

ZIA TRANSPORTATION SERVICES
(A Division of Zia Therapy)
PARATRANSIT SYSTEMS

WHAT IS THE PARATRANSIT BUS?

Paratransit is a special transportation service offered by the Ztrans Public Transportation Service, providing “origin to destination,” or “door to door” on demand service for individuals with disabilities, unable to use conventional public transportation. The Paratransit bus is fully Americans with Disabilities Act (ADA) Compliant. The bus is operated by drivers who are specially trained in providing service to individuals with disabilities.

WHO IS ELIGIBLE FOR PARA-TRANSIT?

Persons who have been certified as eligible by Ztrans and whose disability is confirmed by a licensed treating professional completing the application are eligible for ADA Paratransit. Zia Therapy Center, Inc. follows the Americans with Disabilities Act (ADA) of 1990 eligibility standards for paratransit services. People with disabilities in the following categories are eligible to receive paratransit services.

- Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable individuals with disabilities
- Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system

HOW CAN I ESTABLISH ELIGIBILITY FOR PARATRANSIT SERVICES?

Applicants must follow these steps to be considered for complementary paratransit services:

Step 1

Complete a Paratransit Certification form.

Contact Ztrans at 575-439-4971 to request a Paratransit Certification form.

Step 2

Obtain a written verification of your disability from a physician.

Step 3

Return form and verification documents to Ztrans. You may send it as an email attachment to ztrans@ziatherapy.org. Upon receipt, a representative will contact you to schedule an in-person eligibility determination assessment, if required.

Please fill out the appropriate application form and have a personal physician certify you as eligible. Applications with certification should be submitted to:

Zia Transportation Services
A Division of Zia Therapy Center
900 First Street
Alamogordo, NM 88310
Fax: 575-439-4990

Each application will receive prompt review. When eligibility questions arise, the final determination will be made by an advisory committee with assistance from medical personnel when necessary. The eligibility criteria are given in another section of these guidelines. If you need an ID Card or a letter acknowledging your eligibility for our Paratransit due to leaving the area, we will give it to you at your request.

CAN I APPEAL AN ELIGIBILITY DETERMINATION?

You may appeal your eligibility determination. An appeal of an eligibility determination must be submitted within 60 days of the date of the denial letter.

Your request for an appeal must be in writing. In the request either describe why you disagree with the determination or ask to present your case in person. You or a representative of your choosing may present on your behalf. A written decision will be made within 30 days the information for the appeal was received or the hearing was held.

Send appeal requests to:

Zia Transportation Services
A Division of Zia Therapy Center
900 First Street
Alamogordo, NM 88310

Thank you for riding Ztrans.

Zia Therapy Center, Inc.]
“Zia”
“Ztrans”
ADA PARATRANSIT APPLICATION

In compliance with the Americans with Disabilities Act (ADA) of 1990, Ztrans provides ADA Complementary Paratransit Service to individuals with a disability who are traveling in an area served by Ztrans, but who cannot use the regular fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use regular fixed-route bus service and when ADA Complementary Para-transit Service is required.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The applicant (or someone assisting the applicant) must complete **PARTS 1-7**. A treating professional must complete and sign **PART 8 – PROFESSIONAL VERIFICATION**, pages 8-9.

All applicants, whether new or being recertified, must complete a new application. The ADA Complementary Paratransit certification process may involve a personal functional assessment to determine if the applicant can use the regular fixed-route bus service. Ztrans will pay for the functional assessment as well as provide transportation to and from the evaluation, if necessary. **All questions must be answered. Incomplete applications will be returned.** If you have any questions or need assistance in completing this application, please call Ztrans at (575) 439-4971.

NOTE: PROCESSING OF THIS APPLICATION MAY TAKE UP TO 21 DAYS

WHEN COMPLETED, PLEASE RETURN THE FOLLOWING APPLICATION TO:

Ztrans Director
 Zia Therapy Center, Inc.
 900 First Street
 Alamogordo, NM 88310
 Fax: 575-439-4990

DO NOT WRITE IN THIS SPACE	
New Application: _____	Recertification: _____
Date Received: _____	Approved: _____ Date: _____
Reviewed By: _____	Denied: _____ Date: _____
Bill Code: _____	Third Party Review: _____ Date: _____
PCA Needed: _____	ADA I.D. Number: _____

PART 1 – GENERAL INFORMATION

PLEASE PRINT

Last Name: _____ First Name: _____
Street Address: _____ Apt # _____
Building Complex or Name: _____
City: _____ State: _____ ZipCode: _____
Mailing Address if different: _____
Telephone Number: _____
Date of Birth: _____

If someone is assisting you in completing this application, please identify him/her:
Name: _____ Phone Number: _____

Please give us the name and telephone number of someone we can contact in an emergency:
Name: _____ Phone Number: _____
Relationship: _____

PART 2 – ABILITY TO USE ZTRANS FIXED-ROUTE BUSES

Please indicate below the reasons you are applying for ADA Para-transit Eligibility:
(Check all that apply)

- _____ I can use Ztrans fixed-route buses to go some places but in other places I cannot get to and from the bus stops.
 - _____ I can use Ztrans fixed-route buses, but only if they are equipped with wheelchair lifts or ramps.
 - _____ Because of my disability, I can never use Ztrans fixed-route buses.
 - _____ Other reasons (please explain): _____
- _____
- _____
- _____

PART 3 – INFORMATION ABOUT THE APPLICANT’S DISABILITY

1. What types of disabilities prevent you from using Ztrans fixed-route buses?
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Mental disability |
| <input type="checkbox"/> Cognitive disability | <input type="checkbox"/> Other |

If other, please explain in detail: _____

2. Is the disability described above temporary or permanent?

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

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

- | | |
|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Powered scooter | <input type="checkbox"/> Long white cane |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Service animal (describe) _____ | |
| <input type="checkbox"/> Other (describe) _____ | |
| <input type="checkbox"/> I do not use any of the above aids or equipment | |

4. Do you require the assistance of a personal care attendant (someone who must assist you with daily life functions)?

- Yes, I need assistance when I travel
 No, I do not require assistance when I travel

PART 4 – QUESTIONS ABOUT USING ZTRANS FIXED-ROUTE BUSES

1. Can you ask for and follow written or oral instructions to use Ztrans fixed-route buses?

Yes No Sometimes

If you selected **NO** or **SOMETIMES**, please check all that apply:

- I get confused and might get lost
 - Other people cannot understand me
 - I probably could with instructions
 - Other (please describe) _____
-

2. Are you able to get to and from Ztrans bus stops on your own?

Yes No Sometimes

If you selected **NO** or **SOMETIMES**, please check all that apply:

- I cannot get places if there are no curb cuts
 - I cannot if the streets or sidewalks are too steep
 - I cannot cross busy streets and intersections
 - I cannot travel outside when it is too hot
 - I cannot find my way at night because of my limited vision
 - I probably could with travel training
 - I feel unsafe traveling alone
 - Other (please describe) _____
-

3. Using a mobility aide or on your own, how far can you walk or operate your wheelchair or scooter?

- I cannot walk outside my house or apartment
- I can get to the curb in front of my house or apartment
- I can walk or use my wheelchair up to 3 blocks
- I can walk or use my wheelchair up to 6 blocks
- I can walk or use my wheelchair up to 9 blocks

4. Can you wait up to 30 minutes for a Ztrans fixed-route bus at a bus stop?

- Yes
 - Yes, if the bus stop has a bus bench or shelter
 - No (please explain) _____
-

Are there any other conditions that limit your ability to use Ztrans fixed-route buses?

____ Yes (please describe) _____

____ No

PART 5 – CURRENT TRAVEL INFORMATION

Please list the trips you will make most frequently using ADA Paratransit Service.

EXAMPLE

FROM:
35 Palm Drive

TO:
Publix, 150 Main Street

FROM:

TO:

(1) _____

(2) _____

(3) _____

PART 6 – INFORMATION ABOUT BUS USE AND TRAVEL TRAINING

NOTE: Travel Training is personalized (individual or group) instruction that teaches the skills necessary to use Ztrans fixed-route bus service. Your responses to these questions will not be considered when determining your eligibility for ADA Paratransit.

1. Have you ever used Ztrans fixed-route buses?

Yes, I typically use Ztrans fixed-route buses _____ times a week

Yes, I used Ztrans fixed-route buses but stopped (State Reasons)

 No, I never use Ztrans fixed-route buses because (State Reasons)

2. What might help you ride Ztrans fixed-route buses? (Check all that apply)

Route and schedule information

Being able to get Ztrans fixed-route buses with wheelchair lifts or ramps

A communication aid (i.e., TTY, schedules in accessible formats)

Learning to use Ztrans fixed-route buses with travel training

If bus stops were closer to where I live and where I need to go

Other (please describe) _____

 None of these would help

3. Have you ever had any personal instruction on how to use Ztrans fixed-route bus service?

No, I have never received any Travel Training

Yes, I have received personal Travel Training instruction through an agency

Name of Agency: _____

If you selected **YES**, please indicate below the skills you learned:

To travel to and from bus stops

To cross streets

To read bus schedules and plan trips

To ride the following routes:

Route # _____ Route # _____ Route # _____ Route # _____

Other (please explain) _____

4. Did you complete the above training?

Yes

No

5. If Ztrans offers free Travel Training to anyone interested in learning how to ride the fixed-route bus service, would you be interested in getting information about this training?

Yes

No

PART 7 – APPLICANT’S CERTIFICATION

I understand the purpose of this application is to determine if there are times when I cannot use Ztrans fixed-route bus service and must therefore use the ADA Complementary Paratransit Service. I understand 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 application is true and correct. I authorize the licensed professional who provided professional verification to release information relating to my disability to Ztrans in order to assess eligibility determinations.

Applicant’s Signature: _____ **Date:** _____

THIS CONCLUDES THE PORTION OF THE APPLICATION TO BE COMPLETED BY APPLICANT.

THE LAST SECTION (PAGES 8-9) OF THIS APPLICATION MUST BE COMPLETED AND SIGNED BY A QUALIFIED AND LICENSED PROFESSIONAL.

EXAMPLES OF QUALIFIED PROFESSIONALS INCLUDE:

Physician (M.D. or D.O.)
Physical Therapist
Occupational Therapist
Orientation and Mobility Instructor
Registered Nurse

Independent Living Specialist
Rehabilitation Specialist
Licensed Social Worker
Optometrist
Psychologist

PART 8 – PROFESSIONAL VERIFICATION

Applicant's Name: _____

TO BE COMPLETED BY A TREATING PROFESSIONAL

The Americans with Disabilities Act (ADA) of 1990 requires Ztrans to provide **ADA Complementary Paratransit Service** to anyone who cannot use Ztrans fixed-route bus service because of a disability. ADA Complementary Paratransit Service is provided in an area contiguous to Ztrans fixed-route bus service. The applicant who has asked you to review and sign this application is applying to Ztrans to be considered eligible for the ADA Complementary Paratransit Service, which is intended only for those trips that the applicant cannot make on Ztrans fixed-route bus service. This application is intended to determine when and under what circumstances the applicant can use Ztrans fixed-route bus service and when he/she requires ADA Complementary Paratransit Service. Please review the information provided by the applicant in **PARTS 2-4** of this application and then answer the questions below:

A. Has the applicant been diagnosed with a physical, mental, cognitive, or other disability?

No
 Yes Diagnosis & onset: _____
ICD – 9 codes: _____
DSM – IV codes: _____
OS – visual acuity & field: _____
OD – visual acuity & field: _____

B. The applicant's disability is:
 Permanent Temporary – until when? _____

C. Please describe all conditions (physical, mental, cognitive, other) that functionally prevent the applicant from using Ztrans fixed-route buses:

D. Does the applicant require the assistance of a Personal Care Attendant (PCA) when traveling on a public vehicle?

Yes
 No

E. To the best of your knowledge, is the information provided in **PARTS 2-4** of this application true and correct?

_____ Yes

_____ No

_____ Do not know

Signature: _____ Date: _____

Print or Type Name: _____

Title: _____

State of New Mexico License Number: _____

Business Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

For more information, please call, write, or Email:

Ztrans
Zia Therapy Center, Inc.
900 First Street
Alamogordo, NM 88310
(575) 439-4971
ztrans@ziatherapy.org