



Greater Cincinnati Region (BCRTA, Metro, and TANK service areas)

Application for ADA Paratransit Services

Regional Collaboration

The three large transit agencies (Butler County Regional Transit Authority (BCRTA) in Butler County, Metro in Hamilton County, and the Transit Authority of Northern Kentucky (TANK) in Northern Kentucky) collaborate to help people move seamlessly across county and state lines. This collaboration has resulted in coordinated public transit services, bus stop facilities, and ADA paratransit services and eligibility. This regional ADA paratransit application and all resulting outcomes are accepted and shared by all three transit agencies in the region.

Transit Services

These agencies operate three types of public transportation services:

- **Fixed Route** – A transit service (fixed and express route buses) that follows a repetitive, fixed schedule along a specific route with vehicles stopping to pick-up and drop-off passengers along the way. This includes BCRTA in Butler County, Metro in Hamilton County, and TANK in Northern Kentucky.
- **Micro-transit or mobility on demand** – A flexible, on-demand service that uses smaller vehicles that can transport you within a zone and/or to a connecting bus. This includes BGo in Butler County, MetroNow! in Hamilton County, and TANK’s proposed micro-transit services in Northern Kentucky.
- **ADA Paratransit** – A shared-ride public transportation service for people whose disabilities prevent them from riding fixed route buses. This includes BCARE in Butler County, Metro Access in Hamilton County, and RAMP in Northern Kentucky.

All fixed route and micro-transit services in the Greater Cincinnati region are 100% accessible with wheelchair lifts or ramps and automatic voice systems that announce key stops, transfer points, and other important information. Service animals are allowed to ride these services without paying an additional fare.

Travel Training is available at no cost to individuals who would like to learn how to use the fixed route and micro-transit services. This training includes planning and/or scheduling your transit trip, identifying your stop, signaling the bus, paying your fare, and signaling the driver that you are ready to get off the bus.

ADA Paratransit Eligibility Process

The Americans with Disabilities Act of 1990 (ADA) requires that BCRTA, Metro, and TANK provide ADA paratransit service within 3/4 of a mile and within the operating hours of regular (non-express) fixed route service. Disability alone does not determine ADA paratransit eligibility. Eligibility is not a medical decision but is based on the applicant's functional ability to use the fixed route bus.

The information provided on your application is confidential and will only be used to help determine if you are eligible for ADA paratransit services. All applications for ADA paratransit service eligibility will be processed within 21 days from the date that the assessment is completed. Staff will notify the applicant in writing of the determination decision. The letter will state if the applicant has been approved for service, the conditions of eligibility (if any) and if a Personal Care Attendant (PCA) is approved for travel as well.

If eligibility is determined, the applicant will be issued an identification card within 5-7 working days. In the rare case that your application is not processed within 21 days, a presumptive eligibility will be in place until such a time that eligibility can be established.

If you have questions, need help filling out this application, or need an alternative format (large print or in a different language), we can help you. The application begins on page 3 of this document. All sections must be completed.

If you live in Hamilton County, Ohio, or Northern Kentucky, you will be required to complete an in-person assessment. Transportation to the assessment location will be provided by your local transit provider. You must bring a valid photo identification card and if you utilize a mobility device, you must bring it as well to your in-person assessment.

You may be asked to have a clinical professional complete an assessment form for you.

To submit your application:

- Butler County residents
 - Send to BCRTA 3045 Moser Ct Hamilton, Ohio 45011.
 - Call (513) 785-5237, for assistance.
- Hamilton County residents
 - Call (513) 632-7586 to schedule an in-person transportation skills assessment and submit your application.
 - TTY for hearing impaired: Ohio Relay Station 1-800-750-0750.
- Northern Kentucky residents
 - Call (859) 814-2135 to schedule an assessment and submit your application.

ADA Paratransit Service Application

Section 1: Contact and General Information

Check One: Mr. Mrs. Miss. Ms.

1. Your contact information:

Last Name: _____

First Name: _____ Middle Name: _____

Street Address: _____ Apt. _____

Name of Apartment Building, Complex, or Neighborhood: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: _____ Cellular telephone: _____

2. What is your date of birth: _____

3. How do you prefer to receive information regarding your eligibility and ride?

Phone Call Text Message Other _____

4. Do you need information given to you in any of the following formats? Large Print

Braille None Another Language (please specify) _____

5. Do you live (check all that apply)

Alone With relative With a friend With a caretaker

In a house In an apartment In a group home

In a nursing home In an assisted living facility In a supported living facility

6. Who is your emergency contact?

Name: _____ Relationship: _____

Telephone: _____ Cellular telephone: _____

Email Address: _____

7. Is this the first time you have applied for ADA paratransit service eligibility?

Yes No

If no, what agency have you applied for ADA paratransit service eligibility in the past?

When did you apply?

How has your condition changed since that application?

8. Do you have a personal care attendant (PCA) who assists you with daily life functions? Yes No

If yes: How does your PCA assist you? _____

Do you travel with a PCA? Yes No

9. Did you need help completing this form? Yes No

If yes, please complete the following information about the person who helped you.

Name: _____ Relationship: _____

Agency Name (if professional): _____

Telephone: _____ Cellular telephone: _____

Email Address: _____

Section 2: Applicant's Ability to Use Fixed Route Bus Service

1. Do you currently use the fixed route bus? Yes No

If no, when was the last time you used the fixed route bus?

 A year or less A year to 5 years More than 5 years Never

2. What fixed route number serves your home or residence, if known? _____

3. Where is the nearest bus stop to your home or residence, if known? _____

4. Did you know that all fixed route buses are ADA accessible? Yes No

5. Can you wait up to 15 minutes at a bus stop? Yes No

If no, please explain _____

6. Would you be interested in Travel Training that is available to teach you how to use the fixed route system? Yes No

7. How far can you travel by foot or using a mobility aid? Check all that apply.

To the ground outside my home Can Cannot

To the curb in front of my home Can Cannot

Up to ¼ mile Can Cannot

Up to ½ mile Can Cannot

Up to ¾ mile Can Cannot

8. Please read the following statements and mark all those that describe your ability to use the fixed route bus.

- I have a temporary disability which prevents me from getting to the bus stop.
- I have a disability which prevents me from boarding a bus even with a wheelchair ramp without assistance.
- I cannot get to the bus stop by myself.
- I have a cognitive disability which prevents me from remembering and/or understanding how to find my way to and from the bus stop.
- I have a visual disability that prevents me from finding my way to and from the bus stop.
- I have a severe medical condition that results in an impairment that makes it impossible for me to use the fixed route system.
- I have a disability that comes and goes. I can use the fixed route system on days when I am feeling well. However, on bad days I can't make it to the bus stop or get on the bus.

9. Check the items listed below that might help you ride the bus.

- Have someone to teach me how to ride.
- Get help with trip planning.
- Provide bus stops closer to my home.
- Other _____

Section 3: Information about Your Ability and Mobility Equipment

1. Do you use any of the following aids (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Long White Cane |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Transport Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Walker / Walker with Seat | <input type="checkbox"/> Communications Board |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Other: _____ |

If you use a wheelchair or scooter, what is the weight of your chair when in use?

2. Are there any other effects of your disability that we need to be aware of?

Obesity/Weight

Dizziness

Seizures

Other, please explain:

Paralysis

Shortness of Breath

3. Is your disability?

Permanent.

Temporary and expected to last until _____.

Weather related.

Varies daily.

The duration is unknown.

Section 4: Certification

I understand that the purpose of the application is to determine if I, or the applicant for whom I represent, is eligible to use ADA paratransit services. I certify that the information provided in this application is true and correct. I understand that falsification of this application to obtain ADA service violates the United States Code Title 18, Section 1001. Penalties including fines and imprisonment up to ten years could be possible. I also understand that the information provided on this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility.

I give permission for the ADA paratransit staff to contact the professional who has filled out this application or given supplemental verification of my condition, if applicable.

Signature of Applicant or Legal Guardian

Date

Name of Person Completing Application, if not Applicant

Relationship