



## Rockland County Department of Public Transportation

Dear Customer:

Thank you for inquiring about eligibility for our "ADA TRIPS" paratransit bus service. Enclosed is the "ADA TRIPS" Paratransit Bus Service Application Form. **Please read this and the enclosed material carefully before completing the application.**

Rockland County residents have two types of municipal public transportation bus systems. One is a fixed-route system and the other is demand responsive. The fixed-route system is comprised of Transport of Rockland (TOR), Hudson Link and Clarkstown Mini-Trans (CMT).

The demand-responsive system – TRIPS – is a shared ride, paratransit bus service for Rockland residents with physical, mental, developmental or intellectual disabilities or senior citizens aged 60 or over who find it difficult or impossible to use fixed-route bus service. TRIPS is operated by the Rockland County Department of Public Transportation (RCDPT). TRIPS offers two types of service – Regular TRIPS service and ADA TRIPS service. (Regular TRIPS service is for residents with physical, mental, developmental or intellectual disabilities or senior citizens aged 60 or over who may not meet the eligibility criteria for ADA TRIPS service. For further information on Regular TRIPS service or to obtain a Regular TRIPS service application, go to [www.rocklandbus.com](http://www.rocklandbus.com) and click on TRIPS or call Yahaira Roman, Senior Transportation Assistant, at 364-2065.)

**ADA TRIPS service** is the complementary, curb-to-curb origin-destination paratransit bus service for municipal, fixed-route bus services. ADA TRIPS service is designed to meet the Americans with Disabilities Act (ADA) service criteria established by the Federal government.

To be eligible for ADA TRIPS service a rider must, because of a disability, be prevented from using the municipal, fixed-route bus service, and must be certified by TRIPS or an approved Certifying Agency as an ADA TRIPS paratransit customer.

ADA TRIPS service only operates within Rockland County and both the origin and destination of the requested ride must fall within 3/4 of a mile on either side of a municipal, fixed-route bus route.

There are three types of ADA TRIPS paratransit eligibility. These are:

- **Unconditional** - this eligibility is granted if your disability prevents you from using fixed-route public bus service for any trips that you might need to make.
- **Conditional** - this eligibility is granted if you can use fixed-route public bus service under certain circumstances but need paratransit service for certain trips.
- **Temporary** - this eligibility is granted if you will only be unable to use fixed-route bus service for a short period. For example, if you have suffered a broken leg. Temporary eligibility can be either unconditional or conditional.

If you do not meet these criteria, you can still use the Regular TRIPS service on a space available basis, after ADA TRIPS customers' requests have been met. (For regular TRIPS service, you will need to complete a different application. For a Regular TRIPS application form, please go to [www.rocklandbus.com](http://www.rocklandbus.com) and click on TRIPS or call Yahaira Roman, Senior Transportation Assistant, at 364-2065).

To enable us to accurately determine your eligibility for ADA TRIPS paratransit service, please fill out the enclosed application form **as completely and thoroughly as possible**. The questions are meant to determine the specific limitations you have in using standard bus service. They are also meant to determine **when and under what circumstances you can use standard, fixed-route buses or when shared-ride paratransit service is required**.

After you have completed Parts 1-6, please have an appropriate medical, certified, or licensed professional (a list of which is attached) complete the last page and then submit the entire document together with a full-face, recent headshot photograph for your ID card if you are determined to be eligible. (Digital photographs may be emailed to Yahaira Roman, Senior Transportation Assistant

at [RomanY@co.rockland.ny.us](mailto:RomanY@co.rockland.ny.us).) It is important that you complete all sections of the application. **If any sections are left blank, the form will be returned to you.**

Information about your disability that you provide in the application will be kept strictly confidential. Material is also available in large print, and can be provided in another format, such as audiotape, if needed. Please call Yahaira Roman, Senior Transportation Assistant, at 364-2065 for optional format requests.

Completed applications will be processed within 21 days of receipt. Please note that in some instances, we may not be able to determine your eligibility without further information. In this case, we may schedule an appointment with you for an in-person interview to allow us to better understand your functional abilities and transportation needs. Transportation to the interview and costs associated with the interview will be covered by RCDPT.

If it is determined that you are able to use fixed-route bus service and, therefore, are not eligible for ADA TRIPS service, we will notify you in writing of the exact reasons for this determination. An opportunity to appeal the eligibility decision in person will also be provided.

### **List of Appropriate Medical, Certified or Licensed Professionals for ADA Eligibility Applications**

The following professionals may complete the Professional Verification section of the ADA TRIPS Paratransit Bus Service application, provided that their qualifications are relevant to the applicant's disability.

- |                        |                                     |
|------------------------|-------------------------------------|
| Physician              | Chiropractor                        |
| Psychologist           | Vocational Rehabilitation Counselor |
| Psychiatrist           | Mental Health Counselor             |
| Registered Nurse       | Respiratory Therapist               |
| Nurse Practitioner     | Social Worker                       |
| Physical Therapist     | Mental Health Worker                |
| Occupational Therapist | Orientation and Mobility Instructor |

**Please remember to include a full-face, recent headshot photograph with your application for an ADA card. Digital photographs are preferred and may be emailed to [RomanY@co.rockland.ny.us](mailto:RomanY@co.rockland.ny.us).**

# ADA TRIPS PARATRANSIT BUS SERVICE APPLICATION FORM

In compliance with the Americans with Disabilities Act of 1990 (ADA), the Rockland County Department of Public Transportation (RCDPT) provides "ADA TRIPS" shared-ride paratransit bus service to people with a disability who cannot use standard, fixed-route municipal bus service in Rockland County and who are traveling in an area served by fixed-route municipal buses.

The fixed-route municipal bus services in Rockland are Transport of Rockland (TOR), Hudson Link and Clarkstown Mini-Trans (CMT). Use of ADA TRIPS paratransit bus service is intended only for travel when an individual is unable to use standard, fixed-route buses.

This application form is intended to determine when and under what circumstances the applicant can use standard, fixed-route buses and when ADA TRIPS service is required. Before completing this application form, please read the enclosed letter and information that describe eligibility for ADA TRIPS paratransit bus service in more detail.

---

**INSTRUCTIONS:** The applicant (or someone assisting them) must complete PARTS 1 - 6. A medical or certified or licensed appropriate professional (a list of which is provided in the attached letter) must complete and sign the MEDICAL VERIFICATION section.

All questions must be answered. Incomplete forms will be returned. Copies of this form are available in large print, audiotape or other accessible media upon request. If you have questions or need assistance completing this form, you may seek assistance from the following:

- Yahaira Roman, Senior Transportation Assistant, (845) 364-2065
- Alzheimer's Association, (800) 272-3900, Debra Kagan-Birkeland
- ARC of Rockland, (845) 267-2500 ext. 3301, Kathy Canter
- BRIDGES, (845) 624-1366 ext. 128, Nicole Sirignani
- Camp Venture, (845) 947-2776, Vanessa Eybers/Mike Emsworth
- Department of Mental Health, (845) 364-2391, Salina Williams/Latrice Martin
- Jawonio, Inc., (845) 906-9697, Susan Mackay
- Mental Health Association, (845) 267-2172 ext. 255, Lana Rumore
- Mental Health Association, (845) 267-2172 ext. 286, Alyssa Cole

**WHEN COMPLETED, PLEASE RETURN THIS ENTIRE FORM TO:**

**Yahaira Roman, Senior Transportation Assistant  
Rockland County Department of Public Transportation  
50 Sanatorium Road, Bldg. T  
Pomona, NY 10970**

**PART 1. GENERAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt/Bldg #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**If you want us to contact someone other than the applicant regarding this application, please identify him or her below:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you need to have information and material given to you in any of the following ways (check all that you need)?**

Audio Tape     Braille     Other: \_\_\_\_\_

**Please give us the name and telephone number of someone we can call in an emergency.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **PART 2. APPLICANT'S CERTIFICATION**

**Please indicate below the reasons why you are seeking ADA TRIPS paratransit service eligibility (check all that apply):**

- I can use standard buses to go some places, but in some instances I cannot get to or from the bus stops.
  - I would be able to use a standard bus sometimes, but only if it was to be equipped with a wheelchair-lift.
  - Because of my disability, I can **never** use standard bus service.
- I understand that the purpose of this evaluation form is to determine if there are times when I am unable to use the standard municipal bus services (TOR, Clarkstown Mini-Trans and Hudson Link buses) and must therefore use the ADA TRIPS shared-ride paratransit bus service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-examined as well as other actions by RCDPT.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 3. INFORMATION ABOUT THE APPLICANT'S DISABILITY

**3a. What type or types of disabilities prevent you from using standard bus service (check all that apply)?**

- |   |  |
|---|--|
| <input type="checkbox"/> physical disability      | <input type="checkbox"/> visual impairment/blindness |
| <input type="checkbox"/> developmental disability | <input type="checkbox"/> mental illness              |
| <input type="checkbox"/> other                    | <input type="checkbox"/> none                        |

Please describe your disability in more detail:

**3b. Is the disability described above temporary or permanent?**

- Temporary, I expect it to last for another \_\_\_\_\_ months
- Permanent
- I don't know

**3c. Please indicate below if you use any of the following equipment or mobility aids.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> support cane                                   | <input type="checkbox"/> long white cane      | <input type="checkbox"/> leg braces    |
| <input type="checkbox"/> crutches                                       | <input type="checkbox"/> walker               | <input type="checkbox"/> picture board |
| <input type="checkbox"/> manual wheelchair                              | <input type="checkbox"/> powered wheelchair   |  |
| <input type="checkbox"/> alphabet board                                 | <input type="checkbox"/> powered scooter/cart |  |
| <input type="checkbox"/> large wheelchair (over 30" wide or 48" long)   |   |  |
| <input type="checkbox"/> other: _____                                   |   |  |
| <input type="checkbox"/> service animal (describe) _____                |   |  |
| <input type="checkbox"/> I don't use any of the above aids or equipment |   |  |

**3d. Do you require the assistance of a (PCA) Personal Care Attendant (someone who assists you with daily life functions)?**

- YES, I need assistance.
- NO
- SOMETIMES

## PART 4. QUESTIONS ABOUT USING STANDARD BUSES

4a. Have you ever used standard buses (e.g., TOR, Clarkstown Mini-Trans)?

- YES, I typically use standard buses \_\_\_\_\_ times a week
- YES, I used to but stopped because \_\_\_\_\_
- NO

4b. Is there something that might help you to ride standard buses (check all that apply)?

- YES, route and schedule information
- YES, learning to use the buses
- YES, being able to get buses with lifts
- YES, a communication aid
- YES, if bus stops were closer to where I live and where I need to go
- YES, (describe) \_\_\_\_\_
- NO, none of these would help

4c. Can you ask for and follow written or oral instructions to use standard buses?

- YES
- NO
- SOMETIMES
- I don't know because I have never tried to use the buses

**If NO or SOMETIMES, please check all that apply**

- I get too confused and might get lost
- Other people cannot understand me
- I probably could with instruction
- other: \_\_\_\_\_



**4d. Using a mobility aid or on your own, how far can you travel?**

- I cannot travel outside my house/apartment
- I can get to the curb in front of my house/apartment \*
- I can travel up to ¼ mile
- I can travel up to ½ mile
- I can travel up to ¾ mile

\* If your disability or other circumstance prevents you from being able to travel to the curb without assistance, you may inquire about TRIPS origin to destination assistance.

**4e. Are you able to get to and from bus stops on your own?**

- YES
- NO
- SOMETIMES
- I don't know because I have never tried

**4f. Can you wait up to 30 minutes for a standard bus at a bus stop?**

- YES
- YES, but only if the stop has a bench and shelter
- YES, but I don't like to wait that long
- NO (explain)\_\_\_\_\_

**4g. Can you get on and off a standard bus?**

- YES
- NO
- SOMETIMES
- I don't know because I have never tried

**If NO or SOMETIMES,  
please check all that apply**

- I could if the bus had a wheelchair lift
- I cannot climb the stairs
- I probably could with instruction
- other:\_\_\_\_\_

**4h. If you are able to get on and off standard buses, can you get to a seat or wheelchair position by yourself and ride the bus?**

- YES
- NO
- SOMETIMES
- I don't know because I have never tried

**If NO or SOMETIMES,  
please check all that apply**

- I need someone to help me
- I have a balance problem
- I have trouble finding a seat
- I need the seat nearest the door
- other: \_\_\_\_\_

**4i. If you are able to get on and off standard buses, do you know where to get off the bus or can you find out by yourself?**

- YES
- NO
- SOMETIMES
- I don't know because I have never tried

**If NO or SOMETIMES,  
please check all that apply**

- I get confused and can't remember where I am going
- I can if the driver calls out the stops
- I probably could with instruction
- other: \_\_\_\_\_

**4j. Are there any other conditions, which limit your ability to use the standard buses?**

- YES (Please describe them): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- NO

**PART 5. CURRENT TRAVEL INFORMATION**

5a. Please list the three trips that you will make most frequently using the ADA TRIPS paratransit service.

<b>SAMPLE</b>	
<b>From (Address)</b>	<b>To (Place and Address)</b>
(1) <u>35 Palm Drive</u>	<u>SHOPRITE, 150 Main Street</u>

<b>From (Address)</b>	<b>To (Place and Address)</b>
(1) _____	_____
(2) _____	_____
(3) _____	_____

## PART 6. INFORMATION ABOUT TRAVEL TRAINING

**NOTE:** Travel training is personal (one-on-one) instruction that teaches an individual how to use standard buses.

**6a. Have you ever had any personal instruction to use standard buses?**

- NO, I have not received any personal instruction
- YES, I received personal instruction through an agency.  
(name of agency):
- YES, I received personal instruction from a friend/relative

**If yes, indicate below all of the skills you learned:**

- to travel to and from bus stops
- to cross streets
- to ride on the following routes (please list them):  
Route# \_\_\_\_\_ Route# \_\_\_\_\_ Route# \_\_\_\_\_
- reading bus schedules and planning trips
- Other:

**Did you complete the above described instruction?**  YES  NO

**6b. RCDPT can arrange instruction for anyone interested in learning how to ride the standard buses. Would you be interested in getting information about this service?**

- YES  NO

THIS ENDS THE PORTION OF THE FORM TO BE COMPLETED BY THE APPLICANT. **THE LAST SECTION MUST BE COMPLETED AND SIGNED BY AN APPROPRIATE MEDICAL, CERTIFIED OR LICENSED PROFESSIONAL.**

**PROFESSIONAL VERIFICATION**

**THIS PORTION OF THE FORM MUST BE COMPLETED AND SIGNED BY AN APPROPRIATE MEDICAL, CERTIFIED OR LICENSED PROFESSIONAL WHO IS TREATING THE APPLICANT.**

The Americans with Disabilities Act of 1990 (ADA) requires that the Rockland County Department of Public Transportation (RCDPT) provide "ADA TRIPS" shared-ride paratransit bus service to anyone who **as a result of a disability cannot use standard buses** and who is traveling in an area served by municipal bus service, and only to these individuals. The applicant who has asked you to review and sign this form is applying to RCDPT to be considered eligible for this service. This application form is intended to determine **when and under what circumstances the applicant can use standard bus service and when they require ADA TRIPS shared-ride paratransit bus service.** ADA TRIPS shared-ride paratransit bus service is intended only for those trips that the person cannot make on the standard bus system as a result of a disability.

Please carefully review the information provided by the applicant in PARTS 2-4 of this form and then answer the questions below.

(a) **Has the applicant accurately described his or her disability and use of mobility aids in Part 3 of the application (Questions 1-4)?**

YES                       NO (Note exceptions or additions below)

\_\_\_\_\_

\_\_\_\_\_

(b) **Please provide a more detailed diagnosis of the disability or disabilities which functionally prevents the applicant from using standard bus service:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) **To the best of your knowledge, is the information provided by the applicant in Parts 2-4 of this application form consistent with the above diagnosis?**

YES                       NO (Note exceptions or additions below)

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Professional License, Registration or Certification #: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Revised 4.4.23