



Rockland County Department of Public Transportation

Regular TRIPS Service Application for People with Disabilities*

**Seniors should complete the "Regular TRIPS Service Application for Seniors".
Please contact the Rockland County Department of Public Transportation at
364-2064 to obtain a senior application.*

Applicant: PLEASE DO NOT BRING THIS FORM TO THE PUBLIC TRANSPORTATION DEPARTMENT! YOU MUST HAVE A CERTIFYING AGENCY COMPLETE PART 5 OF THIS APPLICATION AND CERTIFY YOU TO RIDE TRIPS (see Page 6 for details). Please answer the following questions as completely as possible. Please PRINT your answers. If a question does not apply, clearly mark N/A in the space provided.

PART 1 - GENERAL INFORMATION

NAME _____

DATE OF BIRTH (Month) _____ (Day) _____ (Year) _____

ADDRESS (Street) _____ APT # _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER

Home: () _____ - _____ Work: () _____ - _____

Describe the street intersection and public bus stop nearest to your home:

Intersection: _____ / _____ Bus Stop location: _____

How far is the nearest street intersection from your home? (check one)

1-2 blocks 2-5 blocks 5-10 blocks ¼ mile ½ mile or more

Name and phone number of someone we can call in an emergency:

Name: _____ Relationship: _____

Telephone - Home: () _____ - _____ Work: () _____ - _____

If someone assisted you in completing this form, please identify that person:

Name: _____ Telephone : () _____

PART 2 - INFORMATION ABOUT YOUR DISABILITY

Please check the reason(s) you are seeking TRIPS eligibility:

____ I can use public, fixed-route buses [such as Transport of Rockland (TOR)] to go some places, but not for other places.

____ I can only use public buses if the bus stop is accessible and/or if the bus is equipped with a wheelchair lift.

If you do not use public, fixed-route buses such as TOR, please describe what prevents you from using them:

Please check which type(s) of disabilities prevent you from using TOR buses:

____ Physical Disability ____ Developmental Disability ____ Cardio-Pulmonary

____ Visual Impairment ____ Other (please specify):

Is the disability described above: ____ Temporary? **OR** ____ Permanent?

If temporary, what is its expected duration? (check one) : ____ Less than 3 months

____ 3 - 6 months ____ 6 - 9 months ____ 9 - 12 months ____ 12 or more months

Do you use mobility aids? ___ No ___ Yes (Please check all that apply):

___ Wheelchair ___ Motorized wheelchair ___ Scooter (ie: *Amigo*) ___ Cane

___ Long White Cane ___ Leg Brace ___ Walker ___ Crutches ___ Service
Animal

Using a mobility aid or on your own, how far are you able to travel? (check one)

- I cannot travel outside my home I can get to the curb in front of my house/apartment
- I can travel up to 5 blocks (1/4 mile) I can travel up to 10 blocks (1/2 mile)
- I can travel up to 15 blocks (3/4 mile)

Can you travel ONLY if you are accompanied by another person (ie: companion)?

- Yes No

If yes, please indicate how this person assists you (check all that apply):

- Mobility Transfers Medication Other (Please specify):_____

How do you currently travel? (check all that apply)

- Drive myself Someone else drives Van/car service Taxi Train
- Regular public bus (TOR) Ambulette Other (please specify):_____

PART 3 - QUESTIONS ABOUT USING TOR BUSES

Do you currently use a public bus service? Yes No

What bus service do you ride? _____

Do you use Transport of Rockland (TOR) buses?

- Yes, I have in the past Yes, I currently ride TOR No

If you currently use TOR, how often per week do you ride TOR?

If No, what prevents you from riding TOR?

Are you able to ask for and follow written or oral information such as Bus Schedules? (including TTY, tape, voice) Yes No

Can you calculate the correct fare? Yes No

Can you put the fare in the box? Yes No

Can you cross the street (if necessary) after getting off the bus? Yes No

Can you follow instructions in an emergency? Yes No

Can you signal the driver in order to get off the bus? Yes No

Can you reach your destination once you get off the bus? Yes No

If any answers above are "No", please explain why:

Have you ever received Travel Training on how to use a public bus? Yes No

Was the training successfully completed? Yes No

If you received travel training, please provide the name of the person or agency that gave the training:

*Under the Americans with Disabilities Act (ADA), residents with disabilities may also qualify for ADA TRIPS service, which has specific qualifying criteria.
For information about qualifying for ADA TRIPS service, please call Yahaira Roman, Senior Transportation Assistant at 845-364-2065.*

PART 4 - AUTHORIZATION TO RELEASE INFORMATION

(Please read the following information and sign below to confirm the truth of the information in this application, and, if necessary, to authorize the release of information contained in this application.)

I understand that my application will be returned if it is not complete. I confirm that all the information that I provided on this application is true to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to the revocation of my certification. I understand that a false statement made herein may result in the rejection of my application for TRIPS bus service.

I agree to notify TRIPS at (845) 364-TRIP (8747) if I no longer need TRIPS service for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using TRIPS may be grounds for suspending or revoking my eligibility to participate in this program.

In the event that I apply for paratransit service eligibility in another community, I hereby authorize TRIPS to release the information on my application to such agency.

SIGNATURE OF APPLICANT

DATE: _____

PART 5 - CERTIFICATION

Attention Applicant: Please have one of the following Certifying Agencies complete the remainder of this application. **ONCE YOU HAVE BEEN CERTIFIED**, the Certifying Agency will provide you with a release certificate to bring to the Rockland County Department of Public Transportation so you can obtain your photo ID TRIPS card.

- Alzheimer's Association, (800) 272-3900, Debra Kagan-Birkeland
- ARC of Rockland, (845) 267-2500 ext. 3301, Kathy Canter
- 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, Lana Rumore ext.255/Alyssa Cole ext.286
- BRIDGES, (845) 624-1366 ext.128, Nicole Sirignano

Please note that certifying agencies may require certification of your disability by a medical professional.

PROFESSIONAL CERTIFICATION

Dear Doctor or Certifying Agency:

The applicant who has asked you to review the information on this application and to sign this form is applying for eligibility for Regular TRIPS paratransit bus service. Please read the following information carefully since it may affect your response.

Who Qualifies for TRIPS?

TRIPS bus service is designed to serve **ONLY** those persons whose severity of disability prevents them from using public transportation. Disability alone does not qualify a person to ride TRIPS. A person must be **FUNCTIONALLY** unable to use the fixed-route TOR or other public bus services. TRIPS service is provided to the following three general groups of persons with disabilities:

1. Persons with specific impairment-related conditions that make it **IMPOSSIBLE** - not just **DIFFICULT** - to travel to or from a public bus stop.
2. Persons who need a wheelchair lift-equipped bus, but one is not available on the fixed-route public service when they need to travel.
3. Persons who are unable to board, ride or exit from the TOR or other public buses even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.

What is Regular TRIPS Service?

TRIPS is a curb-to-curb, demand-responsive service. Curb-to-curb service means that NO assistance is provided to individuals between the door of their starting point or destination and the TRIPS vehicle. Assistance is provided ONLY to help board and exit vehicles.

Please review the medical information provided in this application, fill out the certification as appropriate and sign the document. The information you provide will help us to serve ONLY those who MOST need TRIPS.

Certification of Disability:

I, (Name of Physician/Certifying Agency representative – please print):

_____, certify that _____ (Name of

Applicant) is a severely disabled person who has been my patient/associated with this agency

since _____ (Date) and whose diagnosis/disability is as follows:

Please describe the applicant’s physical and/or cognitive condition and how it functionally prevents the applicant from using TOR or other public bus service:

I certify that the medical information provided in this application is accurate to the best of my knowledge and is consistent with the applicant's medical diagnosis.

Signed this _____ day of _____, 20_____

(Signature of Physician/Certifying Agency Representative)

(License Number – if applicable)

(Street Address)

_____/_____/_____
(City) (State) (Zip)

Phone: _____