligibility.

You will receive an eligibility determination letter within 21 days. If an eligibility determination is not made within 21 days after the receipt of the application, the applicant will be considered as eligible for service until an eligibility determination is made.

If you require any assistance in completing this application, you may call the Transdev Services Inc. paratransit office at 815-420-5500.

We thank you for your interest in the City of DeKalb's paratransit service.

Revised: July 24, 2023

OFFICE USE ONLY

Eligibility:

- ☐ ADA Unconditional
- ☐ ADA Conditional
- ☐ Non-ADA Disabled Eligible
- ☐ Non-ADA Elderly Eligible
- ☐ Denied

Application Review Date: _____

Expiration Date: _____

Approved By: _____

Return completed application to:

Transdev Eligibility Department
1825 Pleasant St.
DeKalb, IL 60115
Telephone: 815-420-5500

Which service are you applying for?

☐ **ADA Service**
☐ **Non-ADA Service**

Section 1: *General information to be completed by applicant* ***(Individuals seeking eligibility based solely upon age, 65 and over, please complete just this page.)***

Name | Male/Female | Email Address

Home Address | Apt. # | City | ZIP

Mailing Address | City | ZIP

Primary Phone | Cell Phone | Work Phone

Date of Birth | English | Primary Language

Emergency Contact | Address | Phone

Person Assisting with Completion of Application

Relationship to Applicant | Phone

Preferred Media/Communication Type
☐ Regular Print ☐ Large Print ☐ Email

Do you use any of the following mobility aids? (Check all that apply)

☐ Cane ☐ Power Wheelchair ☐ Communication
☐ White Cane ☐ Service Animal ☐ Devices Walker
☐ Power Scooter ☐ Crutches ☐ Manual Wheelchair
☐ Leg Braces ☐ Portable Oxygen Tank ☐ Other: _____

Section 2: ***Disability Information***

1. Which **disability or health related conditions <u>prevent</u>** you from using the City of DeKalb fixed route bus service?

_____

_____

_____

2. Briefly explain **how** your condition prevents you from using the City of DeKalb fixed route bus service.

_____

_____

_____

3. Do the conditions you described change from day to day in a way that affects your ability to use public transit?

☐ Yes, good on some days, bad on others ☐ No, does not change. ☐ Don't know.

4. Are the conditions described:

☐ Permanent ☐ Temporary ☐ Don't know

If temporary, how long do you expect the condition(s) to continue?

_____

5. Please check the box that best describes your current living situation:

☐ 24 Hour Care or Skilled Nursing Facility

☐ Assisted Living Facility

☐ I receive assistance from someone that comes to my home to help with daily living activities.

☐ I live with family members who help me

☐ I live independently without the assistance of another person

6. Are you able to get to and from the City of DeKalb fixed route bus stop nearest your home?

☐ Yes ☐ No ☐ Sometimes

If no or sometimes, please explain why: _____

7. Which of the following statements best describes you?
(Check only one response):

☐ I have never used the City of DeKalb fixed route bus system.

☐ I have used the City of DeKalb fixed route bus system but not since the onset of my disability. I

☐ have used the City of DeKalb fixed route bus system within the past 12 months.

8. Do you travel with the help of another person?

☐ Always ☐ Sometimes ☐ Never

If "always" or "sometimes", what type of help do they provide? _____

9. Please add any other information that you would like us to know about your abilities.

_____

_____

_____

10. Do you need written information provided to you in an accessible format?

☐ Yes ☐ No

If yes, please describe: _____

Section 3: Applicant Certification (Please sign)

All applicants must sign the completed application. If this application has been completed by someone other than the person requesting certification, the person who completed the application must provide the following information:

Name of Applicant: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Name of Person Assisting Applicant: _____

Relationship to Applicant: _____

By signing this application, you are certifying under penalty of perjury under the laws of the State of Illinois that the foregoing is true and correct.

Applicant/Legal Guardian Signature: _____ Date: _____

Please Note: a licensed Medical or Mental Health Provider, one who is **most** familiar with you and your disability/limiting condition, is required to complete a Professional Verification form for eligibility determination.

Professional Verification

Applicant Name: _____

Thank you for completing this Professional Verification form for City of DeKalb paratransit services. We will use the information to help determine paratransit eligibility in accordance with the Americans with Disabilities Act (ADA). Paratransit is a shared ride, public transportation service for individuals who, because of the effects of their disabilities/limiting conditions, are not able to ride a regular ramp-equipped and accessible fixed route bus. **Age, language, convenience of the service, fear of falling, inability to drive, and inability to carry packages are not qualifying factors for paratransit service**. Please call the City of DeKalb's contracted paratransit provider, Transdev, at 815-420-5500 if you have any questions.

Please review the information provided by the applicant on this application form. Based on your knowledge of the applicant's condition, is the information accurate? ☐ Yes ☐ No ☐ Somewhat

If you checked *No* or *Somewhat*, please explain:

_____

_____

_____

Are there any changes or additions you would make to the list of stated Diagnosis/Disability shown on page 1, Section 2 of this application?

_____

_____

_____

Please provide any additional information that you deem relevant as to why the effects of the applicant's disability/limiting condition will prevent their use of the regular, fixed route bus system?

_____

_____

_____

I am an approved provider, licensed in the State of Illinois in the field indicated below, and certify that the above-mentioned individual has the disability and limitations indicated above.

_____ _____

Professional Care Provider's Signature Date

_____ _____

Professional Care Provider's Name (Please Print) Phone

_____ _____

Mailing Address Clinic/Agency Name

_____

Individual National Provider Identifier (NPI)

***This form considered incomplete without a valid <u>individual</u> number.**

Revised: July 24, 2023