

ZIA TRANSPORTATION SERVICES  
(A Division of Zia Therapy)  
PARA-TRANSIT SYSTEMS

**WHAT IS THE PARA-TRANSIT BUS?**

Para-transit 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 Para-transit 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 live within 3/4 mile of the fixed-route of a Ztrans Bus, who have been certified as eligible by a Licensed Treating Professional and have completed the Para-transit application are eligible for Para-transit services.

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.

- Category I*  
Applicants who cannot independently use a Ztrans bus or service, even with training.
  
- Category II*  
Applicants who can use or learn to use an accessible public transit system, but the system is not fully accessible.
  
- Category III*  
Applicants who have a specific impairment that prevents them from getting to or from a bus stop.

**HOW CAN I ESTABLISH ELIGIBILITY FOR PARA-TRANSIT SERVICES?**

**How To Apply 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 Licensed Treating Professional.

### Step 3

Return form and verification documents to Ztrans. You may complete the form online and then print for mailing or faxing or save it on your computer to send it as an email attachment to [ztrans@ziatherapy.org](mailto: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 Licensed Treating professional 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

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 Para-Transit due to leaving the area, we will give it to you at your request.

### **WHEN CAN I USE THE PARA-TRANSIT?**

Para-transit operates 6:00 AM - 6:00 PM, Monday thru Friday. If a delay is expected at a doctor's, or other, appointment, please inform the Para-transit office at 439-4971. Para-transit is NOT an ambulance service. It cannot be requested for emergencies. Please call 911.

### **HOW DO I ASK FOR SERVICE?**

1. You must call the office at 575-439-4971, a minimum of the day prior to the requested trip date, or up to 14 days before, to schedule an appointment Monday – Friday. Office hours are from 6:00 AM – 6:00 PM Monday thru Friday. Calls after office hours will be handled by a voice recording.
2. Para-transit is on a **First Come First Serve basis**. We cannot guarantee you a ride at your requested time, if that slot is full, however we will work with you to find a time that is convenient for you.

### **CAN SOMEONE ACCOMPANY ME ON PARA-TRANSIT?**

If an eligible rider requires assistance, they may bring along one attendant to help them. This requirement should be noted on the application and should be mentioned each time the service is requested. The attendant rides FREE of charge.

Drivers may help a passenger get on and off the vehicle. However, they are NOT permitted to enter a building to assist a client. Passengers needing assistance may bring an attendant. **If you plan to bring home groceries and are not capable of carrying them yourself, we may recommend that you bring along an attendant to help you.** There is a 4 bag limit per client.

You may bring more than one companion with you, if space is available. If you wish to bring a companion with you, you must notify the scheduler when you schedule the ride.

## **ARE THERE LIMITATIONS TO PARA-TRANSIT?**

To provide the most efficient service to all its users, we ask you to observe the following:

1. All passengers should make a habit of being ready for pick-up 15 minutes before their scheduled pick-up so that when the driver shows up, you will be ready. **The driver will not wait more than 5 minutes beyond the scheduled pick-up time.** Think of Para-transit as you would a conventional bus service; be ready when the bus arrives.

2. Cancellations should be made the day before your trip, and no later than 1 hour before the trip, or it may be counted as a NO SHOW. Numerous No-Shows may result in sanctions in accordance Ztrans Rider No Show Policy

3. Remember, drivers usually have other pick-ups and deliveries on the same route. Please do not ask the driver to take you home first when this interferes with the schedule.

4. If you plan several stops on a single trip, please call the office and schedule each pick-up separately. The drivers are not permitted to wait for a passenger.

5. Occasionally, we may call passengers to notify them of a slight change in their pick-up times where necessary for better scheduling.

6. Sometimes a vehicle pick-up may be delayed by excessive traffic, mechanical failure or when a vehicle is not immediately available.

7. If you find another way home, don't forget to inform the office as soon as possible. Failure to do so could result in a NO SHOW.

8. All complaints regarding vehicles, drivers, etc. should be directed to the Ztrans office, Kim Cox at 575-439-4900, Ext 147 or directly at 575-488-4947.

## **WHAT HAPPENS IF I AM NOT WHERE I AM SUPPOSED TO BE WHEN THE BUS COMES TO PICK ME UP?**

A NO SHOW may be issued and numerous No-Shows may result in sanctions in accordance Ztrans Rider No Show Policy.

## **MISBEHAVIOR**

If any client interferes with the safe operation of the vehicle, causes mental or physical stress to a driver or fellow customer, or ANY other behavior detrimental to the safe operation of the vehicle or general conduct of otherwise routine transportation, his/her riding privileges may be revoked, suspended or denied.

The Ztrans Director has the discretion to remove any incident from an individual's record based upon extenuating circumstances. Appeals relating to removal from service can be made to Zia Therapy Center, Inc.'s Board of Directors.

## **HOW MUCH AND WHEN DO I PAY FOR PARA-TRANSIT?**

Para-transit service is free of charge.

## **ELIGIBILITY CRITERIA**

These are general criteria to be used by a Licensed Treating professional. In each case careful evaluation of an applicant's mobility limitations should be made in determining eligibility. Always keep in mind that Para-transit is not an ambulance service.

Section 1. Non-Ambulatory disabilities:

Individuals permanently confined to a mobility device.

Section 2. Semi-Ambulatory disabilities:

Individuals who walk with difficulty, including individuals using a long leg brace, a walker or crutches to achieve mobility.

Section 3. Semi-Ambulatory disabilities:

Individuals who suffer arthritis which causes a functional motor deficit in any two major limbs (arms and/or legs).

Section 4. Semi-Ambulatory disabilities:

Individuals who suffer amputation of/or anatomical deformity of/or loss of major functions of:

A. Both hands; or

B. One hand and one foot; or

C. Amputation of lower extremity at or above the tarsal region (one or both legs); or

D. Spine, neck and pelvic area.

Section 5. Semi-Ambulatory disabilities:

Cerebral vascular accident (stroke) causing the individual to have difficulty in walking or standing due to paralysis from the stroke.

Section 6. Semi-Ambulatory disabilities:

Pulmonary illnesses. Individuals suffering respiratory impairment. Dyspnea occurs during such activities as climbing one flight of stairs or walking 100 yards on the level, or less exertion or even at rest.

Section 7. Semi-Ambulatory disabilities:

Cardiac illnesses. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitations, dyspnea, or angina pain.

Section 8. Sight disabilities:

A. Legally blind.

B. Those persons whose vision in the better eye after the best correction is 20/20 or less; and

C. Those persons whose visual field is contracted (tunnel vision). The applicant's mobility limitation should be carefully evaluated.

Section 9. Disabilities of coordination:

This section includes those persons suffering faulty coordination or palsy from brain, spinal or peripheral nerve injury.

Section 10. Mental impairment:

Individuals who, because of their mental disability, are unable to board a regular public transit vehicle or locate a bus stop.

Keep in mind that Para-transit reserves the right to refuse transportation to any Mobility Device confined individual who either cannot ride in a fully upright position, or whose limbs are fixed by casts or other devices and permanently extend beyond the Mobility Device



**Zia Therapy Center, Inc.**  
**“Zia”**  
**“Ztrans”**  
**ADA PARA-TRANSIT APPLICATION**

In compliance with the Americans with Disabilities Act (ADA) of 1990, Ztrans provides ADA Complementary Para-transit 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 Licensed treating professional must complete and sign **PART 8 – PROFESSIONAL VERIFICATION**, pages 14-15.

All new applicants must complete an application. The ADA Complementary Para-transit 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 BUSINESS 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: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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 4 – QUESTIONS ABOUT USING ZTRANS FIXED-ROUTE BUSES**

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. 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)

4. 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) \_\_\_\_\_

\_\_\_\_\_

5. 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

6. 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) \_\_\_\_\_

\_\_\_\_\_

7. 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 Complementary Para-transit Service.

<b>EXAMPLE</b>	
<b>FROM:</b> 35 Palm Drive	<b>TO:</b> Publix, 150 Main Street

FROM:	TO:
(1) _____	_____
(2) _____	_____
(3) _____	_____

**PART 6 – INFORMATION ABOUT TRAVEL TRAINING**

**NOTE: Travel Training** is personalized (individual or group) instruction that teaches the skills necessary to use Ztrans fixed-route bus service.

1. 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) \_\_\_\_\_

2. Did you complete the above training?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

3. 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 Para-transit 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 Treating 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 14-15) OF THIS APPLICATION MUST BE COMPLETED AND SIGNED BY A LICENSED TREATING PROFESSIONAL.**

EXAMPLES OF LICENSED TREATING PROFESSIONALS INCLUDE:

- |                                     |                               |
|-------------------------------------|-------------------------------|
| Physician (M.D. or D.O.)            | Independent Living Specialist |
| Physical Therapist                  | Rehabilitation Specialist     |
| Occupational Therapist              | Licensed Social Worker        |
| Orientation and Mobility Instructor | Optometrist                   |
| Registered Nurse                    | Psychologist                  |

**PART 8 – PROFESSIONAL VERIFICATION**

**Applicant's Name:** \_\_\_\_\_

**TO BE COMPLETED BY A LICENSED TREATING PROFESSIONAL**

The Americans with Disabilities Act (ADA) of 1990 requires Ztrans to provide **ADA Complementary Para-transit Service** to anyone who cannot use Ztrans fixed-route bus service because of a disability. ADA Complementary Para-transit 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 Para-transit 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 Para-transit 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 – 10 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:**

**Ztrans**

**Zia Therapy Center, Inc.**

**900 First Street**

**Alamogordo, NM 88310**

**(575) 439-4971**

**Fax: 575-439-4900**