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# Determining ADA Paratransit Eligibility

**An Approach, Recommendations  
and Training Materials**

## **CONTAINS**

**Guidance for Conducting  
Physical Functional Assessment  
for ADA Paratransit Eligibility**

**An Introduction to  
FACTS Administration**

**Assessment and Scoring Exercises**



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# Determining ADA Paratransit Eligibility

## An Approach, Recommendations and Training Materials

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### 2014 UPDATED EDITION

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# Introduction

***Determining ADA Paratransit Eligibility: An Approach, Guidance and Training Manual*** was developed and disseminated by ESPA in 2003 to provide fixed-route transit providers with information and resources regarding the ADA complementary paratransit service eligibility process. This manual is a revision and update of the 2003 document prepared by ESPA. It includes information about the latest revisions to the DOT ADA regulations. It also incorporates information about successful approaches and materials developed by transit agencies since 2003, and it addresses common questions and issues raised by transit agencies as well as by persons with disabilities.

## Background & Purpose

Section 223 of the Americans with Disabilities Act of 1990 (ADA)<sup>1</sup> requires public entities that operate non-commuter fixed-route transportation services also provide complementary paratransit service for people with disabilities who are unable to use the fixed route system. The regulations issued by the U.S. Department of Transportation (DOT)<sup>2</sup>, which implement this portion of the law, specify to whom and under what circumstances this service is to be provided. In addition, the regulations require public entities that are subject to the complementary paratransit requirements to develop and administer a process for determining if people who request service meet the regulatory criteria for eligibility.

Since the issuance of regulations in 1991, technical assistance materials have been developed by DOT, the Federal Transit Administration (FTA), and Easter Seals Project ACTION (ESPA) to assist transit agencies with the implementation and management of ADA paratransit eligibility determination processes. Initial information on the development of complementary paratransit plans, including the establishment of eligibility determination processes, was provided in FTA's ***ADA Paratransit Handbook***<sup>3</sup> immediately following the issuance of the regulations. In 1993, FTA also prepared and disseminated the ***Americans with Disabilities Act (ADA) Paratransit Eligibility Manual***<sup>4</sup>, which provided additional information on implementing and appropriate process. Finally, in 2003, ESPA developed and disseminated ***Determining ADA Paratransit Eligibility: An Approach, Guidance and Training Materials***<sup>5</sup>, which offered specific information on including in-person interviews and functional assessments in the overall process.

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<sup>1</sup> Public Law 101-336, July 26, 1990.

<sup>2</sup> 49 CFR Parts 27, 37 and 38, "Transportation for Individuals With Disabilities; Final Rule", published in the Federal Register, September 6, 1991.

<sup>3</sup> Thatcher, R.H., and Gaffney, J.K., ***ADA Paratransit Handbook: Implementing the Complementary Paratransit Service Requirements of the Americans with Disabilities Act of 1990***, U.S. DOT Report #UMTA-MA-06-0206-91-1, prepared for the Federal Transit Administration, Office of Technical Assistance and Safety, Washington D.C., September, 1991.

<sup>4</sup> EG&G Dynatrend, ***Americans with Disabilities Act (ADA) Paratransit Eligibility Manual***, U.S. DOT Report No. DOT-T-93-17, Prepared for the Federal Transit Administration, Washington D.C., September 1993.

<sup>5</sup> TranSystems, Inc. and ACCESS Transportation Systems, Inc., ***Determining ADA Paratransit Eligibility: An Approach, Guidance and Training Materials***, Easter Seals Project ACTION, Washington D.C., August 15, 2003.

## Manual Update

This update:

- Presents ADA paratransit eligibility determinations as part of a broader, holistic process for meeting the transportation needs of people with disabilities, including coordination with travel training efforts;
- Presents and discusses several approaches for developing processes that are appropriate to the local setting;
- Stresses the importance of involving people with disabilities in the development, implementation, and management of the process; and
- Includes a new section on key process management issues.

Sections 1 and 2 provide an overview of the regulatory requirements for ADA paratransit eligibility, as well as important perspectives on the process and determinations. Section 3 discusses process design options and considerations for selecting a process that addresses local conditions and needs. Section 4 presents examples of materials—public information brochures and application forms—that have been developed for different types of processes.

Sections 5 through 9 then focus on various parts of the eligibility determination process and on making determinations for applicants with different types of disabilities. Section 5 offers recommendations on getting appropriate information through in-person interviews, or through follow-up contacts with professionals familiar with applicants. Section 6 provides information on establishing and conducting in-person functional assessments of applicants with physical disabilities. Section 7 discusses options for determining the eligibility of people with intellectual or cognitive disabilities. Section 8 presents approaches for determining the eligibility of applicants who have vision disabilities. And Section 9 provides a framework for making determinations for other applicants, particularly people with psychiatric disabilities or seizure conditions.

Finally, Section 10 addresses key issues in managing the eligibility determination process. This includes issues related to appropriate letters of determination, record-keeping, process monitoring, providing needed accommodations, and making trip-by-trip eligibility decisions.

In addition to providing updated information about ADA paratransit eligibility, this document also includes materials that can be used to train staff involved in making eligibility determinations. Materials include: questions that can be used to determine understanding of the information presented are provided; scenarios and role-plays that can be used in training settings to further illustrate and communicate key points are also included; an Instructor's Guide.





# Overview of ADA Paratransit Eligibility

SECTION

1

This section describes the regulatory requirements for providing ADA complementary paratransit service and the criteria that define “ADA paratransit eligibility.” The specific regulatory text describing the criteria for ADA paratransit eligibility is provided along with examples of eligibility in each regulatory category. The eligibility of “visitors” and the requirement to serve companions and personal attendants are also described.

Other unique aspects of ADA paratransit eligibility are also discussed. This includes the civil rights nature of ADA paratransit eligibility, the fact that eligibility is based on functional abilities, the concept of “trip eligibility,” and the need to consider the most limiting conditions of travel in making eligibility determinations.

A review that includes questions about key ADA paratransit eligibility concepts is then provided at the end of this section. An answer sheet for the review is provided in the “Instructor’s Guide”.

The information presented in this section is taken largely from the ***Americans with Disabilities Act (ADA) Paratransit Eligibility Manual***, prepared for the Federal Transit Administration in September of 1993 (U.S. DOT report # DOT-T-93-17). Some modifications have been made to reflect the most recent regulatory changes, the latest FTA guidance on ADA paratransit eligibility, the current status of ADA paratransit implementation, and to remove or condense text not directly relevant to ADA paratransit eligibility.

## Who Must Develop an ADA Paratransit Eligibility Determination Process?

Access to mainline, fixed-route transportation services is the main goal of the transportation provisions of the ADA. The law recognizes, however, that some people with disabilities are not able to use fixed-route services even if these services are fully accessible. The law also acknowledges that some fixed-route systems are not fully accessible and that alternative means of transportation are needed until full accessibility is achieved. Complementary paratransit service is required by Section 223 of the ADA to serve people with disabilities whose needs cannot be met by fixed-route systems.

All public entities which operate non-commuter fixed route transportation services for the general public are required to also provide complementary paratransit service. This paratransit service must be comparable to the fixed route service. Six service criteria which define comparability are detailed in the U.S. DOT implementing regulations.<sup>1</sup>

Complementary paratransit service is to be provided to people determined to be **ADA paratransit eligible** when they are unable to use the fixed-route service to meet particular trip needs. As described below, the regulations provide detailed guidelines which define who is to be considered ADA paratransit eligible and what trips are to be considered eligible. All public entities which operate complementary paratransit services must

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<sup>1</sup> ADA complementary paratransit service requirements and the six service criteria are contained in 49 CFR Part 37, Sections 37.121 and 37.131.

establish a process for certifying individuals as ADA paratransit eligible. Requests for certification must be accepted from individuals, regardless of their place of residence. Certification cannot be limited to residents in the transit agency's jurisdiction.

An eligibility determination process must be established even if the public entity operates a paratransit system with broader eligibility requirements than the ADA. For example, a transit agency may have a general public dial-a-ride program that it uses to meet ADA paratransit requirements. All potentially ADA paratransit eligible people may be covered by the broader system, but individuals must still have the opportunity to apply for and receive documentation of ADA paratransit eligibility which can be used in other cities when they travel.

## How is ADA Paratransit Eligibility Defined in the Regulations?

Eligibility for complementary paratransit service is directly related to inability to use the fixed-route service. A person may not be able to use the fixed-route service because the system has not been made fully accessible. Or it could be the result of barriers in the environment. It could also be a result of the person's disability. The person may not be able, due to his or her disability, to get to or from the system or to board, ride, and disembark from the vehicles even if they are fully accessible.

While eligibility is conferred on a person, it is conferred based on the fact that there

are certain **trips** that the person cannot make on the fixed-route system. For some people, participation and activity limitations associated with their disability may prevent them from using the fixed-route service under any conditions. Other people, however, may be able to use the fixed-route service under certain circumstances. ADA paratransit eligibility can, therefore, be considered as having two parts. First, an **individual** is considered ADA paratransit eligible if there are **any circumstances** under which the fixed-route system cannot be used. Second, the extent of eligibility conferred on an individual depends on the conditions and circumstances under which that person is not able to travel on the fixed-route service. People who cannot be expected to use the fixed-route service under any circumstances are **unconditionally eligible**. People who can use fixed-route service in certain circumstances are **conditionally eligible** and the conditions under which they can use fixed-route should be determined.

Because the regulations establish this concept of trip-by-trip eligibility, it is important that the eligibility determination process be detailed enough to identify not only eligible individuals but to determine the conditions under which specific trip requests would be eligible.

The regulations describe three specific circumstances under which a person would be considered **ADA paratransit eligible**. Within the industry, these have been referred to as the three "categories" of eligibility. The regulations also require that service be provided to attendants and

companions of eligible individuals and to visitors from outside a transit district's jurisdiction.

Following is a detailed discussion of each of the three “categories” of eligibility and of requirements for serving companions, attendants, and visitors.

## CATEGORY 1 ELIGIBILITY

The **first** category of eligibility includes those people unable to use fully accessible fixed-route services. Included in this category is:

*“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 by individuals with disabilities.” [§37.123(e)(1)]*

Examples of eligibility under this category would include:

- a person with a cognitive disability who cannot “navigate the system.” The person may not be oriented to place and time, may not be able to get, understand, or act on information needed to use the system, identify the correct vehicle, recognize destinations, or understand how to make transfers from one route or line to another;
- a person with a vision disability who cannot “navigate the system.” The person may not be able to independently travel through complex rail stations or bus transfer centers, or may not be able to independently travel in unfamiliar places;
- a person with a physical disability who cannot stand on a crowded bus or rail car when seats, including priority seats, may not be available and cannot be guaranteed.

It is important to note that eligibility under this category depends on the complexity of the fixed-route system. The type and extent of disability that would confer eligibility in a rural area with a one or two route bus system would be different from that in a large urban system. Transit providers should base determinations on the characteristics of their fixed-route service and the abilities needed to use it.

Other key issues and questions associated with this category of eligibility are summarized below.

- (1) **Travel training:** Many people who cannot navigate the entire fixed-route system may be able to make certain trips if they have successfully completed travel training. Typically, training is provided for trips that individuals make frequently, such as to work or school. These people would only be ADA paratransit eligible for trips they have not been successfully trained to make on fixed-route. As part of the application and determination process, it should be determined if such training has been provided and successfully completed.

Note that eligibility cannot be denied based on a determination that individuals have the potential to learn how to use the fixed-route service. Eligibility must be based on current, actual functional ability.

Also, a person cannot be required to participate in travel training. The public entity may choose to offer training and may encourage individuals to take advantage of this service. Until a person take advantage of this service and is successfully trained, paratransit service must be provided.

- (2) **Operator assistance:** Eligibility under this category is not necessarily based on a person's ability to get on and off the lift, up and down a ramp, to and from the securement area, or secure their mobility device. While the regulation states that a person is eligible for paratransit service if they cannot independently use the fixed-route system, operator assistance is assumed. The regulations, in fact, specify the level of assistance that must be provided by the public entity. Section 37.165(f) of the regulations states that "the drivers or other personnel must provide assistance with the use of lifts, ramps, and securement devices." Beyond this level of required assistance, however, public entities may choose to offer additional assistance, such as assistance getting to and from the securement area, in order to enable persons to utilize the fixed-route service. If the individual is able to use the fixed-route system with this assistance, complementary paratransit service

does not have to be provided. Transit systems are encouraged to adopt policies regarding additional assistance that facilitate and enable riders to use fixed-route services. These policies should be developed with full public participation, including the input of people with disabilities<sup>2</sup>;

- (3) **Assistance of another person:** With the exception of assistance provided by the driver or other employees of the service, eligibility under this category is based on a person's ability to *independently* use the service. A person traveling with a friend or attendant is still eligible for paratransit service even if she or he would be able to use the fixed-route system with this other person's help.
- (4) **Accommodating mobility aids:** Part 38 of the DOT ADA regulations establishes minimum standards for vehicle and station/stop accessibility. To be considered accessible, equipment and facilities must meet or exceed these minimum standards. If a transit agency's fixed-route vehicles and facilities meet the standards, but a person is using a mobility device that is too large to be safely accommodated by the fixed-route system, this alone would not confer ADA paratransit eligibility.

At the same time, people who do not have the functional ability to use fixed-route services

<sup>2</sup> ESPA's brochure titled "Effective Transportation Advisory Committees" offers guidance of effective public participation processes.

should not be denied ADA paratransit eligibility solely because the mobility devices they use are too large or heavy to be accommodated on the fixed-route system. If, independent of the mobility device, people do not have the functional ability needed to use fixed-route services, they should be given the appropriate level of eligibility. If the vehicles used to provide ADA paratransit service have lifts and securement areas that are larger, or lifts that have a higher weight rating than fixed-route bus equipment, the people may be able to be served by the ADA paratransit service even though they cannot be accommodated on the fixed-route system. If the ADA paratransit vehicles also cannot safely accommodate them, they should be informed of this at the time they are found to be eligible

- (5) **Standeers on lifts:** The DOT ADA regulations require public entities to allow people with ambulatory disabilities who do not use wheelchairs (e.g., people who use leg braces and canes) to enter the vehicle by standing on the lift. Therefore, people who cannot climb steps to get into a bus would not be eligible for paratransit service if they could enter the vehicle using the lift.

## CATEGORY 2 ELIGIBILITY

The **second** category of eligibility includes:

*“Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route of the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.” [§37.123(e)(2)]*

Eligibility under this category depends on the accessibility of vehicles and stations/stops. A person is eligible for paratransit service if the fixed-route on which he or she wants to travel is not accessible. Guidance on exactly what constitutes an “accessible” fixed-route is provided in the regulations and explanatory appendix. For example:

- A person is eligible if the bus route on which she or he wants to travel is not 100 percent accessible. The requested trip would be eligible if the fixed-route that would otherwise be used is only partially accessible (e.g., every other bus is accessible).
- Similarly, a person is eligible if he or she needs to travel on a rapid or light rail system that is not yet accessible - meaning that there is not yet one accessible car per train, or all key stations are not yet accessible. A person would be eligible in this example even if accessible



fixed-route bus service is provided in the same area.

- A person is eligible for paratransit if a vehicle's lift or boarding device cannot be deployed at the stop which she or he wants to use, or the stop is inaccessible for other reasons.

Many fixed-route bus systems now operate with 100% accessible fleets. Most rail systems now have at least one accessible car per train, and many have made all key stations accessible. However, almost every bus system still has stops that are not accessible and some key rail stations still are not accessible. Eligibility under this category is now mainly conferred because of the lack of accessibility of these stops or stations.

An important issue is how this category of eligibility should be treated by transit providers whose fixed-route systems are fully accessible. Clearly, people who could use accessible vehicles would not be Category 2 eligible in these areas and transit districts are not required to include questions that address this category of eligibility in their application materials or assessment processes if the fixed-route service is 100 percent accessible. These same people may not, however, be able to use inaccessible vehicles if they travel to other transit districts. Therefore, transit providers are encouraged to address this category of eligibility even if it is not applicable to their local system and to note on the eligibility documentation provided that individuals are ADA paratransit eligible if fixed-routes or rail lines they need to use are not fully accessible.

## CATEGORY 3 ELIGIBILITY

The **third** category of eligibility includes:

*“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.” [§37.123(e)(3)]*

Two important qualifiers to this category are included in the regulations. First, environmental conditions and architectural barriers not under the control of the public entity do not, when considered alone, confer eligibility. If, however, travel to or from a boarding location is prevented when these factors are **combined** with the person's specific impairment-related condition, paratransit service must be provided. Examples of architectural and environmental factors that, in combination with certain disabilities, could prevent travel include:

- the lack of curb ramps or a reasonable alternative accessible path of travel
- the lack of sidewalks or alternative safe accessible path of travel
- the distance from the stop/station to the trip origin or destination
- steep terrain
- snow and/or ice
- extremes in temperature (hot or cold)
- major intersections or other difficult-to-negotiate street crossings
- temporary construction projects
- severe air pollution

Second, the specific impairment-related condition must **prevent** the person from using the fixed-route system. Conditions which make getting to or from stops/stations



more difficult do not confer eligibility. A determination of whether travel is “more difficult” rather than “prevented” will need to be made. Appendix D of the regulations offers the following guidance to clarify the concepts of “prevented” travel and the relationship between architectural and environmental conditions and a person’s disability:

*“For anyone, going to a bus stop and waiting for a bus is more difficult and less comfortable than waiting for a vehicle at one’s home. This is likely to be all the more true for an individual with a disability. But for many persons with disabilities, in many circumstances, getting to a bus stop is possible. If an impairment-related condition only makes the job of accessing transit more difficult than it might otherwise be, but does not prevent the travel, then the person is not eligible.*

*For example, in many areas, there are not yet curb cuts. A wheelchair user can often get around this problem by taking a less direct route to a destination than an ambulatory person would take. That involves more time, trouble, and effort than for someone without a mobility impairment. But the person can still get to the bus stop. On the basis of these architectural barriers, the person would not be eligible.*

*Entities are cautioned that, particularly in cases involving lack of curb cuts and other architectural barrier problems, assertions of eligibility should be given tight scrutiny. Only if it is apparent from the facts of a particular case that an individual cannot find a*

*reasonable alternative path to a location should eligibility be granted.*

*If we add a foot of snow to the scenario, then the same person taking the same route may be unable to get to the bus stop. It is not the snow alone that stops him; it is the interaction of the snow and the fact that the individual has a specific-impairment related condition that requires him to push a wheelchair through the snow that prevents the travel.*

*Inevitably, some judgment is required to distinguish between situations in which travel is prevented and situations in which it is merely made more difficult. In the Department’s view, a case of “prevented travel” can be made not only where travel is literally impossible (e.g., someone cannot find the bus stop, someone cannot push a wheelchair through the foot of snow or up a steep hill) but also where the difficulties are so substantial that a reasonable person with the impairment-related condition in question would be deterred from making the trip.*

*The regulation makes the interaction between an impairment-related condition and the environmental barrier (whether distance, weather, terrain, or architectural barriers) the key to eligibility determinations. This is an individual determination. Depending on the specifics of their impairment-related condition, one individual may be able to get from his home to a bus stop under a given set of conditions, while his next-door neighbor may not.” [Appendix D to 49 CFR Part 37, §37.123]*

Given the judgment required to determine if travel is truly prevented and the relationship between environmental conditions and an individual's disability, making eligibility determinations based on this third regulatory category is likely to be the most difficult.

Figure 1-1 on the following page provides additional hypothetical examples to further define eligibility under this category. It includes situations that would result in a person being determined eligible as well as examples that would not confer eligibility. The concept of "prevented" travel is also discussed in more detail in Section 2, "Developing an Understanding of ADA Paratransit Eligibility."

## FIGURE 1-1. EXAMPLES OF ELIGIBILITY UNDER CATEGORY 3

### Situations that would result in eligibility under “category 3”:

- A person who is blind and who cannot cross a major intersection that is not equipped with assistive devices such as audible signals in order to get to or from a stop/station would be eligible to receive paratransit for that trip.
- A person with a cardiac condition who is sensitive to high temperatures and cannot walk to and wait outside for a bus during extremely hot weather would be eligible when this environmental condition exists.
- A person with severe arthritis or multiple sclerosis whose disability is aggravated by high humidity would be eligible when this environmental condition, in combination with the disability, prevents the use of fixed-route service.
- A person who uses a manual wheelchair, walker, or braces and who cannot negotiate steep terrain would be eligible for paratransit if using fixed-route service for a particular trip required crossing a hilly area.
- A person who uses a power wheelchair or scooter who must travel in a busy street to get to or from a bus stop because of a lack of sidewalks and no reasonable alternate path.
- A person with an ambulatory disability who is unable to get to or from stops/stations due to a lack of curb ramps and no reasonable alternative path.
- A person with a cognitive disability who is unable to remember and follow directions to get to and from a stop/station would be eligible for trips (s)he has not or cannot be trained to successfully make.
- A person who is frail and cannot independently travel more than 1/4 of a mile to get to or from stops/stations and whose particular trip is to a destination that is 1/2 mile from the nearest fixed route.
- A person with an ambulatory disability who cannot walk or maneuver a mobility device to or from stops/stations when there is an accumulation of snow or ice would be eligible in this type of weather.
- A person with a respiratory condition that is affected by high levels of air pollution would be eligible if using fixed-route service under such environmental conditions is not advisable.

### Situations that would not result in eligibility under “category 3”:

- A person with a physical disability who prefers not to use fixed-route service because of a concern about crime (and the concern is not irrational and caused by a psychiatric disability)
- A person who prefers not to use fixed-route service when it is raining would not be eligible unless the rain or humidity in combination with a particular disability prevented him/her from getting to or from a stop/station.
- An infant or child with a disability who is unable to get to and from a stop/station and use the fixed-route service not because of the disability but because of age.

## Companions/Personal Attendants

Paratransit service also must be provided to a **personal attendant** (aka personal care attendant, or PCA) traveling with an eligible rider. In addition to an attendant, the regulations require that service be provided to one **companion** accompanying an eligible rider. Other companions accompanying the rider are to be accommodated on a “space available” basis. A person is considered to be accompanying the eligible rider if he or she is picked up and dropped off at the same locations as the eligible rider. Companions may be charged the same fare as the eligible rider and attendants must ride free.

The following additional guidance on requirements for serving attendants and companions is provided in Appendix D of the U.S. DOT ADA regulations:

*“The one individual who is guaranteed space on the vehicle can be anyone - family member, business associate, friend, date, etc. The provider cannot limit the eligible individual’s choice of type of companion. The transit authority may require that the eligible individual reserve a space for the companion when the individual reserves his or her own ride. This one individual rides even if this means that there is less room for other eligible individuals. Additional individuals beyond the first companion are carried only on a space available basis; that is, they do not displace other ADA paratransit eligible individuals.”*

*A personal care attendant (i.e., someone designated or employed specifically to help the eligible individual meet his or her*

*personal needs) always may ride with the eligible individual. If there is a personal care attendant on the trip, the eligible individual may still bring a companion, plus additional companions on a space available basis. The entity may require that, in reserving the trip, the eligible individual reserve the space for the attendant.*

*To prevent potential abuse of this provision, the rule provides that a companion (e.g., friend or family member) does not count as a personal care attendant unless the eligible individual regularly makes use of a personal care attendant and the companion is actually acting in that capacity. As noted under §37.125, a provider may require that, as part of the initial eligibility certification process, an individual indicate whether he or she travels with a personal care attendant. If someone does not indicate the use of an attendant, then any individual accompanying him or her would be regarded simply as a companion.”*  
[Appendix D to 49 CFR Part 37, §37.123]

An attendant may be an employee of the ADA paratransit eligible rider or may be a family member or friend. Regardless of the relationship, an attendant is someone who is assisting the eligible person with a daily life activity that is affected by the person’s disability. In determining if eligible people require attendant services, it is important to realize that the need for an attendant is not necessarily related to travel on the paratransit service. Attendants are often needed by people with disabilities to assist with other activities of daily living. For example, someone with quadriplegia may be assisted by an attendant in filing papers at work or in eating meals. A person who

is blind may need an attendant to assist with shopping or to serve as a reader at work. People may need attendants for these activities but be fully capable of traveling on the paratransit service with the assistance provided by transit personnel.

Other people with disabilities and younger persons can also serve as attendants. A person who uses a wheelchair could assist someone who is blind with navigating in unfamiliar areas. A child could assist a frail senior with shopping. The need for attendant services can be intermittent or occasional and still be considered “regularly” needed. “Regular” use should be interpreted to be consistent with the underlying need - for example, a blind person regularly using an attendant for shopping. It is also important to note that once a person has been certified as needing to travel with an attendant, it should be the eligible individual, not the transit agency, that determines if an attendant is needed for a particular trip.

## Visitors

The needs of visitors with disabilities who cannot use the fixed-route system also are addressed in the regulations. Complementary paratransit service must be provided to ADA eligible people who travel to areas outside of the region in which they live. If these people have been certified as “ADA paratransit eligible” by a public entity, that certification must be honored and the host transit agency must provide up to 21 days of paratransit service. If a person has not been certified as eligible by another public entity but claim that he or she is ADA paratransit eligible, that person is entitled to “presumptive eligibility” and

must be provided with 21 days of service. People who are not certified by another transit provider and who claim presumptive eligibility can be requested to provide some form of documentation of disability if the disability is not apparent. This might be documentation of eligibility for other services or programs that indicates the disability. If the disability is apparent, documentation should not be requested.

People are only considered “visitors” if they reside outside of the transit provider’s jurisdiction. The “jurisdiction” means the total area within which the provider is authorized to operate, not the sub-area designated as the ADA paratransit service area. In joint paratransit plans, the jurisdiction is considered the total area of all partners in the plan. The interpretive appendix to the regulation offers the following explanation and example:

*“A visitor is defined as someone who does not reside in the jurisdiction or jurisdictions served by the public entity or other public entities with which it coordinates paratransit service. For example, suppose a five-county metropolitan area provides coordinated paratransit service under a joint plan. A resident of any of the five counties would not be regarded as a visitor in any of them. Note that the rule talks in terms of “jurisdiction” rather than “service area.” If an individual lives in XYZ County, but outside the fixed route service area of that county’s transit provider, the individual is still not a visitor for purposes of paratransit in PQR County, if PQR is one of the counties with which XYZ provides coordinated paratransit service.”*  
[Appendix D to 49 CFR Part 37, §37.127]

Visitors from communities outside the transit agency's jurisdiction must be served even if the community in which they reside does not contribute financially to the transit system.

The "21 days" of service that must be provided are to be calculated as any combination of 21 days during any 365-day period beginning with the visitor's first use of the service. For example, a person may visit two days a week. Eligibility should be extended in this case over the eleven week period of time within which 21 days of paratransit service would be required.

Visitors who request more than 21 days of service within a 365-day period can be required to apply for local eligibility.

Finally, the level of service provided to visitors must be the same as that provided to local ADA paratransit eligible customers who would be traveling in the same area. This means that there can be no difference in the area within which visitors can travel, the times that they can travel, the fares charged, or any of the other service criteria established in the regulations. Visitors are to be treated exactly like eligible local customers.

### Temporary Disabilities

Persons with temporary disabilities are to be considered for ADA paratransit eligibility. This may include:

- someone with a medical condition such as a broken leg who temporarily is unable to use the fixed-route service;
- someone who has recently undergone an operation or other medical treatment and who is unable to use the fixed-route service;
- someone with a mental health disability who expects an improvement in functional abilities through treatment or medication;
- someone who recently has had seizures and who is taking new medications is an attempt to control the condition; or
- someone who recently had a stroke and whose participation in therapy is expected to result in improved functional ability.

Temporary eligibility should be granted for the period of time that the disabling condition is expected to last, typically from three to 12 months. For example, in the examples above, a person recovering from recent surgery or a broken leg might be granted three months of eligibility if this is the estimated recovery period. A person who is undergoing treatment or trying new medications to improve functional ability might be granted 12 months of eligibility to allow adequate time for the effects of treatment or medications to be determined. An expiration date should be included as part of the documentation provided to individuals determined temporarily ADA paratransit eligible.

## Key ADA Paratransit Eligibility Considerations

Many public transit systems provide demand responsive, or dial-a-ride services in addition to ADA complementary paratransit services. This might include dial-a-ride service for seniors. Or it might include general public dial-a-ride service in more rural areas where it is not effective to operate fixed-route services. Eligibility for ADA complementary paratransit service is different from eligibility



for these other kinds of demand responsive or dial-a-ride services in four key ways. These differences are discussed below.

### **ADA Paratransit Eligibility as a Civil Right**

Failure to conduct a determination process that meets the regulations or failure to provide complementary paratransit service in accordance with the requirements established in the regulations are violations of the civil rights of the affected person. This has several important implications for the eligibility determination process. First, in designing new or revised eligibility determination policies or procedures, it is important that they adhere to all of the requirements contained in §37.123 and 37.125 of the U.S. DOT ADA regulations. The policies and procedures also should be developed with public participation as required in §37.137 of the regulations. Second, due process standards must be observed in appeals, suspensions of service, or in any other actions which affect a person's right to the service. This is particularly true once someone has been determined eligible. In addressing the suspension of service for "no-shows", the interpretive appendix states:

*"Once an entity has certified someone as eligible, the individual's eligibility takes on the coloration of a property right. (This is not merely a theoretical statement. If one depends on transportation one has been found eligible for to get to a job, and the eligibility is removed, one may lose the job. The same can be said for access to medical care or other important services.) Consequently, before eligibility may be removed "for cause" under this provision, the entity must provide administrative due*

*process to the individual."*[Appendix D to 49 CFR Part 37, §37.125].

Finally, transit providers should maintain adequate records of certification requests, reviews completed, notification provided, and any appeals requested and should be prepared to demonstrate that regulatory requirements were met in the handling of each request for eligibility. Applications should be dated upon receipt. Decisions made throughout the review process (e.g., the completeness of the application, the need for more information, reasons for determinations, requests for appeals, etc.) should be recorded.

### **Strictly Limiting Determinations of ADA Paratransit Eligibility**

Given that ADA paratransit eligibility is a form of civil right, conferring eligibility should be done with careful consideration. Section 37.125(a) of the U.S. DOT's ADA regulation requires that:

*"The process shall strictly limit ADA paratransit eligibility to individuals specified in §37.123 of this part." (Note that "§37.123 of this part refers to the section that contains the three categories of eligibility).*

In explaining this requirement, further guidance is provided in Appendix D of the regulations as follows:

"The goal of the process is to ensure that only people who meet the regulatory criteria, strictly applied, are regarded as ADA paratransit eligible. The Department recognizes that transit entities may wish to provide service to other persons, which is not



prohibited by this rule. However, the eligibility process should clearly distinguish those persons who are ADA eligible from those who are provided service on other grounds.”

So, for example, a transit agency may provide service to ADA paratransit eligible people as well as to seniors (based on an age criteria). Seniors who do not qualify as ADA paratransit eligible should not, however, be issued documentation (IDs or determination letters) that state they are ADA paratransit eligible. Their IDs or letters might indicate that they are eligible as seniors. The regulations intend that IDs or letters of determination stating that the bearer is “ADA paratransit eligible” be issued only to people who meet the regulatory criteria for eligibility.

### Functionally Based Determinations of Eligibility

Eligibility criteria for other types of demand responsive or dial-a-ride services are often based on age, types of mobility aids used, certain types of disability, or income. For example, people who are 65 years of age or older, people who use wheelchairs, people who are legally blind, or people who are low-income might be granted eligibility for other types of demand responsive services. Proof of age, or documentation from a social service agency or a medical professional that the person has a particular type of disability, or uses a particular type of mobility device might be sufficient for eligibility.

ADA paratransit eligibility, however, is not based on age, type of disability, type of mobility device used, possession of a driver’s license or access to private

transportation, or income. It also is not based just on the presence of a disability, but on the effect that the disability has on the person’s ability to use the fixed-route service. Several factors must be considered in determining ADA paratransit eligibility. These include:

- (1) the applicant’s disability;
- (2) the accessibility of the fixed-route system;
- (3) architectural barriers that, in combination with the person’s disability, prevent use of the fixed-route service; and
- (4) environmental conditions that, in combination with the person’s disability, prevent use of the fixed-route service.

While documentation of a particular disability or use of a mobility aid is still important, this information alone cannot be used to make an eligibility determination. Questions about the **functional ability** of the applicant to use fixed-route transit must be included in the application or assessment process. The accessibility of the fixed-route service and the effects of environmental and architectural barriers must also be considered.

### Conditional or “Trip-by-Trip” Eligibility

The criteria applied by transit agencies to most other types of dial-a-ride or demand responsive services typically is “all or nothing.” If a person is determined eligible, he or she can call and request service for **any** trips that qualifies under the program. If a person is determined to not be eligible, she or he cannot request **any** rides.

Under the ADA, complementary paratransit service is only required for trips that cannot

be made on the fixed-route system. Many people may qualify because there are certain specific conditions which prevent them from using the fixed-route service. For example, a person who uses a power wheelchair may be able to use accessible fixed-route buses during most of the year, but may require paratransit service when traveling on a route that is not fully accessible, when traveling when there is a significant accumulation of snow or ice, or when there is not a safe and accessible path of travel to and from bus stops. Such a person would be ADA paratransit eligible. Eligibility would be for trips that are prevented due to the presence of snow, and for trips prevented due to the lack of a safe and accessible path of travel to/ from stops/stations. The documentation of ADA paratransit eligibility provided to this individual should identify these conditions of eligibility.

While transit providers should identify whether or not applicants are conditionally or unconditionally eligible and should include limitations of eligibility in the documentation provided, they are **not** required to conduct trip-by-trip determinations in daily operation. If full compliance with the paratransit requirements can be achieved and maintained, a broader service that also accommodates trips that are not eligible can be provided. However, if full compliance cannot be maintained, application of trip-by-trip eligibility might become an important factor in meeting the requirements of the law. Recommendations for making trip-by-trip eligibility decisions is provided in Section 10, “Managing the Process.”

## **Determining Eligibility Based on the Most Limiting Factors**

Determinations of ADA paratransit eligibility must consider the ability of applicants to travel to **any** origins and destinations in the paratransit service area under **all** possible conditions. Determinations cannot be based on a person’s ability to use fixed-route service some of the time, or under “typical” conditions. For example, a person with an ambulatory disability may live only one block from the nearest bus stop and the path-of-travel between her home and the stop may be accessible. She may not, though, be able to independently travel more than 1/2 mile and may not be able to negotiate steep terrain, or other inaccessible paths-of-travel. Even though she can get to the fixed-route system from her home, and may be able to get to some destinations that are near bus stops, there may be other places she will need to travel that are more than 1/2 mile from fixed routes and that she will not be able to reach. There also will likely be destinations that are not connected to bus stops by accessible paths-of-travel. Conditional eligibility would therefore be appropriate. Because eligibility is being granted for travel for several years, the decision should not be based on specific trips that she may or may not be able to take by fixed route, but on whether she can travel throughout the ADA paratransit service area under all types of conditions. This concept of “most limiting factors/conditions” is discussed in more detail in Section 2, “Developing an Understanding of ADA Paratransit Eligibility.”

## Section 1 Review

After reading the “Overview of ADA Paratransit Eligibility” section above, answer or discuss the following questions and issues to test your understanding of key concepts and issues.

**For each statement below, circle whether it is true or false and then discuss the underlying concepts with the instructor.**

1. Public entities which provide ADA complementary paratransit service are required to have a process for determining who is ADA paratransit eligible.	T	F
2. Only people who meet the regulatory criteria for ADA paratransit eligibility should be issued documentation indicating that they are “ADA paratransit eligible.”	T	F
3. Public transit agencies can only provide paratransit service to people who are determined to be ADA paratransit eligible.	T	F
4. A person with a disability who lives outside of the designated ADA complementary paratransit service area cannot apply for ADA paratransit eligibility.	T	F
5. An applicant whose wheelchair is too large to be accommodated by the lift or securement areas of the fixed-route buses is not ADA paratransit eligible.	T	F
6. If all of the fixed-route buses operated by a transit agency are accessible, and most bus stops are accessible, people with disabilities can be asked to use the fixed-route system by going to stops that are accessible.	T	F
7. Transit agencies are required to allow people with disabilities other than people who use wheelchairs (e.g., people who use walkers, crutches, etc.) to enter and exit vehicles by standing on the lift.	T	F
8. ADA paratransit eligibility is based on functional ability to use fixed-route bus and rail services.	T	F
9. To be able to use fixed-route service, people with disabilities who use wheelchairs must be able to independently get on and off lifts (or up and down the ramps of low-floor buses).	T	F
10. A person with a disability cannot be required to participate in travel training programs, even if it is determined that such training might enable him or her to use fixed-route services.	T	F
11. A person who is able to get to the bus stop nearest her home and board and ride buses from that location would not be ADA paratransit eligible.	T	F
12. ADA paratransit eligibility is considered a civil right.	T	F

**For each of the scenarios below, consider whether the specific trip or trips being requested would be ADA paratransit eligible. Based only on the situation described, would the trip be eligible or not eligible? Would it be helpful to have other information? Write down your thoughts on each scenario and then discuss each with the instructor.**

1. A woman with paraplegia, who uses a wheelchair, reports that she has been “hassled” by youths in her neighborhood. She fears for her safety and so has requested paratransit service.
2. A man with cardiac disease is described in his application by his doctor as being “at special risk when exercising in hot weather.” For the trip requested, the bus stops are nearby, but the current summer weather is severe.
3. A woman who is blind can get to and from her home to the bus stop. At her downtown destination, however, a busy intersection - where right turns on red are permitted - prevents her from getting to her office.

4. A man with AIDS needs to get medical treatment on a daily basis. On most days, he is well enough to travel using the subway, but on other days he is prevented from doing so by severe fatigue. He seeks subscription trips for daily transportation to a clinic.
5. On occasion, a woman with a mobility impairment, who uses a walker, has made the trip to a bus stop to get to the doctor's office. The three-block walk to the bus stop takes her more than half an hour. She has just qualified for ADA paratransit, however, and seeks to make the trip to the doctor using that service instead.
6. A 6-year-old child with spina bifida, who uses a wheelchair, needs to get to day-care. His mother seeks paratransit trips for the child.
7. The lack of curb ramps in the downtown area of a city forces a man using a wheelchair to travel in busy downtown streets to get to the office from the bus stop.

8. All the buses operated by the XYZ Transit Authority are accessible, but some key stations in the subway system have not yet been made accessible. Residents of the north side of the city can get to the mid-town office district by buses or by subway. A north-side resident with a mobility impairment cannot climb a flight of stairs. He can board a bus but the subway stations have no elevators. Because the bus trip involves two transfers and takes 2 hours, versus 30 minutes on the train, he has requested paratransit service.
  
9. A man from the western suburbs of a city who uses a wheelchair can drive to the park-and-ride lot, but the trains that stop there are not accessible. He seeks paratransit to get into the city.
  
10. During the long winters, snow piles up on the curbsides of streets. This often prevents the operation of the lift that a man needs to utilize the bus. He therefore requests “seasonal eligibility” permitting all trips during the winter to be made on paratransit.



11. A woman requests trips to and from her dialysis treatments, which leave her “too exhausted” to use the bus.

12. A woman with intellectual disability has traveled with her parents on the bus since she was a child. She cannot travel alone without becoming lost, however, even when using paratransit service. Her parents are seeking paratransit service for the woman and an attendant.







# The Foundation for Accurate, Thorough ADA Eligibility Determinations

SECTION

2

## Introduction

The previous section of this workbook provided information about the regulatory criteria for ADA paratransit eligibility. It included the actual regulatory language as well as explanatory text from the “interpretive” appendix to the U.S. DOT’s ADA regulations.

The overall goal of an ADA eligibility process is to identify ability to use fixed-route services and provide people with the transportation that is most appropriate for their needs. This section of the workbook provides a model for using a person-centered approach to making this decision, using the framework of a task analysis to ensure that each relevant skill and task is considered and evaluated. The use of a transit specific master functional task and skills list and recommendations for their use are introduced.

Additional information about key ADA eligibility concepts, including judging when a person is “prevented” from using transit, establishing the “most limiting condition” of the applicant and applying it to an individual eligibility determination, and accurately and thoroughly setting conditions of eligibility using exercises and examples is outlined.

Sources of information that can be used to gain an understanding about various disabilities and health condition are suggested, including how to work with people with disabilities to increase awareness and understanding. This section also suggests how general information about a type of disability or health condition can be used

to develop appropriate follow-up questions necessary to gain a full understanding of the functional ability of applicants. Two sample case studies are offered to illustrate how to proceed from a general understanding of disability to a specific understanding of the abilities that affect use of fixed route transit.

Some common misperceptions about travel abilities are also discussed. This includes misunderstandings about how the use of certain mobility aids affect travel. It also includes thoughts on path-of-travel barriers that are not always obvious.

Public perceptions about the accessibility and usability of public transit services are also noted. While they are not factors in determining actual functional ability, they represent an attitude and history that is important to understand.

Using fixed-route transit requires that a person be able to execute and coordinate a complex combination of physical, cognitive and sensory tasks and cues. A person with a disability, by definition, experiences limitations in participation and activities and as with many tasks encountered in his or her daily life, must develop an adaptive strategy to complete some tasks. Strategies include the use of equipment or mobility aids, and training that teaches new methods to navigate the environment. These methods and tools vary between and among people, as do individual, personal travel abilities. To give full consideration to the range of abilities necessary, it is important to begin with an understanding of the effect that a disability can have on the functional tasks necessary to use transit.

## Ask Your Customers

There is no better way to develop an understanding of the issues that transit users with disabilities face than to talk with them, walk through the community with them, and ride the bus or rail system with them. Spend time using transit with customers with different disabilities and ask for their frank assistance in explaining not only issues they encounter with the transit system, but their personal functional issues as well. Ask questions about things you do not understand, and be open-minded.

## Ability – Not Limitation

People with disabilities are often described in terms of their limitations – an attitude that has served to limit the opportunities of people with disabilities to participate fully in the mainstream of life. Just as many paratransit customers have inherent biases about their ability and the accessibility of the environment and the transit systems in our communities, there are many deeply held personal beliefs and assumptions due to a limited or superficial understanding of disability.

Frequently, references made to a person with a disability do not refer to the person at all, and are either in terms of a diagnosis (e.g., Cerebral Palsy) or mobility equipment (e.g., “wheelchair user”). While some broad information can be learned from type of disability or mobility aids used, it tends to describe the person in a negative way, often adds to the perception that people with disabilities are less able, and defines the person according to a “medical model.” Simply knowing diagnostic information also does not adequately predict how the person functions.

The application of a strength-based model to an eligibility determination does not start with someone is not able to do, but with the belief that every person has his or her own unique strengths and capabilities that define who they are and that people are not defined by their limitations and deficits. It is a focus on the “can”, not the “can’t.” A strengths based model is one that shifts from a deficit approach that emphasizes problems to a positive partnership, even in the limited context of an ADA eligibility interview. It is not, however, about denying that people experience challenges and issues that must be taken into consideration.

Acknowledging that a person’s perspective of his or her situation (his or her story) is critical and should be the starting point for the process, as opposed to our judging or developing inaccurate perceptions of that situation. Learning to ask the right questions is key to this approach.

## Master Functional Skills List – The Framework

The ADA eligibility determination process is essentially a task analysis – taking the broad topic of “whether the applicant can ride the bus,” breaking it down into smaller parts, and evaluating whether the individual has the personal functional ability to perform each of the tasks independently, consistently, within a reasonable level of effort or risk and in all conditions present in the environment and the transit system itself.

The following lists identify the tasks that must be performed to use fixed-route transit service and the physical, cognitive and

sensory abilities that people must have to perform these tasks. Note that tasks, such as paying the fare, may vary slightly depending on local policies. These items are marked with asterisks. These lists should be discussed locally with riders with disabilities before being adopted for local use.

### **Measuring Master Functional Tasks Required**

#### **FOR INDEPENDENT USE OF TRANSIT**

##### **In every case, need to know:**

- Disability (ies)
- Extent / Level
- Onset
- Mobility aids
- Training / Experience
- Functioning level varies beyond reasonable range?
- Temporary or permanent?

##### **Minimum performance level:**

- Independently
- Consistently
- Reasonable level of effort or risk
- With accommodations required by local policy (assistance with securements)

### **Master Functional Skills List - Transit Use**

#### **PHYSICAL CAPABILITIES**

##### **To and from the stop**

- Variety of slopes and grades (mild, moderate, steep) cross slopes
- Variety of surfaces – surfaces and level changes
- Distance – evaluated one block at a time up to 9 blocks or the equivalent of 3/4 mile within a reasonable length of time
- Pace / speed – both steady and with time limitations (street crossing)
- Curbs – up and down
- Around obstructions in the path of travel

##### **At the stop**

- Stand / wait up to 10 minutes
- Operate elevator – light rail station

##### **Boarding the bus/light rail vehicle**

- Up/down ramp low floor bus – at curb, not at curb \*\*
- Steps
- Pay fare \*\*
- Past fare box
- Through crowd
- Into securement area / to seat – timely fashion

**On the bus**

- Maintain standing balance on moving vehicle \*\*
- Maintain seated balance
- On a seat
- In a wheelchair without passenger restraint \*\*
- In a wheelchair with passenger restraint \*\*
- In wheelchair without securements \*\*
- In wheelchair with securements \*\*
- Rise from seated position

**Effect of weather at the stop, to and from the stop – time tolerance (feeder service?)**

- Heat, cold, humidity
- Snow, ice or heavy rain
- Ozone / air pollution level

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\*\* Local policies must be considered

**Master Functional Skills List – Transit Use****COGNITIVE ABILITIES**

- Orientation x 4 (person, place, time and situation)
- Memory
  - ◇ Short term
  - ◇ Long term
- Judgment
- Attention to task (distractibility)
- Impulse control
  - ◇ Pay attention
  - ◇ Inhibit responses appropriately
- Focus on task
  - ◇ Concentration
  - ◇ Manage all types of external stimuli and distractions
- Follow multi step directions – sequence tasks
- Switch attention when necessary
- Monitor the passage of time
- Initiate an activity without a prompt
- Interpret information
- Identify and seek sources of assistance when necessary
- Act on results
  - ◇ Understand, evaluate and process information
  - ◇ Make decisions based on the information
  - ◇ Respond appropriately
- Communicate needs effectively
- Behavior control
- Problem solving
  - ◇ Know there is a problem
  - ◇ Develop options for response
  - ◇ Understand consequences of each response
  - ◇ Select the best option
- Flexibility – there's more than one way
- Consistent performance without supervision
- Will aids (notes, directions, alarm watches, etc.) help?

## **Master Functional Skill List - Transit Use**

### **VISUAL - SENSORY CAPABILITIES**

#### **To and from the stop**

- Follow a route
- Detect and follow safe path of travel
- Know when far enough off street
- Identify/evaluate/navigate barriers
- Identify sources of assistance

#### **Routine vs. any vs. infrequent**

- Follow directions vs. must be shown
- Within own neighborhood, residential streets, suburban, urban

#### **Level/surface changes**

- Noise
- Vegetation
- Parked cars
- Obstructions – chest/head level
- No detectable path of travel
- Construction
- Identify/navigate curbs and/or curb cuts
- Cross streets

#### **Speed / pace**

- Know when safe – identify walk interval (ask, see, hear?)
- Types of intersections (list)

#### **At the stop**

- Identify and locate stop
- Stand and wait at correct location

#### **Boarding the bus**

- Identify, recognize, signal correct bus (with or without aids)
- Wait until other passengers disembark
- Navigate steps from curb or street – all types of entries
- Pay fare
- Move through crowd
- Find empty seat (if seat needed)

#### **On the bus**

- “Monitor” the ride
- Know when to get off – right stop (ask driver, other passenger, stop announcement, see stop)

#### **Effects of variables**

- Weather (snow, ice, rain, wind)
- Lighting level (glare, low light, after dusk, before dawn)
- Personal issues (poor orientation, additional disabilities)



## Sources of Information

It is important to have available several good sources of basic information regarding types of disabilities and health conditions. Gathering information can also be an excellent way to develop relationships and build partnerships with community based agencies and service organizations.

## Community-Based Agencies

An excellent and important source of information about people with disabilities comes from the agencies that work with people to support them to perform activities such as community mobility, education, employment and treatment. Developing relationships with these organizations will provide access to professionals who work with people with disabilities to improve their functional skills, and who share the same goal of supporting people to achieve independence and self-sufficiency. It is likely that they are working with many of the same people who are applicants for your service, and they may be assisting with paratransit applications. Organizations that provide behavioral health services, orientation and mobility training, job coaching, competitive or supported employment training and education can provide insight into their role in enabling people to develop skills and proficiency in areas that relate to community mobility, and the methods they use to evaluate proficiency. They can teach you about the specific characteristics of the types of disabilities of their consumer groups, and the relationship provides an

excellent opportunity for transit systems to share information about the accessibility of the fixed-route system and the purpose and context for ADA paratransit eligibility.

Developing relationships with agencies that work with people along an age continuum is especially valuable since disability can occur at any stage of life. Transit can develop very beneficial partnerships with school districts and working with transition coordinators is an excellent way to promote the concept of the “right ride” for each student, and to develop community mobility skills at an early age. The transition coordinator is a valuable resource in the eligibility process as the person responsible for, among other things, identifying and implementing community-based training, assisting with job training and placement, linking students and their families with services and supports, and assisting a student to “transition” from a highly structured educational setting to community life, including the skills necessary to get from Point A to Point B. The transition coordinator will have access to the student’s Individual Education Program (IEP), which lists specific functional goals for students and progress in achieving them, including developing individual community mobility skills to the highest potential prior to graduation.

## Reference Materials

One especially widely used and well respected guide is ***The Merck Manual of Medical Information*** (also published in a Home Edition, which is written in non-medical language that is easily understood

by the average reader.) According to the publication's preface, "*The Merck Manual* is the oldest continuously published general medical text book in the English language, and the most widely used medical textbook in the world."<sup>1</sup> It covers almost every disease and special situation that affects humans, from injuries to complicated medical conditions.

***The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)*** published by the American Psychiatric Association is the definitive classification of "mental disorders" and is the main diagnostic reference of mental health professionals in the United States. It includes explicit diagnostic criteria and uses a descriptive approach for every condition listed in its pages. The fifth edition, published in May, 2013 was more than 15 years in the making and includes revised diagnostic standards and recognition of new disorders, reflecting the current understanding of some conditions with a wide range of symptoms including Autism Spectrum Disorders.

"Mental disorder" is defined in this document as "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress, disability, or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be the effect of an

expectable and culturally sanctioned response to a particular event, such as the death of a loved one."<sup>2</sup> The introduction makes it clear that the **DSM-V** does not categorize people, but rather the disorders that people have.

This manual provides a starting point to better understand the particular characteristics of schizophrenia and other psychotic disorders, developmental cognitive disabilities, anxiety disorders, mood disorders (such as Bi-Polar Disease) and personality disorders, to name a few.

The DSM-V is written for professionals and, as such, can be difficult to read and understand. There are several guides to the DSM-V that are written in clear language, are less technical, and include case studies to illustrate specific situations and conditions. One that is especially useful is **DSM-V Made Easy** by James Morrison.

***The Merck Manual, the Merck Manual Home Edition, DSM-V*** and other guides such as **DSM-V Made Easy** are all available at any bookstore or on-line from booksellers such as [www.amazon.com](http://www.amazon.com). The **17<sup>th</sup> Edition of The Merck Manual** is also available free on-line for your use – go to [www.merck.com/pubs/mmanual](http://www.merck.com/pubs/mmanual). This web site also has a link to the **Merck Manual Home Edition** which is also available for use on-line, free!

Portions of the **DSM-V** are also available for use on line, but the complete publication is

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<sup>1</sup> The Merck Manual of Medical Information, Home Edition, Merck & Co., Inc., 1997.

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<sup>2</sup> DSM-VV, American Psychiatric Association, 2013.

not. The easy to use web site is [www.psychologynet.org/dsm.html](http://www.psychologynet.org/dsm.html).

Remember that the medical diagnosis of any disability highlights the negative impact of the disorder without addressing rehabilitative potential to improve function. Use these sources to learn more about various conditions, but then allow each individual you assess to demonstrate the actual level of function they have achieved.

Many national service organizations also maintain web sites which are excellent sources of information. They are also a good way to find local chapters of service agencies in your community. Easter Seals has affiliates all across the country that serve people with disabilities of all ages and their families. A quick look at [www.easterseals.com](http://www.easterseals.com) will give you a wealth of information about people with disabilities and help you locate an affiliate in your area. Many Easter Seals affiliates offer physical and occupational therapy and their staff can assist you in learning about the potential function that can be achieved. Other services offered through Easter Seals affiliates include programs for children and youth, employment training, services to older adults and working with returning veterans and their families. Contacting a regional affiliate or arranging a visit to an Easter Seals center is a good opportunity not only to learn about function ability, but to meet the people in your community who may need your services.

Another example is that you can start to learn more about epilepsy by reading the **Merck Manual** on the many types of seizures and the range of functional limitations that individuals typically experience as a result. You can then visit the web site for the Epilepsy Foundation at [www.epilepsy.com](http://www.epilepsy.com). Not only will the web site provide more information which is less medical in nature, but it will help you locate the local affiliate. Then you can schedule a meeting to talk with staff and consumers at the Epilepsy Foundation, where they will be happy to help you learn more. These organizations typically share the goal of supporting people with disabilities and health conditions in their daily life and to assist them in maintaining the highest personal functioning level possible. Part of the Epilepsy Foundation mission includes educating the general public about the condition and eliminating misconceptions and stereotypes.

A word of caution regarding Internet sites – be sure that the site you have chosen has a national reputation and is reliable, such as the National Institutes of Health. The U.S. Department of Health and Human Services has a variety of related topics on its web site [www.hhs.gov](http://www.hhs.gov). The Appendix for the **Merck Manual Home Edition** contains a good list of web sites that represent national not-for-profit and governmental service agencies. You can also get more information from Easter Seals Project ACTION at [www.projectaction.org](http://www.projectaction.org).

### Medical Information and the “Medical Model”

Knowing the diagnosis can have a place in the eligibility process. A diagnosis can provide some baseline information about the general characteristics of a particular condition, and can help you focus your conversation about barriers on those areas which are most likely to impact the applicant’s ability to use fixed-route transit independently. However, the applicant must not be reduced to the elements of his or her diagnosis by oversimplification, and reviewers should be careful about not taking on the role of a health care professional. It is not necessary or appropriate for transit staff to apply health care or medical principles to the eligibility decision. When diagnostic information is used only to better understand some of the functional impacts of particular disabilities, it can be a useful tool.

## How to Use Information Regarding a Diagnosis

### CASE STUDY #1

A medical condition that applicants for ADA paratransit cite with increasing frequency is diabetes. Having the diagnosis of diabetes, by itself, does not constitute a disability – it is a medical condition. It is the effect of the many complications of diabetes that can result in disability (a substantial limitation in one or more major life activity.) By reading more about diabetes, you can learn that there are several types of diabetes, usually distinguished either Type I (juvenile) or Type II (adult onset) and then between non-insulin dependent and insulin dependent. Some of the most common long-term complications of this disease include:

- Poor circulation--which can cause wounds to heal slowly--can lead to infection, stroke and heart disease;
- Decreased vision, and sometimes blindness, due to the damage caused to the small blood vessels of the retina (diabetic retinopathy);
- Kidney failure (which can result in the need for dialysis);
- Damage to nerves which results in weakness of the legs and reduced sensation in the hands and feet (neuropathy);
- Swings in blood pressure; and
- Diabetic ulcers.

Joyce, your applicant, states that she has Type II, insulin dependent diabetes, and the medical information states that she has severe “chronic polyneuropathy” as a result. You know that neuropathy is a common complication of individuals with diabetes, and you read more to learn that neuropathy commonly results in the following:

- Numbness, and an inability to sense vibrations or the position of the arms, legs and joints;
- Pain, often aggravated by temperature changes;
- Skin ulcers or other injuries from prolonged pressure (since the individual may not be able to feel her feet or legs, or sense changes in temperature.);
- Slow healing of a wound, due to poor blood supply to the skin. Foot ulcers may become deep and infected, and can sometimes result in amputation.
- Changes in gait pattern and abnormal weight bearing

- Development of Charcot's Joints which result from nerve damage that impairs a person's ability to feel pain coming from a joint. As a result, injuries and fractures often go unnoticed and can cause long term damage to the joint.

With this baseline information in hand, you can proceed to focus on functional travel issues that are likely to be most limiting for the individual:

- Without sensation in the feet, it is possible that balance will be poor, and the individual may be unsteady while walking, or even standing. Additional difficulty could be anticipated when walking over uneven surfaces, or to recover from being bumped, either on a crowded bus or sidewalk.
- If sensation in the hands has also been affected, the use of mobility aids might be limited as a result.
- If pressure injuries have been a problem, the individual may no longer be able to wear a prosthetic device – temporarily or permanently.
- If there is also an indication of a vision problem, ask about the condition and its effect on the individual's vision. The applicant may not be able to rely on visual cues to aid foot placement and balance. Even though the medical information may not state that the applicant has vision limitations and the applicant may not mention it, you know that it is likely to be an issue for which you should pay particular attention in the interview and assessment.

Although this background, by itself, is not sufficient for you to determine whether the extent of the applicant's condition would prevent her from using the bus, it will help you direct specific follow-up questions in the interview, and focus on particular elements of the functional assessment and follow-up with professionals, if necessary. It can also help you confirm whether performance in a functional assessment appears to be consistent with the stated disability, or whether additional follow-up questions are necessary.

If the above case study were changed to a person with end-stage renal disease as the result of diabetes, who has recently acquired a power wheelchair, it may be because she has severe neuropathy in both the hands and feet, preventing her from using a walker, or pushing a manual wheelchair. The use of a power wheelchair makes it possible for her to navigate familiar settings such as her home, church and local market with relative ease, but her failing vision from diabetic retinopathy (she has low vision but is not legally blind, although the condition is progressing) makes it difficult for her to assess uneven surfaces and level changes in different lighting conditions, and she experiences frequent periods of light-headedness and dizziness from her fluctuating blood pressure. She cannot tolerate cold weather, and cannot consistently feel how much pressure she is exerting on the joy-stick of her wheelchair, making it difficult for her to control the speed and execute turns in tight spaces.

While the use of the power wheelchair has made many aspects of her life easier, it does not, by itself, improve her functional



ability to the point where she can use fixed-route transit independently. She may be able to control her wheelchair very well while in your office and appear totally independent, but your office has optimal lighting without glare and no surface or level changes.

It is dangerous to rush to an assumption that technology and sophisticated equipment, such as the use of a particular mobility aid, or completion of training eliminates all of the barriers to independent travel within the community. Everyone who uses a power wheelchair is not automatically able to overcome every environmental barrier – the person must first have the functional ability to safely operate the power wheelchair throughout the community.

***Most Limiting Condition:***

Joyce's poor vision makes it difficult to assess path of travel barriers and because she uses a wheelchair she cannot use a white cane. Even if she did not use the wheelchair the neuropathy in her hands makes it difficult to feel the cues that the white cane transmits. Her vision is much worse in low light and in the dark. She has no reliable way to visually evaluate barriers like uneven surfaces or cracks, potholes in an intersection, may not be able to see to align her wheelchair properly with the curb cut. Although Joyce is not legally blind, her low vision is her most limiting condition since she cannot reliably evaluate and avoid path of travel barriers, creating an unreasonable level of risk of injury.

**CASE STUDY #2**

Sean, who is an Iraq War Veteran, sustained a service related traumatic brain injury (TBI) about three years ago. He presents medical information that says that he has experienced a “diffuse axonal injury with greater right frontal compromise and retrograde amnesia.” The medical information confirms that he was in a coma for 7 days following his injury. Due to left side hemiparesis (weakness on the left side of the body) also caused by the injury, he uses a new power wheelchair for outdoor mobility, and a walker indoors at home, but only with contact supervision. He initially used a manual wheelchair but due to his left side weakness, was not able to propel it forward except by using his feet as well as his arms, causing him extreme fatigue. His strength did not improve with therapy.

**Preparing for the interview – learn more about the condition.**

There are several excellent web sites specific to brain injuries including:

- The Brain Injury Association of America
- The U.S. Centers for Disease Control
- The National Rehabilitation Information Center (NARIC)
- The Defense and Veterans Brain Injury Center (DVBIC)

TBI is defined by the Brain Injury Association of America as “an insult to the brain, not of a degenerative or congenital nature but caused by an external physical force, that may produce a diminished or altered state of consciousness, which results in an impairment of cognitive

abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychosocial maladjustment.”

The Department of Veterans Affairs web site [www.va.gov](http://www.va.gov) lists the following possible effects of a TBI:

**Physical effects** including loss of strength and coordination, ataxia and tremors

**Behavioral effects** include anxiety, agitation, frustration, impulsiveness, repetitiveness, depression, regression (return to childlike behavior) and disinhibition (inability to control impulsive behavior and emotions).

**Cognitive effects** include lack of attention and concentration, memory loss, lack of judgment, and communication problems.

**Retrograde amnesia** is defined as *impaired* ability to recall past events and previously familiar information, especially events immediately preceding a trauma.

With continuing research, you learn that a diffuse axonal injury is one that is diffuse – the injury is scattered throughout both sides (lobes) of the brain. The “greater right frontal compromise” means that there is slightly more damage in this area with potential for resulting issues such reduced thinking speed, reduced attention and concentration and impaired cognitive skills.

The functions of the frontal lobe of the brain include:

- Attention and concentration
- Self-monitoring
- Organization, planning and anticipation
- Expressive language
- Awareness of ability and limitations
- Personality
- Inhibition of behavior
- Emotions
- Problem solving
- Judgment

### ***Proceeding with the Application:***

You know that the applicant has a permanent physical disability as a result of the incident, that his physical condition will not improve with therapy and he uses a power wheelchair for community mobility. You decide to have him participate in a physical functional assessment to evaluate how well he controls the wheelchair over a variety of surfaces, in crossing streets, and in the confined space on the inside of a bus. You instruct the therapist not to cue him at intersections or with directions as you want to see if he can make appropriate decisions and retain and follow directions.

During the interview he was alert, oriented and able to respond to all of your questions. He started out very friendly and talked about his family and his goal of obtaining full time employment. As the interview continued, he became increasingly irritated with the questions and when asked about things that might be difficult for him to do, replied “there are no issues I can’t deal with.” When asked why he was applying, he responded that his wife forced him to come, and he



was “sick of all these tests and people telling him he could not do things. I aced all those memory tests.” His anger level rose and he challenged the interviewer saying “you should have to live one day with what I have to live with.” After a brief period, his anger subsided; he regained his composure and proceeded to the physical functional assessment.

Accompanied by the physical therapist he was able to travel 2,340 feet (1/2 mile) outdoors in less than 15 minutes. He followed directions and required no prompting to cross busy downtown streets safely. He identified and navigated carefully around barriers such as grates and potholes and through busy downtown streets and sidewalks which were especially crowded at the lunch hour. He carried on a pleasant conversation with the therapist throughout, was cooperative and pleasant and was able to find his way back to the building with no assistance. He demonstrated excellent ability to maneuver in small spaces and had no difficulty getting on and off the ramp and into the securement area on the bus mockup at your assessment center.

### ***The Eligibility Decision:***

Your determination is that Sean is conditionally eligible with the following conditions:

- The presence of snow or ice prevents you from getting to and from bus stops
- A lack of curb cuts prevents you from crossing the street
- You have to travel along the side of the road with no sidewalks, less than five feet from quickly moving traffic

- The bus stop is not accessible (the ramp cannot be deployed, or you have to wait along the side of the road with no sidewalks, less than five feet from quickly moving traffic.)

### ***The Master Functional Skills List:***

The determination of conditional eligibility is accurate and thorough as regards his physical disability and his personal ability to control his mobility aid in a variety of conditions and settings. But what consideration was given to the relevant cognitive / behavioral functional skills, and what process was used during the assessment to evaluate them, especially:

- Impulse Control / attention to task and emotional regulation
- Ability to adapt to events which are out of the ordinary
- Reasoning
- Judgment
- Decision making
- Capacity to acquire and retain new information

The physical functional assessment included a brief observation of Sean’s ability to follow directions and retain information, but it was in a controlled, supervised setting where nothing went wrong. During the interview there was a brief indication of how Sean reacts when frustrated, but there was no follow up. Sean also appears to have overstated his ability, not wishing to appear weak or helpless in any way. He has good control of his wheelchair and if he had no cognitive issues, the decision would have been correct. The injury to his brain has resulted in difficulties which he cannot

control and which, if experienced on the way to the bus or on the bus, could result in an unreasonable level of risk to Sean.

### ***Cognitive Issues:***

Cognitive limitations are very likely following the type of injury Sean sustained, so a thorough process must include ways to evaluate what is not immediately apparent or visible. It is often necessary to collect information from informants and other professionals who work with the applicant in a functional way.

Cognitive difficulties are very common in people with TBI. Cognition (thinking skills) includes an awareness of one's surroundings, attention to tasks, memory, reasoning, problem solving, and executive functioning (e.g., planning, initiating, self-awareness, reasoning and decision making.)

- **Poor Judgment** Sometimes it's hard for a person with TBI to analyze a situation and understand what could happen. They may make inappropriate, potentially harmful decisions, and may have difficulty problem solving.
- **Repetitive Behaviors (Perseveration)** Perseveration is defined as "Uncontrollable repetition of a particular response, such as a word, phrase, or gesture, despite the absence or cessation of a stimulus. The tendency to continue or repeat an act or activity after the cessation of the original stimulus" It is commonly

caused by injury to the frontal lobe of the brain. The individual might not be able to shift their thinking away from a particular topic or activity, even if it is not relevant to the task at hand and with no reason or logic, creating a significant distraction.

- **Frustration, Increased Anger, Aggressiveness** It is common for people who have experienced a TBI to be short tempered and get frustrated easily. They may be impatient and have outbursts of anger, especially when tired, in a new situation or when feeling stress.
- **Impulsivity or Difficulties in Self-Control** An individual with a TBI may not stop and think about potential consequences before acting, and may say the first thing that comes into their mind without considering how it might affect the other person, or themselves. Attending to a specific task may be difficult, and concentration may be very limited.
- **Difficulty with Decision Making and Problem Solving** Decision making and problem solving are high level cognitive skills, especially as the task becomes more complicated. The individual with a TBI may have problems reasoning and may have a hard time recognizing a problem. If the individual is not able to effectively use reasoning, s/he is likely to take things literally, resulting in poor or potentially

harmful decisions. They may not be able to quickly analyze a situation, form judgments and make decisions.

- **Memory** Memory is almost always impaired following a TBI. The individual may experience difficulty with recall, and their capacity to learn and remember new information may be limited, particularly if the task is complicated and requires multiple steps. Learning requires memory.

### ***Evaluating what is not apparent:***

In Sean's case, he was not able to articulate his cognitive and behavioral functional limitations. He may lack insight, or may be unwilling or embarrassed to talk about them. Gathering information from a professional or from other "reporters" (people who interact with Sean on a daily basis) is essential to help form a complete picture of his ability. Asking specific questions including examples about how Sean deals with situations that require decision making, judgment, problem solving and memory, or how he deals with the unexpected will provide insight.

Sean's wife accompanied him to the interview. She waited in the reception area while you interviewed Sean and joins you at the end of the interview when you summarize what Sean has told you. You ask her if she can provide a recent example of Sean's potential difficulty with learning and remembering how to perform new tasks. She tells you about the new remote control for their television. Both she and their daughter broke the steps required to

use the remote down into small "chunks" of information and reviewed them with Sean over and over. He insists he remembers how to operate the remote and gets angry if his daughter attempts to do it for him, but even after months of practice, he is not able to sequence the order of which buttons to push. Sean does not ask for assistance, curses at anyone who tries to help, gets frustrated and erupts in anger, usually ending with throwing the remote across the room.

Applying this behavior to tasks necessary for navigating the fixed-route system, Sean's ability to follow directions and observe the proper sequence is limited. His response when confused or frustrated is inappropriate, and his memory deficit means he cannot call on past experience as a model for current behavior and response. If he were able to successfully learn a new multi-step task, he would have extreme difficulty adapting to changes such as a route detour, a relocated bus stop or a missed stop – literally anything out of the ordinary.

Sean's wife tells you he perseverates about "just about anything" and gave an example concerning the dishwasher. Sean believes that every item has a specific place in the dishwasher. He will not move any item in the "wrong" place, close the dishwasher or leave the kitchen until the individual responsible for the misplaced item returns and moves it. His wife said he has called her at work to return immediately and move something into its "rightful" spot, and flies in to a rage if she is not able to do so

immediately. Similarly, the toilet paper has to be on the roll a certain way and hang free a certain length for the next user. Not only does he notice these things, but he broods on them, then has an explosion of anger and will not be mollified by any explanation, reasoning or logic.

Applying this behavior to the use of the fixed-route system, Sean may have a similar reaction if the bus is not exactly on time, if he got on the wrong bus, or if someone on the bus was in what he believed to be “his space.” His reaction with fierce, uncontrollable anger is not appropriate in a public place and could easily result in harm to him or others.

### ***Information from professionals:***

Having received only a diagnosis from Sean’s neurologist, you conduct follow up with professionals working with Sean to improve his daily life skills. The neuropsychologist and therapist confirm that higher level abstract reasoning and concept formation are impaired with perseverative responding evident. Delayed recall is severely impacted. Verbal learning through repetition is severely impaired.

The neuropsychologist confirms that Sean has had extensive cognitive rehabilitation therapy for the past 18 months centered on skill building and strategy development and focused on creating a routine and activity plan in which Sean can be independent, including meal planning and preparation and parenting responsibilities and leisure activity. Incremental addition

of responsibilities to his daily plan are introduced. His treatment team says he has made minimal progress improving his skill with these tasks and his goals should be set realistically. He is not a candidate for return to competitive employment and will do best in an environment that is highly repetitive, structured and routine. Future therapeutic efforts will not be vocational but will focus on enhancing Sean’s quality of life.

### ***Most Limiting Conditions:***

Despite the appearance that Sean is independent in his mobility aid and was able to respond to questions and follow directions during the 20-minute outdoor walk, his most limiting conditions are cognitive and not apparent, including memory (delayed recall), ability to evaluate situations and respond appropriately to change, anything unexpected or out of the ordinary, and inappropriate reactions to frustration including escalating, explosive outbursts and anger. His ability to reason is severely limited and resulting judgment and decision making is impaired.

After 18 months of cognitive therapy, Sean's ability has not significantly improved. In order to be successful, Sean requires the kind of highly controlled, predictable, supervised environment that paratransit provides. His functional ability is not likely to improve to the point that he would be able to "navigate the system" independently. His eligibility is unconditional.

## **Environmental Barriers**

A person with a disability who is able to negotiate the environment may still encounter environmental barriers. There is an extensive discussion of barriers that may impact a traveler with a visual disability in Chapter 7. Others are easy to identify, such as the lack of a curb ramp or several inches of snow for an individual using a wheelchair. Some are more subtle, but no less problematic.

### **When is a Sidewalk not a Sidewalk?**

There are many cities with very old infrastructures, including old sidewalks that are sometimes less than 32" wide. It is not impossible for the user of a scooter, for example, to discover that her wheelchair is in danger of falling off the curb if she must turn even an inch to avoid a barrier, or even another pedestrian. The only alternative available in such situations is to travel in the street, clearly a dangerous option.

Sidewalks can also have significant cross slopes – often when designed to angle away from the building to prevent water from accumulating. They are not supposed to exceed a certain slope as established in the Americans with Disabilities Act Architectural Guidelines (ADAAG). However, just as all curb ramps are not installed properly and according to ADA minimum specification, it is not unusual to find sidewalks, particularly in older cities, which have a severe cross slope. This can be a particular problem for the user of a manual wheelchair who will have to exert considerably more effort with



his “downhill” arm to keep from rolling into the street. This requires strength, and if the slope continues for any distance, strength and endurance which may be beyond the functional ability of the individual.

### **Extremes of Temperature**

Seasonal eligibility, which has become increasingly popular as an easy way to implement conditions of eligibility, is usually designed to reflect the time of the year when conditions of extreme heat, cold or snow are most likely to occur. Since seasonal eligibility is usually supposed to reflect a temperature range, it is important to understand the exact range and the resulting impact on the traveler with a disability.

For example, depending on the extent and location of the injury, a person with a spinal cord injury may have lost the ability to regulate his body temperature adequately. Certain levels of spinal cord injuries render the individual unable to perspire below the area of the spinal cord that was damaged. Perspiration is one of the primary ways in which our bodies control internal temperature.

The person’s eligibility may be for trips between June 15 and September 15, designed to predict those days when it is most likely to be very hot. However, when the inevitable 90-degree day occurs on May 28, the individual will not be able to stay outdoors for a prolonged period of time without experiencing a potentially dangerous rise in his body temperature.

Travelers with disabilities should be able to count on the flexibility of the paratransit system to implement the true conditions of eligibility that accurately reflect the environmental barrier. Exposure to extreme heat (generally over 85 degrees, especially when combined with high humidity) is not an issue of comfort or convenience for this traveler, but could be life-threatening. Although the person will usually employ strategies to promote cooling, wearing a hat and protective clothing will not provide adequate protection for this traveler from extremes of heat for very long, and your understanding of the environmental condition combined with the traveler’s particular disability is essential.

These examples, and others you will learn from your customers with disabilities, illustrate the complexity of the environment in which people must travel and the need to be aware of such barriers and make sure they are reflected in conditions of eligibility when appropriate.

### **Perceptions about Transit Access**

Strictly speaking, people’s feelings and beliefs about transit are not factors that should be considered in an ADA eligibility decision. They do help to form, however, the perception that many people have of the accessibility and usability of public transit and the lack of pedestrian access in our communities. These perceptions certainly can have an impact on an applicant’s self-assessment of the level of effort necessary to use the bus. Transit has made great strides since the passage of the ADA, but understanding the history and development

of accessible public transportation is important in combating misconceptions and planning for the future. Unfortunately, many of our transit systems have not historically been welcoming to people with disabilities, which has resulted in the common belief that fixed-route service is not usable and that paratransit service provides a better alternative.

The most important aspect of understanding travel for people with disabilities is that the basic components are the same for everyone—we all have places to go for which we need to arrive safely and on time. We must be able to afford our ride and will sacrifice some comfort for a cost saving. We demand the freedom to go where we want to go, when we want to go and without explaining the reason to anyone. Transportation links us to our communities and to life.





# Developing an Appropriate Process

SECTION

3

## Introduction

This section begins with a discussion of general considerations in the design of an ADA paratransit eligibility determination process. Designing a process that is “holistic” and supports the broader goals of the ADA is first discussed. The need to have meaningful public involvement in the design of the process is also addressed. Process design options are then presented. This includes various sources of information that can be used to make determinations, as well as organizational and staffing options. Types of processes used by transit systems across the country are then presented and typical outcomes for different types of processes are noted. Finally, a recommended process is presented and two common alternatives are described.

## Developing a Holistic Approach and Process

Designing and providing services and facilities to be accessible, so that the needs of all riders can be met, is now an integral part of the mission of public transit agencies. ADA paratransit service and ADA paratransit eligibility determinations are part of this overall effort to meet the needs of all riders. It is important that the process of granting ADA paratransit eligibility be designed to be fully integrated with and consistent with this broader mission.

Eligibility determination should be thought of as more than just a separate and stand-alone process for providing access to ADA paratransit service, which is just one part of overall efforts to provide appropriate and accessible transportation for persons with disabilities. At its core, eligibility determination is about gathering and reviewing information needed to accurately assess abilities to use fixed-route transit services. But to be effective, it needs to go beyond this specific focus. This section presents some of the broader considerations in developing an effective and holistic approach.

### *Providing Accessible and Usable Fixed-Route Services*

A broader, holistic approach to meeting the transportation needs of persons with disabilities starts with the provision of fully accessible and usable fixed-route service. The U.S. DOT ADA regulations establish very specific criteria for ADA paratransit eligibility for a reason—ADA paratransit is not intended to become the primary or only transportation option for persons with disabilities. First and foremost, access to fixed-route service is to be provided.

Making the fixed-route system as accessible and usable as possible has benefits for both riders and transit systems. Access to fixed-route services can provide the greatest level of flexibility and freedom to travel. It is also less costly for both riders and transit agencies. And if more flexible and lower cost transportation is available, riders will select this option, placing less of an emphasis on needing to direct individuals to the most appropriate mode through eligibility determination.

Providing a truly accessible and usable fixed-route service takes a lot of effort and persistence. It sometimes even requires a culture change within the transit organization. But even in systems that find this to be challenging, it is counter-productive to promote ADA paratransit as the primary service for people with disabilities, to be expansive in granting ADA paratransit eligibility, and to then place less of a focus on fixed-route access. Doing this may seem expedient in the short-term, but it limits access to the most flexible, affordable and integrated transportation option, and forces continued reliance of paratransit. It can also overburden the ADA paratransit service and degrade the level of service to all riders.

At the same time, it would be disingenuous to strictly limit eligibility for ADA paratransit if fixed-route services are not truly accessible and usable. A strict eligibility determination process would require individuals to use fixed-route service even though compliance issues make it not usable. As transit agencies move to strengthen their eligibility determination processes, they need to simultaneously focus on ensuring the compliance and quality of fixed-route services.

### ***Facilitating and Encouraging Use of Fixed-Route Transit Services***

An important part of making fixed-route services not only accessible, but usable, is the provision of information and support services. These are important for all riders, but can be particularly helpful to riders with disabilities.

**Trip Planning Services.** Planning a trip on public transportation can be a complicated task. Route and schedule information can be difficult to understand. Combining information from two or more schedules to plan trips that involve transfers is even more difficult. All riders can benefit from phone numbers where customer service staff can help plan trips. Online trip planning tools that allow riders to enter origin, destination, and travel time information, and get a trip itinerary are also very helpful. To better assist riders with disabilities, these services could also provide information about the accessibility of bus stops or rail stations, the walking distances to and from stops and stations, and the accessibility of the paths-of-travel to and from stops and stations.

**Travel Instruction and Training.** For people with limited fixed-route transit experience, more detailed travel instruction and training can be very useful. This could include demonstrations of lifts, ramps, and securement systems, where riders get an opportunity to become more familiar with this equipment. Or it could include one-on-one instruction in trip planning, getting to and from stops and stations, and using bus or rail services to make specific trips. Transit agencies can offer general demonstrations and instruction in-house. Staff can also be trained to become qualified Travel Trainers or Travel Instructors and to provide more intensive one-on-one instruction. Transit agencies can also partner with other organizations in the community that have qualified staff to provide these services. And transit agencies can work with local school systems

to support the inclusion of transit training and instruction in the Individual Education Program (IEPs) of students with disabilities.

A considerable amount of information about various types of travel training, as well as materials that can be used to implement programs, is available from Easter Seals Project ACTION at [www.projectaction.org](http://www.projectaction.org).

### ***Developing Transportation Options***

Taking a holistic approach to meeting the transportation needs of persons with disabilities can also include developing travel options beyond traditional fixed-route and ADA paratransit.

**Community Fixed-Route and Dial-A-Ride Services.** A number of transit agencies have implemented local community bus services to supplement the regional fixed-route and paratransit services. In some cases, these are fixed routes that are specifically designed to meet local needs, and may also link to the regional bus service. In other cases, they include flex-route features to better serve riders who have difficulty getting to and from designated bus stops. The design of these services reduces the distances that riders have to travel to get to and from stops.

Some transit systems have also implemented demand responsive, or dial-a-ride, programs to supplement the ADA paratransit service. These services typically have broader eligibility criteria,

sometimes being available to any seniors, and sometimes being open to the general public. While these services may not operate all of the hours of ADA paratransit, and sometimes may have trip purpose limitations, they often have lower fares and a “local feel.”

### ***Public Information and Communications***

Finally, informing the community about all transportation options is also an important part of a holistic approach. Transit agencies should develop public information materials that describe all accessible transportation services. This should include information about the accessibility of fixed-route services, ADA paratransit service and eligibility, and information about other programs and services that are available to assist with transportation. Transit agencies should also work with local organizations and agencies to inform the community about all transportation options available to persons with disabilities.

By making people in the community aware of all available options, riders will be able to better choose the services that best meet their needs. Informed riders will also have a better understanding of the accessibility improvements that have been made to fixed-route services, and will be able to more accurately explain their abilities to use these services. They will also have a better understanding of the purpose of ADA paratransit.

## Making ADA Paratransit Eligibility Determinations Part of a Holistic Approach

There are several ways that the ADA paratransit eligibility determination process can be designed to support a broader holistic approach to transportation services for persons with disabilities.

### *Using the Eligibility Determination Process to Inform and Educate*

When a person calls to inquire about ADA paratransit services, transit agencies should use this as an opportunity to provide information about all of the services and programs that are available. In addition to sending application forms to people who decide to pursue ADA paratransit eligibility, transit agencies should also include information about other services and programs.

It is important that these communications not direct people away from ADA paratransit services, but simply inform them of all transportation options. At the end of these interactions, staff should not conclude with “Do you still want to apply for ADA paratransit eligibility?” but with something more like “I will send you an application form as well as information about the accessibility features of our fixed-route services and other programs that you may find helpful.”

When people call to inquire about ADA paratransit eligibility, **King County Metro** in **Seattle, WA** sends an application packet that includes information not only about ADA paratransit, but also accessible fixed transit services, and other community transportation programs. When completed application forms are submitted, Metro staff also contact applicants by phone to discuss their travel needs and how the different types of accessible services might help meet their needs. And, when applicants come in for in-person interviews, eligible staff ask if they would like more information about other types of accessible transportation. A Transportation Resources Center, with information about other services, is located at the interview site. The goal is to assist applicants not only with ADA paratransit eligibility, but to develop as many other travel options as are appropriate.

Sample public information developed by the RTA in Chicago and by King County Metro in Seattle is provided in Section 4. This information is sent by these systems along with application forms to all individuals who inquire about ADA paratransit eligibility.

### *Assisting Applicants with All Transportation Options*

In addition to making determinations of ADA paratransit eligibility, staff who communicate with applicants as part of the process can also assist with accessing other appropriate services and programs. Information and application forms for other services can be readily available and offered to applicants during in-person interviews.

### ***Integrating ADA Paratransit Eligibility with Travel Training Programs***

In addition to determining current ability to use fixed-route services, the eligibility process can also be used to assess whether applicants might benefit from travel training. If applicants express an interest in learning more about using fixed-route transit services, they can be given information about travel training services that are available, or could be immediately referred for possible travel training.

#### **Dallas Area Rapid Transit in Dallas, TX**

includes a qualified Travel Trainer on its eligibility review team. This person is assigned to conduct interviews and functional assessments for applicants with cognitive disabilities. If applicants have the potential to use fixed-route service with training, and are interested in pursuing this, the staff person can begin to make arrangements for training at the time of the interview.

Staff who provide travel training can also be used to help conduct in-person functional assessments. Qualified Travel Trainers can be located at the interview and assessment center and can conduct functional assessments for applicants with intellectual or cognitive assessments on an as needed basis.

### ***Using Trip Eligibility Information to Remove Travel Barriers***

If conditions of eligibility are identified and used to determine if riders can make certain trips by fixed-route transit, this information can also be used to help remove barriers in the environment. For example, a review of

The **Utah Transit Authority (UTA)** in **Salt Lake City, Utah** has for years used eligibility determination information to improve bus stop accessibility. If inaccessible bus stops are found to be preventing use of fixed-route services, this information is provided to the fixed-route division. UTA has adopted a very aggressive bus stop access program. The identified stops will either be made accessible, or they will be made a priority for future improvements if current funding is limited.

#### **ACCESS Transportation Systems, Inc.**

in **Pittsburgh, PA** has developed a coding system to identify the specific reasons why riders with conditional ADA paratransit eligibility are prevented from using fixed-route services. This coding includes a category for lack of sidewalks and/or curb ramps. This information is tracked so it can be provided to local communities.

eligibility for a trip might find that one of the bus stops that must be used to make the trip is not accessible. This information can be provided to staff within the transit agency that works on bus stop design and improvement.

Similarly, if a trip review finds that ADA paratransit is required because access to the fixed-route system is prevented due to the lack of a curb ramp or sidewalk, this information can be provided to the public works department in the relevant community.

## **Public Involvement in Process Design**

If changes are made to the ADA paratransit eligibility determination process, it is important that these changes are made with the input and support of the community. The U.S. DOT's ADA regulations require that people



with disabilities be involved on an ongoing basis in the continued development and assessment of services provided (49 CFR Part 37, §37.137(c)).

Beyond the regulatory requirement for input into the development of policies, programs and services, it is vital that the community understands the reasons for changes in the eligibility process and views the changes and the new process as one that they have had a hand in developing. A new process, particularly one that moves from a simple paper application to in-person interviews and functional assessments, could meet significant resistance (and its implementation may ultimately not be successful) without community input and “buy-in.” Explain the broader goals of the process—to more fully understand rider transportation needs and to ensure that the most appropriate and useful services are provided. Explain that the process is also meant to ensure that quality ADA paratransit service can be sustained for those persons who have a right to the service. Without an understanding of these broader goals, people are likely to view new eligibility procedures as “gate-keeping,” based solely on cost-saving issues. Some may also be skeptical about the introduction of functional assessments to the process, and may be concerned that these brief observations will not accurately identify their travel abilities. Explain that assessments will be only one piece of information, and will be considered along with information provided by applicants. If the eligibility process used previously was not thorough, many may see a more accurate process as a threat to their current travel options.

Public input in revising the eligibility determination process should also be meaningful. Outreach should be done to all segments of the community, including current and potential riders with disabilities, disability organizations and representative disability membership organizations. All points of view should be included in the discussion of process change – particularly

If changes are made to the ADA paratransit eligibility determination process, it is important that these changes are made with the input and support of the community. Public involvement should begin early with a discussion of process goals and options.

people who are likely to be skeptical or who may at first oppose change. As many different methods as possible and practical should be used to gather people together in small and large groups to present the concepts and goals and to answer questions in an open and honest method. Focus groups, open houses and forums, the establishment of special work groups, large and small community meetings with questions and answer sessions, formal presentations and networking with human service agencies are all tools which have been used effectively in other locations. Clear, concise public information materials are an important part of the education process.

Input and involvement should begin early. The community should be involved in discussing possible options and selecting a desired approach, rather than being asked to support an approach that has already been determined. The goal of the process should be to have the community



view the new process as “their eligibility determination process” not the “transit agency’s process.”

## ADA Paratransit Eligibility Process Options

Many different processes and types of materials are used by transit agencies across the country to make determinations of eligibility and to inform the public about ADA paratransit eligibility and accessible transportation services. These processes combine a variety of information sources in different ways to gather information about the functional abilities of applicants. The processes also involve different types of organizations, with some systems making determinations using in-house staff, and others contracting for assistance with the process.

No single process has emerged as the “best” model. Processes seem to develop over time to reflect local conditions and local expertise. It is therefore important to understand all of the options and to design a process that best fits local conditions.

Regardless of the exact process, there are certain types of information that are typically used to make determinations. Information can be gathered from applicants, professionals familiar with applicants, or through independent assessments. This information, and alternative approaches for gathering it, are discussed in this section.

There are also a number of ways that processes and staffing can be organized. This section also presents common process structures. Three possible designs are

then presented and the advantages and disadvantages of each are discussed.

### *Sources of Information and Data Collection Options*

There are three primary sources of information that can be used to make ADA paratransit eligibility determinations. There are also various ways that information can be gathered from each source.

## INFORMATION FROM APPLICANTS

Any process should start by first getting information from applicants. This information can be obtained in several ways.

**Application forms** – Most processes include an application form that requests general information about applicants, information about disabilities and mobility aids used, travel abilities, and other information. Given all of the tasks related to independent travel by fixed-route transit that need to be considered, and the fact that each applicant is unique, standardized application forms are a starting point for getting some important basic information. Chapter 4 provides sample application forms.

**Telephone interviews** – Some transit systems supplement paper applications with follow-up telephone conversations. This follow-up can be useful in obtaining any information missing from the application or exploring travel abilities and issues raised in answers to application form questions.

**In-person interviews** – Another option for obtaining more detailed information from applicants is to ask applicants to participate

in in-person interviews. In-person interviews allow transit agency staff to ask more detailed and pertinent questions than can be asked in a standard form. Interviews also give applicants the opportunity to get clarification on the questions being asked.

Once application forms have been completed, a person could be asked to call and schedule an interview and to bring the application forms with him or her to the interviews. Alternately, applicants could be instructed to mail in or email completed application forms. Forms could then be reviewed and applicants contacted to schedule interviews. Section 5 provides detailed recommendations for conducting successful interviews.

Options for providing application forms could include: (1) providing a phone number that people can call to request that an application be sent; (2) allowing people to download applications from the agency's website or complete them online; or (3) making applications widely available in the community. An advantage of having people call and only sending applications out when requested is that it provides an opportunity to discuss accessible transportation services, ADA paratransit service, and ADA paratransit eligibility with a person before he or she begins the process. Another advantage of asking people to call to request an application or downloading it from a website is that it allows agencies to ensure that the latest form is being used. If copies of applications are more widely distributed throughout the community, and changes to forms are made, it is difficult to ensure that the latest version is used.

An advantage to providing application material online is that it makes the information accessible to people who may not be able to read or complete print versions. Even if an option for completing the application online is not provided, putting the materials online gives people the opportunity to directly review the information and questions. A disadvantage to allowing applications to be submitted online is that it may eliminate the opportunity to have an initial conversation about the nature of ADA paratransit and eligibility criteria. The subject of online applications is discussed in more detail in Section 10.

Having applicants mail application forms prior to interviews provides an opportunity to review the information for completeness before interviews are scheduled. If functional assessments are also conducted at the time of the interview, having the opportunity to review information in advance also can help ensure that appropriate functional assessments are scheduled. On the other hand, allowing applicants to immediately call and schedule interviews once they have filled out application forms shortens the overall process by a few days.

Another decision is whether to ask all applicants to participate in in-person interviews, if they are included as part of the process. If application forms are used, the information provided can be reviewed and in-person interviews can be scheduled as needed. If the information in application forms adequately supports certain decisions, it may not be necessary to ask all applicants to participate in interviews. Requiring in-person interviews only as needed is less burdensome

on applicants. On the other hand, applicants who are required to also participate in interviews may not fully understand why they are being asked to take this additional step. Having all applicants participate in interviews also provides an opportunity to discuss important service issues. Even for applicants who are clearly unconditionally eligible, it may be helpful to discuss important service issues, such as the level of assistance that can be expected from drivers.

In some cases, systems rely solely on in-person interviews to gather information from applicants. There is either no application form, or the form is very short and requests only basic, general information. Questions that would otherwise be included in the form are asked as part of the interview. The advantage of this approach is that it reduces the burden on applicants to have to complete a longer form before participating in an interview. The disadvantage is that, without completing a more detailed application form in advance, some applicants may schedule and participate in interviews without having a good understanding of ADA paratransit eligibility and may be applying for the service without a good understanding of the eligibility criteria. This can result in higher application volume and more denials of eligibility.

There is no substitute for getting information directly from applicants and carefully considering the information they provide. It is also important, though, to recognize that some applicants may have limited experience using fixed-route transit services, and therefore may either overestimate or underestimate their abilities to use fixed-route services. Additional sources of information should therefore also be considered.

## **VERIFICATION OF DISABILITY AND INFORMATION FROM PROGRAMS AND PROFESSIONALS FAMILIAR WITH APPLICANTS**

While ADA paratransit eligibility is not based solely on disability information, applicants must have a disability to qualify for this service. Use of fixed-route service must be prevented ***because of a disability***. Some disabilities may be apparent, and other may not. It is therefore important to consider verification of disability as part of the process. Information from professionals who are familiar with applicants may also be helpful in making an accurate and complete decision.

Several approaches are used to obtain verification of disability or additional information from professionals.

**Requesting information about professional(s) who can be contacted as needed.** This approach typically asks applicants to provide the name(s) and phone number(s) of one or more professionals when they are completing the application form. Systems then follow-up with named professionals on an as needed basis.

**Requiring verification of disability as part of the application form.** Under this approach, the application form typically includes a separate section with several questions that applicants must have completed by an appropriate professional. These questions must be answered and this section signed by a professional before the application form is considered complete.

**Inviting applicants to provide readily available information.** Some systems invite applicants to provide information about their disability or travel abilities in any form that might be readily available. Applicants are asked to either send this information along with their completed application forms, or to bring it with them to in-person interviews.

**Requiring information for certain types of disabilities.** In some processes, documentation of disability is not required of all applicants, but only from applicants whose disabilities may not be apparent. For example, applicants who indicate psychiatric disabilities or seizure conditions might be asked to provide some form of verification of disability. Or applicants who indicate vision disabilities might be asked to provide a visual acuity statement that documents the level of vision loss. Typically, if this approach is used, the exact format of the information is not specified as long as it adequately documents the disability.

If verification of disability is included as part of the process, it is important to accept information from all appropriate professionals. Some systems have only accepted information from licensed physicians, only to discover that licensed physicians may not always be the best professionals to provide information about functional ability. Other professionals who may have worked with applicants in a more direct and ongoing way may be the best sources of information about functional abilities. While a neurologist may be the most appropriate professional to provide information about applicants with seizure conditions, a physical therapist or

rehabilitation specialist may be the best professional to provide information about an applicant with an ambulatory disability. Similarly, an independent living counselor or clinical social worker might be the best professional to provide information about applicants with cognitive disabilities.

It is also beneficial to be open to a variety of sources of information from professionals. Some applicants may have participated in other programs or services and may have information about their disability or functional abilities that will be very informative. For example, students or recent students who may be applying might have an Individual Education Program (IEP) that addresses travel abilities and transportation needs. Applicants who have participated in rehabilitation programs might have participated in evaluations or assessments as part of job training or placement. And applicants with vision disabilities might have participated in orientation and mobility assessments or training. If standard disability verification forms are part of the process, it might also be helpful to incorporate ways of getting this additional information into the overall eligibility determination process.

If standard forms are used to get information from professionals, it is important that appropriate information be requested. This information will vary depending on the disabilities of applicants. In general, though, it will include information about: disability or disabilities; current functional abilities related to independent travel in the community by fixed-route transit; current or planned treatment; prognosis related the treatment;

medications that might affect mobility; and other specific information. Professionals might also be asked for information about the context within which they know the applicant and when they last saw the applicant. This more specific information is more useful than broad general questions such as “In your opinion, can the applicant use fixed-route transit services?” or explaining the categories of ADA paratransit eligibility and then asking “In your opinion, is the applicant ADA paratransit eligible?” Some professionals may not be aware of the level of accessibility of fixed-route transit services, or the specific tasks required to use the fixed-route system. Instead, transit staff should consider the specific information provided by professionals together with other information gathered as part of the process to make a determination of ADA paratransit eligibility.

Section 5 provides detailed suggestions for obtaining appropriate information from professionals.

### **In-Person Functional Assessments**

The third source of information to consider is information gathered through independent, in-person assessments of functional ability. Functional assessments can be designed to measure abilities and skills needed to perform the specific tasks associated with using fixed-route transit services. If performed correctly, they also provide consistent, objective and independent measures of skills and abilities. The three types of assessments commonly used are:

**Physical functional assessments.** These focus on physical skills and abilities like strength, endurance, walking speed, coordination, balance, range of motion, and dexterity needed to get to and from bus stops or rail stations in a variety of settings, and to board, ride and disembark from buses or trains. Recommendations for conducting physical functional assessments is provided in Section 6.

### **Assessments of cognitive abilities.**

These address skills such as comprehension, short and long-term memory, concentration, judgment, and problem solving needed to plan and carry out trips independently and safely. Detailed information about cognitive functional assessments is provided in Section 7.

**Assessments of sensory skills.** These address orientation and directional wayfinding skills, and abilities to detect environmental cues and use mobility aids to independently get to and from stops/stations and navigate the fixed-route system. Assessing sensory skills, specifically vision skills, is discussed in Section 8.

Ideally, each of the above types of assessments is conducted in the real environment. In some cases, transit systems have developed indoor assessments centers for use when observations in the real environment are not possible. And in some cases, assessment tools have been developed for simulating travel by fixed-route transit.



Appropriate professionals should be used to perform functional assessments. Physical assessments should be performed by professionals such as physical, occupational or recreational therapists. Assessments of cognitive abilities that are performed in the real environment should be conducted by travel trainers, travel instructors, or professionals with training and experience in working with people with cognitive disabilities. Assessments of cognitive abilities that are based on validated simulation tools should be performed by persons trained to consistently administer such tools. And assessments of sensory (vision) skills that are performed in the real environment should be performed by Orientation and Mobility (O&M) Specialists.

Typically, to thoroughly assess all key abilities and skills using the most appropriate professionals, assessments focus on the primary disabilities of applicants. For example, applicants whose primary disabilities are physical in nature will be asked to participate in physical functional assessments. Applicants whose primary disability is cognition will be asked to participate in cognitive functional assessments. Applicants with multiple disabilities will typically participate in assessments that relate to the abilities that most significantly affect travel. Occasionally, applicants with multiple disabilities that each have a significant impact on travel will be asked to participate in more than one assessment. During each of these targeted assessments, other observations might also be made. For example, physical therapists conducting physical functional assessments

typically will also record observations related to behavior, responsiveness, and comprehension. Observations about vision abilities might also be recorded. These observations might then be reason to consider additional, more thorough assessments targeted specifically to those issues.

Some transit agencies have developed assessment centers designed to combine observations of physical, cognitive and sensory abilities and skills. Often, these assessments are conducted in indoor facilities that simulate a variety of tasks needed to use fixed-route transit. Professionals with more general skills are used to make these combined observations. These assessments can be cost-effective. On the other hand, the observations and outcomes might not be as detailed or specific to individual applicant abilities.

It is important to recognize that even the most thorough functional assessments represent limited observations of abilities under certain environmental conditions. The results of these assessments should therefore not be considered the only factor in making determinations of ADA paratransit eligibility. Observations and outcomes should be considered along with other information gathered from applicants and professionals familiar with applicants.

### **Organization and Staffing**

In addition to deciding what sources of information to include and how to collect it, another important part of process design is the desired organizational structure and

staffing. The process can be completely in-house, contracted, or a combination. To some degree, the decisions on information sources will also affect organization and staffing.

If the primary sources of information will be information from applicants and professionals familiar with them, an in-house process may be appropriate. Transit staff can review application forms, review

The **Regional Transit System (RTS)** in **Gainesville, FL** contracts with the Center for Independent Living of North Central Florida (CILNCF) for assistance with the ADA paratransit eligibility determination process. Prospective applicants call CILNCF directly to schedule appointments for interviews. A six-page application form is completed at the time of the interview. Additional information, specific to each applicant, is also obtained through the interview. CILNCF also works with applicants to obtain required verification of disability. Applicants identify professionals who can be contacted and CILNCF sends "Professional Verification" forms on behalf of applicants. The working relationship between RTS and CILNCF has reportedly been beneficial to both agencies. RTS benefits from the experience and expertise available through CILNCF. Being involved in the eligibility determination process also has helped CILNCF identify people with disabilities who can benefit from other programs and services provided by the agency.

information provided by professionals, and make follow-up calls to applicants and professionals as needed. Staff should be selected who have training, experience and a working knowledge of different types of disabilities. They should also have training

in ADA paratransit eligibility determinations. Skilled and trained in-house staff may also be appropriate if a decision is made to include in-person interviews as part of the process. On the other hand, contracting out or partnering with other local organizations that have more expertise in interviewing may be beneficial.

Additional expertise will be needed if the desired process includes in-person functional assessments. Again, appropriate staff can be hired by the transit agency, or the needed expertise can be obtained through contracts with local organizations.

## Common Processes and Outcomes

As noted above, transit agencies across the country have developed many different types of processes for determining ADA paratransit eligibility. Table 3-1 on the following page shows some of the more common approaches and processes documented in a recent survey conducted for the Transit Cooperative Research Program (TCRP).<sup>1</sup> The table shows the types of information sources used to determine eligibility reported by 125 transit agencies that responded to the survey.

Many systems, 53 of the 125 (or 43%), indicated that determinations are made using only information from application forms and, in some cases, verification of

<sup>1</sup> TranSystems Corp., *TCRP Project B-40: Strategy Guide to Enable and Promote the Use of Fixed-Route Transit by People with Disabilities, Draft Interim Report*, Transit Cooperative Research Program, Washington, DC, July 3, 2012.



**TABLE 3-1. TYPES OF INFORMATION AND PROCESSES USED BY TRANSIT AGENCIES**

Sources of Information/Process Elements						Number of Transit Systems	Percent of Transit Systems
Paper Application	Professional Verification	Interviews (As needed)	Interviews (All)	Functional Assessments (As needed)	Functional Assessments (All)		
Application form and/or professional verification. No in-person interviews or functional assessments.							
✓						16	
	✓					2	
✓	✓					35	
Subtotal						53	43%
Application form (and professional verification). In-person interviews as needed. No functional assessments.							
✓	✓	✓				8	
✓		✓				2	
Subtotal						10	8%
Application form and professional verification. 100% in-person interviews. No functional assessments.							
✓	✓		✓			13	
Subtotal						13	10%
Application form and professional verification. In-person interviews and/or functional assessments as needed.							
✓	✓	✓		✓		12	
✓	✓	✓		✓		1	
✓	✓			✓		6	
Subtotal						19	15%
No application form. 100% in-person interviews and/or functional assessments. Some professional verification.							
					✓	1	
			✓	✓		2	
	✓		✓		✓	2	
	✓		✓	✓		1	
			✓		✓	1	
Subtotal						7	6%
Application form (some professional verification). 100% in-person interviews and/or functional assessments.							
✓					✓	2	
✓	✓				✓	1	
✓			✓		✓	3	
✓			✓	✓		1	
✓	✓	✓			✓	4	
✓	✓		✓		✓	6	
✓	✓		✓	✓		9	
Subtotal						23	18%
Totals						125	100%

disability by professionals familiar with applicants. Sixteen (16) systems indicated that application forms only requested information from applicants; 35 noted that application forms included information from applicants as well as verification of disability by professional; and two indicated relying solely on verification of disability from professionals familiar with applicants. These 43 systems indicated that in-person interviews and functional assessments are not used in making determination.

Ten of the 125 systems (8%) that responded to the survey indicated that, in addition to application forms and professional verification, some applicants were asked to also participate in in-person interviews. Functional assessments were not reported to be used by these 10 systems.

Thirteen systems, or 10% of the systems responding, indicated that they obtained information from application forms and professional verification of disability, and then required all applicants to participate in in-person interviews. Again, these systems did not indicate use of functional assessments.

Nineteen of the 125 systems, or 15%, indicated using both in-person interviews and functional assessments in addition to application forms and professional verification. All applicants complete an application form, and verification of disability is obtained from professionals familiar with applicants. If this information is not sufficient to make determinations, some applicants are also asked to participate in in-person interviews and/or functional assessments.

Seven systems, or 6%, reported that they do not use detailed application forms, but instead ask all applicants to participate in in-person interviews and/or functional assessments. Information that would otherwise be collected in an application form is obtained as part of the interviews. Three of these systems then also ask all applicants to participate in functional assessments. Four of these seven systems perform functional assessments on an as needed basis.

Finally, 23 of the 125 systems (18%), reported that applicants first complete application forms, and in most cases also provide verification of disability from professionals. All applicants are then asked to participate in in-person interviews and/or functional assessments.

The survey results indicated that smaller transit systems serving small urban or rural communities are more likely to rely mainly on paper applications and/or verification of disability by professionals familiar with applicants. Larger transit systems tend to be more likely to also include in-person interviews and/or functional assessments in their processes.

The 2012 TCRP survey, as well as an earlier study in 1998<sup>2</sup>, suggest somewhat different outcomes depending on the types of information included in the process. Table 3-2 shows typical determination outcomes for processes that include in-person interviews and functional assessments versus processes that rely

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<sup>2</sup> Weiner, R., *TCRP Synthesis 30: ADA Paratransit Eligibility Certification Practices*, Transit Cooperative Research Program, Washington, DC, 1998.

**TABLE 3-2. TYPICAL PROCESS OUTCOMES**

<b>Outcomes</b>	<b>Mainly Application Forms and Professional Verification. No Interviews of Functional Assessments.</b>	<b>In-Person Interviews and/or Functional Assessments in Addition to Application Forms and/or Professional Verification</b>
Incomplete	1-5%	20-30%
Determinations:		
Unconditional Eligibility	90-95%	50-60%
Conditional Eligibility	0-5%	20-40%
Temporary Eligibility	0-5%	10-15%
Not Eligible	1-2%	1-10%

mainly on application forms and verification of disability from professionals. In processes that use only application forms and/or professional verification, a small percentage of applications are incomplete. When in-person interviews and functional assessments are included, about 20-30% of applicants do not complete the process. Typically, applicants will submit an application form, but will then cancel or no-show interview and assessment appointments and elect not to continue with the process. Limited research has been done on the reasons for this high incomplete rate. One study in 2009<sup>3</sup> indicated that incomplete applications are particularly prevalent when in-person interviews and functional assessments are first introduced and existing riders are applying for recertification. The study also concluded that many applicants appeared to be self-selecting out of the process based on better

information about the accessibility of fixed-route services.

Processes that include in-person interviews and/or functional assessments also tend to find more applicants able to use fixed-route services some of all of the time. Processes that rely mainly on application forms and/or professional verification typically find 90-95% of applicants unconditionally eligible. About 1-2% of applicants are found not eligible. Where conditional eligibility is granted, it is for a small percentage of applicants—typically less than 5%—and often is limited to only certain easily identified conditions (e.g., summer or winter eligibility, or maximum distances to and from stops/stations).

Including in-person interviews in the process typically results in finding far more applicants able to use fixed-route services some of the time. About 20-40% of applicants are found able to use fixed-route services some of the time, and 50-60%

<sup>3</sup> Sapper, D., *Impacts of More Rigorous ADA Paratransit Eligibility Assessments on Riders with Disabilities*, Center for Urban Transportation Research (CUTR), University of South Florida, Tampa, FL, 2009.

are granted unconditional eligibility. The additional information that can be gathered through an in-person process appears to allow for a more complete identification of travel abilities and skills. It is interesting to note that, even in systems that use in-person interviews and assessments, most applicants who complete the process are granted some level of eligibility. Thoroughness of a process is most apparent not in denials of eligibility, but in identifying the conditions under which fixed-route services can sometimes be used.

## Possible Process Options

This section discusses a few of the many approaches for determining ADA paratransit eligibility. One recommended approach is described. Two common alternative approaches are also included. The advantages and disadvantages of each alternative are discussed. The applicability of each alternative to different local conditions is also noted.

The options presented in this section are not intended to be the only possible designs. As noted above, many different approaches are in use across the country. A process that is best suited to local conditions should be developed with public input. Some key decision factors include:

- Current and past process designs
- Transit agency and public satisfaction with the current process
- Desire to identify specific conditions of eligibility and make trip-by-trip eligibility determinations
- Local organizational capabilities (internal and external)

Regardless of the process design selected, or the information sources included, transit systems should strive to make determinations of ADA paratransit eligibility that are accurate, thorough, and which strictly adhere to the regulatory criteria. At the same time, including in-person interviews and/or functional assessments may not be appropriate for all systems. As noted above, many systems have chosen not to incur the expense of in-person interviews or assessments, or to add this requirement for applicants.

## *Public Information (All Designs)*

Regardless of the process design selected, public information describing accessible public transit services (including ADA paratransit), ADA paratransit eligibility, and letting prospective applicants know how to obtain application material should be prepared. This information should be posted on the agency's website, distributed where transit information is provided, and also distributed to local organizations. The public information should provide a telephone number that individuals can call if they have questions about the service or the process. Accessible methods of communication (TTY, relay services, e-mail address, etc.) should also be provided for individuals who are unable to use voice phones.

A more detailed brochure addressing the ADA paratransit eligibility process should also be considered. Many individuals may not understand the nature of ADA paratransit eligibility and the types of eligibility that might be granted (i.e., unconditional, conditional and temporary eligibility). Without a good understanding,

they may not provide all of the information needed to make a thorough decision. For example, applicants might feel that it is sufficient to provide information about a primary disability, or what they perceive to be the most significant barriers to travel, and might not realize that it is important to note all conditions that affect travel by fixed route. Examples of public information are provided in Section 4 of this workbook.

***Recommended Process: Application Form, Professional Verification, In-Person Interviews and Functional Assessments as Needed***

The recommended approach includes all four primary sources of information. An application form would be completed. Some form of verification of disability would also be obtained from professionals familiar with applicants. All applicants would then be asked to participate in an in-person interview. Based on a review of the application and information collected in the interview, a decision would be made on whether to also conduct a physical functional assessment, a cognitive functional assessment, or both. Following the interview and assessments, additional information may also be gathered (as needed) from identified professionals familiar with the applicant's disability and functional abilities. Figure 3-1 on the following page provides a flow-chart that illustrates the suggested process.

When a person calls to inquire about ADA paratransit service and eligibility, staff should take the opportunity to not only provide information about ADA

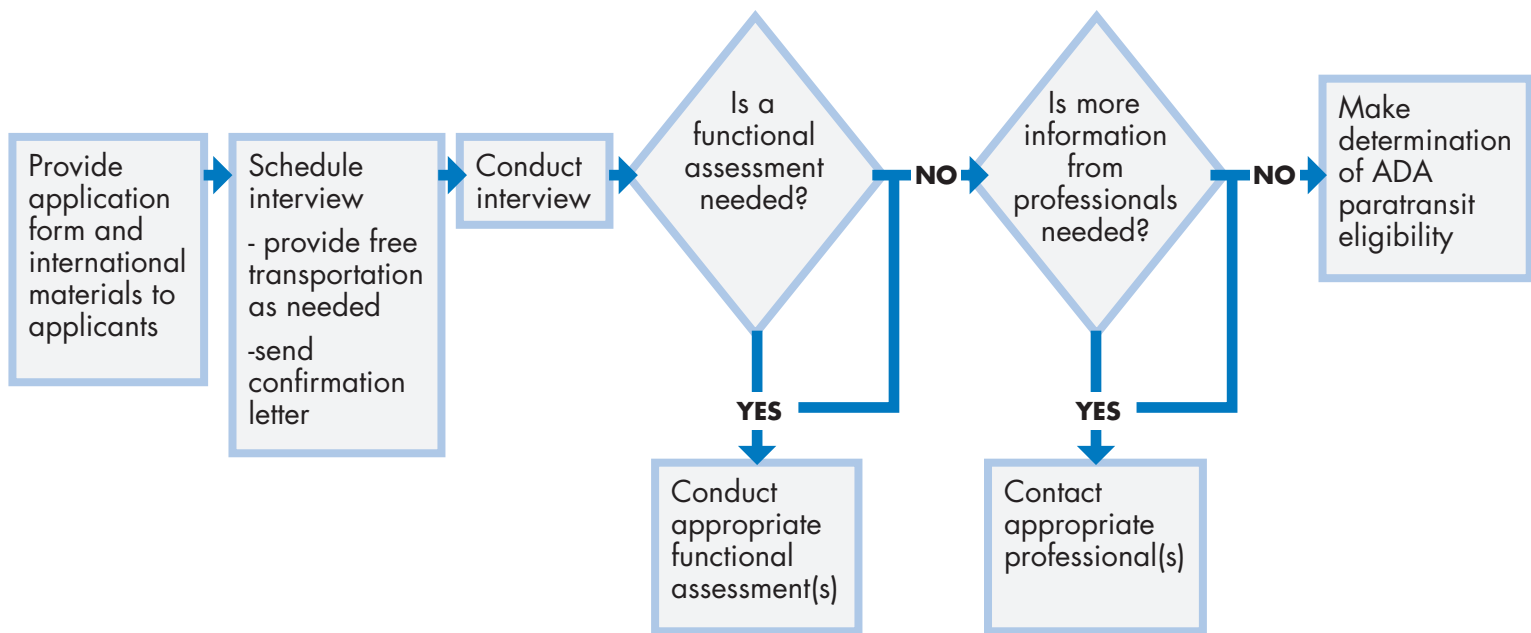
paratransit, but to discuss other accessible transportation options and services. An application packet should then be sent. The packet should include an application form, as well as information about other accessible transportation services that might be appropriate. The application form should have a cover letter that provides a description of ADA paratransit eligibility (in non-regulatory language) and

Which explains the full eligibility process. The cover letter to the application form should also invite applicants to call should they need assistance completing the application form. If a brochure has been developed which provides helpful information on applying for ADA paratransit eligibility, this should also be enclosed.

Examples of general information brochures, application forms and application form cover letters are provided in Section 4.

Verification of disability would also be obtained as part of the recommended process. This can be done in several ways. One way would be to require that applicants obtain written verification of disability from a professional (either by having the applicant request that a professional complete part of the paper application form, or by having the applicant obtain a general statement of disability on the professional's letterhead). A second approach would be to ask the applicant to provide contact information for a professional familiar with his or her disability and functional abilities (along with a release form) and then to contact the professional

**FIGURE 3-1. RECOMMENDED PROCESS**



once the applicant has provided this contact information. If this latter approach is used, applicants could also be encouraged to bring any available documentation of disability with them to the in-person interview.

The goal of completing determinations of eligibility within 21 calendar days of the receipt of a completed application should be considered when selecting the approach for obtaining professional verification of disability.<sup>4</sup> Making professional verification a required part of the application places an extra burden on applicants but ensures that this information is provided in a completed application. Obtaining verification of disability through follow-

up with named professionals makes the process less burdensome to applicants, but then may require extra time and effort to contact and obtain information from named professionals. Again, local input should be obtained on the approach used to obtain verification of disability.

In-person interviews should then be scheduled with applicants. This could be done in two ways. The application cover letter and the public information brochure could instruct applicants to call to schedule an in-person interview once they have completed the application form (and obtained any verification of disability required). Or, eligibility staff could contact applicants as application forms are received. Having applicants call to schedule interviews would reduce the burden on staff to have to make the contact. It would also reduce the total process time by a few days if forms did not have to first be mailed

<sup>4</sup> Section 37.125 of the U.S. DOT's ADA regulations requires that applicants be treated as eligible and provided service if a determination is not made within 21 calendar days of the receipt of a completed application. It is therefore desirable to make determinations within 21 days of the receipt of a completed application.



in. On the other hand, requiring applicants to mail in the forms and then having staff contact them to schedule interviews gives staff to chance to review application materials to make sure they are complete before interviews are scheduled. It also provides advance information about applicants that can help in scheduling an adequate amount of time for interviews and any assessments that might be appropriate. If applicants call once forms have been completed, staff should ask to be sure all important parts of the application have been completed.

As interviews are scheduled, time should be allowed for assessments that might be needed. If applications are mailed in before interviews are conducted, the information from the application should be used to determine likely assessments that may be needed. If applicants call and bring completed applications with them to interviews, staff should ask some general questions about disability when interviews are being scheduled. The following general guidelines would be used for scheduling in-person interviews and assessments:

- If a physical disability is indicated, time for a physical functional assessment should be factored in following the interview.
- If a cognitive disability is indicated, time for a cognitive assessment should be factored in following the interview.
- If the applicant indicates that he or she is blind or legally blind, an in-person functional assessment would only be conducted if the transit system has access to Orientation and Mobility (O&M) Specialists or other qualified

professionals who can conduct such an assessment. Otherwise, the determination of eligibility in these cases will be made based on information from the applicant (gathered from the application form and in-person interview) and follow-up with professionals familiar with the applicant's functional abilities. These options are discussed in more detail in Section 8 of this workbook.

- If the applicant indicates a vision impairment that does not meet the criteria of legal blindness, a physical functional assessment might be appropriate, particularly if other physical disabilities and limitations are noted. This is also explained in more detail in Section 8.
- If the only disability indicated by the applicant is a psychiatric disability or a seizure condition, an interview but not a physical assessment would be scheduled. The determination of eligibility in these cases will be made based on information from the applicant and follow-up with professionals familiar with the applicant's disability and functional abilities. Again, a physical functional assessment might be appropriate if the applicant also indicates a physical disability.

In the case of multiple disabilities, the most limiting conditions should be identified and assessments appropriate for those conditions should be scheduled. Applicants should be encouraged to provide information about all of their disabilities or health conditions so that concomitant effects can be fully understood.



While efforts should be made to schedule the most appropriate assessment or assessments when interviews are scheduled, the interview might reveal the need for a different set of assessments. The scheduling of interviews should allow enough time between reviews for additional assessments as needed.

When contact is made to schedule interviews, staff should also go through the list of things that the applicant should bring with them to the interview. Applicants should be asked to come with the primary mobility aid or aids that they would use when traveling in the community. Staff should also indicate that the applicant may be asked to participate in a functional assessment (which might involve outdoor travel) and that the applicant should dress accordingly. A confirmation letter would then be sent to the applicant (in an accessible format if requested) confirming the date and time of the interview, noting items to be brought, and providing other instructions and information.

If applicants indicate a need for transportation to the interview/assessment site, this should be provided free of charge by the transit agency. If needed, appropriate arrangements should be made as soon as the interview is scheduled.

On the appointed day and time, an interview would then be conducted. If the application form has not been received in advance, the receptionist should request the application form brought by the applicant and provide the form to the interviewer. The interviewer

should review the information in the form to develop an understanding of the stated travel issues and to formulate appropriate follow-up questions. The interviewer should also review the form to ensure that it is complete. If some minor information has not been provided, this can be obtained during the interview. If missing information cannot be obtained as part of the interview (e.g., the application is missing required professional verification of disability), the interview and any subsequent functional assessments deemed necessary should still be conducted, but the application form should be given back to the applicant with instructions to complete the incomplete sections and return the completed form. A copy of the application should be made at the end of the interview and kept on file. The “application” would be considered complete once the interview has been conducted and a completed application form (and professional verification as required) is received.

The interview should allow applicants a chance to describe their travel abilities and needs in their own words and for additional information to be obtained to supplement what is provided in the application form.

Section 5 provides recommendations for conducting in-person interviews as well as examples of follow-up questions that might be asked in an interview. It also provides information on conducting follow-up with professionals familiar with the functional abilities of applicants. Forms for documenting the interview and for documenting follow-up with professionals are included.

If eligible individuals are required to have photo IDs, the applicant's picture should be taken as they are waiting to be interviewed. It would be explained that the photo will be used should the applicant be determined eligible so that the applicant does not assume that a photo was taken because they have been determined eligible.

The person conducting the interview should then decide if a functional assessment needs to be conducted. The system should be designed to allow assessments to be conducted immediately following the interview. Requiring applicants to appear in-person a second time at another location for an assessment would be considered overly burdensome. If a different person will conduct the assessment, the applicant would be asked to wait briefly while this person takes time to review the application materials and information collected in the interview.

If the interviewer determines that an assessment is not needed and a completed application has been provided by the applicant, the interviewer should explain that a final eligibility determination will be by provided within 21 days.<sup>5</sup> The applicant should also be informed that if a decision is not made within 21 days, "presumptive eligibility" will be granted and the applicant will be able to use the service until a decision can be made. It is suggested that applicants not be told they are eligible or not eligible at the conclusion of the interview to

allow time for consideration of all information collected and follow-up contacts with named professionals to be made as needed.

Applicants might not be asked to participate in functional assessments if the interviewer is reasonably certain that they are unconditionally eligible (unable to use fixed-route service under any conditions). Functional assessments may also not be appropriate for applicants whose only disability is a psychiatric disability or a seizure condition. In these cases, the determination would be made based on information provided by applicants and professionals familiar with their condition. Follow-up with professionals familiar with the applicants' travel abilities might be needed if information obtained in the application and interview are not sufficient.

A functional assessment would be appropriate if the interviewer is not certain whether the applicant might sometimes be able to use fixed-route service, or to more exactly set conditions of eligibility (e.g., set an appropriate and reasonable maximum walking distance to and from fixed-route stops/stations). A functional assessment also might be appropriate if the interviewer feels the applicant is not eligible for paratransit service. Before denying the person eligibility, it would be good to obtain the additional documentation and opinions from the assessment process.

The appropriate functional assessments would then be conducted. If functional assessments are conducted by professionals under contract to the responsible public

<sup>5</sup> In this suggested process, the 21 day "clock" would begin at the time of the interview (assuming a completed application has been provided) since this is the time at which the application form is received.

transit agency, a transit agency staff person (the eligibility coordinator or another member of the eligibility staff) might conduct the initial interview with the applicant. This way, decisions about the number of assessments required will be made by the transit system staff rather than the contractor (which could be a conflict). It is also possible, though, to have contracted professionals conduct both the interviews and assessments with proper management oversight. In either case, it is suggested that the transit agency review recommendations made by contractors and reserve the right to make the final eligibility decision.

If the transit agency's in-house staff includes appropriate professionals who can conduct functional assessments, the process could be streamlined to allow the person who conducts the interviews to also conduct the assessments.

Section 6 provides information on physical functional assessments. Step-by-step instructions for conducting assessments are included and a form for recording observations and recommendations is provided. Descriptions of the equipment and props needed for each element of the assessment are also included. Recommended core competencies of staff involved in conducting physical functional assessments, and a training CD are also provided.

Section 7 provides instructions for administering cognitive functional assessments. A validated assessment tool called the Functional Assessment of Cognitive Transit Skills (FACTS) is described. Two training CDs for administering and scoring FACTS are also provided. An option for doing assessments in the real environment with qualified staff is also presented. training CD are also provided.

Following the interviews and functional assessments, staff should decide if enough information has been obtained to make a complete and thorough determination. If questions still remain, follow-up with professionals identified by applicants might be appropriate. Follow-up with professionals provides important determination information in many cases, but particularly where applicants have vision disabilities, psychiatric disabilities, seizure conditions, or health conditions that are not apparent. In such cases, it may not be possible to fully assess abilities based on a limited, one-time observation. Follow-up with professionals also can be important in cases where applicants have cognitive disabilities and the interview and assessments do not provide a clear decision.

It is important that follow-up be done with the appropriate professional. The professional should be familiar with the applicant (i.e., currently treating them or seen them recently) and should have an understanding of the applicant's functional abilities. For a person with a vision disability, this might be an Orientation and Mobility Specialist who has recently worked with the individual. For a person

with a cognitive disability this might include a job coach or clinical social worker. For someone who has a seizure condition, this might be a neurologist who is currently treating the applicant.

Professional follow-up can be conducted either by telephone or by faxing a written request for information. Follow-up can be conducted by the transit agency's eligibility staff or by contractors who may have been hired to help with the assessment process. In cases where transit agencies have contracted with professionals to conduct functional assessments, it has been found that having these contractors also assist with professional follow-up can be effective. These contractors, who often are rehabilitation or medical professionals, may have more success obtaining information from their peers in the community than would a staff person from the transit agency.

Recommendations for conducting follow-up with professionals are provided in Sections 5 and 8. Section 5 includes possible follow-up questions for professionals and sample forms that can be sent to professionals or used to document telephone follow-up are provided. Section 8 provides a framework for making determinations for applicants with psychiatric or seizure conditions.

Any additional information collected from professionals should be added to applicants' files. These files should include the initial application form, documentation of disability provided by the applicant, and completed interview and assessment forms. All information obtained should then be reviewed and a final determination of eligibility made.

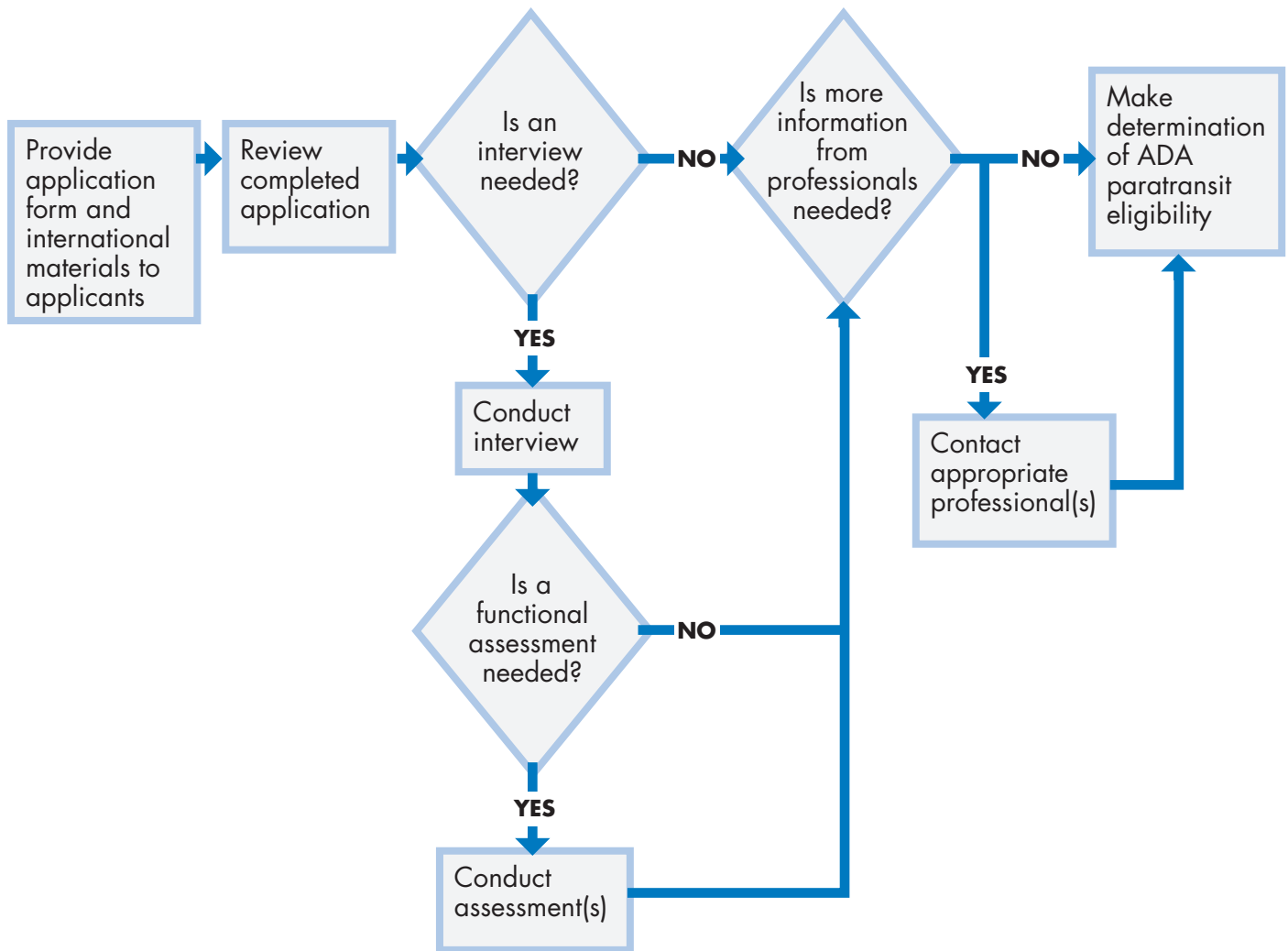
It is important to note that confidentiality must be maintained throughout the process. Application information should be kept in secure locations and shared only with staff who are making determinations or hearing appeals. Interviews should be conducted in spaces that allow confidentiality to be protected. Any information obtained from professionals should also be treated as strictly confidential.

### Advantages and Disadvantages

The above described process is most likely to produce thorough determinations for applicants with all types of disabilities and health conditions. By including interviews and functional assessments, as well as information from applicants and professionals, the process is able to identify not only which applicants are eligible, but also identify specific conditions of eligibility for applicants who are sometimes able to use fixed-route services. The experience of systems across the country is that this process, or ones that are similar, produce the best and most thorough results.

A disadvantage is that it is more costly than processes that do not include in-person interviews and functional assessments. Transportation must be provided to and from interviews/assessments, free of charge, as needed. Hiring or training qualified staff or contractors needed to perform functional assessments also increases the process cost. Interviews and functional assessments can cost \$50-\$150 for each applicant. The process also is more involved for applicants, requiring that they participate in interviews and assessments rather than just submitting information in an application form.

**FIGURE 3-2. ALTERNATIVE PROCESS #1**



### **Applicability**

This process is appropriate for systems that want to not only identify applicants who qualify for ADA paratransit service, but also identify when individuals are able to sometimes use fixed-route services. Systems that want to eventually make individual trip eligibility decisions based on thorough conditions of eligibility should consider this process.

### ***Alternative #1. Application Form, Professional Verification, with In-person Interviews and Functional Assessments as Needed***

Another alternative would be to gather information from applicants using an application form, get some form of verification of disability, and only ask applicants to participate in in-person interviews and functional assessments on an as needed basis. This alternative is illustrated in Figure 3-2.

The first several steps in the process would be the same as in the recommended process above. When individuals call to inquire about service and eligibility, staff would still use this as an opportunity to provide information about all accessible transportation options and other available services. Application packets with information about all accessible services (including ADA paratransit), an application form, and more detailed information about applying for ADA paratransit eligibility would be sent. Verification of disability would also be obtained either by making this part of the application, asking applicants to send available documentation, or obtaining the names of professionals that can be contacted by eligibility staff.

As applications are submitted, staff would review them for completeness. If minor omissions are identified, staff should contact applicants and obtain the information required. If major omissions are identified (e.g., the professional verification portion of the application is not completed, or the release of information authorization is not signed), application materials should be returned and the information needed should be identified.

Completed applications should be reviewed to determine if the information provided is sufficient to fully understand the travel abilities and needs of applicants. If the information is sufficient, an eligibility determination should be made. This would be the case if the information provided by applicants indicated significant mobility issues that clearly prevent use of fixed-route services under any conditions, and

professionals familiar with applicants provide documentation verifying this information. If information in the application and professional verification is not sufficient to make a thorough decision, applicants would be asked to participate in in-person interviews and functional assessments as needed. For example, if the information in the application indicates that applicants can use fixed-route service some of the time, it may be useful to schedule an interview to be sure that these abilities are accurately determined and specific conditions of eligibility are set. It is also a good practice to ask applicants to participate in interviews and assessments before eligibility is denied. The extra information from interviews and functional assessments will help ensure that decisions to deny eligibility are correct.

Eligibility staff should contact applicants to schedule an interview. Information in the application should be used to also plan time for functional assessments that may be needed. Applicants should be provided with important information to prepare for the interview and assessments, like coming with the mobility aid they use when traveling in the community and dressing appropriately for a possible outdoor assessment. Applicants should also be asked if transportation to and from the interview is needed, and transportation should be arranged free of charge if needed.

Application materials should then be made available to staff who will be conducting the interview and/or assessments. The application should be reviewed in advance so that appropriate questions can be prepared for the interview. Following the



interview, a decision should be made about the need for one or more functional assessments. As in the recommended process described above, any functional assessments that may be needed should be performed immediately after the interview. Applicants should not be asked to schedule a second appointment to participate in functional assessments.

Information gathered from the application, professionals, interview, and any functional assessments that are conducted should then be reviewed and a determination made. If questions still remain, or there are inconsistencies in the information gathered, additional follow-up with identified professionals might be made as a last step before a final decision is made.

As in the recommended process described above, the privacy rights of applicants should be protected throughout this process as well. Application information should be kept in secure locations and shared only with staff who are making determinations or hearing appeals. Interviews should be conducted in space that allows confidentiality to be protected. Any information obtained from professionals should also be treated as strictly confidential.

### **Advantages and Disadvantages**

The main advantage of this alternative, over the recommended process, is that some applicants whose eligibility is fairly clear based on application information are not required to participate in in-person interviews and functional assessments. The process is less burdensome for these

individuals and the costs of interviews and assessments are avoided. On the other hand, if some applicants still have to appear in-person, this could create a perception of unfairness. Some individuals may not understand why they have to appear in person while others only have to submit application information. There is also some advantage to meeting in-person with all applicants, including those who are unconditionally eligible. In-person interviews provide an opportunity to discuss the ADA paratransit service and the level of assistance that will be provided.

### **Applicability**

This process might be appropriate for systems that are interested in using in-person interviews and functional assessments, but would like to limit the added cost of these process elements and would like to make the process easier for some individuals.

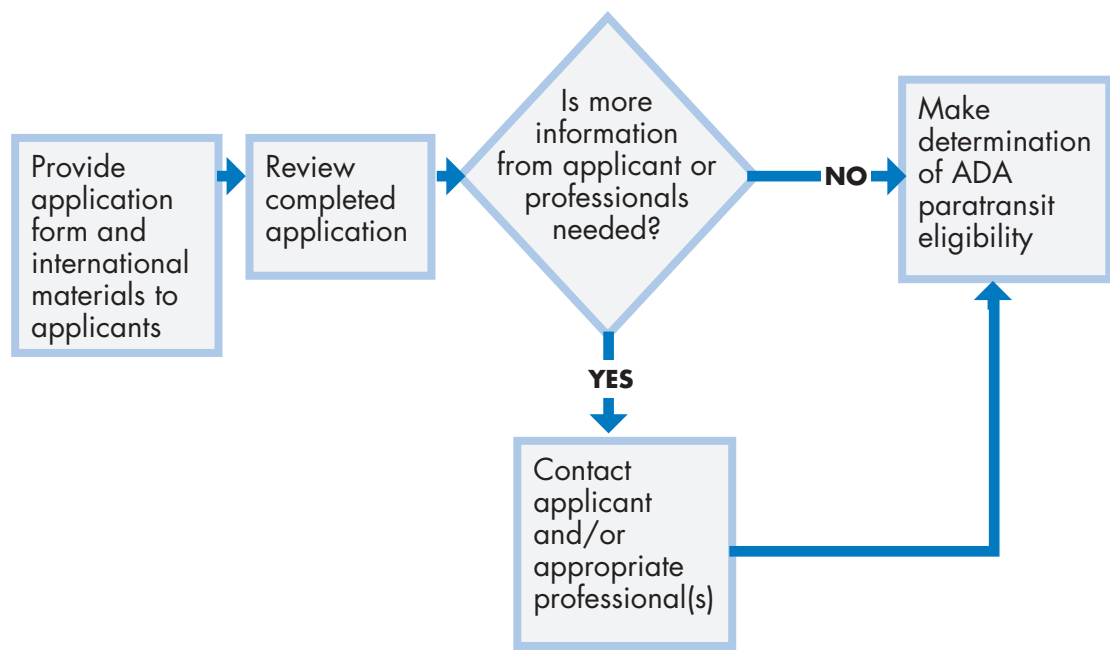
### ***Alternative #2. Application Form, Professional Verification, and Follow-Up as Needed***

This process would include an application and some form of professional verification of disability and functional abilities. Additional information would be gathered on an as needed through follow-up contacts with applicants and/or professionals. The process is illustrated in Figure 3-3.

As indicated in “Common Processes and Outcomes” above, many transit systems rely primarily on application forms and professional verification of disability, without any in-person interviews or assessments.



**FIGURE 3-3. ALTERNATIVE PROCESS #2**



This alternative is presented in recognition that many systems, particularly smaller systems, may elect to continue to have a process without interviews and/or assessments. It is suggested, though, that these systems go beyond the information provided in response to standard application questions and have some personal contact with applicants and/or professionals familiar with applicants. Given the many tasks and skills involved in independently using fixed-route transit services, and the many different types of disabilities, thorough decisions are unlikely to be produced just from answers to a limited number of standard application questions. Application forms should be viewed as just the starting point by systems that select this alternative.

The first part of this process would be similar to the other options described above.

Eligibility staff would explain ADA paratransit and discuss other accessible transportation services that might be appropriate with individuals who call to inquire about eligibility. The initial contact would be used to inform and educate individuals about all services that may be available to meet their travel needs. An application form and appropriate public information would then be sent. Verification of disability would also be obtained either by making this part of the application, asking applicants to send available documentation or obtaining the names of professionals that can be contacted by eligibility staff.

Given that application forms and professional verification make up a larger part of this process, these forms will likely need to be more detailed than in the Recommended Process or Alternative #1

described above. Application forms will need to gather at least some information pertinent to each type of disability (physical, cognitive, and sensory). Questions should also be included for each of the tasks that must be performed to independently use fixed-route services. Samples of longer application forms are provided in Section 4.

Applications received would be reviewed for both completeness and content. If minor omissions are identified, they should be noted and information obtained when follow-up contact is made with applicants. If major omissions are identified, application materials should be returned and the information that is still needed should be identified.

Eligibility staff should use the Example/Draft Task List and Example/Draft Functional Skills List provided in Section 2 to determine if information provided in applications and professional verifications is sufficient to determine if applicants can perform all of the tasks needed to independently use fixed-route services. If questions remain, or if information provided appears inconsistent, telephone follow-up should be conducted with applicants and/or professionals. Staff should first make a list of additional questions appropriate to each applicant. Contact should then be made to discuss these questions.

It is suggested that systems plan to have at least some level of personal contact with most applicants. This is important to ensure that application questions have been interpreted correctly, the answers to

questions are being interpreted correctly, and eligibility staff have a full understanding of the travel abilities of applicants.

Any information collected through telephone follow-up should be carefully documented. Detailed notes from telephone interviews should be added to the application files. In some cases, professionals may need to be contacted via fax to obtain more complete or additional documentation of disabilities or functional abilities. As noted above for the other alternatives, any information collected should be treated as strictly confidential to protect the privacy rights of applicants.

### **Advantages and Disadvantages**

The primary advantages of this alternative are: (1) its lower cost; and (2) minimal burden on applicants. Applicants would not need to travel to interview/assessment sites, and transit agencies would not have to provide free transportation as needed. Professionals skilled in conducting functional assessments would also not have to be employed or contracted.

The major disadvantage is that this less involved process is unlikely to produce as full an understanding of travel abilities and needs. It may not be possible to arrive at accurate conditions under which applicants may be able to sometimes use fixed-route transit services. Without in-person functional assessments, in particular, decisions will be made mainly on the subjective opinions of applicants who may have limited or no experience actually using fixed-route services, or professionals who may not fully understand the accessibility of fixed-route services.

## Applicability

This alternative would be appropriate for systems that have used only application forms and professional verification in the past, are largely satisfied with the decisions that have been made, and are looking for ways to strengthen the process without requiring in-person interviews and/or functional assessments. It might also be appropriate for systems that do not intend to do detailed conditional eligibility or apply conditions to trip-by-trip eligibility decisions.

## Recertification of Current Riders

### *With a New Process*

If, after working with the community and obtaining input, a decision is made to significantly change the current process for determining ADA paratransit eligibility, two options are available for recertification of current riders. The transit agency and community might decide to recertify current riders over time as their eligibility expires. Or, the transit agency and community may elect to recertification current riders in a shorter period of time. The following suggestions are made if an expedited recertification process is selected.

- Consider having all current riders, rather than only certain selected riders, participate in the expedited recertification. Asking only some riders to participate in a recertification might be perceived as inequitable and unfair.
- Consider using the new eligibility process just for new applicants for a period of time. This will allow the new process to be used with a smaller


number of applicants. Staff (or contractors) will have time to become comfortable with the process and tools before the number of applicants is increased significantly when current riders are asked to reapply.

### *Future Recertifications with a New Process*

If transit systems add in-person interviews and functional assessments to strengthen the current process, and then recertify current riders using this more thorough process, subsequent recertifications might be simplified for some riders. The following approaches might be used for subsequent recertifications.

- Riders who do not need to continue to participate in in-person interviews and functional assessments could be identified when they appear in person the first time. This might include riders who are unconditionally eligibility and whose functional abilities are not likely to improve in the future, even with changes in mobility aids.
- A simplified application form, which only includes questions needed to update general information, and gives riders an opportunity to raise other issues that might be new, could be used for these riders
- If professional verification information has already been obtained, and if this information indicates that the applicant's disability and functional ability are not expected to significantly change over time, it may not be necessary to request professional verification again.





# Sample Brochures, Cover Letters and Application Forms

SECTION

4

## Introduction

This section contains sample application forms, informational brochures, and cover letters used by selected transit systems. It is important to note that the design of application forms varies widely in the industry and that there is no “right” form. Shorter forms are used in some systems that include in-person interviews and functional assessments as part of the process. Applications are used to get basic information that applicants may have difficulty providing at an interview (e.g., professional contact information, frequent trip information). General information about transit abilities is asked and more detailed information is obtained in the in-person interview.

Other systems use more elaborate application forms that request more specific information about travel abilities, past experiences using fixed-route services, and other information. Some systems also have separate forms for applicants with vision disabilities since travel issues for these applicants are somewhat different.

As noted in Section 3, many systems also include information about all accessible transportation services—fixed-route as well as paratransit—as part of the application packet. Sample brochures are included in this section.

It is recommended that local input on the design and content of application forms be obtained from people with disabilities, organizations providing supports to people with disabilities, as well as representative disability membership organizations. It is also a good idea to “pre-test” application forms to ensure that they are clear and understandable.

Note that all materials associated with the process (public information brochure, cover letter, application form, etc.) must be available in alternative formats (large print, braille, audio tape, computer disk) and provided to applicants upon request.

Four sets of materials are provided in this section, including:

- Application materials from the Regional Transit Authority (RTA) of Chicago.
- Application materials from Dallas Area Rapid Transit (DART).
- Application material from the Cape Ann Transportation Authority in Massachusetts.
- A handout developed by the Disability Rights Education and Defense Fund, Inc. (DREDF) and Equip for Equality (Illinois Protection & Advocacy) to assist people with disabilities to obtain an accurate and fair ADA paratransit eligibility determination.

The material from Chicago was selected to illustrate not only an application form, but accompanying material that describes accessible transportation services in the area. The material from Dallas was

selected to provide an example of a separate application form for people with vision disabilities (suggested as a good practice in Section 8). Material from the Cape Ann Transportation Authority was selected to illustrate a combined application in a coordinated transportation service that can be used for people applying for service based on age as well as people applying for ADA paratransit eligibility. And the handout developed by DREDF and Equip for Equality is included as helpful material that was developed at the national level to assist people with disabilities in applying for ADA paratransit eligibility.

Following is a more detailed description of the materials presented, the types of eligibility determination processes used by each transit agency, and the unique features of each set of materials.

## Sample Material from the Chicago Regional Transportation Authority (RTA)

The first set of materials provided at the end of this section was developed by the RTA in Chicago and is used as part of the process for determining ADA paratransit eligibility for the Chicago Transit Authority and PACE, which operates public transit services in the suburban Chicago area. This material includes:

- A public information brochure titled “Applying for ADA Paratransit Service”
- A two-page “ADA Paratransit Application Instructions” form

- A two-page flyer describing available travel training programs
- An eight-page “ADA Paratransit Application” form

Note that the RTA uses a process similar to the recommended process described in Section 3. An application form is first completed. As part of the application, people are asked to identify professionals familiar with their functional ability who can be contacted as needed. RTA then contacts professionals on an as-needed basis. Applicants are also encouraged to bring readily available documentation of disability to the interview. All new applicants, and most riders applying for recertification are then required to participate in interviews. Following the interviews, functional assessments are conducted as needed.

The Chicago RTA application form requests general information about disabilities and functional abilities. Interviews are then used to gather more detailed information.

## Sample Material from Dallas Area Rapid Transit (DART)

The second set of materials provided at the end of this section was developed by the Dallas Area Transit Authority (DART). It includes:

- An informational brochure titled “Paratransit General Information”
- An eight-page general application form
- An eight-page application for individuals with vision disabilities



The DART process is also similar to the recommended process described in Section 3. Applicants complete a form and then participate in an in-person interview. Functional assessments are conducted on an as needed basis following the interviews. Note that DART requires that professional verification of disability be provided as part of the application process. A general verification of disability is initially required from a physician. Following the interview, additional information is obtained from other types of professionals as needed.

DART also has a separate form for applicants whose primary disability is related to vision. When a person calls inquiring about eligibility, general information about their type of disability is requested. Based on this information, either a general application form or a form specific to vision issues is sent.

## **Sample Material from the Cape Ann Regional Transportation Authority (CATA)**

The third set of sample material contained at the end of this section was developed by the Cape Ann Transportation Authority (CATA) in Gloucester, Massachusetts. CATA is a small transit authority that services the Cape Ann area of Massachusetts. CATA provides accessible fixed-route bus service, ADA paratransit service, and Dial-a-Ride service for seniors.

CATA developed a single application form that is used to determine eligibility for both

its senior Dial-a-Ride program and/or ADA paratransit. People applying for just senior Dial-A-Ride service complete the first page of the application and attach proof of age. People applying for ADA paratransit service complete the remaining four pages of the application. Professional verification of disability is a required part of the application. Applicants must have the last page of the form completed by a professional familiar with their disability and functional ability.

At five pages, the CATA application form is relatively brief. It requests basic information about disability and functional ability. CATA staff then follow-up by phone with applicants and professionals as needed. CATA also reserves the right to ask applicants to participate in in-person interviews and functional assessments.

## **DREDF and Equip for Equality Handout**

The final item provided at the end of this section is a handout that was developed by the Disability Rights Education & Defense Fund, Inc. (DREDF) and Equip for Equality (Illinois Protection & Advocacy) to assist people with disabilities to obtain an accurate and fair ADA paratransit eligibility determination. It describes the regulatory criteria for eligibility in every-day language. It then offers advice for completing application forms or preparing for in-person interviews and functional assessments.

The handout is intended to be made widely available in the community. Some transit systems also now include this handout with application material.

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## **CHICAGO RTA APPLICATION MATERIALS**

- Information Brochure titled “Applying for ADA Paratransit Service”
  - Two-page “ADA Paratransit Application Instructions” form
  - Two-page flyer describing available travel training programs
  - Eight-page “ADA Paratransit Application” form
-

## Types of Eligibility for ADA Paratransit

If you are determined eligible for ADA Paratransit Service, you will receive one of the following types of eligibility:

### Conditional Eligibility

You are able to use the fixed route buses or "L" trains for **some** of your trips, and qualify for ADA Paratransit Service for other trips.

### Unconditional Eligibility

Your disability or health condition **always** prevents you from using the fixed route buses and "L" trains and you qualify for ADA Paratransit Service for **all** of your trips.

### Temporary Eligibility

You have a health condition or disability that **temporarily** prevents you from using the fixed route buses and "L" trains.

## Useful Phone Numbers

For more information about ADA Paratransit eligibility or to request an application, call:

**Regional Transportation Authority (RTA)**  
**ADA Paratransit Certification**  
**312/663-HELP (4357 voice)**  
**TTY: 312/913-3122**  
**Monday through Friday**  
**8:30 a.m. until 5:00 p.m.**

For more information about how and where ADA Paratransit Service operates in your area, or for the times and days of operation, call:

#### Pace

#### Customer Relations

**Monday through Friday**  
**8:00 a.m. until 5:00 p.m.**

#### City of Chicago Services

**800/606-1282 (voice)**  
**TTY: 888/847-0093**

#### Suburban Services

**847/364-PACE (7223 voice)**  
**TTY: 847/364-5093**

For more information on using CTA and Pace buses, CTA "L" trains or Metra trains, call:

#### RTA Travel Information

**836-7000, city or suburbs (voice)**  
**TTY: 312/836-4949**  
**Toll Free TTY: 800/439-2202**  
**[www.rtachicago.com](http://www.rtachicago.com)**



# Applying for ADA Paratransit Service



To request this brochure in large print, audio tape, Braille, or Spanish please call 312/663-HELP (4357 voice) or TTY: 312/913-3122

# Public Transportation Services for Customers with Disabilities

## CTA and Pace

### Fixed Route Buses,

### CTA "L" Trains, and Metra Trains

Public transportation in the Chicagoland area is becoming more accessible to persons with disabilities. Thanks to the Americans with Disabilities Act (ADA), improvements in accessibility make traveling on fixed route buses and trains easier for all riders.

- For everyone's benefit, drivers are required to announce major stops, intersections, and connecting points to help riders recognize their bus stop or point of transfer.
- Priority seating is available for riders who have difficulty standing while the bus or train is moving.
- All CTA and Pace buses are now equipped with lifts, kneelers or ramps to assist riders who use wheelchairs or others who have difficulty getting up and down the bus steps.
- Reserved spaces with securement straps are available for riders who use

wheelchairs to provide a safe and secure ride.

- "L" trains and Metra trains and stations are also being made more accessible each year. For example, signage has been improved for persons with visual impairments and tactile warning strips have been installed.

We are committed to developing a public transportation system that everyone can use. We encourage individuals with disabilities to take advantage of the independence and flexibility that is provided by our extensive bus, "L" train, and commuter train network. Seniors age 65 and older who live in the RTA service area and individuals with disabilities enrolled in the State of Illinois Circuit Breaker program can ride fixed route service for free. Seniors residing outside the RTA area and individuals with disabilities not enrolled in the Circuit Breaker program can ride at a reduced fare.

## ADA Paratransit Service

For riders whose disability or health condition may prevent them from using fixed route service (buses and "L" trains) even with these improvements, Pace

provides shared-ride, curb-to-curb transportation in the RTA area called "ADA Paratransit Service".

This service is provided as part of our ongoing efforts to meet the requirements of the Americans with Disabilities Act.

- Service is provided in areas where CTA or Pace bus routes or CTA "L" trains operate.
- Service is provided during the hours and days when fixed route service operates.
- Rides need to be reserved one day in advance.
- Fares are at least the cost of the full fare on a fixed route bus or train.
- Service is provided for all types of trips, including medical, shopping, and personal travel.

Individuals who are interested in using ADA Paratransit Service must apply and be found eligible according to ADA guidelines. The Regional Transportation Authority (RTA) is responsible for determining eligibility for ADA Paratransit Service in the Chicagoland region.

# Frequently Asked Questions . . . and Answers about ADA Paratransit Service

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## Question

*What guidelines does the RTA use to decide if applicants are eligible for ADA Paratransit Service?*

## Answer

**The Americans with Disabilities**

**Act (ADA)** includes criteria for deciding if a person is eligible for ADA Paratransit Service. The RTA follows these criteria.

We consider each person's **functional ability** to use fixed route bus or "L" train service. We also consider if there are times when fixed route buses or "L" trains can be used and times when ADA Paratransit Service is needed. Eligibility is **not** based just on the type of disability or age of an applicant, or on an applicant's preference for curb-to-curb service.

## Question

The effects of my disability can change from day-to-day. On some days I can use the fixed route buses or "L" trains, but on other days I can't. Would I be eligible for ADA Paratransit Service?

## Answer

**Yes, you may be eligible** to use ADA Paratransit Service at those times when your disability prevents you from using fixed route buses and "L" trains. This is an example of **conditional eligibility**.

Many people with disabilities can use fixed route buses or "L" trains for some of their trips but qualify for ADA Paratransit Service when their disability or barriers in the environment prevent them from getting to and using buses and "L" trains for other trips.

## Question

*There are no bus routes near where I live in the suburbs. Is ADA Paratransit Service provided in this area?*

## Answer

**No**, ADA Paratransit Service is meant to provide transportation that is comparable to fixed route bus and "L" train service. It is therefore provided only where there is bus or "L" train service. ADA Paratransit vehicles can only make pick-ups and drop-offs at places that are within **3/4 of a mile** of a bus route or "L" train station. Also, ADA Paratransit Service only operates during the times and days when CTA or Pace bus routes or "L" trains operate. In areas or at times where CTA or Pace does not provide fixed route service, no ADA Paratransit Service is offered.

There may be other local transportation options, though, provided by your county, city, or Pace.

# ***If you have a disability or health condition that prevents you from using fixed route CTA and Pace buses and the CTA "L" train service, applying for ADA Paratransit Service is as easy as:***

## **1. Call Us**

First, call the RTA's ADA Paratransit Certification program and ask them to mail you an **ADA Paratransit Application**. Just call:

**312/663-HELP (4357 voice)**

**TTY: 312/913-3122**

Monday through Friday  
8:30 a.m. until 5:00 p.m.

If you have any questions about the application form, call the ADA Paratransit Certification program for assistance. If you need help filling out the form, the interviewer will assist you at your interview.

## **2. Interview**

After you fill out as much of the application as you can, call the RTA's ADA Paratransit Certification program at **312/663-HELP (4357 voice) or TTY: 312/913-3122** to set up an in-person interview at one of the five Interview and Assessment Sites. Bring the ADA Paratransit Application form and a photo ID with you to the interview. You may also bring additional information about your disability or health condition if you wish, but this is not required.

At the interview, we will review the application form with you and help complete it if necessary. We will also discuss your travel abilities and limitations in more detail. Transportation to and from the interview will be provided if necessary.

After the interview, we may ask you to take a "mock" bus trip. This will take about 30-45 minutes and will give us a better idea of your travel abilities and limitations. You may have to go outside, so please dress for the weather.

## **3. Decision**

A decision will be made on your application within 21 days after the interview and assessment are completed. If a decision is not made within 21 days, we will provide you with ADA Paratransit Service until a final decision is made. You will be notified of your eligibility by letter.

If you are eligible for ADA Paratransit Service for some or all of your trips, you will receive a Certification Letter, a Customer Guide with information about how to use the service and a photo ID card. If we determine that you are able to use fixed route buses or "L" trains for some or all of your trips, we will notify you of the exact reasons for this decision and tell you how to appeal the decision.





# ADA Paratransit Application Instructions



Thank you for inquiring about eligibility for ADA Paratransit Service. Enclosed is a copy of an ADA Paratransit Application form. Also enclosed is a brochure that explains what ADA Paratransit Service is and who is eligible for these services. **Please read these instructions and the enclosed brochure carefully before completing the application form.**

## ***What is “ADA Paratransit Service” and Who is Eligible?***

ADA Paratransit Service is shared-ride, curb-to-curb transportation provided in the RTA area by Pace. ADA Paratransit Service is provided for customers with disabilities who are unable, because of their disability, to use fixed route buses and “L” trains. Fixed route buses mean the large transit buses operated on set routes by the CTA and Pace. “L” trains mean the subway and elevated trains operated by the CTA. ADA Paratransit Service is only provided in areas where fixed route buses or “L” trains run. If you are a person with a disability who cannot travel on the fixed route Pace and CTA buses and on the CTA “L” trains because of your disability, you may be eligible for ADA Paratransit Service. If you are sometimes able to use fixed route buses or “L” trains, you may be eligible for ADA Paratransit Service for those trips that you cannot make by bus or train because of your disability.

The enclosed brochure describes ADA Paratransit Service and different types of ADA Paratransit Eligibility in more detail.

## ***How to Apply***

To help us accurately determine your eligibility for ADA Paratransit Service, please fill out the enclosed application form as completely and thoroughly as possible. **Once you have filled out the form as much as you can, call the ADA Paratransit Certification program at 312/663-HELP (4357 voice) or 312/913-3122 (if you use a TTY) to schedule an in-person interview.** You may call Monday through Friday from 8:30 am until 5:00 pm to schedule the interview. When you call, we will arrange an interview at one of our satellite offices. If you need transportation to the interview, just let us know when you call. Also let us know when you schedule the interview if you will need American Sign Language or Spanish language interpreter services.

**SEE OTHER SIDE**

## ***What to Bring to the Interview***

- 1. The completed application form. Do not mail the application back to the RTA.**
- 2. A Photo ID.** If you do not have a photo ID, please let us know when you call to schedule your interview.
- 3. You may also want to bring documentation of your health condition or disability.** Medical documentation can be very important in helping us evaluate your abilities and limitations if your health condition or disability is not apparent, such as arthritis, heart or breathing problems, vision impairments, psychiatric disability, etc. All medical information which you provide about your disability will be kept strictly confidential.

## ***What Will Happen at the Interview?***

- 1. We will review the application form with you** and will ask you additional questions about your ability to use fixed route buses and “L” trains.
- 2. We may ask you to participate in a functional assessment** so we can further evaluate your travel abilities and limitations. The functional assessment will be at the same location following the interview. Please come dressed in appropriate attire for a possible outdoor functional assessment.
- 3. We will take your photograph.** The photograph will be used for an ID card if you are determined eligible for ADA Paratransit Service.

## ***When and How Will You Find Out if You Are Eligible?***

You will be notified of your eligibility by letter. This decision will be made within 21 days of the date you completed your in-person interview and assessment. If a decision is not made within 21 days, we will provide you with ADA Paratransit Service until a final decision is made.

If you are determined eligible for ADA Paratransit Service for some trips or for all trips, Customer Guides with information about Pace’s Regional ADA Paratransit programs will be sent to you. If it is determined that you are able to use the fixed route buses or “L” trains for some or all of your trips, we will notify you in writing of the exact reasons for this decision and provide information about how to appeal our decision.

**If you have questions about ADA Paratransit eligibility, please call the ADA Paratransit Certification program at 312/663-HELP (4357 voice) or 312/913-3122 (if you use a TTY). If you need help filling out the form, the interviewer will assist you at your interview.**



## **TRAVEL TRAINING**

### **IT MAY BE YOUR TICKET TO RIDING FIXED ROUTE PUBLIC TRANSPORTATION**

Over the past several years, since the passage of the Americans with Disabilities Act (ADA), great strides have been made by public transportation to make fixed route buses and trains more accessible to persons with disabilities. But sometimes, riding fixed route transit requires more than the ability to ride; it requires knowing **how** to ride.

Have you ever wanted to be more independent? Have you ever wanted to use fixed route public transportation? With Travel Training offered by the Regional Transportation Authority (RTA), you may be able to do both. What will that mean to you? It will be easier to get around without having to pre-schedule your trip. By riding fixed route public transit instead of paratransit, you'll have access to a greater network of CTA buses and trains, Metra commuter rail trains and Pace buses.

### **WHAT IS TRAVEL TRAINING?**

Travel Training is a program that teaches persons with disabilities how to ride on fixed route transit. It is called "hands-on" training because trainers work with consumers in a classroom setting **and** on the buses and trains they will be riding. Travel Training teaches persons with disabilities how to travel on fixed route transit. It also provides them with the practice they need to feel **comfortable** and **confident** riding.

### **WHO IS ELIGIBLE TO RECEIVE TRAVEL TRAINING?**

Travel Training is available to **any** qualified person with a disability who has applied to the RTA for ADA Paratransit Certification. Persons with physical or developmental disabilities, visual impairments or blindness, or with mental illness or other disabilities, are encouraged to request Travel Training.

### **DO YOU HAVE TO BE A CERTAIN AGE TO QUALIFY FOR TRAVEL TRAINING?**

There are no age requirements for Travel Training. The RTA has provided instruction to riders from 10 years of age to 80 years of age.

### **WHERE IS TRAVEL TRAINING CONDUCTED?**

Travel Training is conducted in a classroom or at a consumer's home. It is also conducted on the bus or train route the consumer will be riding. Exactly how and where Travel Training is conducted will depend on the needs of the consumer and the agency providing the instruction. While receiving Travel Training, the consumer will be eligible to use ADA Paratransit services.

## **WHEN IS TRAVEL TRAINING CONDUCTED?**

Travel Training can be conducted on a weekday, or on a weekend, usually Saturday. It can be conducted in the day or evening. Again, the needs of the consumer will determine when Travel Training is conducted.

## **WHO CONDUCTS TRAVEL TRAINING?**

Travel Training is conducted by employees of area Centers for Independent Living and other agencies that have contracted with the RTA to provide the training. The trainers often have disabilities themselves, as well as experience in using public transportation. All of the agencies promote independence for persons with disabilities by providing instruction and practice in living skills, such as riding transit. They are non-profit community agencies located in Chicago and throughout northeastern Illinois.

## **HOW LONG DOES TRAVEL TRAINING LAST?**

Travel Training lasts as long as necessary to make sure that the consumer is ready and able to ride fixed route transit. Because Travel Training is conducted on an individualized, one-to-one basis, both the consumer and the trainer have to feel confident about this decision. Usually, classroom training lasts about one to three hours. In the classroom, consumers will learn about reading a map and how to get travel information using the RTA's Travel Information Center. They will also learn about trip planning. The one-to-one training could consist of as little as a single trip with a trainer on a bus or train route of the consumer's choice, or as much as several trips with a trainer. The extent of training is decided by the trainer and the consumer.

## **IS TRAVEL TRAINING CONDUCTED INDIVIDUALLY OR IN A GROUP?**

Travel Training instruction in the classroom is either done on a one-to-one basis or is limited to a group of no more than 10 people. Travel Training on the actual bus or train route the consumer will be riding is conducted on a one-to-one basis.

## **IS THERE A COST FOR TRAVEL TRAINING?**

There is no cost to receive Travel Training. The service is provided free of charge by the RTA to qualified persons with disabilities who have applied to the RTA for ADA Paratransit Certification.

## **HOW DO YOU REQUEST TRAVEL TRAINING?**

If you would like to request Travel Training, or want to find out more about the Travel Training program, please check the YES box on page 5 of your Regional Transportation Authority ADA Paratransit Application, or tell us at your interview. You will be contacted by an RTA employee about your interest in training while your ADA Paratransit Application is being processed. If you have further questions about the Travel Training program, please call the ADA Paratransit Certification program at **312/663-HELP (4357 voice) or 312/913-3122 (if you use a TTY).**



# **Regional Transportation Authority ADA Paratransit Application**








# Regional Transportation Authority ADA Paratransit Application



If you have a disability which prevents you from using CTA and Pace fixed route buses and CTA "L" trains,  please complete this form and then call the ADA Paratransit Certification program at 312/663-HELP (4357 voice) or 312/913-3122 (if you use a TTY) to schedule an in-person interview. Bring this form (completed as much as possible) and a photo ID to the interview.

Please read the attached instructions and brochure before completing this form. The brochure explains more about the Pace Regional ADA Paratransit Service. If you have questions about the services, eligibility, or need assistance, please call the ADA Paratransit Certification program at the number listed above. Also call if you need this application in large print, Braille, on audio tape, or in Spanish.

## I. General Information (Please Print)

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

*(The RTA uses Social Security Numbers only as a way to track applications. If you do not provide a Social Security Number, we will assign another number to your application).*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone [daytime] (\_\_\_\_) \_\_\_\_\_ [evening] (\_\_\_\_) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**Please check below how you would like written material sent to you in the future.**

☐ Regular Print

☐ Large Print

☐ Audio Tape

☐ Braille

☐ Spanish (en español)

**Please give us the name and phone number of a friend or relative we can call in case we are unable to reach you at your regular number:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone [daytime] (\_\_\_\_) \_\_\_\_\_ [evening] (\_\_\_\_) \_\_\_\_\_



## II. Disability and Mobility Equipment Information

Please describe the disability or health condition that prevents you from using fixed route buses  and "L" trains . (Please list all disabilities or health conditions that apply.)

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It may be helpful to bring documentation of your health condition or disability to the interview along with this completed application form.

If this is a temporary disability or health condition, how long do you expect it to prevent you from using fixed route buses and "L" trains? \_\_\_\_\_ months

Do you use any of these mobility aids or equipment? (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> cane                         | <input type="checkbox"/> powered wheelchair |
| <input type="checkbox"/> crutches                     | <input type="checkbox"/> powered scooter    |
| <input type="checkbox"/> walker                       | <input type="checkbox"/> manual wheelchair  |
| <input type="checkbox"/> leg brace                    | <input type="checkbox"/> long white cane    |
| <input type="checkbox"/> prosthesis                   | <input type="checkbox"/> service animal     |
| <input type="checkbox"/> portable oxygen              |   |
| <input type="checkbox"/> other (please specify) _____ |   |

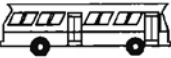

☐ I do not use any of these mobility aids

Do you ever need to bring someone with you to help you when you travel (a "personal care assistant" or "personal attendant")?

- ☐ Yes, always      ☐ Yes, sometimes      ☐ No

### III. Abilities to Use Fixed Route Buses or "L" Trains

Please read the following statements and check those which best describe your abilities to use fixed route buses or "L" trains . (Check all that apply.)

Fixed route buses mean the large transit buses  operated on set routes by the CTA and Pace. "L" trains mean the subway and elevated trains  operated by the CTA.

- ☐ I can get to and from bus stops or "L" train stations if the distance is not too great.
- ☐ I can ride the buses or "L" trains when I am feeling well. There are other times, however, when my disability or health condition worsens, and at these times I cannot ride the buses and "L" trains.
- ☐ I have a disability or health condition that prevents me from riding the buses and "L" trains if the weather is very hot or very cold.
- ☐ My disability or health condition makes it impossible to travel when there is snow or ice on the ground.
- ☐ I cannot climb stairs to get on and off fixed route buses and in and out of "L" train stations.
- ☐ I can get to and from bus stops or "L" train stations only if there are curb-cuts and level sidewalks.
- ☐ I have difficulty understanding or remembering all the things I would have to do to use the buses and "L" trains.
- ☐ I can use fixed route buses or "L" trains if it's someplace I go all the time.
- ☐ I can never use fixed route buses and "L" trains by myself.
- ☐ I am not really sure if I can use fixed route buses and "L" trains.
- ☐ I am not able to use fixed route buses and "L" trains for other reasons. Please explain:

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#### ***IV. Please Give Us More Information About Your Functional Abilities***

##### **WITHOUT THE HELP OF SOMEONE ELSE CAN YOU...**

**1. Ask for and understand written or spoken instructions?**

☐ Always ☐ Sometimes ☐ Never ☐ Not sure

**2. Cross the street?**

☐ Always ☐ Sometimes ☐ Never ☐ Not sure

**3. Stand for 10 minutes if there is no place to sit?**

☐ Always ☐ Sometimes ☐ Never ☐ Not sure

**4. Step on and off a sidewalk from the curb?**

☐ Always ☐ Sometimes ☐ Never ☐ Not sure

**5. Find your own way to the bus stop or "L" station if someone shows you the way once or twice?**

☐ Always ☐ Sometimes ☐ Never ☐ Not sure

**6. Walk up and down three steps if there is a handrail?**

☐ Always ☐ Sometimes ☐ Never ☐ Not sure

**7. Walk up and down a flight of stairs if there is a handrail?**

☐ Always ☐ Sometimes ☐ Never ☐ Not sure

**8. Stand on a moving bus or "L" train holding onto a handrail?**

☐ Always ☐ Sometimes ☐ Never ☐ Not sure

**9. Transfer from one fixed route bus to another bus or between the bus and the "L" train?**

☐ Always ☐ Sometimes ☐ Never ☐ Not sure

**Under the best of conditions, what is the FARTHEST you can walk outdoors (or travel using your mobility aid) without the help of another person?**

<input type="checkbox"/> Less than 1 block	<input type="checkbox"/> 6 blocks (3/4 mile)
<input type="checkbox"/> 1 block	<input type="checkbox"/> More than 6 blocks
<input type="checkbox"/> 2 blocks (1/4 mile)	<input type="checkbox"/> I cannot travel outdoors alone at all
<input type="checkbox"/> 4 blocks (1/2 mile)	

**Have you ever had training to learn how to travel around the community or on how to use fixed route buses  or “L” trains  ?**

☐ Yes

☐ No

**Would you like information about free training to use the fixed route buses, “L” trains, or Metra trains?**

☐ Yes

☐ No

**Is there anything else you want to tell us about your disability or health condition that might help us better understand your travel abilities and limitations?**

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***V. Please Give Us Information About Where You Go and How You Get There Now.***

**List the three places you go most often and how you get there now.**

**1. Where do you go?** \_\_\_\_\_

Address \_\_\_\_\_

How often do you go there? \_\_\_\_\_

How do you get there now? \_\_\_\_\_

**2. Where do you go?** \_\_\_\_\_

Address \_\_\_\_\_

How often do you go there? \_\_\_\_\_

How do you get there now? \_\_\_\_\_

**3. Where do you go?** \_\_\_\_\_

Address \_\_\_\_\_

How often do you go there? \_\_\_\_\_

How do you get there now? \_\_\_\_\_

**Do you currently use fixed route buses  or "L" trains  at all?**

☐ No    ☐ Yes. Which routes? \_\_\_\_\_

**When was the last time you used fixed route buses or "L" trains?** \_\_\_\_\_

**If you used fixed route buses or "L" trains in the past and have stopped using them, please explain why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. Signature: Please Complete Box A Unless You are a Minor or Have a Legal Guardian, in Which Case Your Parent or Legal Guardian Should Complete Box B.**

**A. I understand that the purpose of this application is to determine if I am eligible to use ADA Paratransit Services. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of ADA Paratransit Services as well as a penalty under the law. I agree to notify the RTA if I no longer need to use ADA Paratransit Services.**

\_\_\_\_\_  
(Signature of Applicant) Date \_\_\_\_\_

**B. I understand that the purpose of this application is to determine if the Applicant 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 information could result in a loss of ADA Paratransit Services as well as a penalty under the law. I agree to notify the RTA if the Applicant no longer needs to use ADA Paratransit Services.**

**I consent to the Applicant's interview and the functional assessment of his/her travel abilities and limitations to determine ADA Paratransit Service eligibility. I understand that the Applicant must be present for the interview and any recommended functional assessment. I acknowledge that I may be present with the Applicant during the interview and any functional assessment, and state that:**

***(Check one of the following)***

- ☐ I will be present,
- ☐ I designate \_\_\_\_\_ to be present on my behalf, or
- ☐ I waive my right to be present and do not designate another person to be present on my behalf.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) Date \_\_\_\_\_

**If someone assisted in completing this application, please provide the following information:**

Print name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Agency \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

***Once you have completed as much of this form as you can, call the ADA Paratransit Certification program at 312/663-HELP (4357 voice) or 312/913-3122 (if you use a TTY) to schedule an in-person interview. DO NOT MAIL this application back to the RTA.***

**GO TO THE NEXT PAGE**



## ***If We Need Additional Information***

In order for the RTA to evaluate your request for eligibility, it may be helpful for us to contact a professional who is familiar with your health condition or disability and your functional abilities and limitations. Please list one or two professionals who we can contact if we need additional information. Examples of qualified professionals include:

physician (M.D. or D.O.)

physical therapist

occupational therapist

orientation and mobility instructor

independent living specialist

rehabilitation specialist

social worker

registered nurse

ophthalmologist

psychiatrist

psychologist

case manager

\_\_\_\_\_  
(Name of qualified professional)

\_\_\_\_\_  
(Name of qualified professional)

\_\_\_\_\_  
(Type of professional)

\_\_\_\_\_  
(Type of professional)

\_\_\_\_\_  
(Professional's agency)

\_\_\_\_\_  
(Professional's agency)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State & Zip Code)

\_\_\_\_\_  
(City, State & Zip Code)

(\_\_\_\_\_)\_\_\_\_\_  
(Phone Number)

(\_\_\_\_\_)\_\_\_\_\_  
(Phone Number)

## ***Authorization for Release of Information***

I authorize the professional(s) listed above to release to the RTA information about my disability or health condition and its effect on my ability to travel on the CTA/Pace bus and train system. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described up to 90 days from the date below.

\_\_\_\_\_  
(Signature of Applicant or Responsible Party)

\_\_\_\_\_  
Date

All medical information which you or a professional provide about your disability will be kept strictly confidential.

---

## **DALLAS AREA RAPID TRANSIT (DART) APPLICATION MATERIALS**

- Informational brochure titled “Paratransit General Information”
  - Eight-page general application form
  - Eight page application for individuals with vision disabilities
-

## What is DART Paratransit Services?

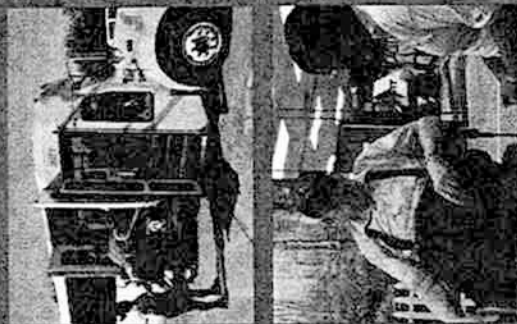
DART Paratransit Services provides curb-to-curb public transportation for people with disabilities who are unable to use DART's bus or rail services.

Paratransit Services also offers travel training to ADA paratransit-eligible individuals who have the ability to use bus or rail services.

Paratransit services are available in the DART member cities of Addison, Carrollton, Cockrell Hill, Dallas, Farmers Branch, Garland, Glenn Heights, Highland Park, Irving, Richardson, Rowlett, University Park and Plano, as well as DFW International Airport.



# Paratransit General Information



Paratransit-7271  
DALLAS AREA RAPID TRANSIT  
P.O. Box 660163  
Dallas, Tx. 75266-0163

# Who's Eligible?

Persons who cannot independently use DART's bus or rail because of a physical, cognitive, or visual disability.

**Paratransit Eligibility Criteria**  
DART 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 DART bus or rail 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 or rail station.

# How To Apply For Paratransit Services

Applicants must follow these steps to be considered for Paratransit Services:

## Step 1

Complete a Paratransit Certification form.

## Step 2

Obtain a written verification of your disability from a physician.

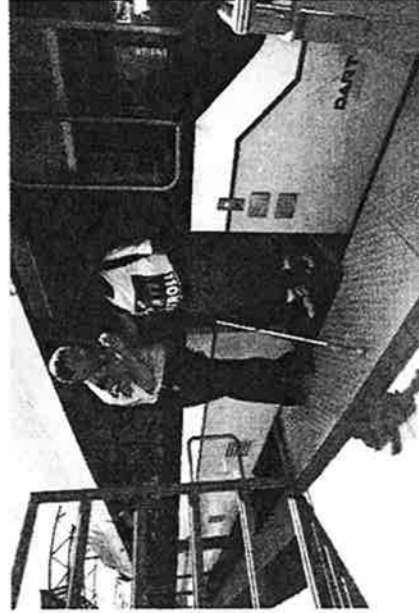
## Step 3

Return the form and verification documents to Paratransit mail services. Upon receipt, a representative will contact you to schedule an in-person eligibility determination assessment.

## Step 4

Complete an in-person paratransit eligibility assessment, which is conducted by a qualified health care worker.

Failure to complete any of the above steps prevents DART from considering your application for Paratransit Services.



# Eligibility Case Review

The results of your assessment are reviewed by DART to determine if you are eligible for Paratransit Services.

**Becoming ADA Eligible For Paratransit Services**

Applicants become ADA paratransit eligible on a "conditional" or "unconditional" basis.

**Conditional Eligibility**  
Customers with "conditional eligibility" will be able to use Paratransit Services only for specified trips in which they meet ADA paratransit eligibility standards. If you are able to use DART's bus or rail to complete a trip, you will not be eligible to use the paratransit services for that trip.

Paratransit Services offers free travel training to customers with "conditional eligibility." Through personalized instruction, customers learn to ride bus and rail services independently.

## Unconditional Eligibility

Customers with "unconditional eligibility" may use Paratransit Services exclusively.

## Notification of Eligibility

Applicants are notified within 21 days of their eligibility assessments.

## Contesting An Eligibility Determination

An appeal process is available to any person who is denied eligibility for Paratransit Services, or who disagrees with an eligibility decision.

# How Do I Get Started?

To schedule an eligibility assessment or for more information about DART Paratransit Services, just call 214-515-7272 or visit DART.org.



**Paratransit Services**  
**P.O Box 660163**  
**Dallas, TX 75266-7271**  
**Phone (214) 515-7272**

Office Use Only
DART NO _____
Exp. Date _____
Format: _____

**DALLAS AREA RAPID TRANSIT**  
**ADA PARATRANSIT ELIGIBILITY**  
**CERTIFICATION APPLICATIONS**

This certification form will be used to determine your eligibility for Dallas Area Rapid Transit Paratransit Services. Paratransit Services is a curb-to-curb public transportation service for individuals with disabilities who are prevented from using DART's fixed-route transportation services. Fixed-route services include bus, light and commuter rail transit. DART rail services are fully accessible to individuals with disabilities.

You must complete the entire form. Answer every question. Incomplete forms will be returned. A physician must verify your disability, prognosis and date of occurrence. Verification can be obtained directly from your physician or from an agency that has record of the physician statement on file. This information must be submitted with the application and on the enclosed form. The information you provide is confidential. It will only be shared with persons involved with DART's eligibility determination process and other transit providers to facilitate travel in these areas, and will not be provided to any other person or agency, except as provided by the Texas Public Information Act.

Please read the following statements and check those which best describe 'what' you believe is your ability to use DART bus or rail services without assistance. You may select more than one.

When are you unable to independently use DART bus or rail services?

- ☐ I can use DART bus or rail service for some trips, but not other times because there are barriers that prevent me from using the system.
- ☐ I use the bus or rail service frequently.
- ☐ I have difficulty understanding and remembering all of the things that I would have to do to find my way to and from the bus.
- ☐ I believe I could learn to ride the bus, if someone taught me.
- ☐ I have difficulty or cannot climb stairs and can only board a DART vehicle if it has a lift.
- ☐ I have a visual disability which prevents me from getting to and from the bus, even with training.
- ☐ The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
- ☐ I can never use the bus by myself.
- ☐ I can get to and from the bus if the distance is not too great, and the route is barrier-free.
- ☐ I am not able to use the bus or rail for other reasons. (Please explain):

---

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**PART I - General Information to be completed by applicant**  
(please print or type)

\_\_\_\_\_  
Last Name                      First Name                      Mid. Initial                      Male/Female

XXX - XX - \_\_\_\_\_

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Building/Apt. No.

\_\_\_\_\_  
Apartment Name

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

If this is a "Gated Community," please provide gate code \_\_\_\_\_

If you have a Paratransit I.D. Card, please provide I.D. number \_\_\_\_\_

**In case of emergency notify:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



## PART II - Information on disability and mobility equipment

How does your disability prevent you from using DART's bus or rail services?

---

---

---

Is your disability permanent? ☐ Yes ☐ No

If not, expected duration of your disability \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever had a seizure?

- ☐ Yes  
☐ No

If yes, what type? \_\_\_\_\_ How often? \_\_\_\_\_

Are seizures controlled with medication?

- ☐ Yes  
☐ No

Do you use any of the following mobility aids? (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Manual Wheelchair</b>  | <input type="checkbox"/> <b>Walker</b>      | <input type="checkbox"/> <b>Service Animal</b>  |
| <input type="checkbox"/> <b>Powered Wheelchair</b> | <input type="checkbox"/> <b>Cane</b>        | <input type="checkbox"/> <b>Portable Oxygen</b> |
| <input type="checkbox"/> <b>Powered Scooter</b>    | <input type="checkbox"/> <b>Braces</b>      | <input type="checkbox"/> <b>Crutches</b>        |
| <input type="checkbox"/> <b>Prosthesis</b>         | <input type="checkbox"/> <b>Other</b> _____ |   |

## PART III - Questions on using bus or rail services

1. Have you ever used DART's bus or rail services?

- ☐ Yes  
☐ No

2. Have you participated in DART's Reduced Fare Program (i.e. Disabled, Senior, Student)?

- ☐ Yes  
☐ No

3. Does your physical condition change from day to day where it may be difficult to use bus or rail services?

- ☐ Yes, my physical condition is good on some days and bad on others  
☐ No, my physical condition does not change from day to day  
☐ Not sure  
☐ Other reasons \_\_\_\_\_

4. On days when your physical condition is good can you, on your own, or using a mobility aid:(i.e. Wheelchair, scooter, walker, crutches, service animal, etc.)
- ☐ Get to the curb in front of your house
  - ☐ Travel up to 1 block
  - ☐ Travel up to 4 blocks
  - ☐ Travel up to 6 blocks
  - ☐ Can't travel outside your house. Please explain \_\_\_\_\_
- 
5. On days when your physical condition is bad can you, on your own, or using a mobility aid:
- ☐ Get to the curb in front of your house
  - ☐ Travel up to 1 block
  - ☐ Travel up to 4 blocks
  - ☐ Travel up to 6 blocks
  - ☐ Can't travel outside your house. Please explain \_\_\_\_\_
- 
6. Does the weather have an affect on your ability to use bus or rail services?
- ☐ Yes
  - ☐ No
  - ☐ I don't know
7. If you answered yes to question number 6, how does the weather affect your ability to use bus or rail service?
- \_\_\_\_\_
- 
8. Are you currently using DART's bus or rail services?
- ☐ Yes
  - ☐ No
  - ☐ If yes, name route(s) you use \_\_\_\_\_
9. Can you transfer from one bus or rail vehicle to another?
- ☐ Yes
  - ☐ No (please explain why) \_\_\_\_\_
- 
10. Are you able to, on your own, use the telephone to obtain bus or rail information?
- ☐ Yes
  - ☐ No (please explain why) \_\_\_\_\_
-

11. Are you able to follow written or oral instructions to use bus or rail services?

☐ Yes

☐ No (please explain why) \_\_\_\_\_

12. Can you without assistance of another person, get to or from the stop or station nearest your home?

☐ Yes

☐ Not sure

☐ No (please explain why) \_\_\_\_\_

13. Can you wait 10 minutes at a stop or station that has a seat and a shelter?

☐ Yes

☐ Not sure

☐ No (please explain why) \_\_\_\_\_

14. Can you wait 10 minutes at a stop or station that does not have a seat and a shelter?

☐ Yes

☐ Not sure

☐ No (please explain why) \_\_\_\_\_

15. Are you able to get on or off a bus or rail vehicle if it had a passenger lift?

☐ Yes

☐ Not sure

☐ No (please explain why) \_\_\_\_\_

16. Are you able to follow written or oral instructions to pay your bus or rail fares?

☐ Yes

☐ No (please explain why) \_\_\_\_\_

17. Are you able to recognize when it is time to get on and off the bus or rail vehicle?

☐ Yes

☐ Not sure

☐ No (please explain why) \_\_\_\_\_

## PART IV - Questions about Training

Travel Training is available *free* to persons with disabilities who may be able to use accessible bus and rail transportation. Travel Training is offered to familiarize customers with general public transit or specific routes, stops and stations. Training for bus and rail transit services does not make you ineligible for Paratransit Services.

**For Informational use, please answer the following questions:**

18. Have you ever had training on how to use bus or rail services?

- ☐ Yes  
☐ No

If yes, please check all skills you have learned:

- ☐ General bus travel  
☐ General rail travel  
☐ Getting to and from bus stops and rail stations  
☐ Getting on or off a bus or rail vehicle  
☐ What to do in emergency situations  
☐ How to transfer from one bus or rail vehicle to another

19. Did you complete the training?

- ☐ Yes  
☐ No  
☐ If no, please state why? \_\_\_\_\_  
\_\_\_\_\_

20. Would you be interested in receiving training or retraining for DART's bus or rail services?

- ☐ Yes  
☐ No

## PART V - Your Current Travel

List your 3-4 most frequent destinations and how do you currently get there?

Destination address	Frequency of Travel	How do you currently get there?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize DART to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of paratransit eligibility. I also agree to submit myself for an in-person evaluation by DART and/or its acting agency for determination of paratransit eligibility.

---

Applicant's Signature

Date

**If completed by someone other than applicant:**

---

Name

Relationship

Date

---

Signature

Date

---



Paratransit Services  
P.O. Box 660163  
Dallas, Texas 75266-7271  
Phone (214) 515-7272

Office Use Only
DART No. _____
Exp. Date: _____
Format: _____

## **DALLAS AREA RAPID TRANSIT ADA PARATRANSIT ELIGIBILITY CERTIFICATION FORM (FOR A VISUAL DISABILITY)**

This certification form will be used to determine your eligibility for Dallas Area Rapid Transit Paratransit Services. Paratransit Services is a curb-to-curb public transportation service for individuals with disabilities who are prevented from using DART's fixed-route transportation services. Fixed-route services includes bus, light rail and commuter rail transit. DART rail services are fully accessible to individuals with disabilities.

You must complete the entire form. Answer every question. Incomplete forms will not be considered. A physician must verify your disability, prognosis and date of occurrence. Verification can be obtained directly from your physician or from an agency that has record of the physician statement on file. This information must be submitted with the application and written on the physician's official letterhead. The information you provide is confidential. It will only be shared with agencies involved with DART's eligibility determination process and other transit providers to facilitate travel in those areas, and will not be provided to any other person or agency, except as provided by the Texas Open Records Act.

Please read the following statements and check those which best describe what you believe is your ability to use DART bus or rail services without assistance. You may select more than one.

When are you unable to independently use DART bus or rail services?

- ☐ I can use DART bus or rail service for some trips, but not other times because there are barriers that prevent me from using the system.
- ☐ I use the bus or rail service frequently.
- ☐ I have difficulty understanding and remembering all of the things I would have to do to find my way to and from the bus.
- ☐ I believe I could learn to ride the bus, if someone taught me.
- ☐ I have difficulty or cannot climb stairs and can only board a DART vehicle if it has a lift.
- ☐ I have a visual disability which prevents me from ever getting to and from the bus, even with training.
- ☐ The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
- ☐ I can never use the bus by myself.
- ☐ I can get to and from the bus if the distance is not too great and the route is barrier-free.
- ☐ I am not able to use the bus or rail for other reasons. (Please explain):



**PART I - General Information to be completed by Applicant**  
(please print or type)

\_\_\_\_\_  
Last Name                      First Name                      Mid. Initial                      Male / Female

\_\_\_\_\_  
Street Address                      Building/Apt. No.                      Apartment Name

\_\_\_\_\_  
City or Town                      State                      Zip



\_\_\_\_\_  
Home Phone                      Work Phone                      Social Security No.                      Date of Birth

If this is a "Gated Community," please provide gate code \_\_\_\_\_

If you have a Paratransit I.D. Card, please provide I.D. number \_\_\_\_\_

## PART II - Information on disability and mobility equipment

Please attach a Visual Acuity Statement from your eye doctor to verify legal blindness.

1. Name of Eye Disease/Condition \_\_\_\_\_  
\_\_\_\_\_
2. My vision is worse during these conditions:
  - ☐ Bright sunlight
  - ☐ Dimly lit or shaded places
  - ☐ Night time
  - ☐ See the same in different lighting conditions
  - ☐ I have no vision at all
  - ☐ Other, explain \_\_\_\_\_
3. My eye condition is considered to be:
  - ☐ Stable
  - ☐ Degenerative, explain \_\_\_\_\_
4. I use the following mobility aids when I walk outdoors: (Check all that apply) 
  - ☐ **Sighted (person) Guide**
  - ☐ **Long White Cane**
  - ☐ **Guide dog**
  - ☐ **Optical devices** (telescope, light, special glasses, etc.)
  - ☐ **Other** \_\_\_\_\_
  - ☐ **None of the above**
5. I can easily see steps.
  - ☐ Yes
  - ☐ No
  - ☐ Sometimes, explain \_\_\_\_\_
6. While waiting to board my bus, I can see bus route numbers on the buses.
  - ☐ Yes
  - ☐ No
  - ☐ Sometimes, explain \_\_\_\_\_
7. I can find my destination without assistance. 
  - ☐ Yes
  - ☐ No
  - ☐ Sometimes, explain \_\_\_\_\_

8. My hearing is normal

☐ Yes

☐ No

☐ If no, please describe your functional hearing problems \_\_\_\_\_

---

a) I can easily hear the bus drivers' announce when they:

Announce bus routes when I stand outside the bus

☐ Yes

☐ No

☐ Sometimes

Announce bus stops when I am inside the bus

☐ Yes

☐ No

☐ Sometimes

b) I can hear traffic well enough to be safe crossing streets consistently

☐ Yes

☐ No

☐ Sometimes

### **PART III - Information about your current use of local bus and rail services**

1. What is the closest bus stop or rail station to your home? \_\_\_\_\_

---

2. Which bus routes or rail stations serve your neighborhood? \_\_\_\_\_

---

3. Do you currently use the bus or rail services?

☐ Yes

☐ No

☐ Sometimes

a) Which bus routes or rail lines do you use? (List all routes)

---

---

b) Where do you go on the bus or rail services? (List all destinations)

---

---

c) Do you need the assistance of another person? (Check one)

- ☐ Always  
☐ Sometimes  
☐ Never

d) Can you walk to the bus stop without help?

- ☐ Yes  
☐ No  
☐ Sometimes

e) How do you know when/where to get off the bus or rail vehicle?

- ☐ I ask the driver to announce my stop  
☐ I ask another passenger to help me  
☐ I can see my stop from inside the bus or rail vehicle  
☐ Other - please explain: \_\_\_\_\_

---

4. When was the last time you used the bus or rail service? \_\_\_\_\_

---

5. What is it about riding the bus or rail service that is most difficult for you? (Ex: I can't find my stop; the bus moves before I am seated, etc.) Please list as many things as you can think of:

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6. What are the specific conditions of your disability which prevent you from using the bus or rail service? (Ex: I can't travel from the bus stop or rail station to my destination, it's difficult to find the right bus, etc.):

---

---

7. Weather related considerations

Does the weather affect your ability to use DART's bus or rail services?

- ☐ Yes  
☐ No  
☐ Sometimes

## **PART IV - Orientation and Mobility Training**

1. Have you ever received orientation and mobility training

- ☐ Yes  
☐ No

2. Did you receive instruction in bus or rail travel?

- ☐ Yes  
☐ No

3. Did you successfully complete training?

- ☐ Yes  
☐ No

If YES, What route(s) did you learn?

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---

What destinations did you learn? 

---

---

If NO, do you think you would like to participate in mobility training?

- ☐ Yes  
☐ No

## **PART V - Tell us about your ability to travel**

1. Can you walk outdoors alone?

- ☐ Yes  
☐ No

If YES, answer (a), (b), and (c), If NO, Skip to 2

a) On your own property?

- ☐ Yes  
☐ No

) To places within same block of residence?

- ☐ Yes  
☐ No

c) To places farther away?

- ☐ Yes  
☐ No

2. If NO, (don't walk outdoors alone), why not? (check all that apply):

- ☐ I have never been taught.  
☐ Environmental Barriers prevent me. (Ex: no sidewalks, very busy intersection, etc.)  
☐ Other, please explain \_\_\_\_\_

3. Can you cross streets without help

- ☐ Yes  
☐ No  
☐ Sometimes

a) At quiet streets with very little traffic? (stop signs or no traffic control)

- ☐ Yes  
☐ No  
☐ Sometimes

b) At traffic lights:

- ☐ Yes  
☐ No  
☐ Sometimes

c) At very busy intersections?

- ☐ Yes  
☐ No  
☐ Sometimes

## PART VI - Your current travel

List your 3-4 most frequent destinations and how you get there now?

Destination Address	Frequency of Travel	How you get there now
---------------------	---------------------	-----------------------

## In Case of Emergency Notify:

Name	Relationship	Home Phone/Work Phone
------	--------------	-----------------------

Address	City	State	Zip
---------	------	-------	-----

I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize DART to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of paratransit eligibility. I also agree to submit myself for an in-person evaluation by DART and/or its acting agency for determination of paratransit eligibility.

Applicant's Signature	Date
-----------------------	------

### If completed by someone other than applicant:

Name	Relationship	Phone No.
------	--------------	-----------

Signature	Date
-----------	------





**CAPE ANN TRANSPORTATION AUTHORITY (CATA)  
APPLICATION FORM**



CATA  
3 Pond Street  
Gloucester, MA  
01930

**Dial-A-Ride  
and  
ADA Paratransit Eligibility**

CATA use only:

ID # \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION FORM**

**- - - PLEASE PRINT - - -**

**PART A**

**(This part must be completed by all applicants)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_ Sex(M/F) \_\_\_\_\_

Social Security Number (Optional): \_\_\_\_\_.

Please give us the name and phone number of a friend or relative we can call in case we are unable to reach you at your regular number:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Do you have a disability or health condition that prevents you from sometimes using CATA fixed route buses?**

☐ **NO, I am applying based only on my age (60 or older).** ATTACH A COPY OF DOCUMENTATION OF YOUR AGE (government ID). STOP HERE. You do not need to complete PARTS B and C below. Return this form to CATA at the address shown above to become eligible for Dial-A-Ride service.

☐ **YES, I am applying for “ADA Paratransit Eligibility.”** Complete PARTS B and C below.

## PART B

This part only needs to be completed if you have a disability or health condition that prevents you from sometimes or always using CATA's fixed route bus service. Persons completing this section will be considered for "ADA Paratransit Eligibility." Information about disability or health condition will be kept strictly confidential.

- 1. What is the disability or health condition that prevents you from using CATA fixed route buses? Please describe all disabilities or health conditions that affect your travel.**

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- 2. How does this disability or health condition prevent you from using CATA fixed route service? Please explain completely. Use additional sheets if needed.**

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- 4. Do you use any of the following mobility aids? (Check all that apply)**

- ☐ Manual Wheelchair      ☐ Electric Wheelchair      ☐ Powered Scooter  
☐ Cane      ☐ Walker      ☐ Crutches      ☐ Braces  
☐ Service Animal (describe): \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_  
☐ No, I do not use any mobility aids

- 5. Do you ever need to bring someone else with you to help you when you travel (a "personal assistant" or "personal attendant")?**

- ☐ No      ☐ Yes, always      ☐ Yes, sometimes

6. Without the help of someone else can you...

**Request and understand written or spoken instructions?**

- ☐ Always                      ☐ Sometimes                      ☐ Never                      ☐ Not sure

**Cross streets and intersections?**

- ☐ Always                      ☐ Sometimes                      ☐ Never                      ☐ Not sure

**Stand for 10 minutes if there is no place to sit?**

- ☐ Always                      ☐ Sometimes                      ☐ Never                      ☐ Not sure

**Step on and off a sidewalk from the curb?**

- ☐ Always                      ☐ Sometimes                      ☐ Never                      ☐ Not sure

**Find your own way to the bus stop if someone shows you the way once?**

- ☐ Always                      ☐ Sometimes                      ☐ Never                      ☐ Not sure

**Walk up and down three steps if there is a handrail?**

- ☐ Always                      ☐ Sometimes                      ☐ Never                      ☐ Not sure

**Stand on a moving bus holding onto a handrail?**

- ☐ Always                      ☐ Sometimes                      ☐ Never                      ☐ Not sure

**Transfer from one fixed route bus to another?**

- ☐ Always                      ☐ Sometimes                      ☐ Never                      ☐ Not sure

7. Under the best of conditions, what is the *farthest* you can walk (or travel using your mobility aid) without the help of another person?

- |  |  |
|--|--|
| <input type="checkbox"/> Less than 1 block   | <input type="checkbox"/> 6 blocks (3/4 mile)                   |
| <input type="checkbox"/> 1 block             | <input type="checkbox"/> more than 6 blocks                    |
| <input type="checkbox"/> 2 blocks (1/4 mile) | <input type="checkbox"/> I cannot travel outdoors alone at all |
| <input type="checkbox"/> 4 blocks (1/2 mile) |  |

8. Is there anything else you want to tell about your disability or health condition that might help us to better understand your travel abilities and limitations?

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## Signature

*I understand that the purpose of this form is to determine if I am eligible to use ADA Paratransit Services. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a review of my eligibility and possible loss of ADA Paratransit Services.*

*I agree to notify the Cape Ann Transportation Authority if I no longer need to use ADA Paratransit Services.*

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Applicant or Responsible Party)

If someone assisted in completing this application, please provide the following information:

Print name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

## Authorization for Release of Information

*I authorize the professional who has completed PART C of this application to release to CATA information about my disability or health condition and its effect on my ability to travel on the CATA bus service. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional completing PART C to release the information described up to 60 days from the date below. I understand that all medical information which is provided about my disability or health condition will be kept strictly confidential.*

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Applicant or Responsible Party)

**\* \* \* GO TO PART C \* \* \***

## PART C

**This part of the form must be completed by a professional familiar with your disability or health condition and your functional abilities.**

This part only needs to be completed if you are applying for "ADA Paratransit Eligibility."

1. Name of applicant: \_\_\_\_\_
2. Capacity in which you know the applicant: \_\_\_\_\_  
\_\_\_\_\_
3. When was the applicant last treated or seen by you? \_\_\_\_\_
4. On average, how frequently is the applicant seen by you? \_\_\_\_\_
5. Has the applicant been diagnosed with a physical, cognitive, mental, or other disability that would prevent him or her from using fixed route CATA bus service?  
☐ No  
☐ Yes  
Diagnosis and date of onset: \_\_\_\_\_  
\_\_\_\_\_  
ICD-9 codes: \_\_\_\_\_  
DSM-IV codes: \_\_\_\_\_
6. The applicant's disability is:  
☐ Permanent                      ☐ Temporary (until when) \_\_\_\_\_
7. Do the applicant's functional abilities to travel change due to medical treatments, environmental conditions (heat, humidity, cold, ice and snow) or other related factors?  
☐ No  
☐ Yes (explain): \_\_\_\_\_  
\_\_\_\_\_
8. Additional comments (prognosis, functional abilities, etc.): \_\_\_\_\_  
\_\_\_\_\_

**Professional's Name and Title:** \_\_\_\_\_

**License, Registration, or Certificate #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Company or Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_



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**DREDF AND EQUIP FOR EQUALITY HANDOUT**

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DISABILITY RIGHTS EDUCATION & DEFENSE FUND

## **ADA Paratransit Eligibility: How To Make Your Case**

**Kevin Irvine**, formerly Senior Advocate, Equip for Equality  
(Illinois' Protection & Advocacy – [www.equipforequality.org](http://www.equipforequality.org))

**Marilyn Golden**, Policy Analyst,  
Disability Rights Education & Defense Fund (DREDF [www.dredf.org](http://www.dredf.org))

The purpose of this handout is to assist people with disabilities to obtain an accurate and fair ADA paratransit eligibility determination. Many people with disabilities who should be eligible for paratransit services according to the Americans with Disabilities Act (ADA) are denied eligibility because transit agencies are not accurately assessing their capacities. People with disabilities can affect this process, in many cases, by carefully documenting their disabling conditions, ensuring all their disability-related impairments are assessed, and taking other steps described below.

The Americans with Disabilities Act (ADA) requires transit agencies to provide paratransit services to people with disabilities who cannot use the fixed-route bus or rail service (also known as mainline service). In general, paratransit service must be provided within 3/4 of a mile of a bus route or rail station, at the same hours and days, for no more than twice the regular fixed-route fare. The ADA further requires that paratransit rides be provided to all eligible riders if requested any time the previous day, within an hour of the requested time

**The U.S. Department of Transportation's ADA regulations provide three categories of paratransit eligibility:**

### **ADA Paratransit Eligibility Category 1 =**

**People who can't travel on the bus or train, even if it is accessible, because of a disability.**

This category includes people who are unable, due to a mental or physical impairment (including a vision impairment), to board, ride, or disembark from an accessible bus or train without assistance. For example:

- People with cognitive disabilities, if they do not know where to get off the bus or how to go to their destination from the bus stop.
- People with visual impairments, if they don't have the travel skills needed to navigate the route to their destination.
- A person with a visual impairment that allows him/her to see well enough to travel independently during the daytime but not at night.

## **ADA Paratransit Eligibility Category 2 = People who need an accessible bus or train**

This category includes wheelchair users and other people with disabilities who can use an accessible vehicle but who want to travel on a route that is still inaccessible (not served by accessible buses or accessible trains and key rail stations).

## **ADA Paratransit Eligibility Category 3 = People who have a specific disability-related condition**

This category includes people who have a specific disability-related condition that prevents them from traveling to a boarding location or from a disembarking location. Environmental barriers (distance, terrain, weather) or architectural barriers not under control of the transit agency (such as lack of curb ramps) that prevent an individual from traveling to or from the boarding or disembarking locations may form the basis for eligibility. For example:

- A person who uses a wheelchair may be able to negotiate a trip to the bus stop up a moderately sloped hill on a summer day, but not in the winter after a heavy snowfall. Then the user would be eligible for paratransit.
- A person may be eligible if architectural barriers present safety hazards on the only route to the train station or bus stop.
- A person who walks with a cane and would need to travel 3/4 mile to the bus route, but she cannot walk that great a distance.

People with disabilities that affect them very differently over time, such as multiple sclerosis. During some periods, they are able to go to the bus stop or train station. During other periods, they are not able to do so.

## **All three categories include people who may be able to ride mainline transit for some trips and not for other trips.**

### **STEP ONE: Figure out what categories you are eligible for.**

For each category, provide detailed information/documentation that explains why you are eligible for that category. Some types of documentation will support your claim in more than one category. You should consider your potential travel throughout the entire bus and/or rail system during all seasons, not just those in your immediate neighborhood or those that you normally use. For example, you may be able to get to the bus stop near your home, but not the one near your workplace or the movie theater, or near other future travel destinations. Think about your ability to deal with the variety of environments you might face across town, as well as any variable conditions that you experience due to your disability.

## STEP TWO: Prepare your supporting documentation

The U.S. Department of Transportation's ("DOT") ADA regulations do not place any limits on the amount or type of documentation that people with disabilities may provide to support their paratransit eligibility application. This means that you can provide any information or documentation that will help you show that you are eligible because you cannot use the fixed-route transit system.

To be successful, you must accurately show that you are actually unable to ride the bus or train all or some of the time, not just that it is more difficult for you.

Be sure to include information on any secondary disabilities you have, such as disorientation, fatigue, or difficulties with balance.

Documentation may include any or all of the following:

- **A detailed statement from a disability-service provider** (independent living specialist, rehabilitation counselor, travel trainer, employment-support specialist, etc.). This should explain how your disability or its symptoms/effects prevent you from using the mainline system.
- **A detailed statement from a medical professional** (physician, psychologist, therapist, etc.). Medical or disability-related information should explain how your disability or its symptoms/effects prevent you from using the mainline system.
- **A detailed personal journal/log** that documents the impact of travel on your disability, health, energy, stamina, etc. This can be as detailed as you wish, so long as it is clear. For example, one entry might read: "May 31, 2003: I went four blocks to the store this afternoon. While at the store, I needed to take 20 minutes to rest before getting the energy to shop. When I returned home, I needed to rest for two hours before I had the energy to make dinner."
- **A detailed listing of the access barriers** that prevent you from traveling to the bus stop or rail station. For example, no curb ramps on all four corners, no sidewalks, extremely busy intersection with fast "walk/don't walk" cycle, no pedestrian signals, lack of snow removal during winter months, hilly terrain, weather during portions of the year that makes negotiating the distance impossible for you, etc.
- **Information about other factors** that would prevent you from riding the mainline service, such as inadequate funding for personal assistance services that would allow you to be adequately dressed to be outside for a prolonged period of time, or inadequate funding for a power wheelchair, etc. For example: "I could use the mainline bus on cold days if I had assistance to get my coat, gloves, hat and scarf on, but current funding only allows me to hire a personal assistant to come to my home first thing in the morning and at the end of the day and I cannot wear those warm clothes indoors all day."

### **STEP THREE: Make the most of an in-person interview or functional assessment**

The DOT regulations allow each transit provider to set up its own system for determining ADA paratransit eligibility. Providers may require in-person interviews, with or without functional assessments or tests. The functional assessment is a process to help determine whether you have the ability to use fixed-route bus and/or rail service and, if so, under what circumstances. Functional assessments are evaluations that assess physical, visual, or cognitive ability. They may include a simulated trip to and from a bus, a simulated bus trip, boarding a bus, negotiating a curb or curb cut, crossing the street, etc. Skills evaluated may include balance, strength, coordination, range of motion, bus travel skills, community safety skills, and general orientation. Variables in the environment as well as the person's ability to perform the tasks required to use the bus may be considered.

- Be sure to discuss any secondary conditions or disabilities that may affect your ability to use the bus or train, such as fatigue, disorientation, balance, etc. Also be sure to discuss any variable disability-related conditions you experience that may change your ability to travel by fixed-route transit at different times.
- Be sure the interview or assessment considers your travel throughout the entire bus and/or rail system during all seasons.
- If you use a power wheelchair or mobility device, be prepared to explain if your travel is still limited by other factors: lack of sidewalks or safe paths of travel, heat, cold, etc.
- If a functional assessment is not assessing one of your disabling conditions, mention it. Make sure it is being considered in some other manner (e.g. consideration of the information you provide, or of documentation from medical professionals, as discussed above). It is the transit agency's responsibility to know that some disabilities cannot be evaluated by a functional assessment. Examples include seizure disorders, psychiatric disabilities, and variable conditions such as multiple sclerosis.
- If you feel that some aspect of your disability's potential impact on your inability to use mainline transit is not getting due consideration, talk to a supervisor.

### **STEP FOUR: Bring help if you need it**

When you have an in-person ADA paratransit eligibility interview or functional assessment and you need self-advocacy help, you can bring someone with you. This person could be a friend, family member, advocate, service provider, lawyer, therapist, etc. Make sure that you discuss how the person will help you before you go to the assessment. If you need this help, you may be able to get assistance from a Center for Independent Living or other disability service agencies.

## **STEP FIVE: Appeal if you are denied paratransit eligibility**

If your application for paratransit services is denied (or you are denied recertification), you may file an appeal, as long as you don't wait too long (you must be allowed at least 60 days within which to file your appeal). To assist you in your appeal, you should review the list of suggestions in "Step Two" and think about what new documentation you could provide. The eligibility denial letter you received is required to state specifically the reason for the denial. Consider closely the reason(s) given in your denial letter and be sure you address them during your appeal.

The ADA requires that the appeal process include an opportunity to be heard and to present information and arguments. The decision on the appeal must be made by someone uninvolved with the initial decision to deny eligibility. Written notification of the result must be provided, with reason(s) stated. If the transit agency has not made a decision within thirty days of the completion of the appeal process, paratransit service must be provided until and unless a decision to deny the appeal is issued.

## **STEP SIX: If your appeal is denied, and you don't think the**

### **ADA paratransit eligibility process was fair, you can...**

File a complaint with the FTA Office of Civil Rights

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly implement Title II of the ADA, the DOT ADA regulations, and Section 504 of the Rehabilitation Act of 1973. In the complaint investigation process, FTA looks for possible ADA violations by the transit provider. ADA violations found by FTA are presented to the transit provider for correction of the problems within a predetermined timeframe. Therefore, it is worthwhile to file a complaint.

To date, FTA has been more involved in pursuing violations of the eligibility *process* (for example, ensuring that transit agencies have a proper appeals process) than in second-guessing the content of a particular eligibility appeal decision. However, it is very important that FTA hear about problems with eligibility denials, especially serious problems and patterns (that is, when the same problem affects more than one person). Eligibility complaints to FTA may be particularly effective if important information was disregarded by the transit agency, or if multiple complaints are submitted by several people against the same transit agency, especially if all are submitted together.


- To file a complaint in writing, you should either fill out the FTA's Complaint Form or send a letter to: Director, FTA Office of Civil Rights, East Building - 5th Floor, TCR, 1200 New Jersey Ave. SE, Washington, D.C. 20590. Include as many details as possible. The FTA's ADA website is [http://www.fta.dot.gov/civilrights/civil\\_rights\\_2360.html](http://www.fta.dot.gov/civilrights/civil_rights_2360.html) and the FTA ADA complaint form is on that website at [http://www.fta.dot.gov/civilrights/ada/civil\\_rights\\_3889.html](http://www.fta.dot.gov/civilrights/ada/civil_rights_3889.html). You may also contact the FTA by e-mail at: [ada.assistance@fta.dot.gov](mailto:ada.assistance@fta.dot.gov).

Contact your local Center for Independent Living (CIL), Protection & Advocacy (P&A) agency, or other disability advocacy agency.

You may find out that other people have had similar experiences when attempting to obtain ADA paratransit eligibility. An organized effort to address problems with a transit provider may result in an improved, fair process for everyone. Some P&A agencies may be able to provide legal advice or even a lawyer to represent you in court.

- To find the CIL nearest you, call the National Council on Independent Living at 877-525-3400 (V/TTY) or go to [www.ncil.org](http://www.ncil.org). Also, find it by clicking on your state at the website of Independent Living Research Utilization (ILRU) at <http://www.ilru.org/jump1.htm>.
- To find the Protection and Advocacy agency for your state, contact the National Disability Rights Network at 202-408-9514 (voice), 202-408-9521 (TTY), e-mail: [info@ndrn.org](mailto:info@ndrn.org) or [www.ndrn.org](http://www.ndrn.org).
- File a lawsuit in Federal Court
- The ADA requirements for paratransit eligibility are not optional and can be enforced by filing a lawsuit, if necessary. If you cannot get legal assistance from your state's P&A or another legal assistance agency, you can contact your local bar association for referral to a lawyer or you can file a lawsuit yourself, without a lawyer ("pro se").
- To find out more about obtaining a lawyer, contact the American Bar Association at 202-662-1000 or 800-285-2221 (voice), [askaba@abanet.org](mailto:askaba@abanet.org) or [www.abanet.org](http://www.abanet.org)





# Recommendations for Conducting In-Person Interviews and Obtaining Follow-Up Information from Professionals

SECTION

5

## Introduction

This section of the workbook contains information intended to assist transit agencies with conducting in-person interviews, obtaining appropriate additional information from applicants (beyond what is provided in a paper application form), and obtaining additional information through follow-up with named professionals familiar with the applicant's disability and functional abilities. The following materials are included in this section:

- “Recommendations for Conducting In-Person Interviews”
- Examples of possible types of additional information that might be appropriate to request from applicants (as part of an interview) or through follow-up contacts with named professionals. This includes the following :
  - “Additional Information – Applicants with Cognitive Disabilities”
  - “Additional Information – Applicants with Psychiatric Disabilities”
  - “Additional Information – Applicants with Vision Disabilities”
  - “Additional Information – Applicants with Seizure Disorders”
  - “Additional Information – Applicants with Physical Disabilities”
- Examples of forms that can be used to summarize and document information obtained through interviews or follow-up contact with named professionals. This includes:
  - “Interview Summary Form”
  - “Professional Verification Contact Form for Applicants with Cognitive Disabilities”
  - “Professional Verification Contact Form for Applicants with Psychiatric Disabilities”
  - “Professional Verification Contact Form for Applicants with Vision Disabilities”
  - “Professional Verification Contact Form for Applicants with Seizure Disorders”
  - “Professional Verification Contact Form for Applicants with Physical Disabilities”

## Recommendations for Conducting In-Person Interviews

### PREPARATION OF APPLICANT FILE AND INITIAL REVIEW OF APPLICATION

Depending on the process adopted by the transit system, applicants may be required to send a completed application in advance of the interview or may be permitted to bring their completed application with them at the time the interview is scheduled. If the person requires the services of a sign language interpreter, the transit system must verify the type of service required, and arrange to have the interpreter available throughout the interview. The cost must be borne by the transit system.

For people who do not speak English, a transit system's Title VI obligations are reviewed in more detail in Section 10 "Managing the Process."

#### A. People bring completed application form and any required documentation to the interview

If the process allows the applicant to bring the completed application form and any supporting information required to the interview, after greeting the person, someone must check the application form for completeness. This can be the receptionist or the interviewer. The advantage of having the receptionist review the application prior to the interview is that

it saves the interview time for questions as opposed to "housekeeping." Pay particular attention to sections which require the applicant's signature and be sure that the "General Information" section has all of the information necessary. Note any missing information from other parts of the application that will need to be clarified in the interview. If some minor information has been omitted, this can be obtained during the interview. Other things to ask of the applicant include whether they have brought additional documentation of their disability (if required or suggested as part of the process) and ask if the documentation can be kept by the transit agency with the application or if photocopies are needed. Note that all information collected will be treated with strict confidentiality. Prepare a copy, if necessary, and return the original documentation to the applicant.

Prepare a file folder for the applicant. The folder would be made available to the interviewer so they can spend a few minutes reviewing the completed application and any additional documentation of disability prior to the interview. The transit system should decide who will assist the applicant in completing unanswered questions (as part of the interview or by the receptionist while waiting) and what, if anything, would constitute an incomplete application at this point, requiring the person to come back with the required documentation at another time. Suggestions about how to design this part of the process are found in Section 10 "Managing the Process."

## **B. People are required to submit an application and required documentation in advance**

If applicants are required to submit a completed application form and documentation in advance, the interviewer has the opportunity to review the file and prepare questions that are specific to the applicant and his/her disability. Some advantages of this approach are:

- Indications in the answers to questions that might point to a misunderstanding of ADA paratransit eligibility and the purpose of ADA paratransit service including: people applying for eligibility who can use fixed-route service but who live in areas where there is no fixed-route service and people who indicate they are able to use fixed-route service but see paratransit as a more convenient option. (Note that people who live outside the paratransit service area should still be made eligible if they are functionally unable to use fixed-route, but they should be made aware that service is not provided outside the defined service area even if they are determined eligible.)
  - Evidence of inconsistencies in answers that might indicate that the applicant is unsure of her/his abilities to use fixed-route service. Many people have no prior experience using fixed-route service (or experience that is not recent). Others may overestimate or underestimate their abilities for various reasons.
- Often, inconsistencies show up as answers that suggest a lack of skills that appear unrelated to the stated disability (e.g., applicants that state they cannot use fixed-route in hot or cold weather, but don't appear to have disabilities affected by temperature).
- Having access to the application in advance provides an ideal opportunity to be prepared to address functional issues specific to a particular disability, as well as personal issues the person or caregiver may have raised in the application form. If unsure about the potential functional limitations of particular disability or medical condition, there is ample time to research the condition, learn something about the characteristics of the disability and what functional limitations might be expected. One of the most important responsibilities of an interviewer is to be prepared.
  - Analyze information provided in advance to create a logical flow of questions. Outline the facts you know for sure, those about which you think you may need clarification, and anything about which you are unsure. This will create the framework for the interview.
  - Questions specific to the person's disability can be prepared in advance, while eliminating irrelevant questions. For example, for some with a cognitive disability and no accompanying physical issues, questions about how far they can walk can be replaced with more thorough questions about ability

to remember and follow directions, problem solving and judgment. This not only has the advantage of saving time in the interview by the interviewer being prepared to review the most relevant issues, it increases the confidence of the applicant and caregivers when they see that time has been taken to review materials that took time and effort to complete, and to consider the issues specific to their disability and situation.

In either process, in order to conduct follow up with professionals, it is important to ensure that a “Release of Information” form has been completed. Additional blank copies should be readily available for people who, when answering questions, realize they neglected to include a certain professional with whom they have experience. It is a good practice to make a copy for the applicant of any additional forms completed during the interview.

## **INTERVIEW – SETTING, OPENING, AND GROUND RULES**

- The interviewer should greet the applicant and anyone he has brought along, and introduce himself. The first impression sets the tone for the remainder of the interview, and interviewers should project a warm, friendly yet professional tone. It is courteous to extend your hand for a handshake, even if you believe the person with a disability cannot reciprocate. A brief description of your role in the eligibility process is helpful, but avoid lengthy descriptions.
- Ideally, the initial greeting takes place in a waiting room and the applicant walks with the interviewer to the interview room. This is an opportunity to engage in general conversation and observe the person’s gait, balance, use of their mobility aid and ability to hear and see in an indoor setting, as well as follow directions.
- The interview must be conducted in private since confidential information will be discussed. Ideally, the interview room has a door which can be closed, or is located in a semi-private area sufficiently removed from others in the office.
- Sitting at a table has a more inclusive, equitable feel than sitting across a desk. There should be enough room for at least three people (since the applicant may bring others along) and should be large enough to accommodate a powered mobility aid with room to turn around inside the space. People should be able to sit at the table in the places where they are comfortable. Chairs should not have wheels. The interviewer should have extra pens and supplies on hand, and have Kleenex and water available. A clock in the room is helpful so that all parties may monitor the time.
- Explain the purpose of the interview: To allow the applicant to explain her independent travel abilities, any limitations and experience with independent community mobility, and potential ability to use the bus under some conditions, if not all the time.

- Explain the purpose of the interview (“We are going to discuss your ability to travel outdoors independently under all sorts of conditions, including getting to and from the bus and riding the bus. I’ll be asking you to describe and clarify issues specific to your functional ability.”) Then explain the timeframe and next steps (“We’ll talk for 20 minutes or less, and after we are done, if we still have questions about your ability to independently perform certain tasks, you may be asked to participate in a transportation /mobility assessment.”)
- If the person is accompanied by one or more people, and the companions request to participate in the interview, they should be welcomed to join the interview with ground rules established at the outset. “I’m glad that you brought your mother and your supports coordinator with you. I’m sure they’ll have a lot to add. I’m going to start by asking (the applicant) some questions, and I’d like everyone’s cooperation in allowing her to answer the questions first. When she is done if you have anything to add, I’ll be glad to hear from you at that point. Is everyone okay with that?” Objections, if any, can be noted, but unless the applicant has demonstrated that she is completely unable to respond to questions, the interviewer should repeat the ground rules again, adding reassurance. “I understand that you want to make sure you are able to explain some key issues, and I’ll make sure there is plenty of time for you to do that. I appreciate your patience and cooperation.” Reinforcement of these rules may be necessary throughout.
- Explain that the information provided about their disability will be kept strictly confidential.
- Briefly explain that the transit agency provides ADA paratransit service for customers who are unable, because of a disability, to use fixed-route service for some or all of their trips. It is unwise, at this point to spend much time explaining the fixed-route and paratransit systems, reserving the interview time for questions and follow up. Specific questions about the service can be “parked” until the end of the interview (“I’d like to make sure we have time to talk about you and your abilities. With your permission I’d like to wait until we are done to answer your questions about the reservation process. I made a note of your question so I don’t forget.”) The transit system should decide whether, upon leaving, to give the applicant a copy of its rider guide, which will most likely have answers to any questions about the service.
- The end of the interview is, however, an appropriate and important time to talk about any operational or behavioral issues identified. If the person is unable to keep his hands to himself throughout the interview, even after redirection, the caregiver should be aware of the rules for behavior on a paratransit vehicle and the consequence of such actions. For systems with a base service of curb



to curb, the end of the interview is a good time to talk about the availability and limitations of origin to destination service. It's also an ideal time to clarify a specific entrance to be used at an apartment building instead of discovering an issue in operations.

## **INTERVIEWING RECOMMENDATIONS AND APPROACH**

The main purpose of the interview is to gain additional information from applicants about their abilities to use fixed-route transportation services. The statements in the interview will supplement the written application form and documentation of disability provided by the applicant. First and foremost, the interview should give applicants an opportunity to present issues “in their own words.” Also, once applicants have described their travel issues, it is an opportunity to ask follow-up questions in order to have a clear understanding of their abilities and needs.

Following are general recommendations on the conduct of interviews that will help to achieve these objectives.

### **General “Rules” for Interviewing**

“Interviewing is a practical skill that can only be learned through doing. No amount of reading can replace the experience of actually talking with (applicants)”. If you are new to interviewing, start by practicing on co-workers and make sure there is an opportunity for you to receive feedback and a critique from an experienced interviewer both before and as you start to actually conduct interviews. Awareness of personal

style and body language is sometimes best learned by being videotaped while conducting several practice interviews.

**Be a good listener.** There is a maxim that says a good interviewer has “big eyes, big ears, and a small mouth.” One of the most important responsibilities of the interviewer is to listen. Listening skills can be developed with practice:

- Maintain eye contact.
- Direct questions to the specific information you need to collect.
- Enhance your ability to be genuinely interested in what the person is telling you.
- Be aware of tendencies to judge or evaluate quickly, and resist these temptations.
- Know that when the interviewer has formulated an option, the listening generally stops.
- Talk less than the applicant, and allow moments of silence when appropriate as people may need time to collect their thoughts.

### **Get information directly from the applicant whenever possible**

Applicants may be accompanied by family members or guardians. Direct questions (as appropriate) to the applicant, realizing that family members, caregivers, supports coordinators, and job coaches who may accompany the applicant are also good sources of information. Reinforce throughout the process that direct input from the applicant is important. Appropriate reminders may be needed as questions are asked. Be sure to manage the time appropriately to allow sufficient opportunity for others to answer questions and offer information.



## **“Partner” with the Applicant/Understand the Applicant’s Perspective**

For there to be a good flow of information, it is important to “partner” with applicants – to give the applicant a certain level of comfort, confidence, and respect for you as the interviewer and for the process as a whole.

The purpose of the interview is to gather information, not to interrogate the person or anyone accompanying them. You do not have to be the “bad guy” but instead can create an atmosphere that is open and receptive, increasing the likelihood that people will share information.

To develop a successfully interview partnership, always:

- Deal with any extreme emotions before proceeding with the interview. Applicants may express anger with having to participate in an interview or may show a lack of trust in the process. Acknowledge the feelings the person is expressing and then reinforce the fact that the interview and process is designed to give them an opportunity to make sure that their point of view and abilities are fully understood. An adversarial position at the start will almost certainly ensure a poor outcome and a missed opportunity.
- Establish good rapport. Presenting yourself as someone who is gathering information rather than making a judgment and being friendly and concerned will create a positive atmosphere.
- Do not reflect your own irritation or anger. It is to the interviewer’s benefit not to get emotional. The anger is not directed at you personally, and is more likely a result of frustration from the applicant or caregiver. You are also not a counselor or in a position to offer advice.
- Acknowledge the person’s feelings:
  - I can understand why this process may be frustrating to you.
  - I can understand why you might be angry about having to answer these questions again.
  - I can understand that you are anxious to leave, but there are just a few more things I would like to discuss with you.
- Be respectful of applicants (even if their behavior is inappropriate).
- If the situation arises, acknowledge that the applicant knows more than you do about their situation. Don’t contradict what the person says they can or cannot do by suggesting that perhaps they can do more/less.
- Be honest. Don’t make promises or suggestions about their possible eligibility just to make the applicant more comfortable with the process or outcome.
- Give applicants your full attention and maintain eye contact throughout, including during note taking. Focus on applicants as they are responding to your questions. Avoid being distracted, “fidgeting,” or otherwise being inattentive. *It is important*

*that the interview process convey to customers that the transit agency representative is interested in fully hearing and understanding their transportation issues and concerns.*

- Don't jump to conclusions. Even though you will have advance information from the application form and may have some notion of the issues, give applicants an opportunity to restate their abilities and limitations again "in their own words."
- Explore each point fully. Make sure you understand each point that the applicant is making. If what they say is not clear, ask them to "Explain" or otherwise elaborate on what they are saying.
- Use simple, clear language
- Use feedback to clarify.
  - I'm not sure I understood the point you just made. Could you explain in more detail what you meant by...."
  - I really want to be sure I understand what you are saying and I'm a little confused about..... Could you go over that again?

### **Interviewer Behaviors Which Have Negative Effects:**

- Repeating the same question over and over
- Interrupting before allowing a reply
- Acting smug or shocked
- Summarizing using judgment "It's hard for me to believe...."

### **Types of Questions**

Let applicants summarize their travel abilities and limitations in their own way.

- Can you provide some specific examples?
- Is there anything else you can add on this issue?
- You have told me that you are often frustrated and cannot control your anger when this happens. Can you tell me about a time within the last month when that happened (it can be about any kind of experience), and tell me how you dealt with your frustration?

Avoid leading questions. For example, if an applicant first states something general like: "I don't think I can get to the bus stop and back," follow-up by asking "Can you tell me more about why you think you can't do that?" rather than asking a leading question "You mean if it's too far you can't get there?" Open ended questions are valuable and provide people with the opportunity to express issues in their own words, but may require specific follow up questions for clarification.

Avoid asking questions that will likely have a "Yes" or "No" answer. These will not give you much information. Also, avoid beginning questions with "Why?" Why questions often result in answers that rely on judgments or feelings, or can feel like an accusation. What, How, and When questions are fact based and more likely to get the applicant to talk about experiences and abilities in more detail.

Avoid questions that are not relevant. While questions like “Are you able to bathe independently and manage your own finances?” may give some information about functional ability, they will seem intrusive and irrelevant. While it may be necessary to ask questions about related activities of daily living (particularly if the applicant has no experience with the use of transit) stick to areas which are clearly relevant.

### Ensuring Thoroughness

After applicants have presented their major issues, it may be necessary to ask more pointed questions about potential barriers they may have failed to mention. For example, applicants with physical disabilities may mention the need for accessible vehicles and issues when traveling long distances. They may not, however, raise issues related to curb-cuts or environmental barriers (even though it may be likely that they would be affected by such barriers). Many applicants mention the issues they feel are most important but may not understand that, for accurate setting of full conditions of eligibility, all potential barriers need to be identified. Use the Master Functional Skills List to make sure that you have considered all relevant issues.

### Keep the Person in the Process

Applicants must be assured that their point of view is given consideration. The in-person nature of the interview provides an ideal opportunity to ask follow-up questions that address the individual’s issues and concerns – something that is not practical or effective in a paper process. Community

confidence in the process can be enhanced through the effectiveness and skill of the interviewer. The applicant should leave the interview feeling as though someone was truly listening to his or her issues.

### The Three “R’s”

A key to a successful interview includes the “3 R’s – **Repeat, Rephrase and Reflect** . These techniques are useful in communicating that you have heard the person and understand not only their statements but the underlying feelings. They are techniques which are not confrontational and encourage discussion.

#### ■ Repeat

*Summarizing what has been said:*

Applicant: “I haven’t been on a bus since my accident 20 years ago. There’s no bus service at all where I live. I’d have to push myself in this chair for two miles to get to the bus. There’s no way I can do that.”

Interviewer: “It’s been quite some time since you last used the bus, and you currently live in an area that is poorly served by transit. The distance to the bus stop is much further than you can push yourself.”

## ■ Rephrase

*Summarizing the content, in different words:*

Applicant: “I can’t ride the bus. All my teachers and my mom and dad have told me so. They don’t want me doing it.”

Interviewer: “Riding the bus seems impossible since so many people have told you that you are not able to do it.”

## ■ Reflect

*Repeating the person’s statement while including the underlying feeling:*

Applicant: “I want you to know that I absolutely have to get this transportation for my mother. She lives with me now, and my work hours were just changed so I have no one to watch her during the day. Anyone can see she can’t ride the bus. If I can’t get her to day care I’ll have to put her in a nursing home and I promised her I would never do that.”

Interviewer: Getting transportation for your mother is essential to your ability to care for her at home. You believe her disability is apparent. I understand the pressures you are under as a caregiver, and I very much respect the care and concern you have for your mother, and your commitment to avoiding nursing home placement.

## Closing the Interview

Ending the interview with a summary is a best practice. The structure is straightforward. Begin with an announcement that you are about to summarize, a listing of selected elements, an invitation to correct anything missed and correct any inaccuracies.

*“You have shared a lot of information with me, and I want to make sure I have it all down correctly. I’d like to review the things you have told me. If at any point I say anything that is incorrect please stop me so that I can correct it. When I finish, if I have forgotten anything, you or your daughter can add it at that point.”*

*Until recently, you were very active in the community and served as a volunteer at the VA for many years. You noticed about 6 months ago that you were increasingly tired--that things that used to be easy for you were now an effort, like shopping for groceries. You had to cut back on your volunteer work and eliminate your six block evening walks because you started to feel shaky. In the last three months you have fallen at home three times and were not able to get up. Walking from the front porch to your daughter’s car--about 50 feet--is now an effort, and leaves you short of breath and exhausted. You rarely leave the house and if you do it is with someone else to make sure you do not fall. Your doctor is running tests, and they think it might be a heart problem. You are hopeful that with medication you will soon be “back to your old self.” Your daughter added that you have a diagnosis of congestive heart failure and have been*

*prescribed a walker. She reports there is little likelihood that your ability will improve significantly, although you are all hopeful. Did I miss anything?"*

Summarize the next steps and thank the person for participating:

*I'd like to thank you and your daughter for making the trip here today. You have shared a lot of information and some of it was difficult for your to talk about, but your candor has helped me better understand your ability to do all the things you need to do to use the bus.*

*We will take all this information you have shared and use it to make an eligibility decision. If we need to contact your doctor for additional information, you have provided his contact information and a release of information form. Within 21 days, no later than (date) you will be notified as to your eligibility to use the paratransit service. This form is a reminder of the 21-day deadline and our responsibility if we do not contact you by that date. It has my name and phone number on it. Do you have any other questions? I enjoyed meeting you and your daughter. Have a wonderful afternoon and best of luck with everything.*

### **Documenting Observations**

An in-person interview also provides an opportunity for observation of the applicant. You may have the ability to observe the applicant as they arrive at the facility and make their way into the building. At the very least you will have an opportunity to observe them walking with you to the interview location. Your observation of their ability to rise from a seated position, gait,

balance, use of mobility aids, and ability to follow left/right directions should be accurately recorded in the interview notes. Inconsistencies should also be documented.

It is extremely important to document behavioral and physical observations as part of the interview (not able to maintain eye contact, spoke with a flat affect, fidgeted and was distracted by cell phone throughout, short of breath following walk to interview room, required 45 seconds of seated rest before able to continue.)

Observations can also be contradictory. Take the following scenario:

Your office is located near a widow hat looks out on to the parking lot where vehicles arrive to drop of people for the interviews. You have a clear view of every arriving van and the walkway into the lobby of the building.

You observe an applicant walk down the steps of the van, refusing any assistance from the driver, carrying her cane upheld in her right hand. At the bottom of the steps, she waives the driver off, consults her watch and apparently decides she has enough time to walk to the convenience store about a block away. You watch her walk off, still carrying her cane in the air, and return less than 10 minutes later with a can of soda. She did not appear to have balance issues, her gait and speed appeared to be well within normal limits and she did not exhibits any obvious signs or symptoms of distress. She stood outside the building, using her



cell phone for about 10 more minutes before coming into the lobby.

When you went out to greet her for the interview, she was grimacing in pain and demanded assistance to ride from a seated position. She leaned heavily on her cane and said she was in pain and needed to stop and rest halfway down the corridor. She told you in the interview that she cannot walk more than 100 feet without seated rest.

There are clearly conflicting observations. If you intend to use your observations of her when she arrived on the van as part of your eligibility decision, she has the right to know that. A best practice in a situation like this is to provide a summary of what you observed in a non-judgmental, respectful fashion, and allow her to respond.

*“You have told me that you are in considerable pain, you rely on your cane for support due to extreme pain, and you were not able to walk the 100 feet down the hall to my office without stopping. I must tell you that I observed you when you arrived today, I saw you walk down the van steps unassisted, you were not using your cane for support when you left the parking lot and walked to the convenience store in the next block. You were able to make that trip in 10 minutes, and then stand outside for an additional 10 minutes while you used your cell phone. Could you explain to me the difference between how I observed you walking less than 15 minutes ago and the difficulty you are having now?”*

Allow her to explain in her own words, and be sure to summarize her statements for your notes.

### **Taking Notes and Making a Record of the Interview**

An accurate record of the interview is necessary for the purpose of the decision and preserving the record. It may become important in an appeal. The right of applicants and their advocates to see everything that is a part of their file has been upheld by FTA, so interview notes should be written as if the applicant, and potentially even a judge was going to read them. Never write anything in your interview notes that you are not prepared to have the applicant see. This means they must be accurate and complete. On the other hand, they are notes, not a transcript of the proceedings.

Since many questions are open ended, the interviewer must learn to accurately paraphrase responses and record notes on specific points. Only relevant information should be included in the notes, and if there are multiple people providing information, be sure to record the source for each response. Record information as you go, even if you have to ask the person to wait a minute while you complete a note on an issue. (“You gave me a lot of information right then, can I ask you to wait just a minute so I can make sure I get it all down?”) Complete your notes immediately following the interview—do not wait until a later time.

Many systems require interviewers to use a standard form in a lap top to record information during an interview. Having a

paperless process has many advantages. However, if you must use a computer to record results, make sure you frequently look over the screen to make and maintain eye contact.

If you must use a form, make sure there is ample space to record questions not included as part of the standard interview form as well as answers to open ended questions. The form should allow you to skip unnecessary or irrelevant questions. While use of a form to interview can be useful as it helps to ensure that nothing has been omitted, it can limit the interview if it does not allow for flexibility, or if it dictates the strict order in which questions are asked.

### **Decisions from the Interview**

A decision should be made whether additional documentation and review procedures are needed based on the information provided in the application form, other documentation of disability that may be provided, and the interview. Additional documentation of the specific disability and the effects of the disability on functional ability may be needed from professionals named by the applicant. This will be particularly important if applicants don't provide such documentation, the disability is not obvious, or there is some question about the likely effects on functional ability of the stated disability. For example, applicants may indicate health problems such as arthritis, heart conditions, stroke, pain, or other general conditions. The question to be resolved is whether these conditions are severe enough to significantly affect travel on fixed-route transit. Similarly applicants

may cite "anxiety" or other general psychiatric issues. The question is whether these are severe enough for there to have been a formal diagnosis of a mental illness and if the extent of the condition significantly limits travel on fixed-route. Follow-up with professionals can be conducted after the interview.

### **Frail Older Adults**

It is not unusual for older adults to present with general "frailty." Frailty is generally defined as weakness or lack of physical strength and almost always includes weakness, fatigue, reduced strength and endurance. **Frailty**—commonly associated with aging—includes several characteristics (see below). Frail older adults are weak, often have many complex medical problems, have a lower ability for independent living, may have impaired mental abilities, and often require assistance for daily activities (dressing, eating, mobility). \*

Geriatric researchers at Johns Hopkins Center on Aging and Health have further defined frailty as "a clinical syndrome in which three or more of the following criteria were present: unintentional weight loss (10 lbs in past year), self-reported exhaustion, weakness (grip strength), slow walking speed, and low physical activity."\*\*

Frail older adults may describe themselves as "getting tired easily," "not able to do the things I used to do," "shaky" and have a fear of falling. They may not be able to provide information about specific diagnosis, describing their conditions instead as "short of breath," "pain in my knees" or "fatigue



– I get tired doing nothing.” People who are frail may still function in their home environment reasonably well, but limit their activities in the community, describing themselves as “too tired to go out and do things.” Because they do not have recent experience with outdoor community mobility, asking questions about getting to and from bus stops or riding the bus may be difficult to answer. In these cases, consider asking questions more relevant to the person’s daily life and recent experience such as:

- How often do you engage in activities outside your home?
- What are they, and when did you last do them?
- How do you get there now?
- What assistance if any, do you need when you get there?
- Can you tell me a few things you used to enjoy doing outside the house and are now not able to do? What keeps you from doing them? How long has it been since you were able to do them?
- Do you ever take a walk? When was the last time? Where did you go? Did you go alone?
- Do you leave your apartment/house to pick up your mail? Where is the mailbox? How long does it take you to get there?
- What would you say is the number one reason you need the help of someone else to travel outdoors?
- Do you always need the help of someone else when you travel outdoors? What do they do for you?
- If you get a ride to where you are going, can you manage by yourself once you are dropped off?

If a family member accompanies the frail senior, make sure the senior answers the questions first, and then ask the caregiver if they would like to elaborate. Note discrepancies and whether the frailty is described by the applicant, the caregiver, or both. In the space of a short interview, it can be difficult to distinguish between genuine frailty and concern on the part of family members. While the concern is legitimate, it may not represent the person’s actual functional ability. Observations while walking to the interview room and during the interview, (shortness of breath while talking from a seated position, weakness and very slow gait speed, extreme difficulty rising from a seated position, and immediate loss of balance upon standing) provide additional collaboration.

Having information about diagnosis provides correlation with the applicant’s report. Someone with congestive heart failure may describe themselves as short of breath and easily fatigued, without knowing the medical definition of their condition. Older people who are frail are likely to have multiple, complex medical problems but may be unable to verbalize the diagnosis. If this information is provided as part of the application, it is less critical for the applicant to be able to name diagnoses as part of the interview and more important to develop questions that assess the extent to which frailty limits the person’s independent community mobility skills.

Literature in the field of gerontology and frailty suggest that measuring gait and balance is the most valid, reliable way

in which to predict safe mobility in a frail senior. Frail older adults frequently show changes in gait that result in imbalance and indicate muscular weakness. The Timed Up and Go balance test (TUG) is a quick, highly reliable balance test validated for older adults that gives results of a high or low fall risk, but may not be the best choice for other populations. The Tinetti Gait and Balance test is still widely considered the gold standard for gait and balance testing. Older adults who present as frail in both appearance and in their answers to interview questions, and who are high fall risks as determined by a standardized gait and balance assessment will most likely be unconditionally eligible. Others should be referred for a complete functional assessment if one is available.

\*Frailty in Older Adults Linda P. Fried et.al, Director, Center on Aging and Health, The Johns Hopkins Medical Institutions,

\*\* Frailty in Older Adults Janet M. Torpy, MD; Cassio Lynn, MA; Richard M. Glass, MD, JAMA. 2006

### **Supplementing the Interview with a Functional Assessment**

A decision on whether to ask the applicant to participate in a physical or cognitive functional assessment would also be made immediately following the interview. In general, an in-person functional assessment might be considered if:

- The applicant is able to perform at least the basic physical functional tasks outline in section 5.
- The interviewer is still uncertain about certain stated functional abilities of the applicant;

- A recommendation of “ineligible” is being considered (in such cases, the assessment will help to ensure that such a decision is accurate – before it is made);
- “Conditional” eligibility is being considered and more specific information about exact conditions is needed (e.g., the physical functional assessment might better define the maximum reasonable walking distance, or might better assess the need for an accessible vehicle).

If a decision of unconditional eligibility can be made with certainty following the interview, according to standards established in the transit systems’ eligibility policies, there is no need or requirement to proceed with a functional assessment.

### **Getting Additional Information from Professionals**

In some cases, it may be necessary to contact named professionals for additional information about an applicant’s disability or functional abilities.

Consider whether the professionals contacted are the right professionals to provide the information being sought. Make sure they are familiar with the applicant and have treated or worked with them recently. Make sure they are the right professional to also provide information about functional ability and not just diagnosis of health condition or disability. A job coach may have more insight into a person’s ability to follow directions and perform tasks without supervision than a physician.

Also note that you should not ask professionals for a summary judgment about a person's ability to use fixed-route service or to tell you if they think a person should be ADA paratransit eligible. Instead, collect specific information about the applicants' disability and specific functional abilities that will allow you to then make an accurate determination. Suggestions for the types of follow-up questions that might be asked are provided on the following pages.

### Documentation

Following the interview, additional information and observations collected in the interview could be summarized on the "Interview Summary Form" (provided at the end of this Attachment). This would then be attached to the application form.

It is suggested that persons contacting professionals for verification of disability and additional functional ability information complete a "Professional Verification Contact Form" (also provided at the end of this Attachment) for each contact made. This form would then also be attached to the application form.

### *Additional Information - Applicants with Cognitive Disabilities*

When reviewing eligibility for persons with cognitive disabilities, interviewers and other eligibility review staff might consider obtaining the following information to supplement answers provided to questions in the written application form. This information could be obtained in the interview or through follow-up with professionals familiar with the applicant.

When interviewing applicants who have cognitive disabilities, certain general observations might be made in the greeting and interview process. This includes observations about responsiveness to greetings or directions, verbal skills, agitation, or inappropriate behaviors. Also note if they are distracted during the interview and appear to have difficulty staying focused on the interview.

#### **From applicants:**

Inquire about how they currently travel. Are there places that they go on their own? Do they travel outside their home by themselves? If so, where do they go?

Ask if they use telephones. Do they carry a cell phone and, if so, how do they use it?

Do they wear a watch and are they able to tell and/or monitor the passage of time? Ask them to describe what time they leave to make a particular trip (perhaps one indicated in the application or the trip to or from the interview). Or, ask how long it takes them to travel to or from certain indicated destinations.

If they indicate that they sometimes travel on their own, ask if they have ever gotten lost when traveling alone. If yes, ask them to describe what happened. Ask: “How did you know you were in the wrong place?” Follow up by asking if they were able to find their way back. Ask: “What did you do to find your way back?”

If they indicate they have never gotten lost, ask what they would do if they were lost.

If they indicated in the application form that they have had training to learn to travel in the community or use fixed-route buses, ask for more information about the training. When was the training? Who provided the training? To what places did they learn to go? Since the training, are they now traveling to those places?

To learn about related activities and skills, consider the places to which applicants say they travel (from the application or interview). If applicants indicate that they are working or in a work training program, ask them to describe what they do or what they are being trained to do, and with what level of supervision (e.g., supported employment vs. competitive employment). If they participate in activities outside the home, ask if they are able to find their way to and from the entrance and throughout the building.

### **From professionals:**

If there are uncertainties or inconsistencies based on the application, additional documentation provided, and the interview,

it may be useful to contact one or more professionals identified by the applicant. When speaking to professionals identified by applicants, first determine:

- In what capacity they know the applicant;
- How long they have known or worked with the applicant;
- When they last saw the applicant.

Get more detailed information about the stated disability and level of cognitive ability of applicants. This might include a general classification of cognitive ability such as mild, moderate, severe, or profound intellectual disabilities, or the professional may offer the specific IQ of the applicant. Dual disabilities should be noted (e.g., intellectual disabilities and psychiatric disabilities).

Ask if the applicant has any specific behavioral problems.

Get confirmation of what applicants may have indicated about their abilities. Ask questions similar to those noted above. Does the person travel alone at times? If so, where? What abilities do they have to follow directions to make a trip? What ability to understand time and follow a schedule to get places on time? To know when they are lost? To get help if they are lost? To recognize and avoid dangers in the community if they were to be traveling on their own? To cross a street safely?

The discussion of skills related to functional abilities to travel may lead to specific information about general abilities and skills.

Professionals might express or be asked to indicate general abilities such as applicants':

- Orientation to person, place, and time;
- Judgment and safety skills related to traveling alone;
- Problem solving and insight skills;
- Short and long-term memory;
- Concentration (focus attention);
- Ability seek and act on directions;
- Ability to process information;
- Ability to communicate needs;
- Consistency;
- Behavioral skills.

Consider related physical skills that may affect travel. For example: walking stability (gait, balance), physical stamina (endurance), or seizures.

Verify information about places to which applicants now travel and their typical activities. Verify information about stated travel instruction and skills learned. If applicants have not received travel instruction to date, ask what the professional feels is their potential to benefit from training.

### ***Making a Determination***

Based on the information from the application form, additional documentation that might have been provided, the interview, and contact with professional(s), determine if:

- The applicant has a documented or verified disability that affects one or more life activities;
- The extent of the disability affects independent travel;
- There are some trips that the applicant can make on fixed-route transit;

- If the applicant has the ability to learn to travel independently to a greater extent than they are currently.

If there is no documented or verified disability or if the extent of disability does not appear to affect independent travel, a recommendation of "NOT ELIGIBLE" might be appropriate. BEFORE APPLICANTS ARE DENIED ELIGIBILITY, THEY SHOULD BE REFERED FOR A FACTS TEST.

If the extent of disability seems to clearly make any independent travel unreasonable, and if it is clear that the person would not benefit from training, a determination of UNCONDITIONAL ELIGIBILITY might be appropriate. Participation in any sort of functional assessment would probably not be necessary.

If it appears that the applicant's functional ability might permit some independent travel, or if the applicant might benefit from travel instruction, they should be asked to participate in a functional assessment of cognitive ability (such as a travel training assessment or FACTS).



### ***Possible Additional Questions - Applicants with Psychiatric Disabilities***

When reviewing eligibility for persons with psychiatric disabilities, interviewers and other eligibility review staff might consider obtaining the following information to supplement answers provided to questions in the written application form. This information could be obtained in the interview or through follow-up with professionals familiar with the applicant.

When interviewing applicants who have psychiatric disabilities, certain general observations might be made in the greeting and interview process. This includes observations about responsiveness to greetings or directions, verbal skills, agitation, or inappropriate behaviors. Also note if they are distracted during the interview and appear to have difficulty staying focused on the interview.

#### **From applicants:**

Ask when they were first diagnosed as having the disability. Ask applicants to describe any current treatment. Be sure the application (or accompanying documentation) identifies the current assisting professional(s) and how to contact them. Be sure the release has been signed so that professional information can be obtained.

Inquire about how they currently travel. Are there places that they go on their own? Do they travel outside their home by themselves? If so, where do they go?

In many instances, specific characteristics of fixed-route service which are different from paratransit might impact an applicant's ability to travel by fixed-route bus (e.g., crowding at stops/stations or on the bus, being alone in an unfamiliar area). To determine exactly what characteristics of fixed-route service might make independent travel unreasonable, ask applicants: "How do you think travel by ADA paratransit will be better for you than travel on fixed-route buses? Make sure the applicant has a clear understanding from the introduction part of the interview of ADA paratransit and fixed-route service.

Ask what medications the person is currently taking. Ask how they assist the person. Ask if there are any side effects of the medications.

Ask if the disability is the same every day. If not, what is a good day like (what are they able to do)? What is a bad day like? How many good/bad days have they had in the last month? Does anything trigger bad days?

Ask the applicant if they drive a car.

To learn how the disability affects other activities, consider the places to which applicants say they travel (from the application or interview). Ask them about other apparent activities (work, school, shopping) and if they do these things independently. If not, what types of assistance or accommodations have been provided?

**From professionals:**

If there are uncertainties or inconsistencies based on the application, additional documentation provided, and the interview, it may be useful to contact one or more professionals identified by the applicant. When speaking to professionals identified by applicants, determine:

- In what capacity they know the applicant;
- How long they have known or worked with the applicant;
- When they last saw or treated the applicant.

Get more detailed information about the stated disability and extent of disability. **ASK FOR THE FORMAL DIAGNOSIS OF DISABILITY (DSM-IV OR OTHER).** Ask for the date of onset. Ask about the applicant's current prognosis.

Ask if any of the following skills are affected by the applicant's disability:

- Judgment
- Problem solving
- Insight
- Coping skills
- Short-term memory
- Long-term memory
- Concentration
- Orientation
- Communication
- Attention to task (distractibility)

If yes, ask the professional to describe the effect and the extent of limitation caused by the disability. Ask how the disability would prevent the applicant from:

- Traveling alone outside the house;

- Leaving the house on time;
- Seeking and acting on directions;
- Finding their way to or from a bus stop;
- Crossing streets;
- Waiting for a bus;
- Boarding the correct bus;
- Riding on the bus or train;
- Transferring to a second bus or exiting at the correct destination;
- Monitoring time;
- Dealing with unexpected situations.

Ask if the applicant currently experiences auditory or visual hallucinations. If yes, ask if the applicant would be likely to experience auditory or visual misperceptions due to these hallucinations.

Ask if the applicant demonstrates inappropriate social behavior (ex., aggressive or overly friendly). If yes, describe.

Ask if training, driver assistance or tools such as ID cards, printed route directions, or other assistance might help.

Ask if the goal of traveling independently (even limited travel in the neighborhood) is within the context of treatment.

Ask if the applicant is taking psychotropic, antidepressant, or other medications prescribed by them or another professional. Ask what medications are being prescribed, the dosage, frequency, and what effects the medication has on the applicant's functional ability. Ask if the applicant would be able to travel independently in the community if they were compliant in taking their medication. Ask if the professional deems the applicant



to be compliant in taking their prescribed medication.

Ask if there is anything about the use of prescribed medications that might complicate the applicant's use of public transportation. Ask if the applicant's functional ability might be temporarily affected by medication. If so, have the professional explain and indicate an expected duration.

Verify information about places to which applicants now travel and their typical activities. Are there any other life skills that the applicant lacks?

### ***Making a Determination***

Based on the information from the application form, additional documentation that might have been provided, the interview, and contact with professional(s), determine if:

- The applicant has a documented or verified disability that affects one or more life activities;
- The extent of the disability affects independent travel;
- There is a difference in the type of service provided by ADA paratransit versus fixed-route that would make the applicant able to use ADA paratransit but not use fixed-route.
- If there are some conditions under which the applicant could use fixed-route transit.

If there is no documented or verified disability or if the extent of disability does not appear to affect independent travel, a recommendation of "NOT ELIGIBLE" might be appropriate.

If there is a documented disability and it does affect travel in general, but travel by fixed-route and travel by ADA paratransit would be similarly affected (there is essentially no difference between the modes for the issues presented by the applicant's disability), a recommendation of NOT ELIGIBLE may also be appropriate.

If the extent of disability seems to clearly make any independent travel unreasonable, and if it is clear that the person would not benefit from training or support services that transit might be able to provide, a determination of UNCONDITIONAL ELIGIBILITY might be appropriate.

If it appears that some independent travel is possible, they should be considered for CONDITIONAL eligibility. If there is evidence that the applicant's ability may improve in the short-term (less than the term of full eligibility typically granted), TEMPORARY eligibility might be provided.

### **Possible Additional Questions - Applicants with Vision Disabilities**

When reviewing eligibility for persons with visual disabilities, interviewers and other eligibility review staff might consider obtaining the following information to supplement answers provided to questions in the written application form. This information could be obtained in the interview or through follow-up with professionals familiar with the applicant.

As appropriate, check if the applicant has brought a visual acuity statement or other appropriate documentation of the vision impairment. If not, is a professional named from whom such a statement can be obtained?

#### **From applicants:**

If not already indicated in the application or documentation provided, ask the applicant to describe the specific visual condition.

Ask how long they have had this condition.

Ask if the condition is considered stable, degenerative, or otherwise changing.

Verify the equipment/aids used (mobility aids may be more specific than indicated in the application). Possible aids include: sighted guide, guide dog, white cane, and optical devices.

Ask applicants if they can walk outdoors alone. If yes, ask where they can travel. Determine, in general, if they can travel:

- Only on their own property?
- To places nearby? (on the same block)

- To places further away? (have them explain)

If they travel outdoors alone, ask if they can cross streets without help. Ask them to explain conditions under which they can or cannot cross streets, for example:

- only quiet streets;
- at intersections that are not too busy;
- at traffic lights.

If the person is partially sighted, ask if they can see steps or curbs.

If applicants are partially sighted, ask if their vision is affected by different lighting condition, such as:

- Bright sunlight;
- Dimly lit or shaded places;
- Night time.

Ask if traveling outside alone is affected by other conditions (consider in particular the impact of environment noise or the inability to distinguish traffic flow patterns).

Ask if applicants have other disabilities that impact their travel (in particular, consider whether applicants have hearing disabilities as well). From observation, note if there are any other physical limitations in gait, pace, or use of other equipment such as a walker or standard cane.

If applicants indicate that they do not travel outside alone, ask if they have ever considered or received mobility instruction. If not, why not. If they have received mobility instruction, ask them to tell you about the outcome, what was learned, etc.

Get the name of the instructor or agency for follow-up contact.

Ask applicants if they currently use fixed-route transit. If yes, ask them where they go by bus. Determine, in general, if they travel:

- Only to places they are familiar with or have been trained to go;
- To other places as well.

If they travel to places beyond those they are familiar with, ask how they know when/where to get off the bus. Also ask them to explain if they can find their way to other destinations.

If they stopped using fixed-route transit, ask them to explain why they stopped using the service.

If they have never used transit, ask if they have considered or received instruction in using buses. If not, why not. If they have received travel training, ask them to tell you about the outcome, what was learned, which routes, etc. Get the name of the instructor or agency for follow-up contact.

### **From professionals:**

If the applicant did not bring documentation of the extent of vision impairment, and if the person is partially sighted, a professional should be contacted for a visual acuity statement. Also, if there are uncertainties or inconsistencies based on the application, additional documentation provided, and the interview, it may be useful to contact one or more professionals identified by the applicant.

Note that specific vision condition information will be obtained from an ophthalmologist (or perhaps from another professional who has a copy of a current visual acuity statement). Information about mobility skills and functional ability would more appropriately be obtained from a mobility instructor or other professional working on a more ongoing basis with the applicant.

When speaking to professionals identified by applicants, first determine:

- In what capacity they know the applicant;
- How long they have known or worked with the applicant;
- When they last saw the applicant.

Ask for the specific eye disease or condition. Ask for date of onset and prognosis (stable, degenerative).

If the applicant is partially sighted, ask the professional to fax a visual acuity statement that can be included in the applicant's file. The visual acuity statement should indicate:

- The visual acuity for each eye;
- The field of vision for each eye;
- The visual acuity with best correction for each eye

There should also be documentation of the eye disease.

*Note: Legal blindness is visual acuity that does not exceed 20/200 in the better eye with best correction or the widest diameter of the visual field subtends an angle of 20 degrees or less.*

If it is possible to contact a professional familiar with the person's mobility skills (e.g., a mobility instructor), ask them to describe the applicant's general mobility skills. Are they able to:

- Travel outside alone? (how far?: on own property, same block, farther?)
- Cross streets without help? (What kind? What types of intersections/controls?)
- See and negotiate curbs and steps?
- Travel to familiar places on their own?
- Find their way to less familiar or unfamiliar destinations?

If applicants are partially sighted, ask what environmental conditions might impact travel outside (bright sunlight, dim lighting, darkness, background noise, etc.).

Verify information about any mobility training or travel training started or completed. Based on such training, clearly identify places, routes that they professional feels that the applicant can travel.

If no training has been received, ask the professional if they think the applicant would benefit from mobility or travel training.

### ***Making a Determination***

Based on the information from the application form, additional documentation that might have been provided, the interview, and contact with professional(s), determine:

- If the applicant has a documented vision disability that affects ability to travel independently. (In general, a vision disability classified as legal blindness or more severe).

- If there are some conditions under which the applicant could use fixed-route transit.

In general, if the applicant is legally blind or has a more severe vision disability, they should be considered AT LEAST CONDITIONALLY ELIGIBLE. The exact conditions of eligibility that should be applied must then be identified. To do this, first consider the applicant's existing, personal mobility skills. Are they able to travel only to familiar, common destinations from stops/stations they know how to get to? Are they able to travel to other locations under certain conditions. What specific environmental barriers would prevent independent travel to places they are not familiar with and are not currently traveling to?

If it is determined that an applicant does not currently have the skills to travel by fixed-route, but probably could with instruction, TEMPORARY, UNCONDITIONAL ELIGIBILITY might be considered and a period of time set which would allow the person to receive instruction. Eligibility would be evaluated at the end of this period. If training is received, the input of the instructor should be considered in the re-evaluation.

### ***Possible Additional Questions - Applicants with Seizure Disorders***

When reviewing eligibility for persons with seizure disorders, interviewers and other eligibility review staff might consider obtaining the following information to supplement answers provided to questions in the written application form. This information could be obtained in the interview or through follow-up with professionals familiar with the applicant.

Documentation of the type and frequency of seizures experienced should be obtained. If applicants do not bring this documentation to the interview, make sure that the application form identifies a professional that can be contacted. Be sure the release has been signed so that professional information can be obtained.

#### **From applicants:**

Ask about the type of seizures experienced.

Ask about the frequency of seizures.

Ask when they were first diagnosed as having this condition. Ask if there has been any change in their condition.

Ask applicants if there are certain things that will trigger seizures, and if so to describe what these are.

Ask applicants to describe what happens when they have a seizure. Note in particular whether the applicant indicates that they have an aura (a warning that they are about

to have a seizure) and if they are typically able to prepare themselves and make themselves as safe as possible.

Ask applicants what happens once their seizure has ended. Note in particular if they are severely disoriented. If yes, ask what they typically do to become oriented again.

Ask if the applicant is taking medication to control the seizures. What medication? Has the medication helped to control the seizures or the effects of the seizures?

Ask applicants if they travel outside alone and where they travel. Ask if they are able to cross streets without help.

Ask applicants to explain what characteristics of the paratransit service will benefit them. Ask: "How do you think travel by ADA paratransit will be better for you than travel on fixed-route buses?" Make sure the applicant has a clear understanding from the introduction part of the interview of ADA paratransit and fixed-route service.

To learn how the disability affects other activities, consider the places to which applicants say they travel (from the application or interview). Ask them about other apparent activities (work, school, shopping) and if they do these things independently. If not, what types of assistance or accommodations have been provided? Are there limitations in any other activities of daily living (such as use of steps, driving, and cooking)?

**From professionals:**

If the applicant has not brought documentation of their seizure disorder to the interview, contact should be made with a professional. Note: Documentation will ideally be obtained from a neurologist or from another professional that has access to the applicant's disability records.

If there are uncertainties or inconsistencies based on the application, additional documentation provided, and the interview, it may be useful to contact one or more professionals identified by the applicant.

When speaking to professionals identified by applicants, determine:

- In what capacity they know the applicant;
- How long they have known or worked with the applicant;
- When they last saw or treated the applicant.

Ask the professional the type of seizures the applicant experiences. Ask about the frequency of the seizures. Ask about the prognosis.

Ask if the seizures are preceded by an aura.

Ask the professional to describe the applicant's ability to travel alone in the community. When and where can they safely travel?

Ask what advice or limitations on traveling alone in the community have been communicated to the applicant.

Ask if the applicant is permitted to drive.

Ask if the applicant is taking medications prescribed by them or another professional. Ask what medications are being prescribed, the dosage, frequency, and what effects the medication has on the applicant's functional ability. Ask if the applicant would be able to travel independently in the community if they were compliant in taking their medication. Ask if the professional deems the applicant to be compliant in taking their prescribed medication.

Ask if there is anything about the use of prescribed medications that might complicate the applicant's use of public transportation. Ask if the applicant's functional ability might be temporarily affected by medication. If so, have the professional explain and indicate an expected duration.

Verify information about places to which applicants now travel and their typical activities.

***Making a Determination***

Based on the information from the application form, additional documentation that might have been provided, the interview, and contact with professional(s), determine if:

- The applicant has a documented or verified disability that affects one or more life activities;
- The extent of the disability affects independent travel;
- There is a difference in the type of service provided by ADA paratransit versus fixed-route that would make the applicant able to use ADA paratransit but not use fixed-route.
- If there are some conditions under which the applicant could use fixed-route transit.



In general, it is important to determine if the applicant's concern is riding on the bus (feeling that additional assistance would be available on ADA paratransit), or if the issue is one of safety getting to and from stops/stations. With seizures that are not preceded by an aura, it may not be safe to cross streets or attempt to enter or exit transit stations. Also, depending on the effects and severity of the seizures, applicants may not be able to be safe getting to or from stops/stations after they have experienced a seizure.

In general, applicants should be considered for ADA paratransit eligibility if they have frequent, severe seizures that are not preceded by an aura and are not controlled by medication.

### ***Additional Information - Applicants with Physical Disabilities***

When reviewing eligibility for persons with physical disabilities, interviewers and other eligibility review staff might consider obtaining the following information to supplement answers provided to questions in the written application form. This information could be obtained in the interview or through follow-up with professionals familiar with the applicant.

Have a "functional skills checklist" and "potential barriers" checklist in mind. The skills checklist should include the ability to:

- Travel far enough to get anywhere within the defined ADA paratransit service area;
- Travel with enough pace/speed to be able to get places in a reasonable period of time;
- Negotiate slight, moderate, and steep terrain;
- Negotiating paths of travel with significant cross-slopes;
- Travel on uneven or broken surfaces;
- Travel in snow, on icy surfaces, or in rainy/wet conditions;
- Travel outside in very hot weather and high humidity;
- Travel outside in very cold weather;
- Traveling outside in high smog conditions;
- Get on and off sidewalks that don't have curb-cuts;
- Get on and off sidewalks that do have curb-cuts;
- Cross different types of streets safely (in a reasonable amount of time);
- Wait at a bus stop if there is no bench;
- Wait at a bus stop if there is a bench;
- Get on and off buses that do not have lifts or ramps.



- Get on and off buses using a lift or ramp;
- Get to a seat or wheelchair securement location on a bus;
- Maintain seated balance when on the fixed-route vehicle;
- Stand on a moving bus holding the handrail if no seats are available;

Also consider the types of mobility aid(s) that applicants indicate they use. As appropriate, determine when applicants use different mobility aids (if more than one is indicated), and if they use these independently or with assistance.

Consider which of the travel skills listed above might be affected by the specific disability or health condition of the applicant, considering the type(s) of mobility aids used. For example, someone with paraplegia who uses a manual wheelchair may have difficulty (depending on their strength and coordination) with traveling long distances, negotiating moderate or steep terrain or cross-slopes, traveling in snowy or icy conditions, negotiating on broken or uneven surfaces, getting on and off sidewalks that do not have curb-cuts (and maybe even negotiating curb-cuts), crossing streets quickly enough to be safe, and getting on and off buses that do not have lifts.

Some people who use power wheelchairs may not be able to operate their wheelchair for long distances due to issues related to coordination and/or strength. The lack of sidewalks or other safe paths of travel (which would require travel in busy streets) also may prevent a person who uses a power wheelchair from getting to or from transit stops/stations.

Again, depending on physical abilities, applicants who use crutches, braces, or walkers may have similar issues and may also have problems with:

- Traveling on wet surfaces (heavy rain);
- Standing and balancing on a moving vehicle;
- Standing and waiting at a bus stop;

People with health conditions may have difficulty traveling significant distances and may have sensitivities to weather extremes such as severe heat or humidity, cold, or air pollution.

The above generalizations may not always be the case, but the interviewer should try to obtain information about each of these potential issues/barriers. It is important to have these “checklists” of potential issues in mind, because applicants with physical disabilities may often provide information about major issues or barriers but may neglect to point out every issue that impacts their ability to travel.

As suggested by these examples, it is important to determine the person’s physical functional abilities (given the mobility aids they use) to know how they may be able to perform each of the needed skills to use fixed-route service. It is also important to determine if abilities vary by day. Persons with certain health conditions (MS, HIV/AIDS, renal failure, etc.) may have certain days when the condition is severe and significantly impacts travel and other days when independent travel by fixed-route is possible.

The basic physical abilities that need to be considered include:

- Strength;
- Endurance;
- Coordination;
- Balance;
- Dexterity;
- Range of motion;
- Gait; and
- Speed.

When interviewing applicants who have physical disabilities, certain general observations may help to supplement information provided in the application form. Note any problems applicants may have with ambulating or maneuvering mobility aids. Note how quickly applicants are able to ambulate, be seated, rise from a seated position, or handle paperwork.

Also, look for indications of other related disabilities issues such as vision impairments or cognitive disabilities which the applicant may not have indicated in the application form. Such related disabilities may be complicating factors that affect the applicant's ability to perform necessary skills.

#### **From applicants:**

*NOTE: Given the wide variety of physical disabilities and health conditions, information provided in the application form, and observations made at the beginning of the interview, select questions below that are applicable and appropriate.*

Inquire about how they currently travel. Are there places that they go on their own? Do they travel outside their home by themselves? If so, where do they go?

Ask them to describe their experiences when traveling outside their home.

When relevant, ask if they take any medications.

Ask if they have used fixed-route buses and what their experiences have been.

Ask if there are times when they think it would be possible to use fixed-route buses. When? Under what conditions?

Have applicants describe issues with skills/barriers that they might not have mentioned (but which you think may be issues – from the above lists).

#### **From professionals:**

If there are uncertainties or inconsistencies in what applicants have indicated and what was observed, or if the applicant indicates a non-obvious, hidden disability or health condition, it may be helpful to follow-up with a professional familiar with the applicant's disability/health condition and functional abilities.

When speaking to professionals identified by applicants, determine:

- In what capacity they know the applicant;
  - How long they have known or worked with the applicant;
  - When they last saw or treated the applicant.
- Inquire about the specific disability/diagnosis, date of onset, and prognosis.

Ask about the extent of the disability/health condition and what limitations the applicant has in daily life activities.

Ask about applicable travel skills identified in the application. If the professional you are getting information from has had the opportunity to observe the applicant performing certain tasks, then she may be able to provide insight on functional abilities to use fixed-route services. Ask the professional to define reasonable expectations for each skill (e.g. reasonable walking distances, reasonable terrain that can be negotiated, reasonable time that applicant could stand and wait for a bus).

Ask for the professional's assistance in defining in more detail and environmental issues that may apply (temperature sensitivities – what temperatures would present unsafe or risky conditions for the applicant).

Ask about any medications and their possible effect on travel.

### ***Making a Determination***

Based on the information from the application form, additional documentation that might have been provided, the interview, and contact with professional(s), determine if:

- The applicant has a documented or verified disability that affects one or more life activities;
- The extent of the disability affects independent travel;
- If there are some conditions under which the applicant could use fixed-route transit.

In general, it is important to determine if applicants are applying because using ADA paratransit is seen as a more convenient and safe option, or if their disability/health conditions “prevent” fixed-route travel some

or all of the time. Note that “prevented” should be interpreted to mean that it is “not reasonable” to expect the applicant to attempt use of the fixed-route system. Prevented should not be interpreted so strictly to mean it is physically impossible.

If there is no documented or verified disability or if the extent of disability does not appear to affect independent travel, a recommendation of “NOT ELIGIBLE” might be appropriate. **BEFORE APPLICANTS ARE DENIED ELIGIBILITY, THEY SHOULD BE REFERED FOR A PHYSICAL FUNCTIONAL EVALUATION.**

If the extent of disability seems to clearly make **any** independent travel unreasonable, or if the conditions under which they may be able to use fixed-route are very limited, a determination of UNCONDITIONAL ELIGIBILITY might be appropriate. Participation in the physical functional assessment might not be necessary.

If it appears that the applicant's functional ability might permit some independent travel, **CONDITIONAL ELIGIBILITY** might be appropriate and they should be asked to participate in a **PHYSICAL FUNCTIONAL ASSESSMENT** to more clearly define the exact conditions under which fixed-route travel is possible.

If there are inconsistencies in information or observations obtained from the interview and information provided by the applicant or documentation they have brought, it would be appropriate to ask the applicant to participate in a **PHYSICAL FUNCTIONAL ASSESSMENT**.



## Example Interview Summary Form

Name of Applicant: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Description of Disability/Health Condition(s): \_\_\_\_\_

\_\_\_\_\_

Does disability appear to affect the functional ability of the applicant to use fixed-route service?

☐ Yes      ☐ No      ☐ Not sure

Based on information in the application form, and information and observations from the interview, does the applicant appear to be able to get to and from fixed-route stops throughout the service area?

☐ Always      ☐ Sometimes      ☐ Never      ☐ Not Sure

Apparent Issues:

- |  |   |
|--|---|
| <input type="checkbox"/> Distance that can be traveled | <input type="checkbox"/> Curb ramps                             |
| <input type="checkbox"/> Terrain/cross-slopes          | <input type="checkbox"/> Street crossing                        |
| <input type="checkbox"/> Snow/ice                      | <input type="checkbox"/> Waiting for bus (no bench)             |
| <input type="checkbox"/> Uneven/broken surfaces        | <input type="checkbox"/> Waiting for bus (stop not detectable)  |
| <input type="checkbox"/> Heat/humidity                 | <input type="checkbox"/> Wayfinding for infrequent trips        |
| <input type="checkbox"/> Cold                          | <input type="checkbox"/> Wayfinding for any trips               |
| <input type="checkbox"/> Smog                          | <input type="checkbox"/> Lacks community mobility/safety skills |
| <input type="checkbox"/> Low light/bright light        |   |
| <input type="checkbox"/> Other: _____                  |   |

Description of Issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on information in the application form, and information and observations from the interview, does the applicant appear to be able board, ride, and disembark from a fixed-route vehicle?

☐ Always      ☐ Sometimes      ☐ Never      ☐ Not Sure

Apparent Issues:

- |   |   |
|---|---|
| <input type="checkbox"/> Needs lift/ramp                  | <input type="checkbox"/> Balance on moving vehicle              |
| <input type="checkbox"/> Cant maneuver onto/stand on lift | <input type="checkbox"/> Cant recognize infrequent destinations |
| <input type="checkbox"/> Cant maneuver to securement area | <input type="checkbox"/> Cant recognize any destinations        |
| <input type="checkbox"/> Other: _____                     |   |

Description of Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on information in the application form, and information and observations from the interview, does the applicant appear to be able to understand and “navigate” the fixed-route system?

☐ Always      ☐ Sometimes      ☐ Never      ☐ Not Sure

Apparent Issues:

- |   |   |
|---|---|
| <input type="checkbox"/> Understanding/processing information | <input type="checkbox"/> Dealing with unexpected situations |
| <input type="checkbox"/> Memory                               | <input type="checkbox"/> Transferring between routes        |
| <input type="checkbox"/> Other: _____                         |   |

Description of Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations:**

☐ Unconditional eligibility

☐ Conditional eligibility

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Temporary eligibility

Eligibility period: \_\_\_\_\_ months

Travel training? ☐ Yes ☐ No

☐ Not eligible

☐ Professional verification needed

Information needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Physical functional assessment

☐ Cognitive functional assessment

Interviewer Name: \_\_\_\_\_

Signature \_\_\_\_\_





**Professional Verification Contact Form  
for Applicants with Cognitive Disabilities**

Name of Applicant: \_\_\_\_\_  
Name of Professional Contacted: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Contact: \_\_\_\_\_  
Name of Reviewer: \_\_\_\_\_  
Reviewer Signature: \_\_\_\_\_  
\_\_\_\_\_

*Note: Select appropriate questions that provide supplemental information needed for the applicant (as determined from the review of the application form, the interview, and any documentation of disability provided by the applicant).*

**When speaking to professionals identified by the applicant, first ask:**

1. In what capacity do you know the applicant?

\_\_\_\_\_  
\_\_\_\_\_

2. How long have you known or worked with the applicant?

\_\_\_\_\_

3. When did you last see the applicant?

\_\_\_\_\_

**Get more detailed information about the stated disability and level of cognitive ability of the applicant. This might include a general classification of cognitive ability such as mild, moderate, severe, or profound intellectual disabilities, or the professional may offer the specific IQ of the applicant. Dual disabilities should be noted (e.g., intellectual and psychiatric disabilities).**

4. Comments about the applicant's stated disability and level of cognitive ability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the applicant have any specific behavioral problems? ☐ Yes ☐ No  
If YES, please describe.

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**Get confirmation of what the applicant may have indicated about his/her abilities.**

6. Does the applicant travel alone at times? If so, where?

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7. What abilities does the applicant have to follow directions to make a trip?

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8. What abilities does the applicant have to understand time and follow a schedule to get places on time?

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9. What abilities does the applicant have to know when he is lost?

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10. What abilities does the applicant have to get help if he is lost?

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11. What abilities does the applicant have to recognize and avoid dangers in the community if he were to be traveling on their own?

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12. What ability does the applicant have to cross a street safely?

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13. Comments about the applicant's stated ability to travel alone:

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**The discussion of skills related to functional abilities to travel may lead to specific information about general abilities and skills. Professionals might express or be asked to indicate general abilities such as the applicant's:**

14. Orientation to person, place, and time

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15. Judgment and safety skills related to traveling alone

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16. Problem-solving and insight skills

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17. Short and long-term memory

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18. Concentration (focus attention)

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19. Ability to seek and act on directions

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20. Ability to process information

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21. Ability to communicate needs

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22. Consistency

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23. Behavioral skills

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**Consider related physical skills that may affect travel. For example: walking stability (gait, balance), physical stamina (endurance), or seizures.**

24. Comments about the applicant's related physical skills:

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**Verify information about places to which the applicant now travels and his typical activities. Verify information about stated travel instruction and skills learned. If the applicant has not received travel instruction to date, ask what the professional feels is his potential to benefit from training.**

25. Comments about the applicant's typical activities and current travel destinations, previous travel training (if any), and potential to benefit from training:

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**Professional Verification Contact Form  
for Applicants with Psychiatric Disabilities**

Name of Applicant: \_\_\_\_\_  
Name of Professional Contacted: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Contact: \_\_\_\_\_  
Name of Reviewer: \_\_\_\_\_  
Reviewer Signature: \_\_\_\_\_  
\_\_\_\_\_

*Note: Select appropriate questions that provide supplemental information needed for the applicant (as determined from the review of the application form, the interview, and any documentation of disability provided by the applicant).*

**When speaking to professionals identified by the applicant, first ask:**

1. In what capacity do you know the applicant?

\_\_\_\_\_  
\_\_\_\_\_

2. How long have you known or worked with the applicant?

\_\_\_\_\_

3. When did you last see the applicant?

\_\_\_\_\_

**Ask the professional for more detailed information about the stated disability and the extent of the disability.**

4. What is the formal diagnosis of the applicant's disability (DSM-IV or other)?

\_\_\_\_\_  
\_\_\_\_\_

5. What was the date of onset?

\_\_\_\_\_  
\_\_\_\_\_

6. What is the prognosis?

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7. Is the applicant taking any psychotropic, antidepressant or other medication(s) prescribed by you?

☐ Yes

☐ No

Comments: 

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8. If YES, please list the type, frequency, dose, and any comments about how the medication(s) may complicate the individual's independent mobility in the community.

Medication Type	Dosage	Effect on Functional Ability (if any)

9. If the applicant takes his medication compliantly, will he be able to travel independently in the community?

☐ Yes

☐ No

☐ NA

Comments: 

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10. Do you deem the applicant to be compliant in taking prescribed medication?

☐ Yes

☐ No

☐ NA

Comments: 

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11. Is there anything about the use of medication that would complicate the applicant's use of public transportation?

☐ Yes

☐ No

☐ NA

If YES, please explain.

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12. Has the applicant's functional ability decreased *temporarily* due to adjustment to medication?

☐ Yes

☐ No

☐ NA

13. If YES, please explain, and note the expected duration of the decrease in functional ability.

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☐ NA

14. Does the applicant currently experience either auditory or visual hallucinations?

☐ Yes

☐ No

Comments: 

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15. If YES, would he be likely to experience auditory or visual misperceptions due to hallucinations?

☐ Yes

☐ No

☐ NA

Comments: 

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16. Are any of the following skills affected by the applicant's disability? If YES, please explain, describing the effect and the extent of limitation caused by the disability. Is the applicant able to:

	Yes	No	Some- times	Comments
Travel alone outside the house				
Leave the house on time				
Seek and act on directions				
Find way to/from bus stop				
Cross streets				
Wait for a bus				
Board the correct bus				
Ride on the bus				
Exit at the correct destination				
Transfer to a second bus				
Monitor time				
Deal with unexpected situations				

Comments: \_\_\_\_\_

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17. Are any of the following affected by his/her disability? If YES, please explain.

	Yes	No	Some- times	Comments
Judgment				
Problem-solving				
Insight (recognizing a problem)				
Coping skills				
Short-term memory				
Long-term memory				
Concentration				
Orientation				
Communication				
Attention to task (distractibility)				

Comments: \_\_\_\_\_

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18. Would training, driver assistance, or tools such as ID cards, printed route directions, etc., help to minimize the effects noted above?

☐ Yes

☐ No

☐ NA

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Is the goal of traveling independently (even limited travel in the neighborhood) within the context of treatment?

☐ Yes

☐ No

☐ NA

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Would the use of alternative transportation (ADA paratransit service) conflict with the goals of therapy, such as confidence building?

☐ Yes

☐ No

☐ NA

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Would alternative transportation interfere with the applicant's therapy or improvement?

☐ Yes

☐ No

☐ NA

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Does the applicant demonstrate inappropriate social behavior (for example, is she aggressive or overly friendly)? If YES, please describe.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Verify information about places to which the applicant now travels and her typical activities mentioned in the application form or interview).**

23. Comments regarding current travel and activities:

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24. Does the individual drive a car?

☐ Yes

☐ No

Comments: \_\_\_\_\_

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25. Are there any other life skills that the individual lacks that would be an indication of her inability to travel on a fixed-route bus? If YES, please describe.

☐ Yes

☐ No

Comments: \_\_\_\_\_

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26. Is there any additional information regarding this individual that you believe affects her functional ability to use regular fixed-route bus service, or any special circumstances that you believe should be considered?

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**Professional Verification Contact Form  
for Applicants with Vision Disabilities**

Name of Applicant: \_\_\_\_\_  
Name of Professional Contacted: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Contact: \_\_\_\_\_  
Name of Reviewer: \_\_\_\_\_  
Reviewer Signature: \_\_\_\_\_  
\_\_\_\_\_

*Note: Select appropriate questions that provide supplemental information needed for the applicant (as determined from the review of the application form, the interview, and any documentation of disability provided by the applicant).*

**When speaking to professionals identified by the applicant, first ask:**

1. In what capacity do you know the applicant?

\_\_\_\_\_  
\_\_\_\_\_

2. How long have you known or worked with the applicant?

\_\_\_\_\_

3. When did you last see the applicant?

\_\_\_\_\_

**Ask the professional for more detailed information about the specific eye disease or condition. If the applicant is partially sighted, ask the professional to fax or email a visual acuity statement that can be included in the applicant's file. The visual acuity statement should indicate:**

- The visual acuity for each eye
- The field of vision for each eye
- The visual acuity with best correction for each eye

4. What is the formal diagnosis of the applicant's eye disease or condition?

\_\_\_\_\_  
\_\_\_\_\_

5. What was the date of onset?

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6. What is the prognosis? Is the condition stable, degenerative, or otherwise changing?

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**If it is possible to contact a professional familiar with the person's mobility skills (e.g., a mobility instructor), ask them to describe the applicant's general mobility skills:**

7. Is the individual able to walk outdoors alone? ☐ Sometimes ☐ Often ☐ Never

Comments: \_\_\_\_\_

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8. If SOMETIMES or OFTEN, where can he travel?

Only on his own property

☐ Yes

☐ No

To places nearby (for example, on the same block)

☐ Yes

☐ No

To places farther away

☐ Yes

☐ No

If YES to places farther away, please explain.

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9. If the applicant is able to travel outdoors alone, is he able to cross streets without help?

At quiet streets with very little traffic

☐ Yes

☐ No

At traffic lights

☐ Yes

☐ No

At very busy intersections

☐ Yes

☐ No

NA

☐

Comments: \_\_\_\_\_

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**If the person is partially sighted:**

10. Is she able to see steps or curbs? ☐ Sometimes ☐ Often ☐ Never ☐ NA

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If the person is partially sighted:**

11. Is her vision affected by different lighting conditions?

Bright sunlight

☐ Yes

☐ No

Dimly lit or shaded places

☐ Yes

☐ No

Night time

☐ Yes

☐ No

NA

☐

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Is the applicant's ability to travel outside alone affected by other conditions (*consider in particular the impact of environment noise or the inability to distinguish traffic flow patterns*)? If so, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ NA

**Verify information about any mobility training or travel training started or completed. Based on such training, clearly identify places, routes that the professional feels that the applicant can travel.**

13. Comments about the applicant's previous mobility or travel training, if any, routes the applicant can use, and destinations to which she can travel.

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**If the applicant has not received mobility or travel training:**

14. Do you believe that the applicant would benefit from mobility instruction or travel training? Please explain.

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**Professional Verification Contact Form  
for Applicants with Seizure Disorders**

Name of Applicant: \_\_\_\_\_

Name of Professional Contacted: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Name of Reviewer: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

*Note: Select appropriate questions that provide supplemental information needed for the applicant (as determined from the review of the application form, the interview, and any documentation of disability provided by the applicant).*

**When speaking to professionals identified by the applicant, first ask:**

1. In what capacity do you know the applicant?

\_\_\_\_\_

2. How long have you known or worked with the applicant?

\_\_\_\_\_

3. When did you last see the applicant?

\_\_\_\_\_

**Ask the professional for more detailed information about the type of seizures the applicant experiences.**

4. What type of seizures does the person have?

\_\_\_\_\_

\_\_\_\_\_

5. What is the frequency (average per month?) \_\_\_\_\_

a. What was the date of onset? \_\_\_\_\_

b. What is the prognosis? \_\_\_\_\_

c. Are the seizures controlled by medication? ☐ Yes ☐ No ☐ Partially

Comments: \_\_\_\_\_

6. Is the applicant taking any medication(s) prescribed by you or another professional?

☐ Yes      ☐ No

7. If YES, please list the type, frequency, dose, and any comments about how the medication(s) may complicate the individual's independent mobility in the community.

Medication Type	Dosage	Effect on Functional Ability (if any)

8. If the applicant takes his medication compliantly, will he be able to travel independently in the community?

☐ Yes      ☐ No      ☐ NA

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you deem the applicant to be compliant in taking prescribed medication?

☐ Yes      ☐ No      ☐ NA

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10. Are the seizures preceded by an aura?

☐ Yes      ☐ No      ☐ Sometimes

11. If YES or SOMETIMES, does the applicant usually have time to prepare and make him or herself as safe as possible?

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12. Are there certain things that will trigger the applicant's seizures?

☐ Yes      ☐ No      ☐ NA

13. If YES, please describe these triggers.

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14. Please describe the applicant's ability to travel alone in the community. When and where can he safely travel independently?

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15. What advice or limitations on traveling alone in the community have been communicated to the applicant?

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16. Is the applicant taking any medication(s) prescribed by you or another professional?

☐ Yes      ☐ No

17. If YES, please list the type, frequency, dose, and any comments about how the medication(s) may complicate the individual's independent mobility in the community.

Medication Type	Dosage	Effect on Functional Ability (if any)

18. If the applicant takes his medication compliantly, will he be able to travel independently in the community?

☐ Yes      ☐ No      ☐ NA

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Do you deem the applicant to be compliant in taking prescribed medication?

☐ Yes      ☐ No      ☐ NA

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Is there anything about the use of medication that would complicate the individual's use of public transportation?

☐ Yes      ☐ No      ☐ NA

If YES, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**Professional Verification Contact Form  
for Applicants with Physical Disabilities**

Name of Applicant: \_\_\_\_\_

Name of Professional Contacted: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Name of Reviewer: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

*Note: Select appropriate questions that provide supplemental information needed for the applicant (as determined from the review of the application form, the interview, and any documentation of disability provided by the applicant).*

**When speaking to professionals identified by the applicant, first ask:**

1. In what capacity do you know the applicant?

\_\_\_\_\_

2. How long have you known or worked with the applicant?

\_\_\_\_\_

3. When did you last see the applicant?

\_\_\_\_\_

**Ask the professional for more detailed information about the stated disability, date of onset and prognosis.**

4. What is the formal diagnosis of the applicant's disability?

\_\_\_\_\_

\_\_\_\_\_

5. What was the date of onset?

\_\_\_\_\_

\_\_\_\_\_

6. What is the prognosis?

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**Ask about the extent of the disability/health condition and what limitations the applicant has in daily life activities.**

7. How does the applicant's disability/health condition affect daily life activities?

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**Ask about applicable travel skills identified in the application. Ask the professional to define reasonable expectations for each skill (e.g., reasonable walking distances, reasonable terrain that can be negotiated, reasonable time that applicant could stand and wait for a bus).**

Required Travel Skills	Reasonable Expectations
Walking distance to/from stops	
Stepping on/off curbs and crossing streets	
Negotiating hills/steep terrain	
Standing time at bus stop	
Boarding lift and non-lift buses	
Other: _____	


**Ask for the professional's assistance in defining in more detail any environmental issues that may apply (e.g., temperature sensitivities – what temperatures would present unsafe or risky conditions for the applicant).**

Environmental Issue	Unsafe/Risky Conditions
Extreme heat/humidity	
Extreme cold	
Ice and/or snow	
Poor air quality	
Other: _____	

**Ask about any medications and their possible effect on travel.**

Medication Type	Dosage	Effect on Functional Ability (if any)





# Recommendations for Conducting Physical Functional Assessments for ADA Paratransit Eligibility

SECTION

6



## Introduction

This section contains recommendations on conducting physical functional assessments of ADA paratransit eligibility. Included are:

- Step-by-Step Instructions for conducting Physical Functional Assessments;
- Recommended Core Competencies for Persons Conducting Physical Functional Assessments;
- A Sample Physical Functional Abilities Assessment Form;
- Information About the Tinetti Balance and Gait Test—a Tool for Assessing Balance, Gait and Risk for Falling; and
- A CD-ROM that illustrates key parts of the assessment along with instructions for its use.
- Mini case studies describing physical functional assessment processes established by selected systems.

The step-by-step instructions and sample Assessment Form included in this section are meant to serve as a starting point for the development of a process appropriate to each area. The elements that apply to each area should be adopted or modified as appropriate. The sample Assessment Form is included on the CD-ROM at the end of this section and can be downloaded and modified as needed.

***It is important to note that physical functional assessments should be performed by professional who have the appropriate qualifications, experience and training. As indicated above, recommended core competencies for persons conducting the assessments are included.***

***It is also important to note that many states have specific safety and licensing requirements for the administration of functional assessments. Transit agencies should research these requirements in cooperation with the professionals chosen to develop and implement the process.***

***As with all other aspects of ADA paratransit eligibility determination, the modification of these materials and final design of a physical functional assessment process should be done with full and meaningful input from persons with disabilities and disability organizations.***

## Physical Functional Assessment – Step-by-Step Instructions

Following is a suggested step-by-step process for assessing physical functional ability to use fixed-route transit services. The steps are organized to be consistent with the sample Assessment Form provided at the end of this section and lead assessors through the completion of the form.

The Physical Functional Abilities Assessment Form to record observations of physical functional abilities is provided at the end of this Attachment and on CD3 as a printable Word document.

### Optional Steps and Tailoring the Process to Reflect Local Fixed-Route Services

The step-by-step process below contains several “optional” elements. This includes elements for assessing ability to negotiate flights of stair and elevators, use low-floor buses, pay a fare, and stand on a moving vehicle. As described in each of these steps, the inclusion of these optional elements in a local assessment process will depend on the design of the local transit system and on local operating policies and procedures. Ability to use elevators or negotiate flights of stairs will only apply to systems that have these features (e.g., rail systems). Ability to pay a fare or stand on a moving vehicle might not apply if operating policies and procedures can ensure that riders with disabilities will always get a seat and if alternative fare media and assistance with fares is available.

### ADA Compliant Fixed-Route Services Assumed

The process outlined in this section assumes that transit agencies are operating fixed-route services in compliance with ADA regulatory requirements. For example, the ability to board and exit ramp-equipped fixed-route vehicles assumes that drivers will assist riders who use manual wheelchairs as needed. Similarly, the ability to enter and exit lift-equipped vehicles assumes that lifts are designed to be used by either pulling on in a forward direction or backing on. If equipment or policies are not in compliance with ADA requirements, the steps should be adjusted appropriately.

### Making Assessments Appropriate to Each Applicant

While this section outlines a complete assessment of all skills needed to use fixed-route service, it should be noted that it may not always be appropriate or necessary to ask applicants to perform all of the tasks detailed below. Observations made in the early stages of the assessment may allow assessors to have a good understanding of likely ability to perform later tasks. Professional judgment will be needed to determine which parts of this suggested assessment are appropriate for each applicant.

### Determining the Eligibility of Children

If transit agencies have a system-wide policy (for both fixed-route service and ADA paratransit service) that children under a certain age must be accompanied by an adult, assessments of children under this age should consider the abilities of the

“team.” An adult should accompany the child to the assessment and should be asked to assist the child in each part of the assessment. Children that are older than the established minimum age should be assessed based on their individual ability.

### **Outdoor Versus Indoor Assessments**

Conducting assessments in the real environment is recommended whenever possible. This is particularly important for determining endurance (Step 5) and street crossing ability (Step 8). However, indoor assessments may be necessary during extremes in weather, and transit agencies should have policies and criteria for determining when it is not appropriate to ask applicants to participate in outdoor assessments. These issues are discussed in Chapter 10.

### **Providing Interpreter Services**

Transit agencies should also be prepared to provide interpreter services if needed. This includes sign language interpreters. It may also include interpreters for applicants who do not speak English. Non-English interpreter services should be consistent with the transit agency’s Title VI Plan. If the plan says that information and communications will be provided in certain non-English languages, interpreter services in these languages should also be provided. This issue is also discussed in Chapter 10.

## **STEP 1**

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### **REVIEW APPLICATION MATERIALS**

In some systems, the person who conducts the initial interview with the applicant will also conduct the physical functional assessment if it is determined that this is helpful in making a decision. In other systems, however, the initial interview might be conducted by one person and the physical functional assessment by another individual.

If the person who conducted the initial interview also administers the physical functional assessment, application materials should already have been reviewed as part of the interview. If the physical functional assessment is conducted by someone who did not perform the initial interview, the first step should be for this person to review applicable materials. This should include the form completed by the applicant, any documentation or verification of disability presented by the applicant, and notes from the initial interview.

The *General Information* section of the *Physical Functional Abilities Assessment Form* should be completed by the assessor using information from the application and interview materials. As much of the *Background Information* and *Information About Mobility Aids* sections of the form as is possible should also be completed using information provided by the applicant in the application form or in the interview. This is important in order to avoid asking the same questions again.

## STEP 2

### GREETING THE APPLICANT AND REVIEWING/COLLECTING BACKGROUND INFORMATION

After reviewing information already collected in application forms and prior interviews (if applicable), the assessor should greet applicants and explain the physical functional assessment process. A short interview should be conducted to gather additional relevant information. This information should be recorded in the appropriate sections of the *Physical Functional Abilities Assessment Form*.

Again, **an effort should be made to avoid asking the same questions twice.**

Information that might not be requested in the application form or initial interview which might be appropriate to request at the outset of the physical functional assessment includes:

- Asking applicants if they take medications and if they have taken them that day (as appropriate);
- Asking the applicant how they are feeling that day (if the disability is noted to be variable in nature). For example: “On a scale of 1 to 10 with 10 being a great day and 1 being a bad day, how are you feeling today?” This is important for interpreting the observations that will be made;
- If applicants indicate that they use different types of mobility aids, noting which ones they are using that day. Also, clarifying which mobility aid or aids are typically used when traveling in the community;

- Noting if mobility aid use is dependent, independent, or with partial assist;
- Asking applicants how long they have used that mobility device; and
- Obtaining more precise measurements of any wheelchair dimensions and weight.

Assessors should note any relevant behavior or cognitive issues which may not have been indicated in application forms or prior interviews. This includes things such as orientation, distractibility, comprehension, and attention to task.

Based on the information gathered, a decision about the appropriateness of a physical functional assessment should be made. For example, if applicants use manual wheelchairs and are assisted with mobility, unconditional eligibility would be appropriate and assessments would not be needed. Assessors should also determine whether the weather conditions on that day, combined with any health issues indicated by applicants, pose inappropriate risks for doing outdoor assessments.

Assessors should also note whether applicants are prepared to participate in the assessment (dressed for the weather, brought their primary outdoor mobility aid, etc.) or whether the assessment should be rescheduled and the application deemed incomplete.



## STEP 3

### GENERAL ASSESSMENT OF BALANCE AND GAIT

Before proceeding to the main components of the physical functional assessment, it is helpful to develop an understanding of applicants' balance, gait, and fall risk. Such an understanding will then help to determine which portions of the assessment are appropriate.

Some understanding of balance and gait can be gained by simply observing applicants as they enter the interview area, take a seat, and rise from their seat and

go to the interview room. A more formal assessment of balance and gait can also be done using the Tinetti Balance and Gait Test. This fairly common standardized test is often administered as a way to determine risk of falling. A description of the test is provided at the end of this section. If the Tinetti Balance and Gait test is used, staff should be qualified to administer it and adequately trained in consistent administration and scoring.

The results of these assessments should then be used to determine if it is appropriate to proceed with the remainder of the assessment.



Figure 6-1. Assessor in Pittsburgh Testing Applicant's Balance Using Tinetti Balance Test



## STEP 4

### MEASURING VITAL SIGNS (OPTIONAL)

As part of the physical functional assessment, systems may opt to record vital signs. This might include blood pressure, heart rate, or blood oxygen level.

If vital signs are measured, it is recommended that they be recorded prior to taking the applicant on a simulated walk to and from a bus stop, during this portion of the assessment, and at the end of this part of the process. Recording vital signs before the walk to a bus stop will provide baseline information and will also inform the decision whether it is appropriate to ask applicants to participate in this part of the assessment. It will also inform the decision whether to continue the assessment outdoors or indoors. Making a second set of recordings (at a designated point along the “trip”) will give the assessor information about the effects of this portion of the assessment on applicants. Together with visual observations about any signs of distress, these recordings will allow the assessor to determine if it is reasonable to ask applicants to continue the simulated trip to and from a bus stop. Recording vital signs after the trip has been completed will provide additional information (along with visual observations) to help the assessor determine the maximum distances that applicants can reasonably be expected to travel.

If vital signs are taken, it is recommended that guidelines be developed for interpreting results, along with other observed signs of distress. The guidelines should

address whether or not certain parts of the assessment should be conducted (e.g., the “Distance/Endurance” portion), as well as when specific parts of the assessment should be discontinued. These guidelines should be developed with the input of medical professionals. Information from national and international organizations, such as the International Hypertension Association, can also be helpful.

If taken, blood pressure, pulse rate, and blood oxygen level should be recorded in the *Vital Signs* portion of the *Physical Functional Abilities Assessment Form*.

**Equipment Needed:** If blood pressure and pulse rate are measured, the assessor will need a blood pressure cuff and a watch. If blood oxygen level is measured, an oximeter will be needed.

**Considerations:** Some systems that administer physical functional assessments do not include recordings of vital signs. These systems note that measuring vital signs can make the assessment appear to be a medical test (while ADA paratransit eligibility determinations should be made based on functional ability). It is also noted that, without more detailed information about the applicant’s medical history, it can be difficult to draw conclusions about true functional abilities based on these measures.

On the other hand, measurements of vital signs can give the assessor information about the effects of the assessment on applicants, can help to ensure applicant safety, and can help in determining what maximum travel distances are reasonable for applicants.

A decision to include the measurement of vital signs in the process should be discussed with the professionals who will be administering the process as well as with members of the disability community.

## **STEP 5**

### **ASSESSING ENDURANCE/TRAVEL DISTANCE**

Assessors should then observe applicants as they make simulated trips to a bus stop/transit station in the area of the assessment center. This portion of the assessment should be conducted in the real environment (out-of-doors) whenever possible, and when appropriate based on information from Steps 1-4. A route in the real environment will provide for an actual simulation of travel to and from a stop/station.

A predetermined route should be identified that allows assessors to observe applicants traveling at least 2,640 feet (1/2 mile). Markers should be established every 330 feet along the route. Ideally, the route should also include street-crossings of various types, curbs, curb ramps, a variety of surfaces, and varying slopes, for observations in the other steps of the process. If these features are not along the designated route, they will need to be measured in another location.

Travel in the real, out-of-doors environment might not, however, always be practical or advisable. Assessors should consider the disabilities or health conditions of applicants as discussed in Steps 1-4. Caution and professional judgment is advised to avoid asking applicants to be assessed in weather



Figure 6-2. Testing Endurance/Travel Distance in the Real Environment



conditions or environments that might pose a risk. In some areas of the country, certain occasional weather conditions might also make outdoor travel unreasonable for any applicants. Alternate, indoor facilities might need to be available to measure endurance and travel distances in these cases.

Assessors should direct applicants to landmarks along the route. Assessor should not lead applicants along the route. Instead, assessors should let applicants set the pace while encouraging forward movement and maximum participation. Assessors should also be positioned to provide assistance as needed and to ensure the safety of applicants. The ability of applicants to follow directions to each upcoming landmark should be observed and recorded. Changes in gait should also be observed as applicants

travel along the route. This information should be recorded on page 3 of the *Physical Functional Abilities Assessment Form*.

As noted in Section 8, the eligibility of applicants who are blind or legally blind should be determined by either: (1) Having Orientation and Mobility (O&M) Specialists meet with and assess abilities in the real environment; or (2) using information provided in the application form and from professionals familiar with the applicants travel abilities. Applicants with low vision (not to the level of legal blindness) can be asked to participate in a physical functional assessment. In these cases, assessors should make observations about the ability of applicants to identify landmarks, and to follow the described path of travel. Ideally, the route should also include large and



Figure 6-3. An Indoor Walk at an Assessment Center



small obstacles in the path-of-travel and assessors should note abilities to detect and navigate around these obstacles (e.g., trees, mailboxes, fire hydrants, raised utility pipes or boxes, etc.). It is important to keep in mind, however, that these observations should be considered with other information gathered from applicants and from professionals familiar with applicants to make eligibility determinations. The main sources of information about functional ability for applicants whose primary disability is related to vision should be the applicants and professionals familiar with their travel skills. Observations made as part of the physical functional assessment would be considered additional, secondary information.

If applicants have low vision (not legal blindness) and physical disabilities, observations of physical functional abilities as well as sensory abilities should be made. Both should be considered. And again, information from applicants and professionals familiar with applicants should also be considered.

The total distances traveled by applicants and the total amount of time required to travel these distances should be recorded. Some applicants may be able to complete the full route. For other applicants, it may not be reasonable or advisable to attempt to travel the entire route. To assist in recording travel distances and times, this *Physical Functional Abilities Assessment Form* allows for observations at each 330 foot marker. Note also that this section of the form has room for a distance of less than 330 feet if the applicant is not able to make it to the

first marker on the route. Other distances would be recorded as needed.

Any rests taken by the applicant should also be recorded in this section of the *Physical Functional Abilities Assessment Form*. Information about rests taken should note whether the applicant took a standing or seated rest and how long they had to rest.

Assessors should carefully watch for signs and symptoms of distress. Assessments should be discontinued when the level of effort or risk becomes unreasonable. To assist in observing signs of distress, it is suggested that assessors engage applicants in casual conversation along the route. Signs of distress might include:

- Shortness of breath
- Changes in gait and/or balance
- Pace becomes slower
- Onset of limp
- Profuse sweating
- Clammy skin
- Changes in coloration
- Mental confusion
- Unable to walk and talk at the same time
- Nystagmus

Additional signs that may be reported by the applicant include:

- Report of chest pain
- Report of nausea
- Report of dizziness
- Report of pain in limbs

While assessors should always err on the side of caution, it is also important to consider consistency of performance and

symptom validity in order to distinguish between true signs of distress and exaggeration or faking of symptoms.

To be considered able to travel certain distances, applicants must not only be able to actually negotiate that distance, but must be able to travel the distance with reasonable effort and in a reasonable period of time. The suggested guideline for travel time is that applicants must be able to complete 1,320 feet (1/4 mile) in 16 minutes or less. If applicants are not able to complete the first 1/4 mile in this time, this part of the assessment should be discontinued. Ideally, the route should be designed to allow easy returns to the assessment center (e.g., loop around and pass the assessment center after 1/4 mile).

If applicants are able to travel 1/4 mile in 16 minutes or less, they should be assessed over the second half of the route. The suggested guideline for the full route is that applicants should be able to complete 2,640 feet (1/2 mile) in 32 minutes or less. These are not absolute measures, but should be considered as general guidelines along with observations of effort required and signs of distress.

After observing applicants traveling along the route, observing level of effort and signs of distress, and noting the time required to travel to each marker along the route, assessors should record on the *Physical Functional Abilities Assessment Form* the maximum distance that they feel it is reasonable to expect applicants to travel to get to and from transit stops/stations.

**Equipment/Props Needed:** As noted above, a defined route should be established that is at least 2,640 feet (1/2 mile) long. This should include a 1/4 mile walk to a real or mock bus stop, and a 1/4 mile return. Markers should be identified every 330 feet along the route (at which travel times should be recorded). The route should also include places where applicants can sit down and rest if this becomes necessary. Ideally, the route would include crossing intersections with and without traffic controls, curbs and curb ramps along the way, varying slopes (that reflect the terrain in the service area), and different types of uneven surfaces. If these features are not included along the route, they should be simulated at the assessment center.

For days when inclement weather prevents outdoor travel, an alternate route inside the assessment center will be needed. This could include traveling hallways or open spaces within the building and then using simulated curb ramps, curbs, slopes and surfaces at the center.

The assessor will also need a watch to record the time needed to travel each 330 foot segment of the route.

It is also recommended that assessors have a means of communication that can be used to reach the assessment center or to call for assistance if that becomes necessary. Agencies that conduct physical functional assessments should also develop emergency actions plans and ensure that all employees are trained to follow them.

## **STEP 6**

### **ASSESSING ABILITY TO NAVIGATE CURBS AND CURB RAMPS**

Next, the abilities of applicants to negotiate curbs and curb ramps, without assistance, should be assessed. Abilities to step up and down 6-inch curbs should be observed. Abilities to travel up and down ADA-compliant curb ramps should also be observed.

If applicants also have a vision disability, assessors should also observe whether they are able to independently locate curbs and curb ramps. Assessors should provide applicants with general directions about the path of travel to follow (“We will be going to the end of this block and then crossing straight across the street”) and enough additional cues to ensure the safety of applicants. Assessors should then observe whether the applicant is able to independently locate as well as navigate the feature. Again, observations of visual abilities made as part of the physical functional assessment should be considered together with primary sources of information (from the applicant and from professionals familiar with the applicant’s travel abilities) in making an eligibility recommendation.

Ideally, the route selected for travel to and from a transit stop/station in Step 5 would have a curb and curb ramp in the

first portion of the route and a curb and curb ramp close to the end of the route. At one location, the applicant should be observed stepping down from the sidewalk to the street, and at the other location, the applicant should be observed stepping up from the street onto a 6-inch curb. Similarly, two separate curb ramps would be identified along the route that would require applicants to travel up one and down the other. Making these observations close to the beginning and at the end of the route will provide information on ability to navigate these features after some exertion. If the route doubles back on itself, a curb and curb ramp at the beginning of the route can then be used for both observations.

Assessors should use observations of balance, gait, and skill in using mobility aids made earlier in the assessment to determine if it is reasonable to ask applicants to negotiate curbs and curb ramps. Assessors should also remain in close proximity to applicants and be prepared to provide assistance if applicants should lose balance, lose control of their mobility aids, or not have the strength to complete this task. When observing applicants negotiating curb ramps, assessors should be positioned behind the applicant when going up the curb ramp and in front of the applicant when going down the curb ramp. The final determination of ability would be based, however, on abilities of applicants to independently and safely negotiate these features.



Figure 6-4. Testing Ability to Negotiate a Curb

**Consideration:** It is recommended that a standard 6-inch curb be used for this observation. However, if curbs in the area are typically higher than this, consideration should be given to using curbs that represent local conditions.

**Equipment/Props Needed:** A 6-inch curb or curbs will need to be identified along the route. A simulated 6-inch curb should also be built within the assessment center for use when outside travel is not possible. The curb should not have handrails or other assists.

An ADA-compliant curb ramp or ramps should also be identified along the route and a mock ramp should be built at the assessment

center for use during inclement weather. To be ADA-compliant, the ramp should have:

- A stable, firm and slip-resistant surface (ADAAG 4.5.1);
- A maximum slope of 1:12 (ADAAG 4.8.2);
- Flared sides, if required to accommodate perpendicular path-of-travel, with a maximum slope of 1:10 (ADAAG 4.7.5); and
- A surface that allows the ramp to be detectable (ADAAG 4.29.2).

While curb ramps are to have the least possible slope, it is suggested that a curb ramp with a slope of 1:12 be used if possible to simulate the steepest compliant design.



## STEP 7

### ASSESSING ABILITY TO NAVIGATE SLOPES AND VARIOUS SURFACES

Ability to navigate on various types of surfaces and various slopes should be observed. As many of the following types of surfaces as possible should be used:

- Broken pavement (irregular changes in level of at least 1/4 to 1/2 inch);
- Uneven and or grassy surfaces;
- Gravel surfaces; and
- Loose dirt or sand surfaces.

Again, these different types of surfaces would ideally be identified along the outdoor travel route suggested above. If this is not possible, they should be simulated at the assessment center. Even if on the outdoor route, it is suggested that they be built at the assessment center for use during inclement weather.

The professional conducting the assessment should again use observations of balance, gait, and skill in using mobility aids to determine if it is appropriate to ask applicants to perform these tasks. Assessors should also be in a position to assist if needed, but should make final observations based on the independent abilities of applicants to navigate each surface.

The assessment center (and ideally the outdoor route) should also include ramps or gradients with a variety of slopes. It is recommended that the assessment center have ramps with three different slopes (slight, moderate, and steep). The suggested slopes and minimum distances are:

- A slight slope of 1:16 for a distance of at least 30 feet;

- A moderate slope of 1:12 for a distance of at least 30 feet; and
- A steep slope of 1:8 for a distance of at least 16 feet.

These three slopes are intended to simulate various slopes on paths-of-travel in the natural environment.

For safety reasons, it is suggested that ramps built at the assessment center have handrails. However, applicants should be requested to walk up and down these ramps without using handrails in order to simulate travel over various terrain in the natural environment.

Finally, a part of the outdoor path-of-travel with a 5% cross-slope (1:20) should be identified and a similar cross-slope should be simulated at the assessment center (for use in inclement weather and if such a slope cannot be identified on the outdoor route).

The ability of applicants to travel across this cross-slope, without veering off to the downhill side of the path would be observed. Ideally, applicant should be asked to travel in both directions across this cross-slope to determine if they have adequate strength and balance to counteract the slope in both directions.

**Equipment/Props Needed:** A series of ramps with the slopes and lengths specified above would be needed at the assessment center. Ramps and changes in slope along the outdoor route should also be identified to the extent possible. If ramps and slopes are identified along the outdoor route, they should be carefully measured and the information about these features should be added to the *Physical Functional Abilities Assessment Form* to reflect the specific slopes and distances observed.

## STEP 8

### ASSESSING STREET CROSSING ABILITIES

The abilities of applicants to safely cross streets should be determined. Two different types of street crossings are suggested – one which is light controlled and one with a crosswalk but no traffic or pedestrian light. It is also suggested that at least one of the observations involve crossing at least four lanes of traffic.

To the maximum extent possible, it is suggested that street crossing abilities be observed in the real environment rather than in a controlled, simulated setting. The distractions and pressures of dealing with real-life traffic situations are difficult to simulate at an assessment center. People

tend to walk faster when crossing real streets than they do in protected simulations. If an indoor assessment is used, assessors should ask applicants to cross at the speed they would if at a real street.

Assessors should first enter information about the street crossings observed in the appropriate places on the *Physical Functional Abilities Assessment Form*. This includes noting information about the number of lanes crossed, whether there was a crosswalk, the types of traffic and pedestrian controls present, and the exact width of the street in feet.

For applicants with physical disabilities, a key observation in this step is whether or not they are able to travel at a sufficient pace to be safe when crossing each street. Record the amount of time needed to cross each



Figure 6-5. Testing Street Crossing Ability at Uncontrolled Intersection

street, the width of each street in feet, and then calculate the applicant's walking speed. A walking speed of at least 3-4 feet per second is suggested as a general guideline for safe street crossings. Systems should check with local departments of public works for the time typically allowed at intersections in their area.

Other observations should also be made. Assessors should determine if applicants are able to locate safe and appropriate places to cross the street. If a pedestrian activated crossing light is available, assessor should note if applicants used them. If an automatic pedestrian walk light is present, assessors should note if applicants waited and initiated the crossings at the appropriate time. If no controls are present, assessors should note whether applicants used safe street crossing skills in checking for oncoming traffic and crossing only when it was safe.

Particular attention should be given to the general level of comfort that applicants exhibit when crossing streets. Note if they become confused, disoriented, or overly agitated or nervous. Note if their gait changes as they cross the street or if there are signs of distress that would indicate they do not feel confident and in control of their environment.

If an indoor assessment becomes necessary, the assessment center should include a simulated street and traffic controls. This might include a traffic signal and pedestrian walk light with activation button and lights. An effort should be made to simulate conditions that might require

particular focus and an accelerated pace. This might include a taped recording of traffic and other street noise. Observations should then be made of their use of the pedestrian activated walk button, recognition of the correct signal and time to cross, and walking speed as they cross the "street."

**Equipment/Props Needed:** Identify at least two street crossings on the outdoor travel route. Measure the exact width of each crossing. For back-up use, build a mock four-way intersection with traffic controls and pedestrian walk lights at the assessment center. Street edges, lanes, and crosswalks should be appropriately marked on the floor.

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## STEP 9

### ASSESSING ABILITY TO WAIT FOR A FIXED-ROUTE VEHICLE

The abilities of applicants to wait at bus stops or rail stations for a vehicle to arrive should be determined. It is suggested that the ability to wait unassisted for at least 10 minutes be assessed.

Note that applicants do not need to be able to stand in a static position for this length of time. Typically, people will pace back-and-forth, or shift their weight periodically, while waiting for an extended period of time. It is important to determine, though, if applicants are able to wait in a set location that may not have a bench or place to sit for at least 10 minutes without losing their balance or becoming unreasonably stressed.

If the Tinetti Balance Test (which is optional) is used as part of the assessment,

observations from that standardized test could be used to help make this determination. Observations of strength and endurance made during other parts of the assessment (traveling a set route, crossing a street) will also be helpful in making this determination.

It is also suggested that, at some point in the assessment, assessors engage applicants in conversation for a few minutes (a minimum of two minutes is recommended) and observe if they are able to stand comfortably for this period of time. This might be done at the beginning of the assessment when “General Information” and “Background Information” questions are being asked. It might also be done at some point along the route to and from a bus stop where assessors might ask additional questions about travel issues or current methods of travel.

Assessor should look for signs of distress (see “Assessing Endurance/Travel Distance” section above) while applicant are waiting. This could include visual observations of physical distress or statements by applicants that they need to sit down and rest.

Using the various points of information noted above, assessors should record on the form whether it is reasonable to expect applicants to wait for at least 10 minutes at a bus stop or rail station that does not have a bench or place to sit.

**Equipment/Props Needed:** None.

## STEP 10

### ASSESSING ABILITY TO NAVIGATE FLIGHTS OF STAIRS (IF APPLICABLE)

If transit systems include older rail stations that are not yet accessible and passengers must navigate flights of stairs to get to and from platforms, the abilities of applicants to climb and descend stairs should be determined. Start by surveying transit stations to determine how stairs are typically configured. Determine:

- How many stairs might riders be required to negotiate?
- What is the height and depth of stairs?
- Do the stairs typically have “nosings” (step tread overhangs)? How much of a nosing is typical?
- How are handrails configured?

This information should then be used to identify similar stairs for the assessment. This could include stairs used to enter and exit the assessment center, or a flight of stairs in the building. It could also include stairs that might be conveniently located along the outdoor route. As with other parts of the assessment that require significant exertion, assessors should first determine, from prior observations and information, whether it is reasonable to ask applicants to perform this task. During the observation, assessors should be positioned behind applicants when climbing the stairs and in front of applicants when descending stairs so that appropriate assistance can be provided if needed.



As applicants are climbing and descending stairs, assessors should watch for signs of distress and should observe how much effort is required. Particular attention should be given to whether applicants appear to be in control as they perform these tasks or if there appear to be risks due to lack of strength, balance, or other factors. Assessor should also record how long it took for applicants to climb and descend the stairs. Observations of effort and time would then be used to determine if it is reasonable to expect applicants to climb stairs to get into and out of transit stations. Assessor should record the following information in the *Physical Functional Abilities Assessment Form*:

- Whether applicants were able to reasonably complete these tasks;
- If they were able to climb and descend the stairs but, due to the level of effort, risk factors, or time required they should not be expected to do this to use the system; or
- If they were unable to complete these tasks.

If flights of stairs are not available, observations from other parts of the assessment might be used to determine abilities. This might include observations of abilities to climb and descend bus steps (STEP 12), stepping up and down a curb (STEP 6), and general endurance/travel distance observations (STEP 5).

**Equipment/Props Needed:** If available, a flight of stairs at the assessment center or on the outdoor route should be identified. The stairs should replicate real-life transit station stairs to the greatest extent possible. Ideally, the assessment center would be located within a short walk of a transit station with stairs and applicants would be asked to walk to, enter and exit this station as part of the assessment. Even if this is possible, though, props at the assessment center will be needed for times when outdoor travel is not appropriate. In these cases, a flight of stairs at the assessment center may need to be used.

A watch will also be needed to record the time required by the applicant to climb and descend the stairs.

## STEP 11

### ASSESSING ABILITY TO USE ELEVATORS (IF APPLICABLE)

In transit systems with rail stations that include elevators, it is also suggested that assessments consider the abilities of applicants to use elevators.

The primary skills considered would be:

- Spatial orientation in a complex transit setting;
- Coordination and range of motion (to be able to activate the elevator controls and operate the elevator); and
- Ability to maneuver a mobility aid in a tight space (e.g., backing onto the elevator or turning to be able to activate the controls inside the elevator cab).

Observations of these skills might be made in other parts of the assessment. Alternately, applicants might be observed entering, using and exiting an elevator if one exists at the assessment center. Assessors should observe whether applicants are able to use the elevator controls both outside and then inside the elevator. This will require a certain range of motion and might require backing onto the elevator to be able to activate controls inside the elevator cab.

**Equipment/Props Needed:** An elevator at the assessment center (if available).

## STEP 12

### ASSESSING ABILITY TO NAVIGATE BUS STEPS

If any of the fixed-route buses used by the transit agency are not yet accessible (equipped with a lift or a ramp), it will be necessary to determine if applicants are able to negotiate bus steps. **If all fixed-route vehicles in the system are accessible, this portion of the assessment does not need to be included.** If all buses are accessible and this portion of the assessment is not used, it is recommended that assessors inform applicants, including applicants who do not use wheelchairs, that they can request to ride up on the lift if they are not able to use the stairs.

Ideally, a retired bus can be parked in or just outside the assessment center and this observation can be made using this vehicle. In some programs, the front stepwell of a retired bus, or “half a bus” (including the front entrance the lift and the securement area) have been located within the assessment center. In other systems, a mock-up of a bus, including the front entrance, have been built. If a mock-up is built, it is important that the step heights, widths, and depth be duplicated exactly. Also, the entrance area should include hand-rails and grab-bars similar to those on actual buses.

Observations of strength and balance from earlier assessment tasks should be used to determine if it is appropriate to request that applicants demonstrate their abilities to

use bus steps. If applicants are unable to negotiate curbs, do not appear to have the lower and upper-body strength to climb high steps, or score low on the Tinetti Balance and Gait Test, this portion of the assessment may not be appropriate and a determination that applicants will need buses with lifts might be made. The assessor should also pay particular attention to how applicants manage the first (highest) step. Assessors should discontinue the test if applicants have problems with this initial task.

Applicants should be observed negotiating the bus steps from street level since systems typically cannot always guarantee that buses can pull to the curb. Separate observations should be made of the abilities to climb up the steps as well as descend the steps. Assessors should carefully observe the level of effort that is required and any signs of distress. Particular attention should be given to balance or strength issues that might put the applicant at risk of falling. Consideration should also be given to the abilities of applicants to perform these tasks in various types of weather (e.g., stepping down onto a snow-covered, wet, or slippery street).

Assessors should be in a position at the bottom of the stepwell where assistance can be provided if needed.

Assessors would determine whether it is reasonable to expect applicants to use steps to enter buses. This determination should consider not only the ability to complete the task, but the level of effort required and potential risks and safety considerations. Assessors would then indicate in the *Physical Functional Abilities Assessment Form* whether:

- Applicants can be expected to use the steps;
- Applicants are able to climb and descend the steps use of the steps is not recommended; or
- Applicants were unable to perform this task.

**Equipment/Props Needed:** Actual or mock-up of bus entrance stepwell. If a mock-up is made, it should be built to actual bus dimensions and should have the same handrails and grab-bars that are provided on buses.

**Consideration:** If buses are equipped with kneelers, separate observations of ability to use the steps of a bus with the bus “knelt” and at full step height might also be considered.

## STEP 13

### ASSESSING ABILITY TO USE BUS LIFTS

Applicants who use wheelchairs or who are otherwise unable to use the bus steps should be assessed to determine their abilities to use bus lifts. Assessor should note in the *Physical Functional Abilities Assessment Form* whether applicants used the lift with a wheelchair or as a standee.

The abilities of applicants to use bus lifts independently or with reasonable assistance from a driver should be assessed. Section 37.165(f) of the U.S. DOT's ADA regulations states that "Where necessary or upon request, the entity's personnel shall assist individuals with disabilities with the use of securement systems, ramps, and lifts. If it is necessary for the personnel to leave their seats to provide this assistance, they shall do so." Use of lifts with a reasonable level of driver assistance should therefore be considered as part of the assessment.

Assessors should first ask applicants if they have ever used bus lifts. If not, assessors should first demonstrate how the lift works and explain how it should be used. This might include how to get into position on the platform, engage wheelchair brakes if applicable, and use handrails for balance.

For applicants who use wheelchairs, assessors should observe whether they are able (with a reasonable level of assistance) to maneuver onto the lift from the street and whether they are able to maneuver onto the lift from inside the bus (for deboarding).

For applicants who are ambulatory, assessors should first determine if attempting to use the lift is safe and reasonable. If prior observations indicate a lack of the balance or strength needed to perform this task, assessors might consider not administering this part of the assessment. If applicants are asked to use lifts as standees, assessors would observe their ability to step onto the lift both from the ground and from the interior of the bus. Assessors should also observe whether applicants appear able to maintain their balance and ride up and down on the lift safely. Assessors should remind individuals using the lift as standees to watch their heads when entering the bus, as the bus operator would.

In order to provide assistance if needed, assessors should remain at "street-level" while applicants ride up and down on the lift. Assessors should not stand on the lift with applicants.

**Equipment/Props Needed:** Ideally, a functioning ADA-compliant wheelchair lift would be available at the assessment center. This can be accomplished by parking a retired or spare bus at the center, by installing a portion of a retired bus within the center, or by extracting a lift from a retired vehicle and mounting it on the side of a platform to simulate entering a bus via the lift.

A lift that meets all of the requirements of the ADAAG should be used. If a variety of different types of bus lifts exist in the fixed-route fleet, the most common ADA-compliant lift in the fleet would be used or simulated.

To allow assessors to remain at “street-level” outside the bus, it may be necessary to equip the full bus or portion of a bus

installed at the assessment center with external lift controls.

As an alternative to a real bus or a working mock-up, some systems use a “static” lift platform to determine if applicants are able to get on and off of the lift platform. Observations of balance made in other parts of the assessment are then used to determine if the applicant can safely ride up and down on the lift.

**Training:** In order to be able to properly and safely conduct this portion of the assessment, the assessors should be fully trained by the transit agency to operate the wheelchair lifts that is used and to assist riders in using the lifts.



Figure 6-6. Assessment Center Showing Full Bus with Functioning Lift





Figure 6-7. Low-Floor Bus Ramp Deployed to Street Level

## STEP 14

### ASSESSING ABILITY TO USE LOW-FLOOR BUS RAMP

If low-floor buses are used in the transit system, it will also be necessary to assess the ability of applicant to use ramps to enter this type of vehicle. These observation should be made both for applicants who use wheelchairs as well as for applicants who are ambulatory but who are determined unable to step up onto the bus.

Again, in keeping with Section 37.165(f) of the U.S. DOT's ADA regulations, the ability of applicants to use low-floor bus ramps independently or with reasonable driver assistance should be considered. As needed, drivers are required to assist

riders who use manual wheelchairs up and down bus ramps. Drivers are not required, though, to assist riders who use powered wheelchairs up and down bus ramps. Applicants who use powered wheelchairs should demonstrate that they can do this independently.

These observations can be made using a spare low-floor bus or a mock-up of the entrance and ramp of a low-floor bus. In designing this part of the assessment, the ability to make observations of applicants entering from street level as well as from a 6-inch curb should be considered.

Observations should be made of applicants using the ramp to enter the vehicle both from a 6-inch curb as well as from street-level (with the kneeler activated if this is

common practice). Both of these conditions should be considered since it is likely that there will be some stops without sidewalks and curbs and that there may be times when buses will not be able to pull to the curb.

Using prior observations, the assessor would first determine if it is reasonable to ask applicants to attempt to use ramps. Particular attention should be given to whether applicants are able to use ramp when they are deployed to street-level (even with assistance).<sup>1</sup>

If applicants have never used ramp-equipped low-floor buses, assessors should provide instructions for the safe use of the ramp. Assessors should record in this section of the *Physical Functional Abilities Assessment Form* whether applicants were able to negotiate both up and down the ramp and whether the applicant is able to do this independently or with assistance.

If prior observations of abilities indicate that applicants should not attempt to use ramps independently, assessors should provide the type of assistance that would be provided by bus operators. If it is determined that applicants require assistance using the ramp, assessors should inform applicants that this assistance can be requested when using the system.

**Equipment/Props Needed:** If practical, a spare low-floor bus (or the front portion of a bus) can be located at the assessment center. It would be sufficient, though, to build a mock-up of the ramp and entrance. If a mock-up is used, it is suggested that a spare ramp be used in the construction in order to replicate the exact dimensions and surface of actual ramps in service. The mock-up should also include a front entrance door with the same handrails, farebox set-up, and wheelwell configuration that is present on low-floor buses. As noted above, the set-up would allow for the ramp to be deployed at street level as well as to a 6-inch curb. This can be done by having one ramp area (i.e., the ramp deployed to a 6-inch curb) with the full front entrance mock-up, and then a second ramp test area that simply is a ramp with the slope that simulates deployment at street level with handrails and a bus floor landing area. The complete bus front mock-up could be used to assess ability to navigate onto the bus and the separate ramp area would simply assess ability to navigate a steeper ramp.

**Training Considerations:** In order to be able to properly and safely conduct this portion of the assessment, assessors should be fully trained by the transit agency to operate wheelchair ramps and to assist riders in using the ramp.

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<sup>1</sup> The slope of a typical low-floor bus ramp when deployed to a 6-inch curb is moderate (perhaps 1:6). The slope of a ramp when deployed to street level is more severe (typically 1:4) and it may not be safe for some applicants to attempt to use a ramp of this slope even with assistance.



## STEP 15

### ASSESSING ABILITY TO PAY FIXED-ROUTE FARES (IF APPLICABLE)

When designing an appropriate assessment process, consideration should be given to the various methods available for paying required fares and to the physical skills that might be required to perform this task. For example, riders might have the option to obtain and use tickets that can be used in lieu of change or bills. Consideration would also be given to transit system policy regarding operator assistance with fare payment. For example, in some rail systems, station attendants might be available at all stations to provide assistance with the purchase and payment of fares. In other systems, however, staff might not be available to assist with these required tasks. Also, in some systems, bus operators might be required to assist passengers with fare payment as long as this does not require them to go into a person's purse, wallet, or backpack. For example, it may be possible for riders with disabilities to attach an envelope with the correct fare to their mobility device or to their clothing and request the bus operator to deposit the fare for them.

If alternate fare media are available or types of operators/staff assistance are such that it is determined that riders with disabilities

should always be able to pay the fare, an assessment of abilities to pay fares will not be needed. If, however, policies and media do not address certain rider limitations, an assessment that simulates problems that riders with disabilities might encounter would be needed. For example, riders might be required to locate and use fare payment or validation machines at transit stations where attendants are not available.

***The specific situation of the transit system regarding fare payment issues should be discussed with riders with disabilities when designing this part of the assessment.***

If ability to pay fares is considered, the assessment center can be equipped with a real or mock farebox and applicants can be asked to deposit the correct fare in the box. Or, if automated fare equipment is used at rail stations that are not staffed, similar equipment can be located at the assessment center and applicants can be asked to select the appropriate amount needed for a mock trip and use the equipment to obtain the required ticket (and then validate and/or feed the ticket into entrance/exit gates as needed).

**Equipment/Props Needed:** Actual equipment or mock-ups of fare acquisition and payment equipment as appropriate to the local system.

## STEP 16

### ASSESSING ABILITY TO GET TO AND FROM SEATS AND SECUREMENT AREAS

A determination should be made as part of the physical functional assessment of the ability of applicants to get to and from seats or securement areas once on buses or trains. For applicants who do not use wheelchairs, this will involve determining if they are able to negotiate down an aisle to available seating and sit and stand using handrails/stanchions that are typically available. For applicants who use wheelchairs, this will involve observing whether they are able to maneuver and control their wheelchairs sufficiently to properly locate themselves in a securement area (to allow for proper securement by operators).

The most thorough way to make this assessment is to have a spare/retired bus on

site and to observe the applicant navigating on-board this bus. In lieu of a full bus, a mock-up of a bus interior can be built at the assessment center. This can be done by having a “half-bus,” with the portion including the lift and ambulatory entrance and the pathway to the securement area and first few rows of seats, assembled at the assessment center. Or, careful measurements of a bus interior and layout can be made and a mock-up of a bus interior can be constructed.

It is also possible (although not as thorough) to make a determination of abilities to maneuver on-board a bus by using observations of other tasks performed as part of the assessment. For example, the ability to sit and then stand from a seated position might be made as part of the optional Tinetti Balance and Gait Test. Also, ability to maneuver a wheelchair in tight spaces might be generally observed throughout the assessment as the applicant



Figure 6-8. Mock-Up of Bus Entrance and Interior at Assessment Center

is asked to navigate up and down curb ramps or along an inside or outdoor route.

If low-floor buses are used in the system, it will be important to simulate the interiors of these buses. The stepwell configurations in these types of buses can limit the space available to maneuver a wheelchair from the ramp entrance to the securement area.

Assessor should determine whether applicants have used fixed-route buses with their current mobility aids. This information will be important for determining if any problems maneuvering inside the vehicle are due to a lack of abilities or simply a lack of experience riding fixed-route buses. If applicants have never used fixed-route service, assessors should provide information on the best way to maneuver to the securement location inside the bus.

In addition to observing basic abilities to get to and from a securement area, assessors should record the amount of time required to perform this task. The local transit system may want to establish a general guideline for a reasonable period of time that will be allowed. Paratransit eligibility might be granted if applicants have extreme difficulty maneuvering on and off of vehicles even with instruction.

**Equipment/Props Needed:** Actual spare bus on-site; “half-bus” including the entrance and securement areas; or a mock-up of a bus interior including the entrance area, fare payment area, aisles to the securement location, and the securement area. A watch will also be needed to record the time required to get to and from the securement area.

## STEP 17

### ASSESSING ABILITY TO STAND ON A MOVING VEHICLE (IF APPLICABLE)

The assessment process should consider that fixed-route riders might be required to stand on moving vehicles. ADA regulations require that bus operators request that passengers seated in priority seating areas make the seats available to persons with disabilities who ask to use those seats. However, the regulations do not require bus operators to make passengers relinquish these seats. Local transit systems can, however, establish policies that exceed the minimum regulatory requirements to ensure that riders with disabilities who request a seat are accommodated before the bus moves. For example, bus operators might be required to ask passengers in other areas to offer their seat if passengers in the priority seating area are not responsive. And, if in the unlikely event that no seat is made available, operators might be instructed to not move vehicles with a person who has indicated that they need a seat to safely ride the bus.

If local policies and procedures are such that all riders who need a seat will be accommodated, this portion of the assessment might be omitted. ***This issue should be discussed with consumers as part of the final design of the assessment process.***

If it is not possible to ensure that all riders who require seats to safely use the system will receive them in actual operation, a

determination of ability to stand on a moving vehicle should be made by assessors. Since it might be impractical to include a real trip on a bus as part of the assessment, this determination could be made based on the following:

- General observations of strength and balance made in other portions of the assessment; or
- Results of the optional Tinetti Balance and Gait Tests.

**Equipment/Props Needed:** See description of set-up for Tinetti Balance and Gait Test at the end of this section.

## STEP 18

### ASSESSING ABILITY TO SIGNAL FOR DESTINATION (IF APPLICABLE)

The assessment should consider whether applicants are able to signal bus operators that they would like to disembark at upcoming stops. This would include assessing whether applicants are able to pull signal cords or press signal strips (depending upon what is provided on local vehicles).

In designing the assessment process, consideration might also be given to policies and procedures that exist to assist riders in

signaling or indicating a desire to disembark. This might include providing bus operators with “destination cards” or otherwise indicating a desired departure point when boarding vehicles. If it is felt that policies and procedures are such that all people should be able to be accommodated, this portion of the assessment might be omitted. If, however, it is determined that some people with disabilities may not be able to indicate when they need to disembark, this ability should be assessed. ***The need to include this portion of the assessment should be discussed with riders with disabilities.***

If a full bus or a portion of a bus is available at the assessment center, ability could be assessed by asking applicants to use the signal equipment that is on the vehicle. If a mock-up of a bus interior is used, the stop signaling equipment can be included to allow for this observation. Or, the assessor might simply observe general upper-body range of motion and strength and make a determination of ability to perform this task. If this latter approach is used, it is important that assessors have a thorough understanding of the location of stop signaling systems and the range of motion and strength needed to activate the systems.

**Equipment/Props Needed:** Actual or mock-up of stop signaling system.



# Recommended Core Competencies for Persons Conducting Physical Functional Assessments for ADA Paratransit Eligibility

## Introduction

This section provides information regarding the core competencies required by personnel who conduct physical functional assessments as part of an ADA eligibility determination process. Managers of the ADA paratransit eligibility determination process can use the “Recommended Core Competencies” to select appropriate staff to perform this portion of the process. If this part of the process is outsourced, the recommended core competencies can be included in an RFP for selecting contractors.

To ensure that fair and accurate determinations are made, it is important that 1) a comprehensive assessment process that is representative of conditions that prevail in the jurisdiction be developed and followed consistently, and 2) that skilled and appropriately trained personnel conduct the evaluations in a manner that will produce valid (accurate) and reliable (repeatable or representative) results.

Conducting the eligibility determinations according to the designed protocol is a routine procedure for the evaluator once the series of assessment tasks is learned. The difficulty in conducting valid evaluations lies in the ability of the evaluator to interpret a wide range of behaviors and performance skills, and to respond to unexpected circumstances. The judgment

required to discern between genuine inability and apparent inability that arises from other sources (fear, uncertainty, poor comprehension, secondary gain, etc.) is gained through formal education, job-specific training, and clinical experience with a wide range of disabilities.

Evaluators should possess background training and education that support the competencies listed in the next section. Examples of the types of professionals who *typically* possess the background knowledge to perform functional assessments of this type are:

- occupational therapists
- physical therapists
- clinical kinesiologists
- exercise physiologists who have worked with disabled or injured populations.

Other professionals who *may possess* related knowledge are:

- nurses who have worked in rehabilitation or occupational health settings
- recreation therapists who have received training in functional assessment
- athletic trainers who have worked with disabled populations.

Transit authorities may also identify persons on an individual basis who by virtue of work experience and training possess skills relevant to functional physical assessment. Prior experience in observation and evaluation of *functional aspects* of disability is a necessary prerequisite for one to acquire the clinical reasoning skills needed to make skilled interpretations of

performance. All evaluators will require training and initial supervision in order to perform this specialized type of functional assessment.

Transit authorities should also be aware of licensing regulations in the state in question when assigning professionals to conduct evaluations. For example, in most states, occupational and physical therapy assistants are not licensed to independently perform and document evaluations, and thus would be unable to perform evaluations under their professional title without violating the jurisdiction's practice act.

### **Core Competencies**

The following list of competencies will serve as a guide for those who are selecting personnel to conduct physical functional assessments. Listed with each competency is the critical performance level necessary for competent performance relative to this type of assessment, as well as examples of where the competency would be used during the assessment process.

Competency	Criterion/Performance Requirements	Relevant Areas of Functional Assessment
Provide information and instructions to the applicant	<ul style="list-style-type: none"> <li>▪ Effectively describe evaluation requirements</li> <li>▪ Effectively interpret the meaning and intention behind applicant questions and statements</li> <li>▪ Modify instructions appropriately to match the learning style and cognitive level of the applicant.</li> <li>▪ Rephrase and repeat information to ensure applicant has correctly interpreted instructions when unexpected response results</li> <li>▪ Effectively instruct applicant to ensure safe and efficient performance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Orientation of applicant to purpose of evaluation</li> <li>▪ Introduction and explanation of evaluation tasks</li> <li>▪ Providing direction and encouragement to applicant during evaluation.</li> </ul>
Receive and interpret information from the applicant	<ul style="list-style-type: none"> <li>▪ Obtain complete information from the applicant</li> <li>▪ Respond appropriately and effectively to applicant questions, concerns or task performance refusals</li> </ul>	<ul style="list-style-type: none"> <li>▪ Soliciting information relevant to an understanding of applicant functional performance and medical restrictions prior to assessment</li> <li>▪ Interacting with applicant before and during the assessment.</li> </ul>
Communicate verbally with other professionals	<ul style="list-style-type: none"> <li>▪ Request relevant information central to understanding applicant limitations and abilities from community health professionals</li> <li>▪ Accurately interpret the meaning and relevance of information received from collateral sources</li> <li>▪ Verbally provide a clear analysis of performance issues and limitations to transit authority decision makers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Placing calls to outside professionals for collateral information prior to or following an assessment.</li> <li>▪ Discussing the results of evaluation or concerns with eligibility determination makers</li> <li>▪ Presenting results of assessment before an appeal board.</li> </ul>
Communicate in writing with other professionals	<ul style="list-style-type: none"> <li>▪ Accurately interpret the meaning and relevance of written reports received from collateral sources</li> <li>▪ Provide clear and defensible written summary of applicant performance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assisting transit authority personnel in interpreting supporting information from collateral sources</li> <li>▪ Producing written summary of assessment results</li> </ul>



Develop interpersonal rapport	<ul style="list-style-type: none"> <li>▪ Create a positive environment conducive to eliciting valid performance</li> <li>▪ Build an environment of mutual respect</li> <li>▪ Encourage appropriate applicant sharing of relevant information to assist in interpretation of observed performance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Greeting the applicant and explaining one's role and background as evaluator</li> <li>▪ Throughout the functional assessment</li> </ul>
Observe and evaluate applicant performance	<ul style="list-style-type: none"> <li>▪ Make accurate observations of performance through visual observation, measurement, and calculations</li> <li>▪ Correctly interpret physiological response to testing through observation of overt signs (e.g. rate of breathing, changes in gait pattern, skin color, etc.) and formal testing methods (e.g. blood pressure test, pulse rate, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Determining level of effort expended by the applicant in performing required tasks</li> <li>▪ Evaluating applicant performance ability throughout physical assessment, including rate and quality of performance, changes in rate and quality of performance</li> <li>▪ Performing assessments of physiological response to testing if included in test protocol</li> </ul>
Supervise performance for applicant safety	<ul style="list-style-type: none"> <li>▪ Be aware of risks and appropriate precautions associated with a disability or medical condition.</li> <li>▪ Accurately determine situational risk factors based on observed quality of performance in areas such as static balance, dynamic stability, proximal and distal stabilization, correct response to commands, speed of response to environmental barriers and cues, etc.</li> <li>▪ Use clinical judgment to make determination as to level of risk.</li> <li>▪ Intervene in an appropriate manner to terminate a section of the evaluation when the applicant is determined to be unsafe.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Observing applicant performance on test items, especially negotiating ramps, climbing steps and curbs, ambulation over rough ground, navigating power wheelchair over course and on lift, ramps, and cross slopes, completing street crossings, etc.</li> </ul>

Record assessment findings and impressions during functional assessment	<ul style="list-style-type: none"> <li>▪ Accurately record performance as it occurs</li> <li>▪ Accurately record behavioral observations</li> <li>▪ Interpret and accurately record information shared by applicant as to “typical” performance and personal disability anomalies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Measurement (i.e. with stop watch) and recording of street crossing speed, time required to complete distance course, number of rest breaks, frequency of rest breaks, and heart rate (if included in test).</li> <li>▪ Concurrent recording of information provided while walking with the applicant, and during other aspects of the evaluation.</li> <li>▪ Notetaking during testing to record behavioral signs, variations in performance, etc.</li> </ul>
Interpret and extrapolate from observed performance	<ul style="list-style-type: none"> <li>▪ Accurately compare observed performance with acceptable and safe levels of performance (based on past experience and normative or criterion data.</li> <li>▪ Use clinical judgment to evaluate quality of response</li> <li>▪ Use clinical judgment to determine potential areas of concern based on level of observed performance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evaluation of balance skills in a standardized screening test.</li> <li>▪ Comparison of measured walking rate with transit authority standards.</li> <li>▪ Evaluation of dynamic balance in functional test on short ramps and cross slopes, distance test, 6” curbs, etc. and predicting potential performance in a wider range of community situations (e.g. longer distances, steeper slopes, higher curbs)</li> </ul>
Demonstrate professionalism	<ul style="list-style-type: none"> <li>▪ Treat applicants with respect.</li> <li>▪ Effectively manage conflict without defensiveness.</li> <li>▪ Maintain confidentiality of applicant information.</li> <li>▪ Ensure the accuracy and fairness of assessment and reporting in the face of potentially conflicting applicant and transit authority interests.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Greeting and orienting the applicant to the assessment</li> <li>▪ Discussing cases with eligibility determination personnel</li> <li>▪ Presenting results accurately and objectively in an appeal hearing</li> </ul>

Manage time and situational demands	<ul style="list-style-type: none"> <li>▪ Effectively manage time and responsibilities to minimize applicant wait time.</li> <li>▪ Effectively prioritize multiple demands.</li> <li>▪ Complete evaluations and associated paperwork in a complete yet timely manner.</li> <li>▪ Respond calmly yet effectively to emergency situations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Managing multiple evaluations in back-logged situations, particularly when faced with “slow” performers.</li> <li>▪ Supplying reports on day of evaluation to ensure accuracy and compliance with ADA response time requirements.</li> <li>▪ Dealing with falls or other physical response crises.</li> </ul>
Assume responsibility for personal learning and maintaining a current knowledge base	<ul style="list-style-type: none"> <li>▪ Actively pursue recent information concerning medical and disabling conditions</li> <li>▪ Demonstrate the ability to effectively search for and interpret information concerning rare conditions using print and electronic sources.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maintaining a current knowledge base as part of professional practice.</li> <li>▪ Finding information regarding risk and medical course relative to conditions that are unfamiliar or rare.</li> </ul>

### Summary

The goal of functional assessment as part of the eligibility determination process is to obtain results that represent the true and customary performance levels of an individual applicant. Use of skilled professionals to conduct these evaluations is one step towards enhancing the fairness and defensibility of determinations that are made. While all the competencies listed above are important for ensuring valid and reliable assessment results, the most critical factors are those that relate to the ability of the evaluator to solicit maximal performance, to critically analyze performance, and to recognize when to modify or terminate assessment procedures. These abilities require persons with a combination of knowledge of disability and medical disorders, appropriate training, and the clinical judgment skills that result from experience in conducting functional assessments.

## PHYSICAL FUNCTIONAL ABILITIES ASSESSMENT FORM

*(to be adapted to local issues and assessment design)*

Date of Assessment: \_\_\_\_\_

Assessor: \_\_\_\_\_

Assessment Site Location: \_\_\_\_\_

Temperature and Weather Conditions: \_\_\_\_\_

### General Information:

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

Applicant's Date of Birth: \_\_\_\_\_

☐ New Applicant ☐ Recertification

If Recertification, current paratransit ID#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

☐ Male

☐ Female

### Background Information:

Primary Disability/Medical Condition: \_\_\_\_\_

Date of Onset: \_\_\_\_\_

Secondary Disabilities/Medical Conditions: \_\_\_\_\_

Dates of Onset: \_\_\_\_\_

Currently Receiving Any Treatment?: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Currently Taking Medications?: \_\_\_\_\_

Medication Taken Today?: ☐ Yes ☐ No

Medication Side Effects Reported by Applicant: \_\_\_\_\_

Are Effects of Disability Variable?: ☐ Yes ☐ No

On a Scale of 1-10, How Are You Feeling Today?: \_\_\_\_\_

Temperature Sensitivity?: ☐ Yes (Heat>\_\_\_\_\_Cold<\_\_\_\_\_) ☐ No

Applicant's Primary Issues With Using Fixed-route Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECTION

6

Recommendations for Conducting Physical Functional Assessments  
for ADA Paratransit Eligibility

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

Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

### Information About Mobility Aids:

Mobility Aids Reportedly Used:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Manual Wheelchair           | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Scooter            |
| <input type="checkbox"/> Walker                      | <input type="checkbox"/> Braces           | <input type="checkbox"/> Crutches           |
| <input type="checkbox"/> Long White Cane             | <input type="checkbox"/> Service Animal   | <input type="checkbox"/> Straight/Quad Cane |
| <input type="checkbox"/> Prosthesis/Orthotics: _____ |   | <input type="checkbox"/> Personal Attendant |
| <input type="checkbox"/> Oxygen                      | <input type="checkbox"/> Other: _____     |   |

Uses Mobility Aids: ☐ Full-Time ☐ Part-Time

If Part-Time, Explain: \_\_\_\_\_

Has used current mobility equipment how long? \_\_\_\_\_

Mobility Aid Use on Level Surfaces: ☐ Dependent ☐ Independent ☐ Partial Assist

If Partial Assist, Explain: \_\_\_\_\_

Mobility Aids Used for Assessment: \_\_\_\_\_

If applicant used a manual wheelchair, how did they operate it?

- |  |   |
|--|---|
| <input type="checkbox"/> Two hands                           | <input type="checkbox"/> One hand             |
| <input type="checkbox"/> Wearing splints or adaptive devices | <input type="checkbox"/> Pushes with two feet |
| <input type="checkbox"/> Pushes with one foot                | <input type="checkbox"/> Not applicable       |

Other: \_\_\_\_\_

Wheelchair/scooter dimensions:

Actual Dimensions: \_\_\_\_\_ inches wide \_\_\_\_\_ inches long

Combined weight: \_\_\_\_\_ lbs.

**Observations from completing General Information, Background Information, and Information about Mobility Aids sections above (applicant's responsiveness, comprehension, behavior, etc.).**

Observation Notes: \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_  
 Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

### Vital Signs (Optional):

	<i>Before Mobility</i>	<i>During Mobility</i>	<i>After Mobility</i>
Blood Pressure (mmHg)	_____	_____	_____
Heart Rate (bpm)	_____	_____	_____
SaO2%	_____	_____	_____

### Distance/Endurance:

<i>Distance</i>	<i>Time</i>	<i>Rests (Duration, Stand/Sit/Position)</i>
_____ feet	_____	_____
330 feet	_____	_____
660 feet	_____	_____
990 feet	_____	_____
1320 feet	_____	_____
1650 feet	_____	_____
1980 feet	_____	_____
2310 feet	_____	_____
2640 feet	_____	_____

### Noted during distance/endurance activity:

Shortness of breath: \_\_\_\_\_  
 C/O Pain: \_\_\_\_\_  
 Loss of Balance: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

Able to travel 1320 feet in 16 minutes or less? ☐ Yes ☐ No  
 Able to travel 2640 feet in 32 minutes or less? ☐ Yes ☐ No

Maximum reasonable travel distance on level ground: \_\_\_\_\_

Able to follow directions along route? ☐ Yes ☐ No  
 Able to find way along route? ☐ Yes ☐ No  
 Able to navigate around large obstacles (trees, fire hydrants)? ☐ Yes ☐ No  
 Able to navigate around small objects (raised utility boxes/pipes)? ☐ Yes ☐ No

Observation Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

### Navigating Curbs (ambulatory applicants):

Can locate curb? ☐ Yes ☐ No ☐ Verbal cues required ☐ Visual cues provided

Step up 6" curb? ☐ Yes ☐ No

☐ Supervision for safety ☐ Cues for safety ☐ Physical assist required

Step down 6" curb? ☐ Yes ☐ No

☐ Supervision for safety ☐ Cues for safety ☐ Physical assist required

Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Navigating Curb Ramps (wheelchair users and ambulatory applicants):

Can locate curb ramp? ☐ Yes ☐ No ☐ Verbal cues required ☐ Visual cues provided

Down curb ramp? ☐ Yes ☐ No

☐ Supervision for safety ☐ Cues for safety ☐ Physical assist required

Up curb ramp? ☐ Yes ☐ No

☐ Supervision for safety ☐ Cues for safety ☐ Physical assist required

Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Navigating a Variety of Surfaces:

Able to follow directions along route? ☐ Yes ☐ No

Able to navigate around large objects (fire hydrants, trash cans, people)? ☐ Yes ☐ No

Able to navigate around small objects and uneven surfaces? ☐ Yes ☐ No

Able to negotiate sidewalk that is in good condition? ☐ Yes ☐ No

Able to negotiate on broken pavement/surfaces? ☐ Yes ☐ No

Able to negotiate on uneven/grassy surfaces? ☐ Yes ☐ No

Able to negotiate on gravel surfaces? ☐ Yes ☐ No

Able to negotiate on loose dirt/sand surfaces? ☐ Yes ☐ No

Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Navigating a Variety of Slopes:***General observations if along outdoor route):*Able to negotiate slight grade (up to 5%)? ☐ Yes ☐ NoAble to negotiate moderate slope (5-10%)? ☐ Yes ☐ NoAble to negotiate steep slope (10-20%)? ☐ Yes ☐ No*Observations if Using Indoor Simulation with Ramps:*Able to negotiate up 30' ramp of 1:16 slope? ☐ Yes ☐ NoAble to negotiate down 30' ramp of 1:16 slope? ☐ Yes ☐ NoAble to negotiate up 30' ramp of 1:12 slope? ☐ Yes ☐ NoAble to negotiate down 30' ramp of 1:12 slope? ☐ Yes ☐ NoAble to negotiate up 16' ramp of 1:8 slope? ☐ Yes ☐ NoAble to negotiate down 16' ramp of 1:8 slope? ☐ Yes ☐ NoAble to negotiate cross-slope of 1:20 (5%)? ☐ Yes ☐ No

Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Street Crossing:****Crossing #1:**

Number of lanes? \_\_\_\_\_

Crosswalk? ☐ Yes ☐ NoSignal controlled? ☐ Traffic lights ☐ Pedestrian lights ☐ NoAble to locate crosswalk/safe place to cross? ☐ Yes ☐ NoAble to independently activate "Walk" light? ☐ Yes ☐ No ☐ NASafely initiated crossing from curb/curb ramp? ☐ Yes ☐ No

Crossed \_\_\_\_\_ foot street in \_\_\_\_\_ seconds (Rate of \_\_\_\_\_ feet/second)

(Minimum goal is 3-4 feet per second)

Observed signs of distress, lack of confidence, or changes in gait: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

### **Crossing #2:**

Number of lanes? \_\_\_\_\_

Crosswalk? ☐ Yes ☐ No

Signal controlled? ☐ Traffic lights ☐ Pedestrian lights ☐ No

Able to locate crosswalk/safe place to cross? ☐ Yes ☐ No

Able to independently activate "Walk" light? ☐ Yes ☐ No ☐ NA

Safely initiated crossing from curb/curb ramp? ☐ Yes ☐ No

Crossed \_\_\_\_\_ foot street in \_\_\_\_\_ seconds (Rate of \_\_\_\_\_ feet/second)

(Minimum goal is 3-4 feet per second)

Observed signs of distress, lack of confidence, or changes in gait: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Standing at a Stop:**

Observations of standing balance (observe "waiting" for a period of at least two minutes during route or at other times of assessment): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Able to wait without a bench at bus stop for 10 minutes? ☐ Yes ☐ No ☐ Not Sure

**Flights of Steps (if Applicable):** Observed? ☐ Yes ☐ No

IF YES:

Able to negotiate down \_\_\_\_\_ steps? ☐ Yes ☐ Yes, but not recommended ☐ No

Time to go down steps: \_\_\_\_\_

Able to negotiate up \_\_\_\_\_ steps? ☐ Yes ☐ Yes, but not recommended ☐ No

Time to go up steps: \_\_\_\_\_

Note rests required/signs of distress: \_\_\_\_\_

\_\_\_\_\_

IF NO:

Based on other observations, can applicant safely negotiate flights of stairs?

☐ Yes ☐ No ☐ Not Sure

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

Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Other Observation Notes: \_\_\_\_\_

**Use of Elevators (if Applicable):** Observed? ☐ Yes ☐ No

IF YES:

Able to locate elevator? ☐ Yes ☐ NoAble to activate elevator? ☐ Yes ☐ NoAble to select desired level? ☐ Yes ☐ NoAble to enter and exit elevator? ☐ Yes ☐ No

IF NO:

Based on other observations, can applicant use elevators? ☐ Yes ☐ No ☐ Not Sure

Observation Notes: \_\_\_\_\_

**Navigating Bus Steps (if Applicable):** Observed? ☐ Yes ☐ No

Able to climb and descend bus steps from street level without curb?

☐ Yes ☐ Yes, but not recommended ☐ No

Able to climb and descend bus steps from a 6" curb?

☐ Yes ☐ Yes, but not recommended ☐ No

Observation Notes: \_\_\_\_\_

**Navigating Bus Lift (if applicable):** Observed? ☐ Yes ☐ NoAssessed: ☐ Using wheelchair/scooter ☐ As standeeAble to maneuver onto lift platform? ☐ Yes, independent ☐ Yes, with assist ☐ NoAppears safe riding up and down on lift? ☐ Yes ☐ No

Observation Notes: \_\_\_\_\_

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

Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Navigating Low-Floor Bus Ramp (if Applicable):** Observed? ☐ Yes ☐ No

Able to negotiate up ramp from 6" curb? ☐ Yes, independent ☐ Yes, with assist ☐ No

Able to negotiate down ramp from 6" curb? ☐ Yes, independent ☐ Yes, with assist ☐ No

Able to negotiate up ramp from street level? ☐ Yes, independent ☐ Yes, with assist ☐ No

Able to negotiate down ramp from street level? ☐ Yes, independent ☐ Yes, with assist ☐ No

Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Paying Fare (if Applicable):** Observed? ☐ Yes ☐ No

Able to place fare in farebox? ☐ Yes ☐ No

Able to use fare machines? ☐ Yes ☐ No

Able to handle tickets? ☐ Yes ☐ No

Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Maneuvering to Securement Area:**

Able to independently maneuver to securement area? ☐ Yes ☐ No

Time required to maneuver to securement area from lift/ramp? \_\_\_\_\_

Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Standing on a Moving Vehicle:**

Able to safely stand on a moving vehicle? ☐ Yes ☐ No ☐ Not Sure

Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signaling for Destination (if Applicable):** Observed? ☐ Yes ☐ No

Able to use stop calling system? ☐ Yes ☐ No

Observation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Other Observations (Response to questions; assistance needed to complete process; vision issues; behavioral issues; etc.):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations:**

- ☐ Unconditional Eligibility
- ☐ Conditional Eligibility (Conditions to Include):
- ☐ Distance: \_\_\_\_\_ (blocks or feet)
- ☐ Curb Ramps
- ☐ Uneven surfaces
- ☐ Up/down hills: ☐ Any slope ☐ Moderate ☐ Steep
- ☐ Snow/ice
- ☐ Temperature: Recommended: ☐ High \_\_\_\_\_ ☐ Low \_\_\_\_\_
- ☐ Unable to stand > 10 minutes
- ☐ Elevator at stations
- ☐ Lift/ramp on bus
- ☐ Seat on bus
- ☐ Street crossing: ☐ max. # of lanes: \_\_\_\_\_ ☐ Controlled (signals)
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Term of Eligibility: ☐ Full Term ☐ Temporary: \_\_\_\_\_ months

☐ Not Eligible

**Comments (Optional):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Instructions for Using CD-ROM

The CD-ROM provided at the end of this section (titled **Conducting Physical Functional Assessments for ADA Paratransit Eligibility - CD 3**) shows key elements of a physical functional assessment. It is intended for use in training staff who will be conducting assessments. Following are instructions for playing the CD.

NOTE: In order to watch CD 3, your computer must have any of the following versions of Windows: '98, NT4, 2000 or XP. You must have at least 32MB RAM, 4x CD-ROM and Adobe Acrobat installed on your computer. If you do not have Adobe Acrobat on your computer, you can download it free by going to **www.adobe.com**, clicking on the icon labeled "Get Adobe Reader," and following the instructions to download and install the program. The CDs will not play on a Macintosh.

- The CD with **OC** on the label is the Open Captioned version. The other copy of CD 3 has no captions. Use the version that you find works best for you. The content is the same on both.
- Insert the CD label side up in the CD drive of your computer.
- Make sure your computer's speakers are turned on, and the volume level is set properly.
- When you close the CD drive, the CD should start automatically. It may take a moment. If not, you may need to select the CD drive using Windows Explorer.

If you are using a computer that is older or does not have high speed, the video portions of the CD may appear choppy.

A brief introduction will play automatically. After this introduction, review each component of an ADA eligibility determination by selecting sections one at a time from the bar at the bottom of the screen. Selecting a button will enable you to play only that portion of the CD and is designed to help you review one section at a time, without having to repeat the entire CD. After you have selected from between the major topic areas, buttons for each of the sections of that topic area appear on the left side of the screen. When you select a single topic button, that topic will play.

The sections are:

- The ADA and Eligibility
- Principles of Assessment
- Preparation
- Observation and Recording
- Model Forms

The Model Forms tab provides the "Physical Functional Abilities Assessment Form," instructions for the optional Tinetti Balance and Gait Test, and Tinetti Scoring forms in a Word format. This will allow you to print the forms and to customize them for your own transit system.

Other buttons on the CD function as follows:

- The right facing arrow starts the CD
- The vertical parallel bars pause the CD
- The X stops the CD
- There is a volume adjustment bar on the far right side
- The exit button closes the CD

## Optional Assessment of Risk for Falling:

### The Tinetti Balance and Gait Test

Observations of balance and gait can be made in several parts of the assessment – particularly in STEP 5 (Assessing Endurance/Travel Distance). These might be considered sufficient to make a determination of balance and gait. As an option, systems might consider supplementing these general observations with the Tinetti Balance and Gait Test by administering this standardized test at some point in the assessment process. In particular, systems might consider using this optional assessment if inter-rater reliability and consistency of observations of balance among several different assessors is considered a potential issue.

Information from this test is typically used to determine if an individual might be at risk of falling. This information might assist in determining whether it is reasonable to ask an applicant to attempt to use ramps, board buses as a standee on a lift, climb and descend stairs, or perform other parts of the assessment. Information from this test might also be used along with other assessment observations to determine if applicants can stand and wait at a transit stop that does not have a bench/seat; step up and down curbs; stand on a moving vehicle, etc. In general, the results of this standardized test would be used to supplement observations throughout the assessment of applicants performing transit-specific tasks.

Nine items related to balance and seven items related to gait are scored as part of the Tinetti Balance and Gait Test. For each task/observation, a score of 0, 1, or 2 is given with a 0 representing the greatest level of impairment. The sixteen individual task/observation scores are then combined to form three measures: an overall balance assessment score, an overall gait assessment score, and a total balance and gait score.

#### Balance Test

The assessment begins with the applicant seated in a hard, armless chair. The assessor would first observe if the applicant is steady and safe when seated or if the individual leans or slides in the chair. If the applicant has steady and safe seated balance, the assessor would give a score of 1 for that observation. If the applicant leans or slides in the chair, a score of 0 would be given.

Next, the applicant would be asked to stand without using their arms to push up. A score of 2 is given if they are able to stand without using their arms to help. A score of 1 is given if they can stand, but only by using their arms to push up. A score of 0 is given if the person is unable to stand even using their arms.

A third observation is made of the number of attempts needed to be able to stand from a seated position. If the person is able to stand in one attempt, a 2 is scored. If the person requires more than one attempt, a 1 is given. A 0 is scored if the person is not able to arise.



Immediate standing balance (in the first 5 seconds after standing) is then observed. If the person is steady without using any support, a 2 is scored. If the person is steady but requires a support, a 1 is scored. If the person is unsteady (meaning they swagger, need to move their feet to stay balanced, or exhibit trunk sway) a 0 is given.

General standing balance is then scored. If the applicant has a narrow stance and stands without support, a 2 is given. If the applicant is steady but has a wide stance (heels more than 4" apart) a 1 is given. If the applicant is unsteady, a 0 is given.

With the applicant standing and with feet close together, the assessor should lightly nudge them in the sternum three times. If the applicant remains standing steady, a 2 is given. If the applicant staggers and reaches out to catch themselves, a 1 is given. A 0 is given if the applicant begins to fall.

The applicant is then asked to close their eyes while standing. If they remain steady, a 1 is scored. If they appear unsteady, a 0 is given.

The applicant would then be asked to turn in a complete circle. A 1 is given if they do this with continuous steps. A 0 is given if steps are discontinuous. Also, a 1 is given if the applicant appears steady while doing this and a 0 is given if they appear unsteady.

Finally, the applicant is asked to be seated again. If they can seat themselves in a safe, smooth motion, a 2 is given. If they

must use their arms to help or do not sit in a smooth motion, a 1 is scored. If they appear unsafe (misjudge the distance or fall into the chair) a 0 is given.

### **Gait Test**

Using any usual walking aids, the applicant would be asked to walk across a room or down a hall at a "usual" pace. They would then be asked to walk back at a "rapid, but safe" pace. Several observations are made as this is done.

Initiation of gait would first be assessed. If the person hesitates or requires multiple attempts to start, a 0 is scored. If there is no hesitancy, a 1 is given.

Four separate observations of step length and height are made. If the right swing foot does not pass the left stance foot, a 0 is given. A 1 is given if it does. If the right foot does not clear the floor completely when stepping, a 0 is given. A 1 is given if it does. The same two observations are then made regarding the left foot.

Next, step symmetry is observed. If the right and left steps are about of equal distance, a 1 is scored. If they are not, a 0 is given.

Next, step continuity is observed. If steps appear continuous, a 1 is given. If not, a 0 is scored.

Deviations from the walking path would also be observed. This observation can best be made if the floor has 12" tiles. If not, it may be helpful to mark the floor with a centerline

and two lines on each side (each 12" from the centerline. Excursion of 12" over a 10-foot portion of the path would be noted. If there is marked deviation, a 0 is scored. If there is mild or moderate deviation, or if the applicant requires a walking aid to keep a straight path, a 1 is scored. If the applicant is able to walk straight without a walking aid, a 2 is given.

Trunk sway is also observed and scored as follows: 2 if there is no sway, no flexion, no use of arms to balance, and no use of walking aids; 1 if there is no sway but there is flexion of the knees or back, or spreading of the arms while walking; 0 if there is marked sway or if a walking aid must be used.

Finally, walking stance is scored. A 1 is given if the heels almost touch while walking. A 0 is given if the applicant's walks with a wide stance (heels apart).

### **Scoring and Conclusions**

The maximum scoring for the balance test is 16 points. The maximum score for the gait test is 12 points. Maximum score for both is therefore 28 points.

If the applicant scores below 19 points, the test says they are at high risk of falling. A score of 19-24 indicates a risk for falls.

**Equipment/Props Needed:** An armless chair. A walking path across a room or down a hall that is marked by 12" tiles or with special 12" markings.

**Training Considerations:** Assessors should be trained to safely and properly administer the Tinetti Balance Test. If assessors are required to be licensed physical or occupational therapists, they should have the training and expertise to perform this test. If other professionals are used, training might be provided by an appropriate professional. The trainee should be observed to be able to properly and safely administer the test, and the satisfactory completion of training should be documented.

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

Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Balance (Tinetti Balance Test):** Applicant to begin test in an armless chair.

**List assistive device that applicant is using today:** \_\_\_\_\_

Sitting balance	0 – Leans or slides in chair 1 – Steady, safe
Arises	0 – Unable without help 1 – Able, but uses arms to help 2 – Able without using arms
Attempts to rise	0 – Unable without help 1 – Able, requires more than one attempt 2 – Able to rise, one attempt
Immediate standing balance (first 5 seconds)	0 – Unsteady (swaggers, moves feet) 1 – Steady but uses walker or other support 2 – Steady without walker or other support
Standing balance	0 – Unsteady 1 – Steady but with wide stance (heels more than 4 inches apart or use of other support) 2 – Steady without walker or other support
Nudged(with feet close together, push on sternum three times)	0 – Begins to fall 1 – Staggers, grabs, catches self 2 – Steady
Eyes closed (same position)	0 – Unsteady 1 – Steady
Turning 360 degrees	0 – Discontinuous steps 1 – Continuous 0 – Unsteady (grabs, swaggers) 1 – Steady
Sitting down	0 – Unsafe (misjudged distance; falls into chair) 1 – Uses arms or not a smooth motion 2 – Safe, smooth motion

**Balance Score:** \_\_\_\_\_ out of 16

Applicant's Name: \_\_\_\_\_  
Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Gait (Tinetti Gait Test):** Applicant, while walking with assessor, walks across the room first at "usual" pace, then back at a "rapid but safe" pace. Uses regular walking aids.

Initiation of Gait	0 – Hesitates to start 1 – Starts smoothly
Right foot	0 – Does not pass left stance foot with step 1 – Passes left stance foot
	0 – Right foot does not clear the floor 1 – Right foot clears the floor
Left foot	0 – Does not pass right stance foot with step 1 – Passes right stance foot
	0 – Left foot does not clear the floor 1 – Left foot clears the floor
Step Symmetry	0 – Right and left steps are not of equal length 1 – Right and left steps appear equal
Step continuity	0 – Stopping or discontinuity between steps 1 – Steps appear continuous
Path (observe excursion of 1 foot over 10 foot course)	0 – Marked deviation 1 – Mild/moderate deviation 2 – Straight without error
Trunk	0 – Marked sway or uses walking aid 1 – No sway, but flexion of knees or back or spread arms when walking 2 – No sway, no flexion, no use of arms and no use of aid
Walking stance	0 – Heels apart 1 – Heels almost touching while walking

**Gait Score:** \_\_\_\_\_ out of possible 12

**Balance Score + Gait Score:** \_\_\_\_\_ out of possible 28

**Risk for fall:** < 19 - High Risk      19-24 - Medium Risk      > 24 - Low Risk





# Instructions and Training Material for Administering the Functional Assessment of Cognitive Transit Skills (FACTS)

SECTION

7

## Introduction

In determining ADA paratransit eligibility for an applicant with an intellectual disability, transit agencies should review information provided by the applicant in the application form and the in-person interview. Information provided by an appropriate professional familiar with the applicant should also be reviewed if this is provided. Follow-up with professionals might also be pursued, as needed, to obtain more specific information about the applicant's disability and functional abilities. Recommendations provided in Section 5 of this workbook can be used to prepare for an in-person interview and to pursue additional information from appropriate professionals.

If information from applicants and professionals is not sufficient to make a thorough determination, transit systems may choose to ask applicants to participate in a functional assessment. The recommended tool for such an assessment is the **Functional Assessment of Cognitive Transit Skills (FACTS)** developed in 1996 for Easter Seals Project ACTION by Susan Chase from The Center for Applied Neuropsychology, Graham Ratcliff from Harmarville Rehabilitation Center and Karen Hoesch from ACCESS Transportation Systems, Inc. FACTS is the only assessment tool developed and validated

to specifically predict the abilities of persons with intellectual disabilities to use fixed-route public transit services. FACTS is also cost-effective in that it can be administered by a trained nonprofessional and information for setting-up and administering FACTS is available free of charge from Easter Seals Project ACTION.

This section of the workbook provides information about FACTS, instructions for downloading the FACTS documents from Easter Seals Project ACTION, and materials that can be used to train staff to properly administer the assessment. Included are:

- An overview of FACTS, including a discussion of appropriate uses and limitations.
- Detailed instructions, titled "Getting Started," for obtaining FACTS materials, and selecting and training staff to administer the assessment.
- "Helpful Tips for FACTS Administration."
- Two sets of training CDs – one set open captioned and one set without captions. The first CD, titled "An Introduction to FACTS Administration," provides instruction on how to properly administer each section of FACTS. The second CD, titled "Assessment and Scoring Exercise," contains an exercise that can be used in the training of staff who will be administering FACTS. Also included on CD 2 are blank response and score sheets provided as Word documents, and sample diagrams to assist you in correctly setting up posters used in one part of the assessment.



After reading the “Overview of FACTS,” follow the step-by-step instructions in “Getting Started” to obtain FACTS materials and to use the enclosed CDs to train selected staff.

## Overview of FACTS

FACTS was developed and validated in 1996 in response to the need to evaluate, in a practical manner and with a reasonable degree of certainty, whether applicants for ADA paratransit possessed the relevant community mobility skills to use fixed-route transit independently or under some conditions. An extensive review of the literature at the time indicated that no single functional test existed that was known to be a valid predictor of functional ability for individuals with disabilities that were primarily cognitive in nature.

Formal neuropsychological assessment of cognitive function requires the services of professionals who are unlikely to be available or affordable for most transit systems. Furthermore, neuropsychological tests results are not typically easy to translate into statements about functional capacity in daily life, and currently, there is no evidence that neuropsychological testing can be used to determine whether a person has the ability to use fixed-route transit. Similarly, neither professional certification (e.g., by a physician) nor self-certification by the applicant have been shown to be valid measures of functional mobility skill, and it is unlikely that the same standards are applied by different people when making eligibility recommendations. This creates the potential

for unfairness and personal bias into an eligibility process that should be equitable and objective.

In an ideal situation, a complete and thorough mobility assessment would be conducted in the natural environment by trained, qualified professionals such as a travel instructor or Orientation and Mobility Specialist. This type of evaluation requires a competent, qualified travel instructor. Such professionals are not readily available in every community, and this sort of real world assessment is time consuming and expensive. FACTS was designed as a practical, yet accurate, alternative for predicting with a high level of accuracy how a qualified travel instructor would rate an individual’s current independent transit skills. The rating of the travel instructor was considered the “gold standard” against which the results of FACTS were evaluated.

Reliability and validity of FACTS was determined by administering the test to 85 individuals with developmental cognitive disabilities, specifically intellectual disabilities, aged 16 to 76 years old, whose current independent community mobility was independently determined by a professional on the basis of a full mobility evaluation conducted in the real environment specifically for this purpose.

The mobility evaluation consisted of an interview, followed by directions for how to get out of the building, cross a busy street, where to go to get the bus, which bus to take (four routes serve the same stop), instructions about where to get off

the bus, directions to McDonald's including a requirement to go in and buy a Coke, and directions for the return trip. During the course of the trip, each person was approached by a staff member not known to them (a stranger) to see if the person could be enticed to go with someone he or she did not know. Throughout this trip, the O&M Instructor observed from a location close enough to evaluate and ensure safety, but far enough away that the person was not aware she was there. She rated their current ability level, as well as their potential for improvement with training for each of the functional tasks.

In the validation study, the FACTS score accurately predicted ability in 85% of cases. By increasing the recommended cut off scores at each eligibility level, the accuracy is much higher.

### **What are Reliability and Validity, and Why Do They Matter?**

In order to have confidence in the results of an assessment of travel skills, it is essential that the assessment accurately predicts what the person's ability to perform each of the tasks in the real environment would be. It is not enough to develop a good list of interview and problem-solving questions, or other tests designed to simulate the real environment. A reliability and validation process helps to ensure that you can have confidence that the results are true reflection of the person's real life skills.

**Reliability** is the degree to which an assessment tool produces stable and consistent results.

FACTS has the following types of reliability:

**Test-retest reliability** is a measure of reliability obtained by administering the same test twice over a period of time to a group of individuals. The scores from Time 1 and Time 2 can then be correlated in order to evaluate the test for stability over time. \*\*

**Inter-rater reliability** is a measure of reliability used to assess the degree to which different raters agree in their assessment decisions. Inter-rater reliability is useful because human observers will not necessarily interpret answers the same way; raters may disagree as to how well certain responses demonstrate knowledge of the skill being assessed. \*\*

FACTS has excellent inter-rater reliability. Twelve of the 85 subjects were independently evaluated in the real environment by a second professional Mobility Specialist. The two evaluators were in complete, 100% agreement, with respect to current ability, on whether the people would be deemed unconditional, conditionally eligible, or currently independently able to use the fixed-route system for any trip.

**Internal consistency reliability** is a measure of reliability used to evaluate the degree to which different test items that probe the same construct produce similar results. FACTS exhibits good internal consistency (Cronbach's ALPHA = 0.89. Cronbach's ALPHA is an internal consistency estimate of the reliability of test scores.)

**Split-half reliability** is another subtype of internal consistency reliability. The process of obtaining split-half reliability is begun by “splitting in half” all items of a test that are intended to probe the same area of knowledge (e.g., World War II) in order to form two “sets” of items. The *entire* test is administered to a group of individuals, the total score for each “set” is computed, and finally the split-half reliability is obtained by determining the correlation between the two total “set” scores.\*\*

FACTS split-half reliability between odd and even number test items was very high at 0.94.

**Validity** refers to how well a test measures what it is purported to measure.

### ***Why is it necessary?***

While reliability is necessary, it alone is not sufficient. For a test to be reliable, it also needs to be valid. For example, if your scale is off by five lbs., it reads your weight every day with an excess of five lbs. The scale is reliable because it consistently reports the same weight every day, but it is not valid because it adds five lbs. to your true weight. It is not a valid measure of your weight.\*\*

### **Types of Validity**

**Face Validity** ascertains that the test appears to be assessing the actual issue. Face validity is easy to assess – FACTS looks like what you would do to take a trip on a bus. Although this is not a very “scientific” type of validity, it has proven important in increasing acceptance and engagement.

**Criterion-Related Validity** is used to predict future or current performance - it correlates test results with another criterion of interest. The higher the correlation between the established measure and new measure, the more faith stakeholders can have in the new assessment tool.\*\*

FACTS is Criterion Referenced and has Criterion Related Validity in that the design of FACTS is modeled after key components of standardized neuropsychological tests including the Vineland Social Maturity Scale, Trail Making Part A and B, Cognitive Competency Test – Picture Interpretation, Communicative Abilities in Daily Living, WAIS-R (picture completion,) Rivermead Behavioral Memory Scale, and others. These tests are recognized as valid predictors of functional abilities including concentration, problem solving, attention, cognitive skill development, social appropriateness, orientation, knowledge of personal information, immediate visual memory, auditory attention, and memory with delay.

A subset of people who participated in the FACTS validation development also took a subset of the standardized neuropsychological tests and there was a high correlation between scores on these tests and FACTS.

**\*\* Colin Phelan and Julie Wren, Graduate Assistants, UNI Office of Academic Assessment (2005-06)**

## For whom is FACTS Intended?

FACTS was normed with individuals with developmental cognitive disabilities – specifically intellectual disabilities.

The term *developmental disability* functionally describes a condition of someone who has had one or more physical or mental impairments acquired before the age of 18 that are likely to continue indefinitely.

*Intellectual disability* is the most common developmental disability. It involves substantial functional limitations in the areas of intellectual function and adaptive skill that are manifested before age 18. The American Psychiatric Association defines an individual with an IQ of 70 or less, using the Weschler Scales, as having an intellectual disability .

There has been no equivalent reliability and validation study to determine whether FACTS accurately reflects functional skill in individuals whose disabilities are not cognitive in nature (such as individuals with head injuries or those who have had strokes). If used very conservatively, as one part of an overall assessment, considering FACTS scores could be appropriate if the results are used only to support the decision to screen an individual into paratransit service.

For example, an individual with a recently acquired head injury may have relatively intact intellectual functioning, but may not be able to control his impulses, and may have substantial short-term memory limitations. Such an individual would be expected to

score well on the community safety and skills portions of FACTS, but would have difficulty with the items that are taught and tested after delay, such as chaining together the simple trip and learning the route. Failure to perform these items would be consistent with the individual's disability, and performance on FACTS could support this conclusion. However, if someone with a head injury takes FACTS and scores in the range of an independent transit user (typically over 140 points) these results should not be used to deny eligibility to the applicant, and no conclusion should be drawn from the score.

The use of FACTS for people with other types of cognitive disabilities may provide insight into limitations with memory, problem solving and sequencing information; great care should be taken to use FACTS results only for conditions in which these limitation would be expected, and to increase confidence that the limitation is substantial enough to create a barrier to the independent use of fixed-route service.

## Scoring Guidelines

If you are using FACTS as part of an ADA eligibility decision process, be sure to carefully read the document *Development and Validation of a Functional Cognitive Test*. FACTS is not, by itself, intended to determine eligibility for ADA paratransit services. It is one element of a thorough process that includes information from the applicant, from professionals and others who know and have worked with the individual.

In the validation study, individuals who scored 78 or fewer total points were always judged not currently able to independently use fixed-route transit, and almost certainly not able to learn, even after travel instruction.

In the validation study, the FACTS score accurately predicted ability in 85% of cases. To ensure maximum sensitivity to the applicant and to ensure that an individual is never denied a level of eligibility to which he is entitled, it is recommended that the cut off scores be set 20% higher as follows:

### **Unconditional eligibility 0-100 points**

This is not to say that, after the complete review of an application, an individual who scores more than 100 points might be determined to be unconditionally eligible for paratransit. It also does not mean that the individual should be denied the opportunity to be trained to use fixed-route, if appropriate. It does mean that you can have a very high degree of confidence that individuals who scored 100 or less have been properly classified as unconditionally eligible for ADA paratransit.

For people with an intellectual disability who score 100 or less on FACTS, not only would it be appropriate to classify them as unconditionally eligible, there is very little likelihood that their functional ability will improve, even with travel training, so a recertification of their functional ability would not be necessary. In this case, any recertification required by the transit authority could be limited simply to an update of address, phone number, and other basic information

For people who score 101-120, it is likely that their independent travel ability will be limited to one or two simple trips which they take regularly. People who score 121-138 are more likely to be capable of a greater range of travel, but potentially not be able to perform complicated transfers which require not only two buses, but walking from one stop to another. People who score 138 and over were always found to be independent travelers in the validation study.

### **Options for Use of FACTS results**

A FACTS score provides some insight into functional ability, but like any functional assessment, it is only one piece of information. Deciding how FACTS will be used should be part of the overall eligibility policy for an agency, which reflects local resources, considerations and is developed in consultation with the community.

For systems that have professional travel instruction available, one option could be to administer FACTS, then based on the results, proceed to an assessment in the real environment for people who score in a potentially conditional or not eligible range.

If an assessment in the real environment is not an option, before determining someone conditionally eligible or not eligible, in addition to the FACTS score and the person's own report, information from professional working with the individual, results of prior travel training attempts and documented experiences in independent travel and relevant activities of daily living must be obtained and considered in support of the decision.



## FACTS and Travel Training

In the validation study, FACTS was found to be an even more accurate predictor of people who are likely to improve their independent travel skills with travel training. Conducting a FACTS test as the first step in a Travel Training program assessment can be a quick, inexpensive and reliable indicator of whether the individual is likely to succeed in travel training. For programs with a limited budget, FACTS can be an effective way to manage scarce resources.

## Report Writing

An important accompaniment to the FACTS score is the report written by the tester. In addition to a summary of the person's own assessment of their ability, it contains relevant information from the interview and behavioral observations that provide insight into personal issues that may not be reflected in the FACTS score but are relevant to the eligibility decision. These would include observations of distractibility, impulsivity, inappropriate behavior, maintaining eye contact throughout and ability to deal with frustration. The report should also include observations of any physical, visual, or hearing limitations.

Several sample reports are included at the end of this chapter.

## Frequently Asked Questions

*I don't have the budget right now to take new photos for my system. Will FACTS still be valid in my location if I use the sample photos from another system?*

The design of FACTS allows for quick and easy local "customization" by substituting photos of buses, and familiar community locations from the local system. If using the sample photos from another system, FACTS will have slightly less face validity (it still looks like a bus trip but not a bus trip in the local system.) This does not affect the score but would have to be explained locally. The requirements of FACTS to learn information, chain it together, and problem solve are the same. The outcome would not be impacted with the use of photos from another system.

*I only want to be able to evaluate "stranger danger" awareness and problem solving ability. Can I use just those sections of FACTS to find out what the person knows?*

The items in FACTS were not individually validated. Only the total score achieved was compared with the person's actual performance in the real environment. Every item in the entire FACTS test must be administered exactly the way in which the script and instructions describe in order for the results to be a valid measure.

*What do I say to people who insist that FACTS is just a test in a room – it's not "real life."*

FACTS is, indeed, a test in a room. However, the score accurately reflects how people with a similar disability performed each of the tasks in the real environment.

## Getting Started

Begin by obtaining copies of the following FACTS documents:

- *FACTS – Development and Validation of a Functional Cognitive Test*
- *FACTS – Guidelines for Production, Administration and Scoring*

Both documents are available from Easter Seals Project ACTION and may be downloaded from the ESPA website: **[www.projectaction.org](http://www.projectaction.org)**.

As these documents explain, FACTS is administered using several slides and photographs. A complete set of the original slides taken in Pittsburgh, PA are available on a CD-ROM from ESPA. You can use these slides in your FACTS set-up or produce a set of slides and photographs specific to your area and system. If you decide to customize the photos for your own transit system and community, you should use the original set as an example to ensure that your photos are of similar quality and clarity. To obtain a copy of the CD-ROM with the original set of slides, call Easter Seals Project ACTION at 202-347-3066.

### Development and Validation

Individuals who will be administering FACTS, as well as other transit managers associated with the ADA paratransit eligibility process, should begin by reading “FACTS - Development and Validation of a Functional Cognitive Test.” This document provides a better understand of the key

features of FACTS, the methods used to design FACTS, and the process used to determine that FACTS is a reliable and valid predictor. It also explains how results from the assessment are to be treated along with other information from applicants and professionals in making a determination of ADA paratransit eligibility.

### Production, Administration and Scoring

Next, trainees and other staff should read “FACTS – Guidelines for Production, Administration and Scoring.” Managers should review the qualifications for potential administrators of FACTS outlined in this document and use this information to select individuals with appropriate qualifications to be administrators of the assessment.

Become thoroughly familiar with the guidelines for production, administration and scoring. Because FACTS is designed to be administered according to standardized protocol, it is essential that examiners adhere to the script and procedures in a scrupulous fashion.

The “Guidelines for Administration, Production and Scoring” document provides an inventory of materials and props necessary for FACTS. They are minimal, and the photos are the biggest investment. If you produce the slides on a CD, you can administer FACTS using a PC or laptop in your office. You should be able to produce a customized version of FACTS for less than \$400. Guidelines are also provided for customizing the photos in FACTS for your transit system.



Finally, read, learn, and practice the script. Although the response sheets provide a few cues, you must be able to accurately administer FACTS from memory. You will have to practice FACTS many times on co-workers and friends without disabilities before you are comfortable with the script and procedures. In addition to the script, you are responsible for making detailed behavioral observations, paying attention to and encouraging the applicant, thoroughly documenting responses, and knowing when to discontinue FACTS. These multiple tasks can be challenging and require that you begin with a full command of the script.

\*\*\*\*\*

**Now you are ready to begin with CD 1.**

## Installing CD 1

NOTE: In order to watch CD 1 and CD 2, your computer must have any of the following versions of Windows: '98, NT4, 2000 or XP. You must have at least 32MB RAM, 4x CD-ROM and Adobe Acrobat installed on your computer. If you do not have this program on your computer, you can download it free by going to **www.adobe.com**, clicking on the icon labeled "Get Adobe Reader," and following the instructions to download and install the program. The CDs will not play on a Macintosh.

- The CD with **OC** on the label is the Open Captioned version. The other copy of CD 1 has no captions. Use the version that you find works best for you. The content is the same on both.
- Insert the CD label side up in the CD drive of your computer.
- Make sure your computer's speakers are turned on, and the volume level is set properly.
- When you close the CD drive, the CD should start automatically. If not, you may need to select the CD drive using Windows Explorer.

If you are using a computer that is older or does not have high speed, the video portions of the CD may appear choppy.

## FACTS CD 1

A brief introduction to FACTS and the CD will play automatically. After this introduction, review each part of the FACTS assessment by clicking on the buttons on the left side of the opening screen. These buttons represent the main scorable sections of FACTS. Selecting a button will enable you to play only that portion of the CD and is designed to help you practice one section at a time, or review administration and scoring procedures for one section of FACTS, without having to repeat the entire assessment.

The sections are:

- Orientation Items (part one and two)
- Simple Trip
- Simple Trip Sequence
- Travel (Community Safety) Skills
- Complex Trip
- Complex Trip Sequence

An additional button with “FACTS Best Practices” is included to remind you of critical elements of proper administration and scoring of FACTS.

The FACTS Setup feature provides detailed instructions and 2 diagrams, included as Word documents, which you can print and use for proper set up of the posters used for the route. When setting up the posters for the route on FACTS, print these diagrams and use them as a “map” to set up the posters properly. Making sure that the posters are set up correctly is just as critical to the standardization of FACTS as adherence to the script.

Other buttons on the CD function as follows:

- The right facing arrow starts the CD.
- The vertical parallel bars pause the CD.
- The small circle under the video screen allows you to advance or go backward. Drag this using your mouse.
- The X stops the CD.
- There is a volume adjustment bar on the far right side.

## FACTS CD 2

This CD provides an opportunity to view an entire FACTS assessment being administered correctly, and to participate by using the response sheet to record the applicant’s performance on each item.

The opening screen on CD 2 prompts you to print forms for the scoring exercise. Clicking on the “Print forms for scoring exercise” will start Adobe Acrobat (remember you need to have Adobe Acrobat installed on your computer to read these forms). After you have printed the scoring forms, you can close Adobe Acrobat and return to the opening screen.

Click on “Continue” to see the full FACTS assessment. Using the “FACTS Response Sheet,” record the applicant’s responses in each part of the assessment. Note that there are a few sections of the assessment where you are not able to see the photos being selected by the applicant. For this reason, these sections of the Response Sheet are already filled out for you. After you have viewed the entire assessment and recorded the applicants responses, use your recorded responses to complete the “FACTS Score Sheet.”

After scoring the full assessment, the CD will prompt you to print a correctly completed Response Sheet and Score Sheet to compare to your sheets. Clicking on “Print Completed Forms” will again start Adobe Acrobat to allow you to print the completed forms. The system will not permit you to print the final, completed forms until you have watched the entire video on CD 2.

Finally, review your recording of responses and scoring of the assessment with your instructor. Discuss any differences between your responses and scoring and the completed forms provided on the CD.

### **Recording Behavioral Observations**

During the administration of FACTS, an equally important component of the evaluation is the thorough and accurate documentation of the applicant’s behavior. An individual may perform very well and achieve a near-perfect score on FACTS, but may persist in inappropriate actions throughout the evaluation, such as touching the examiner repeatedly or inappropriately, even after being asked to stop. An individual with such problem behaviors would clearly not currently be able to use fixed-route transit independently.

The task of documenting behavioral observations is equally critical to the correct administration of FACTS as proper administration and scoring. FACTS presents a unique opportunity to observe behavior in the context of learning and demonstrating new tasks. Sample reports are included at the end of this chapter.

### **Instructor’s Guide**

The instructor’s guide portion of this workbook provides a thorough explanation for why each item was recorded and scored as shown on CD 2. As part of the training, each administrator should be able to explain the key considerations for the score assigned to each item. He should also be able to write a report including behavioral observations of the applicant that could be critical in the eligibility determination.

Following the completed training provided on both CDs, staff should be able to accurately administer FACTS, record responses, determine the correct score, and write a final report including behavioral observations.

If you intend to have several individuals administer FACTS, it is important that they all be trained to proficiency to ensure inter-rater reliability. They must consistently demonstrate both:

- Reliability with each other
- Reliability with the correct answer

There should not be a variance of more than three points between assessors.

## Helpful Tips for FACTS Administration

### Before Greeting the Applicant:

- Set up the testing area. Make sure the slides are set to start at the beginning, the posters are arranged properly, and that you have all of the materials on hand (bell, clock, post it notes for time, bus pass in holder, blank ID card, audio noise tape, photo album, pen, clip board and response sheet.)
- Record the applicant's name on the score sheet, along with the date and weather conditions. You'll need to know the weather if you ever have to refer to the accuracy of his response to the questions about the best clothing selection for "a day like today."
- If the FACTS assessment room is one that others use occasionally, post a note on the door advising that an assessment is in progress so you are not interrupted.

### When Greeting the Applicant:

- Ask the person who accompanied the applicant not to respond to questions unless asked, in order for you to correctly evaluate the applicant's ability to provide information and respond to questions.
- If the applicant is unable to make eye contact or respond to your greeting, you should still ask him to accompany you to the testing area. If he remains unresponsive or is highly agitated and distracted, and requires physical prompts to get to the testing area or be seated, it is unlikely that he will be able to participate in FACTS.

- You could discontinue FACTS at this point, but to show respect to the applicant, it may be appropriate to introduce the assessment and attempt to teach him to identify the bus stop. If he is still unresponsive or if you are unable to get and maintain his attention, you should thank him for trying his best, and discontinue FACTS at this point. Direct him back to the waiting area and thank him for coming.

### Good FACTS Testing Skills Include:

- Have the script completely memorized before you test applicants. Do not attempt to read from the script while administering FACTS.
- Do not deviate from the script or procedures. FACTS is a standardized assessment and as such, is not valid if testing protocol is not consistently observed.
- Record responses and observations at the time – practice making marginal notes that will be an essential part of accurate scoring and your final report. Using the response sheet, complete the score sheet *after* administering FACTS – not during.
- Pay particular attention to behavioral observations. These are elements of the individual's performance not reflected in the FACTS score and can be an important part of the final determination.
- FACTS is designed to be engaging, and is discontinued when the competency of the applicant is exceeded. Be sure you discontinue FACTS when indicated in the script.
- Regardless of performance, treat the applicant with dignity and respect.

## **FACTS SAMPLE REPORT NUMBER 1**

***Paul N.***

**Scored 100.5 out of 146**

Paul's application indicates that he has a mild intellectual disability and autism.

Paul provided an appropriate greeting. He was able to provide his name and address only, but he was oriented to date and location. His father provided an additional cue of the area code and first three numbers and Paul was able to complete the last four numbers. He required some cues to follow the arrows and locate his seat.

He was able to learn most items after retraining. However, during the simple chain he missed two items, although he remembered the route to get to McDonalds. He would not respond to any of the open-ended, problem-solving questions.

Throughout the test, he was losing interest, becoming very anxious, and he continued to want to leave. The evaluation was discontinued. He did not monitor the time and required an additional reminder of how to get back to the waiting area.

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### **Observations**

Paul was clean and neat in appearance. He eagerly shook my hand and made good eye contact. His hearing, speech, gait and balance appeared to be within normal ranges.

Throughout the evaluation Paul tried to play with the slide projector and all of the buttons. He often repeated himself, and his speech was somewhat garbled. There was times when he would turn his head away and have a conversation as if there were a 3<sup>rd</sup> party in the room. He then would turn his face back and would want to talk about everything but did not want to provide any answers to the questions. As the evaluation progressed he repeatedly asked if we were done after each section. He was able to learn the initial chain and answer questions that involved selection of items but continued to avoid answering any open ended questions.

He also repeatedly flipped the pictures in the album and pushed the buttons on the machine while rocking back and forth, even after being told repeatedly that he should not do so. At this point it was obvious that he was becoming very anxious and losing interest, but he never displayed any type of irritability.

When he met up with his brother in the waiting area, who also has autism and an intellectual disability, they immediately starting communicating with one another in their own language. Their language is distorted and not always understandable, although their father is able to understand them for the most part. He says they have not had any real travel training except for traveling with him on the light rail system, and he knows that Paul would not be able to understand how to travel independently. He wants to encourage both his sons to be as independent as possible, which includes the use of other transportation other than family members with whom they are comfortable.

## FACTS SAMPLE REPORT NUMBER 2

**Tom C.**

**Scored 67 out of 146**

Tony is a 21 year old young adult who is diagnosed with autism and intellectual disabilities. He was accompanied to the office by his mother. Tom made good eye contact and was able to provide the month and day of his birthday but not the correct year. He was unable to provide the current day or date, did not know the floor he had come to, and did not know what ACCESS was.

His speech was loud and clear, but his answers were very limited and he never initiated any type of conversation. His hearing and eyesight appeared to be within the normal range. His right and left steps were equal and continuous. There were no issues with his balance or gait.

Tom provided an appropriate greeting but additionally spoke out loud asking questions of his mother that were not relative to anything we were talking about. He is obsessed with the fact that his supports coordinator has been diagnosed with cancer. He also repeated interrupted because he wanted to go and get something to eat as he did not have any breakfast beforehand. He travels everywhere with his aide or his mother but never alone. He is independent at home with his daily living skills. He can shower, shave, and dress independently. He is very good at working independently and using the computer. He will be graduating this year and part of his IEP includes a travel training assessment, which has not yet been conducted.

He was able to follow 1-2 step verbal directions however when asked to follow the arrows he had forgotten what to look for by the time we walked down the hall to the first arrow. There were times when he would occasionally display signs of echolalia. During the evaluation he would look around, pick up the photo album, and ring the bell. He did not pay attention to the tasks without additional prompts. Sometimes when asked a question he would talk over me to ignore the question. As we continued the evaluation we came to a point where Tom turned from being cooperative to being uncooperative for no apparent reason. It appeared that he started shutting down and would not answer or respond to any question. As the questions were posed to him he just stared as they went by and continued to play with the bell. He was able to leave the evaluation room and make his way back to the waiting room with no prompts.

Tom showed limited insight. The initial meeting was deceptive. Due to his size and height he gives a false sense of confidence, and he was able to correctly answer some questions when it suited him but not on a consistent basis. He initially gave the impression of someone who could benefit from training and experience with a task. However, Tom had a short attention span and forgot things that were most recently discussed. He did not demonstrate the ability to cooperate and follow verbal directions on a consistent basis, requiring many cues and prompts. It was apparent he would have a difficult time independently resolving a situation when confronted with an unexpected obstacle unless he had previous experience or knowledge or if someone was with him to provide a verbal cue. He did not demonstrate the ability to remain on task without additional prompts.



## FACTS REPORT STUDY NUMBER 3

**Jack B.**

**Scored 125 out of 146**

Jack is a 48 year old male who has been diagnosed with an anoxic brain injury. In 2005, he suffered a heart attack while on the golf course and was left unattended for 20 minutes which left no oxygen going to his brain. His wife cared for him at home until five months ago when she had to place him in the Maple Leaf Personal Care Home. According to Jack's application, he has difficulty with memory and initiating activities. Although he does not have an ID, it was decided that FACTS might provide some insight into his ability in these areas.

His hearing and sight appear to be within the normal range although he does wear corrective glasses. His standing balance, gait speed, and step length all seem equal and consistent. He was able to follow one-on-one directions while in this office.

Jack was able to supply an appropriate greeting. He could provide his name and his wife's name as his emergency contact, but he was unable to supply any address or phone number. He required an additional cue to follow the arrows but was able to locate his seat once inside the room.

Jack made good eye contact but had very flat affect and showed no emotion. He made no conversation and supplied brief answers mostly "yes or no." When asked specific questions he supplied an answer but we learned after interviewing caregivers and his wife that the responses were not always accurate. He appeared withdrawn and kept to himself.

Jack was not able to retain the information learned to complete the chain, even after retraining, and did not monitor the time, although when prompted he did know they we finished late.

Jack is not able to explain what happened to him or when it happened. He is not sure where he is living or how long he has been there. He is not able to provide us with any phone numbers except for one that cannot be readily confirmed.

The activities director from the personal care facility escorted Jack to the office. During the initial interview, he looked to her for all of the answers. She informed us that he takes no initiative to do anything. He has no problems doing things, but he needs to be reminded for each individual task. He has a large white board in his room with a list of things he is to do each day and the sequence, but he does not remember to consult it and lacks interest. He is no longer participating in any type of therapy or programs outside the facility. He keeps to himself in the facility and avoids groups activities and contact with others.



**FACTS SAMPLE REPORT NUMBER 4****Mark T.****Scored 133 out of 146**

Mark is a 21 year old young man who is diagnosed with mild intellectual disabilities. He was accompanied to the office by his foster mother. Mark was very pleasant and talkative. He provided an appropriate greeting and went on to provide all of his information for his ID card. He was enthusiastic and in such a hurry to participate he missed the first arrow and had to be prompted on what he was supposed to be looking for. Once inside the room he looked around and promptly found his seat.

He was oriented to the location, current month, day, year, and purpose of the visit. He was also able to remember the floor he had come to. Jeffrey was friendly and humorous. He made good eye contact throughout the evaluation. He was dressed casually but appropriately. His hearing and eyesight appeared to be within the normal range. His right and left steps were equal and continuous, and there were no issues with his balance or gait. His speech was clear and intelligible. Mark said he was independent with his shower, shaving, and dressing and is able to prepare meals for himself. He enjoys cooking and talked about some of his "best dishes."

Mark said that when he gets stressed or hears loud noises his stomach starts to ache, and he has pseudo-seizures. He hasn't had one in six months. He said there are also times that he starts to cry for no reason. He is in a pre-vocational program at school and is preparing for training for competitive employment. Mark thinks he would like to work in food service as a cook. Mark was inquisitive and polite throughout the interview and assessment, asking good questions and demonstrating insight.

Mark's foster mother stated that he never travels alone in the community. Last summer the family made a trip to town and attempted to see what Mark would do if they weren't around. They started to linger so that he would get farther ahead of them. When he turned around and didn't see them he began to cry and panic set in until they ran up to him to comfort him.

Follow-up was conducted with his teacher. She confirmed that Mark presents with good verbal skills and ability but his intellectual processing skills have been unbelievably unsuccessful. She said his impulsivity is unpredictable and places him at risk. On the job site during his training, he has had moments of impulsive, inappropriate behavior although he receives immediate feedback and retraining, the behavior or something like it is repeated, and there is no pattern. Mark has unpredictable verbal outbursts, sweats profusely, and occasionally cries inconsolably for no apparent reason. His behavior is inconsistent with his disability, and he was recently referred to a psychiatrist for an assessment. Preliminary reports indicate that Mark may have PTSD stemming from an event years ago when he lived with his biological mother. With treatment, his treatment team is optimistic that some of the behavioral issues may be mitigated.





# Determining ADA Paratransit Eligibility for People with Vision Disabilities

SECTION

8

## Introduction

This section discusses determinations of ADA paratransit eligibility for applicants with vision disabilities. As noted in Section 2, independent use of fixed-route transit requires the ability to complete many tasks that can be affected by a loss of vision. These include detecting and following a safe path of travel to get to and from bus stops or rail stations; identifying, evaluating and navigating around barriers in the path of travel; safely crossing streets of various designs and with various types of control; locating bus stops and the correct buses or rail cars; and identifying the correct destination at which to alight.

The types of barriers that can prevent use of fixed-route transit by persons with vision disabilities are somewhat different than those for persons with physical disabilities. Distance to and from bus stops or rail stations may be less of a factor than familiarity with the areas being traveled. The physical accessibility of sidewalks (e.g., curb ramps and slopes) may be less a factor than whether paths of travel are detectable and a safe distance from moving traffic. And different types of environmental barriers need to be considered. Certain environmental conditions, such as the presence of snow and ice, will be a factor as they are for other applicants since it can

affect ability to detect paths of travel. Other environmental conditions will be unique to applicants with vision disabilities, such as levels of light (low light or glare), and background noise, which can affect ability to use hearing to detect traffic flows or other cues.

Given these unique issues, it is first important to develop a better understanding of abilities and barriers that affect applicants with vision disabilities. To this end, **Part 1** of this section includes the following information and materials:

- A summary of “How People Who Are Visually-Impaired or Blind Travel.” This discussion presents some of the issues and complexities involved in assessing the abilities of persons with vision disabilities to use fixed-route services;
- A summary of travel issues for persons who have low vision, titled “Low Vision and Mobility;”
- A discussion of “Other Important Considerations,” which addresses concomitant disabilities, variations in travel ability, and common travel problems.
- A brief test to ensure understanding of some of the issues addressed in the initial discussion papers;

Readers should first study this initial information on travel by persons with vision disabilities and take the brief test to ensure that they have an understanding of the types of issues and barriers faced by travelers with vision disabilities. This basic knowledge

of issues and barriers is important for then understanding the suggested process for determining ADA paratransit eligibility for persons with vision disabilities.

It is also highly recommended that readers obtain a copy of the video “Touch ‘N’ Go” produced by the Braille Institute. This video provides an excellent overview of how people with visual disabilities travel. While no longer distributed by the Braille Institute, it can be found in many public libraries.

Another good resource is Braille Institute’s VisionSim<sup>SM</sup>, a free app for iPhone, iPad and Android devices. VisionSim<sup>SM</sup> was developed to allow people with healthy vision to experience the world through the eyes of a person experiencing one of nine degenerative eye diseases. This includes macular degeneration, diabetic retinopathy, glaucoma and cataracts.

Other good sources of information include national service and advocacy organizations including:

- The American Council of the Blind  
**[www.acb.org](http://www.acb.org)**
- The American Foundation for the Blind  
**[www.afb.org](http://www.afb.org)**
- The National Federation of the Blind  
**[www.nfb.org](http://www.nfb.org)**

**Part 2** of this section then provides two suggested options for making ADA paratransit eligibility determinations for applicants with vision disabilities. One option is to have the correct professionals

(Orientation and Mobility Specialists) conduct in-person assessments in the real environment. The second option is to gather and consider information provided by applicants and professionals familiar with them. Two attachments for gathering information are also provided:

- Attachment A. Sample Form for Collecting Information About Orientation and Mobility Instruction History; and
- Attachment B: Features of an Accessible Intersection

For the purpose of this document, the term “vision disability” is used for people who have any level of visual impairment. People with some vision who meet the minimum legal criteria for legal blindness are considered to have “low vision.” People who cannot see at all, or who have only light perception, are considered “blind.”

## **PART 1**

# **How People Who Are Visually Impaired or Blind Travel**

The following provides information about the types of travel issues faced by people with vision disabilities and the various techniques used when traveling in the community and using fixed-route transit services. It is intended to provide a general understanding of these issues to persons who are involved in determining ADA paratransit eligibility for people with vision disabilities. A summary of the types of mobility aids used is first presented. A discussion of the types of travel barriers that affect people with vision disabilities is then provided. Finally, information about Orientation and Mobility (O&M) training and O&M Specialists is provided.

### **Several Choices**

People who are blind or visually impaired have choices when it comes to traveling within the community. At any time, they can travel using any of these:

- A human guide
- A long, white cane to identify and avoid obstacles
- A dog guide
- Special optical or electronic aids, or
- Not using a travel tool or aid.

The choice of tools depends on the extent and nature of visual impairment, personal preference, lighting, and familiarity with the area.

In order to travel independently, people with visual impairments use whatever vision they have, auditory and tactual clues, and other information they know about an area to keep track of their location and to make travel decisions. Many travelers receive mobility instruction from an Orientation and Mobility (O&M) Specialist.

### **Travel Using a Human Guide**

At one time or another, most blind people will use a human guide to assist with travel. A sighted person serves as a guide to a person who is blind, leading him or her around obstacles and informing them of the presence of steps, curbs, etc. The person who is blind holds onto the guide's arm, following the movements of the guide's body.

There are specific human guide techniques for negotiating steps, curbs, narrow spaces, and closed doors. Sometimes a pedestrian who is blind will ask for assistance to cross streets at unfamiliar intersections, at difficult or dangerous intersections, or in unfamiliar areas.

## Long White Cane

By law, a cane that is white with a red tip signifies that the user is blind or visually impaired. The cane is longer than a support cane, hence, it is called a long white cane. In the most common technique, the cane is extended and swung back and forth on the ground across the user's body width in rhythm with the user's steps. The long white cane is used for 3 purposes:

1. to protect the user from bumping into obstacles and to locate steps, curbs, and other drop-offs;
2. to provide tactual information about walking surface; and
3. to make drivers and other pedestrians aware of the user's visual disability.

**Protection-** If used properly, the cane will locate obstacles in the pedestrian's pathway. The cane will make contact with the obstacle, such as a pole or trash can, and the traveler can make the necessary adjustments to their path of travel. Pedestrians can figure out the type of obstacle the cane touches by exploring the obstacle with either their cane, their hand, or both. The sound made when the cane contacts the obstacle also provides feedback as to what material the object is made from (i.e., metal, wood, glass, fabric, etc.).

The cane tip contacts the ground in order to detect changes in the level, texture and slope of the sidewalk or other walking surface. The user will feel the hand that is grasping the cane drop when the cane tip falls off a curb or step. The cane also finds cracks in the sidewalk or slabs of concrete

that are raised due to tree roots. Proper use of the cane may decrease the user's chance of stumbling, tripping, or falling.

The cane protects the user from the waist down. Thus, obstacles that are high off the ground, such as telephones mounted on poles, traffic control boxes, tree branches, and some signs will not be detected with a cane. The cane will sweep underneath high objects and the user may bump into the object with his/her upper body or face.

**Information-** The cane, in conjunction with the feet, can help the user to identify the type of walking surface (sidewalk, grass, gravel, dirt, brick, etc.). This helps the cane user remain on a sidewalk or path and maintain a straight line of travel. Some people follow along the edge of texture changes - for example the "lip" or seam between a sidewalk and a parking lot - in order to maintain a straight line of travel across an open area. Pedestrians use a cane technique called shorelining to find intersecting sidewalks.

Orientation and Mobility (O&M) Specialists teach persons who are visually impaired or blind how to travel safely and efficiently.

**Identification-** A white cane (and in some states with a red tip) signifies that the user is legally blind. Although drivers MAY be more cautious when they see a pedestrian with a long white cane, pedestrians who are blind should not expect special treatment when crossing streets.



## Dog Guides

Dog guides have been assisting pedestrians who are blind in travel tasks for over 70 years. Dog guides lead persons around obstacles in the path of travel and stop or hesitate at level changes. Less than 10% of persons who are blind use dog guides.

Dog guide instructors prepare dogs to work as guides and teach persons who are blind how to travel with a dog guide. A person who is blind attends a 3-4 week long training sessions or classes at a dog guide school. The person, or “handler”, lives at the school during this time. Most dog guide schools set a minimum age of 16-18 years of age for handlers.

**The Working Team-** A dog guide is a working dog that has been carefully trained to guide its owner safely to his or her destination. The owner, a pedestrian who is blind or visually impaired, is referred to as the handler. Dog guides are not trained to make decisions about where to go and when to cross the street. Rather, dog guides follow the commands given by the handler.

It is the responsibility of the handler to:

- Maintain orientation, knowing where s/he wants to go and how to get there;
- Give commands and directions to the dog (such as forward, left, right, go faster, or halt);
- Make street crossing decisions; and
- Use consistent handling techniques for commands, praise and correction.

The dog guide will:

- Negotiate the handler around obstacles in the directed path safely,

stopping or pausing at all level changes along the travel path;

- Refuse commands (intelligent disobedience) that place the dog and its handler in danger.

In familiar areas the handler directs the dogs wherever s/he wants to go. In a new location, pedestrians who are blind, like sighted people, ask for directions. Then they communicate these to the dog by using the proper commands.

Remember, dog guides move only in response to directions from their handlers, who must know where they’re going and make decisions about the proper time to begin a street crossing.

## Street Crossing Procedures Using a Dog Guide-

A dog guide does not watch traffic lights when it crosses streets. The handler learns to judge the movement of traffic by its sounds. At the appropriate time, he or she will command the dog “forward.” The dog will disobey a command that puts its handler in danger. This does NOT mean the dog keeps its handler safe at all times. Handlers who make poor decisions frequently will confuse their dog guides. This may cause serious problems for the working team.

The handler must align himself and the dog prior to crossing. Although the dog walks generally straight to the destination corner, pedestrians who use dog guides may still have veering problems. While a good dog guide should be able to compensate somewhat for slightly incorrect alignment, very few dogs will compensate for gross alignment errors. The likelihood of veering

increases when the handler is uncertain about the direction of the destination corner.

## Low Vision Aids

Persons with some usable vision may use:

- Sunglasses and visors to reduce glare;
- Telescopes to magnify signage and other information viewed from distances; or
- Hand-held lights, and other low vision aids for outdoor travel purposes.

## No Aid or Travel Tool

Not all people who are legally blind use a long white cane, dog guide or low vision aid. People with low vision often rely on their remaining sight and auditory and tactile cues in their surroundings for orientation and travel.

## How Does a Person Who is Blind Find His Way?

Like all pedestrians, pedestrians who are blind memorize a sequence of landmarks and turns along travel paths to destinations. A landmark can be defined as a fixed, easily detectable, and unique object in the traveler's environment. Pedestrians with visual impairments use tactile, auditory, or visual landmarks. In some instances, smells linked to certain places can be used as landmarks.

Pedestrians who are blind count blocks and may use the sun to keep track of which compass direction they are walking. They use cues such as the sound of traffic to help them stay oriented. They walk parallel to the sound of traffic on the street next to

them to assist in maintaining a straight line of travel down the block or across the street.

## Navigation Skills

People have different navigational skills. Some people have a good "sense of direction" and others do not. The same is true for people who are blind. Some people are very adept at memorizing landmarks and identifying and using cues and others have significant difficulty with these skills.

When trying to understand the travel abilities of people who are blind, it is therefore very important to gain an understanding of their underlying navigational skills. Some people may be able to their navigational skills to travel in unfamiliar locations. Others may only be able to navigate in familiar locations. Some people may be able to make trips if they receive instruction from certified Orientation & Mobility Specialists. Others may not have the underlying navigational skills to successfully complete training.

It is important to talk to people who are blind about their navigational skills. Information can also be obtained from certified Orientation & Mobility Specialists who have worked with the person.

## Environmental Barriers

Much has been written about environmental barriers which prevent a blind pedestrian from using fixed-route transit. Basically, the main reasons pedestrians who are blind and who have learned to travel independently under most conditions request paratransit services are unsafe travel paths, crossing at complex

or dangerous intersections, unfamiliarity with a route or area, and snow/ice on the sidewalks. Following is a discussion of each of these common travel barriers.

### **Street Crossings**

The nature of street crossings is highly variable. Traffic volumes and movement patterns vary, the signal phases of the traffic light may vary, the presence of nearby pedestrians varies, and environmental conditions such as wind and lighting change. Thus, some pedestrians who are blind may cross a particular street with confidence, safety, and ease at one time of the day only to have problems crossing the same street later in the day, when the traffic volume is much greater or lesser. At some intersections, one street crossing may be accessible, but a different street crossing at the same intersection may not be accessible.

The best professional to evaluate a pedestrian who is blind's ability to cross streets at an intersection is a certified Orientation or Mobility Specialist. Due to the variability in traffic, the need to auditorily track movements of vehicles, the intersection geometry, and environmental factors such as rain and wind (which effect one's ability to interpret auditory cues), developing a complete simulation of a street crossing would be extremely difficult.

### **How People with Visual Impairments Cross Streets**

Techniques and cues used in crossing streets are diverse and vary by the type of location and by the person and his or her

level of vision and travel aid. In general, pedestrians who are unable to see the crosswalk lines, pedestrian signal heads (WALK, DON'T WALK), traffic lights, and vehicles rely on traffic sounds to make street crossing decisions.

All pedestrians must locate the street, wait in a safe place that is properly aligned to the opposing corner, determine when it is time to cross, and move into the street, across it, and back onto the sidewalk at the destination corner in a timely manner. Without sight, most of these tasks must be done through interpretation of traffic sounds. Signalized intersections have become more complex as traffic signal phases become more varied.

In general, the most accessible intersection for pedestrians who are blind have:

- Two streets (+ shaped) that meet at perpendicular angles;
- Curbs or curb ramps with steep slopes and detectable warning surfaces;
- Fixed time traffic signals;
- A steady vehicular flow on the street parallel to the pedestrian;
- Quiet, narrow streets with stop signs; and
- Street crossings with accessible pedestrian signals that have locator tones, complying with the Manual of Uniform Traffic Control Devices Sections 4E.09 through 4E.13, Federal Highway Administration (2009 Edition).

Below is a list of common strategies utilized by pedestrians who are blind to cross

streets. Challenges for each crossing task are noted. For some pedestrians, these challenges can be overcome. For others, they are barriers that prevent safe, independent street crossings.

## Detecting the Street

**Strategies Used-** Pedestrians who are blind use a combination of cues to recognize the street edge, including:

- Curb or slope of curb ramp
- End of the building line and “open” sound of the intersection
- Sound of traffic stopping on the street beside them (parallel street)
- Sound of traffic on the street they are approaching (perpendicular street)
- Presence of pedestrians waiting at the street corner

**Challenges-** Sometimes blind pedestrians cannot detect the street when the curb ramp is gradual or sidewalk blends into street. They may unknowingly walk into the street.

## Analyzing Intersection Geometry

**Strategies Used-** Pedestrians who are blind listen to traffic sounds to answer the following questions:

- Is my destination curb straight in front of me, or must I angle to the left or to the right to reach it?
- How many streets intersect at this intersection?
- Is this a four-way (plus shaped) or T shaped intersection? If not, what is the shape?
- How wide is the street I will cross?

- Will I encounter any islands or medians as I cross this street?
- Am I standing within the crosswalk?
- How is my visibility? Can motorists see me and can I see them? (if pedestrian has some remaining vision)
- Are there a large number of right turners?

**Challenges-** It is often impossible to detect islands or medians while standing at the corner analyzing the traffic sounds. Finding an unexpected island or median sometimes confuses persons. Some pedestrians unknowingly walk through refuge islands, continuing to cross. Often the pedestrian phase ends and the light turns green on the street being crossed. These islands were designed to enable pedestrians to cross part of the street, and wait for the next light cycle to complete the crossing.

Other challenges include offset and skewed intersections. Offset means the destination corner is not in a straight line with the sidewalk that approaches the departure corner. In some instances, the crosswalk does not run parallel to the traffic on the street parallel to the pedestrian. Thus, pedestrians do not cross directly to the opposite corner. Skewed means the streets intersect at less than a 75 degree angle. It may take extra time to find the desired corner when crossing at offset or skewed intersections, which means the pedestrian who is blind is in the street too long, often after the traffic light has changed.

## Analyzing the Traffic Control System

**Strategies Used-** Pedestrians who are blind listen to traffic sounds and search the sidewalk area for poles with pushbuttons to answer the following questions:

- What controls traffic movements at this intersection (traffic signal, stop sign)?
- Do I need to push a button to actuate the WALK interval? If yes, where is the button for this crosswalk?
- During the pedestrian phase, does the signal stop traffic on one street or all streets (exclusive pedestrian phase)?
- Do cars still turn during the WALK interval? If yes, can they turn left or right or both ways to enter the crosswalk while I am crossing?
- Will there be a surge of parallel traffic to tell me the WALK interval has begun? Will I be able to hear it reliably over other traffic sounds?

**Challenges-** Traffic signal phases have become quite complex. If the traffic signal is actuated by the number of vehicles in turning lanes or straight through lanes, the pattern of traffic movement may change. At some intersections the WALK sign does not light unless a pedestrian pushes a button to activate a pedestrian phase. IF the pedestrian does not realize there is a pushbutton, he may cross with parallel traffic surge, thinking this is the WALK interval, when it is not. If the pushbutton is not used, depending upon the number of vehicles on the parallel street, the light may change to green on the street being crossed just a few seconds after the pedestrian has stepped into the street. This results in the pedestrian being in the crosswalk at an

unsafe time, with cars approaching him. If the pushbutton can be located and utilized, many pedestrian phases are timed such that the WALK and flashing DON'T WALK are lit for a long enough time to allow the pedestrian to cross the street at the rate of 4 feet per second.

At some intersections, it is difficult and sometimes impossible to detect the appropriate time to initiate crossing. As intersection signal timing plans become more complex, this problem is increasing.

## Using Pedestrian Pushbuttons

**Strategies-** Pedestrians who are blind search the corner area for poles with pushbuttons, starting near the street edge and crosswalk area, moving progressively further away. After finding the pushbutton, the next step is to identify which crosswalk it serves. Then the pedestrian must push the button at the beginning of the perpendicular green light to ensure the maximum time to get back to the crosswalk area to align self to cross the street.

**Challenges-** The major challenges to finding and using pedestrian pushbutton include:

- Can't tell if they need to push a button;
- Unable to find pushbuttons in atypical locations;
- Can't tell which button serves which crosswalk;
- Knowing if the button was pushed;
- Having enough time to get back to the street edge and realign self before WALK signal lights up; and
- Traveling between pushbutton and crosswalk throws off alignment.



## Aligning Self to Cross Street

**Strategies Used-** Cues that help blind travelers align themselves to face directly toward the destination corner include:

- Sounds of traffic movements on the parallel street and squaring off with the perpendicular traffic;
- Tactile cues on the walking surface; and
- Mental projection of continuation of straight line of travel that was used to walk down the block.

It is easier to establish a heading toward the destination corner under the following conditions:

- Intersection has two streets that cross in perpendicular angles;
- Crosswalk is parallel to the street beside the pedestrian;
- Steady flow of through traffic on the street parallel to the pedestrian;
- The sound of the idling engines from the stopped perpendicular vehicles; and
- Single curb ramp oriented directly toward the crosswalk.

**Challenges-** Offset intersections may cause pedestrians to veer (walk outside the crosswalk lines). Again, this places the pedestrian in the street for a longer time, which increases safety risks.

Crossing the top part (usually the busier street) at a T shaped intersection may be difficult, as all cars must turn from the minor street (stem of the T) onto the major through street. Thus, there is no through traffic on the street beside or parallel to the

pedestrian as she crosses and many cars turning and moving through the crosswalk at the same time the pedestrian is crossing. T intersections may look easy to cross but they often pose significant problems for pedestrians who cannot see the WALK signals or traffic lights.

## Identifying the WALK Interval

**Strategies Used-** After analyzing the intersection, many pedestrians focus their attention on the stopped cars on the parallel street. They begin to cross the street when there is a surge of traffic moving straight on the street parallel to their direction of travel. Pedestrians must wait until the first vehicles begin to move straight through the intersection to insure the traffic signal changed to green. The through traffic confirms that vehicles are not turning right on red.

It is often easier to detect the WALK interval under the following conditions:

- Steady flow of traffic on the parallel street;
- High volumes of vehicles moving straight through the intersection, especially those moving in the same direction as the pedestrian;
- Intersections with NO right turn on red; or
- Fixed time intersections (pre-timed for specified length that does not vary).

**Challenges-** It is difficult to know when to begin crossing when:

- The surge of traffic is masked by free flow or high volumes of right turning traffic;

- Intersection is too noisy;
- Parallel traffic flow is intermittent; or
- The surge of traffic is too far away – wider streets.

## **Maintaining Crossing Alignment**

**Strategies Used-** Pedestrians must continue to monitor traffic and to mentally project a straight line of travel to the destination curb. Traffic moving straight through the intersection on the parallel street provides helpful auditory reference. Stopped traffic on the street being crossed may be helpful.

**Challenges-** Some pedestrians, despite mobility instruction, continue to have problems with veering. Veering means that a person walks to the left or the right (outside) of the marked crosswalk area.

It is more difficult to walk straight under these conditions:

- High volumes of turning vehicles;
- Little or no traffic on the parallel street;
- Wide streets;
- Offset intersections;
- Skewed intersections; or
- Vehicles blocking the crosswalk.

## **Stop Sign Controlled Intersections**

**Strategies Used-** It is easiest if there is a stop sign for the street the pedestrian will cross. In most instances, it is easier to cross at intersections with four stop signs or to cross the side street that has a stop sign along a busy road that has no traffic signal or stop sign. Depending upon the volume of traffic, some pedestrians will cross when

there are no vehicles approaching the intersection on the street they will cross. Some pedestrians cross when a vehicle on the parallel street begins to move straight through the intersection at a 4 way stop. People cross quieter side streets at T intersections when there is a steady flow of traffic on the busy street. They know cars cannot pull out from the side street but still have to listen for cars slowing down and turning off the busy street onto the side street. Being assertive is a must when crossing the street.

**Challenges-** It is most difficult to cross at intersections that do not have a stop sign for all approaches. At busy intersections, it is difficult to cross a street for which traffic never stops. The risk factors of each intersection need to be analyzed. It is up to the pedestrian to make the decision to accept the risk to cross independently at a particular location, to ask for help, or to use an alternate route.

## **Mid-Block Crossings – No Traffic Control**

**Strategies Used-** Pedestrians who are blind listen for traffic from both directions and cross when there are no vehicles nearby approaching the crosswalk.

**Challenges-** It is more difficult or impossible to cross streets that have no traffic control, under the following conditions:

- Wide streets with heavy traffic volumes;
- Curve in the roadway or hills reducing driver's ability to see pedestrians from safe stopping distance;
- Higher speed limits; or



- Environmental features that mask or block vehicular sounds such that pedestrians who are blind cannot hear vehicles consistently from far enough away to complete the crossing in time before a vehicle is at the crosswalk.

Again, risk factors of each crossing need to be analyzed and it is up to the pedestrian to make the decision to accept the risk to cross independently at a particular location, to ask for help, or to use an alternate route.

## Roundabouts

**Strategies Used-** Pedestrians who are blind listen for gaps in traffic, then cross when there are no cars close to the crosswalk.

**Challenges-** Roundabouts cause access problems because they are unsignalized, the crosswalks are not in “standardized” locations, and they require pedestrians to make judgments about traffic speeds and movements in a circular roadway. The crosswalks are hard to find and not parallel to the flow of traffic. These problems are more pronounced during heavy traffic times. Heavy traffic flows in roundabouts cause greater problems because the blind traveler is likely to experience delays in detecting gaps in traffic and will miss gaps more often than sighted pedestrians.

## Finding the Bus Stop

When looking for bus stops it is important to know the directional corner at which the bus stop is located and the direction of travel of the bus. For example, if a person is looking for a bus stop at an intersection where the bus is traveling north, the bus stop might

be on either the southeast corner (called a “near-side” stop by transit agencies since it is before the bus gets to the intersection) or the northeast corner (called a “far-side” by transit agencies since it is after the bus goes through the intersection). Note that different transit agencies have different preferences for whether to have stops on the “near-side” or the “far-side,” and local site conditions can also dictate where the stop must be placed. In some cases, if conditions dictate, stops may not be right at the intersection but nearer to the middle of the block. It is therefore necessary for the blind traveler to get the exact location of the stop from the local transit agency.

In the case of a northbound bus where the stop is on the southeast corner, a cane user would walk to the curb or ramp at the end of the block, then turn around and walk back a little, using his cane to find the pole for the bus sign. If there is a tactual landmark, such as a texture change or bump in the sidewalk near to the bus stop, a cane user can learn the distance between that landmark and the shelter so she knows when to move closer to the curb line to look for the bus stop pole with her cane. The nearby landmark eliminates the need for persons to walk all the way to the corner and backtrack.

Bus shelters are easier to find because they are bigger and can be detected by touch or by the sound of echoes. Also, when a blind pedestrian walks behind the bus shelter, he can hear the sound of vehicles being masked by the shelter. Dog guide users who use the same shelters frequently can train the dog to lead them to the bus stop area or shelter.

### ***Using a Bus – Boarding, Paying the Fare, and Seat Selection***

A blind pedestrian must perform the same tasks to board and exit a bus as a sighted person. It is typically the path getting to the stop or the physical constraints of the stop itself that prevent a person who is blind from riding the bus, not the procedures involved in boarding, fare paying, seat selection, and disembarking.

In regards to paying the fare, people who are blind have the same options as all bus riders. The fare box can be located by moving one's hand up the steps along the railing to tactually locate the fare box. Pedestrians who are blind can count the exact fare prior to boarding. Bus passes can be marked so the person shows the front side of the pass to the driver.

Most buses have some seats in the front of the bus designated for use by riders with disabilities. Many people who are blind opt to sit close to the driver on the same side as the door for the following reasons: (1) they can hear the driver call out their stop; (it is easier to communicate with the driver to re-confirm the desired stop; (3) each time the driver looks toward the door, he sees the rider who is blind, which may increase likelihood that driver will remember to announce the requested stop; and (4) less movement is required within the bus before sitting.

### ***Finding the Correct Bus***

Many pedestrians who are legally blind are not able to read the bus route name/number on the header. They need assistance in

order to locate their bus. An applicant's claim that s/he cannot find the correct bus without help might not, however, warrant paratransit eligibility. The U.S. DOT's ADA regulations require that "where vehicles or other conveyances for more than one route serve the same stop, (transit systems) shall provide a means by which a person with a visual impairment or other disability can identify the proper vehicle to enter or be identified to the vehicle operator as a person seeking to ride on the particular route" (Section 37.167(c)). Many transit systems require that operators make external route announcements at stops that are served by multiple routes. Traveling with a long white cane or dog guide does help drivers know that the rider has a visual impairment. Drivers should not assume, however, that because waiting passengers do not have a long cane or dog guide that they do not have vision impairments.

It is easy to find the correct bus if a particular bus stop only serves one route. At bus stops or transfer points that serve many routes, it is difficult or impossible for pedestrians who are legally blind to move between various buses stacked at the bus stop in order to hear all of the route announcements. This is why it is important for each driver to pull up to a designated stop area, open the door, and announce the route. Pedestrians who are blind may also ask for assistance from other persons waiting at the stop, but this does not relieve the transit agency from having some other system in place to allow for correct bus identification.

Finding the correct bus can also be a significant problem in systems that employ “flag stops.” In these systems, bus operators may be waiting for a signal from the rider who is waiting at a stop. If the person does not “flag” the bus, the driver may not pull over.

Even in systems that do not use “flag stops,” operators may sometimes assume that riders waiting at a stop will be able to recognize the approaching bus and will signal if it is the bus they need to use. Without a signal, operators may slow down but fail to pull over and stop at the stop. Such operating policies and practices create significant problems for riders who are blind or visually impaired.

### ***Finding the Exit Stop***

The U.S. DOT’s ADA regulations require transit operators to announce stops at least at transfer points, major intersections, and destination points as well as at intervals along the route sufficient to allow riders with vision disabilities to be oriented to their location. Operators must also announce other stops if requested by riders with disabilities. On some routes, there may be a discernible landmark close to the exit stop, such as railroad tracks or a right or left turn after the bus has headed in the same direction for quite a while. On other routes it may be impossible for the person to know when the driver is approaching the desired stop.

## **Orientation and Mobility (O&M) Instruction**

Many visually impaired pedestrians have received Orientation and Mobility (O&M) instruction, provided by an Orientation and Mobility (O&M) Specialist. O&M Specialists usually have an undergraduate or graduate degree in teaching travel skills to persons who have visual impairments.

“Orientation” is the ability to understand where one is located in space and “Mobility” is being able to travel thorough that space safely. The goal of most O&M training is to prepare a person who is visually impaired to travel in a variety of environments. People are taught strategies used to assess new intersections and to travel unfamiliar routes. Instruction is individualized and geared toward each person’s abilities and travel needs.

Orientation is not provided to people who are blind for every travel path or transit route they need to travel. Many people who are legally blind have not received O&M instruction because they do not know this instruction exists, they may not understand the benefits of O&M instruction, or there may not be an O&M Specialist in their area due to the shortage of O&M personnel.

O&M Specialists may work with pedestrians who use dog guides. They may orient these dog guide handlers to a new route, intersection, or area. However, O&M Specialists do NOT teach persons who are blind how to use a dog guide.

This instruction is taught by Dog Guide Instructors. A small number of Dog Guide Instructors are also trained as O&M Specialists.

### **Working with O&M Specialists**

Paratransit staff are encouraged to work with certified O&M specialists in their area to learn more about the travel needs of people who are blind. Also, as explained in Part 2 of this section, if the ADA paratransit eligibility determination process includes functional assessments for applicants who are legally blind or totally blind, these assessments should be performed by certified O&M Specialists. Accurately assessing the travel abilities of people who are blind is a particular skill that requires the training and expertise of certified O&M Specialists. Certified O&M Specialists are professionals who have gone through an accredited O&M training program. O&M Specialists may be certified by one of two entities: the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP); or the National Blindness Professional Certification Board, Inc. (NBPCP).

There are several organizations that can assist in locating certified O&M Specialists. These include the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER), a professional membership organization. AER can be contacted at **[www.aerbvi.org](http://www.aerbvi.org)** or (703) 823-9690. The Orientation and Mobility (O&M) Division of AER has an Environmental Access Committee (EAC). EAC members are O&M Specialists with interest and specialized

training in APS and other environmental access areas.

The Academy for Certification of Vision Rehabilitation Professionals (ACVREP) maintains a directory of Certified O&M Specialists (COMS). ACVREP can be contacted at **[www.acvrep.org](http://www.acvrep.org)**.

Also, Dr. Ron Ferguson, Chairman of the National Blindness Professional Certification Board (at **[ferguson@lcb-ruston.com](mailto:ferguson@lcb-ruston.com)**) can be contacted for a list of persons who have National Orientation and Mobility Certification (NOMC).

## **Low Vision and Mobility**

The term low vision has many definitions, all of which depend on the purpose for which the definition was developed: legal, clinical, or educational. This document uses the term “low vision” to refer to people who are at least legally blind.

Visual impairments can be caused by damage or disease in the eye, optic nerve, or visual processing center in the brain. The functional implications for people who are legally blind can be quite different. Whether or not a person has problems reading the newspaper or seeing a bump in the sidewalk often depends upon which type of eye disease the person has. Some people can read the newspaper or find telephone numbers in the phone directory, yet fall off a curb or bump into a parking meter. For persons not familiar with the issues of low vision, this can seem inconsistent as the legally blind person can see very small things but not larger things. Other people who are

legally blind walk around outdoors and see steps, other pedestrians, and traffic signals but cannot read large print. Basically, the functional implications of a person's vision loss depend upon the diagnosis, or type of eye disease or condition.

Persons with low vision must decide when visual information is reliable and when a combination of visual, auditory, and tactile information is the best way to make safe decisions for travel tasks.

It must be noted that vision is not a requirement for safe, independent mobility within the community. Significant differences exist in the way information is obtained by those who are sighted, partially sighted, or blind. In a mobility context, it is important to understand the techniques and strategies used to collect information to make mobility decisions. People who are sighted use a different style of travel from people who are blind. One style is not necessarily better than the other, they are just different.

### **Legal Blindness**

Legal blindness is a level of visual impairment that has been defined by law to determine eligibility for certain benefits. Vision correctable to 20/20 acuity with at least a 180-degree field is considered "normal". Legal blindness is defined as

- Central visual acuity loss of 20/200 or less in the better eye with the best possible correction (as measured on a Snellen vision chart); or
- A visual field of 20 degrees or less

*Acuity* - A person with 20/200 acuity sees at approximately 20 feet what a person with normal vision sees at 200 feet or more. Thus, a person who is legally blind must be much closer to see objects than a person with normal vision.

*Visual Field* -A person who meets the field limitation for legal blindness sees no more than a 20-degree field without scanning.

A pedestrian with low vision could have a reduced visual acuity, restricted visual field, or both. Different types of vision loss have different mobility implications.

There is a wide range of visual functioning within the population of persons who are legally blind. Some persons who are legally blind may travel without a long white cane, relying mostly on visual cues to direct their travel. Others may use a cane only at night or in other situations with low lighting. Some persons rely upon a long cane, in combination with tactile and auditory cues to direct their travel. It is important to remember that pedestrians who are legally blind are a diverse group in regards to their ability to see crosswalks, traffic signals, vehicles, and signage.



## General Types of Vision Loss

General types of vision loss include:

- Total blindness or light perception
- Reduced acuity; and
- Restricted fields (central or peripheral)

Some eye diseases or conditions cause both a reduced acuity loss and a restricted field. Following is a discussion of each of these types of vision loss.

### Total Blindness or Light Perception

People who are considered totally blind usually cannot see any difference in light and dark. Those who have light perception may be able to tell if it is dark or light and the direction of the light source, but do not have vision that is usable for discerning objects or the travel path. These persons use auditory and tactile cues to identify a street and to make street crossing decisions.

### Reduced Acuity

Some people have full visual fields. However, they have a problem with the clarity of vision such that they cannot see certain sized objects at various distances. They may be able to see and even identify an object from certain distances but they cannot see the details on the object. Each time someone goes to the eye doctor, his or her visual acuity is measured. Near acuity relates to reading or seeing things close to one's eyes. Distance acuity relates to seeing objects beyond arm's reach and is measured across the room with an eye chart on the wall. Mobility tasks are mainly related to distance visual acuity.

Reduced acuity can refer to a large range of functional vision from vision tested as less than 20/20 to totally blind. Lighting and contrast affect functional vision and are not reflected in clinical measurements. Remember, visual acuity refers to the clarity of vision and the ability to see/identify different size objects at various distances. Clinical acuity measurements are obtained indoors in a setting with controlled lighting. Ability to see outdoor travel paths and objects in that path is, however, affected by lighting and contrast.

The ability to see and to recognize objects such as the curb, crosswalk lines, pedestrian signals, vehicles, etc. for travel tasks, is highly dependent upon several factors, including:

- Size of the object being viewed and its distance from the person;
- Amount, type, and position of lighting;
- Contrast between the object being viewed and its background; and
- Glare.

One equation used to describe this is:

$$\text{Visibility} = \text{size \& distance} + \text{illumination} + \text{contrast} - \text{glare}$$

A person with an acuity loss may be able to see a large object at a close distance, if there is sufficient lighting and good contrast. If the person is further away, if the lighting is dimmer, or if there is glare reflecting off the object, they may not be able to identify that same object.

Persons with visual impairments may experience an increased level of variability in their ability to see objects in the outdoor environment due to implications of their eye disease, fatigue, and other factors. An overall loss of acuity, increased sensitivity to glare, and loss of contrast sensitivity is common in the elderly population.

A person with a visual acuity loss also may function quite differently on sunny days versus cloudy days or in well-lit versus dimly lit areas. For example:

- A person with a 20/600 acuity looking at a pedestrian signal head with the sun behind it may not be able to identify WALK under these conditions, but can identify WALK on cloudy days or at night
- A curb that is painted bright yellow would be easier to see than a curb that is the same color as the sidewalk, as the painted curb has increased contrast



Figure 8-1. Street crossing as a person with general reduced visual acuity might see it. (from Barlow, Bentzen, and Tabor, *APS Synthesis & Guide to Best Practice*, 2002)



## Restricted Fields

The general category of restricted fields can be further divided into

- Central field loss – unable to see things directly in front;
- Peripheral field loss – problems seeing things off to the side, above, and/or below; and
- Hemianopia – inability to see in one-half of the field of vision in one or both eyes.

**Central Field Loss-** A central field loss is caused by damage to the central part of the retina. This part of the retina is responsible for detailed vision at close distances (i.e. reading, sewing). People with a central field loss probably cannot read a bus schedule or identify numbers on bills.

A common type of age related vision loss is macular degeneration, the leading cause of blindness in those over age 60. This disease causes a central field loss. This means the central part of the retina is damaged, causing blind spots right in the center of a person's vision. Many people with advanced macular degeneration cannot see print so they can no longer read. However, they may be able to see the sidewalk, people, traffic signals, and objects in their path of travel, even from a distance. Some people with macular degeneration carry a cane to identify themselves as a person with a visual impairment. They may also use their canes to check the height of curbs and steps. However, macular degeneration and other types of diseases that cause a central field loss are not generally the types of vision loss that cause significant mobility problems.



Figure 8-2. The photograph above represents the same street crossing as a person with a central field loss might see it (from Barlow, Bentzen, and Tabor, *APS Synthesis & Guide to Best Practice*, 2002)



Figure 8-3. The photograph above represents the same street crossing as a person with a peripheral field loss might see it (from Barlow, Bentzen, and Tabor, *APS Synthesis & Guide to Best Practice*, 2002)

**Peripheral Field Loss-** Peripheral field losses cause significant mobility problems. People with peripheral field loss, sometimes referred to as tunnel vision, may see objects and details of things directly in front of them clearly, but have difficulty seeing objects and signs off to the side. In addition, depth perception, or the ability to see changes in the level of the walking surface, is often impaired. Thus the person may not see steps, curbs or drop-offs both in front of them and beside them.

One way to get an idea of a peripheral field loss is to close one eye, then look through a funnel or a paper towel roll with the other eye. The narrower the visual field, the more difficult it is to see things that are not directly

in front of you and below or above eye level.

A peripheral field loss involves damage to the peripheral retina. This part of the retina is responsible for seeing movements, large objects at distances, and movements and larger objects in dim lighting.

One example of a disease that causes a peripheral field loss is Retinitis Pigmentosa (RP). People with RP see much worse when the lighting is low so travel at night or on overcast days is much different than walking outdoors in the daytime. A person with RP may be able to walk outdoors, cross streets, take the bus, or shop by using their limited vision in the daytime. They might compensate for their peripheral field

loss by turning their heads frequently in an organized manner in order to see things from the side. After the sun goes down, this same person may use a cane to find curbs, steps, bumps in the sidewalk and other objects. Things he could see on a sunny day cannot be seen at night. Others do not use a cane. Some people with low vision have learned to compensate for reduced visual input by focusing and relying on auditory and tactile information when necessary. Others have not learned effective compensatory strategies, requiring assistance for those situations in which their vision is not reliable for mobility tasks.

Glaucoma and Retinitis Pigmentosa (RP) are the main causes of peripheral field loss.

## Other Important Considerations

### *Concomitant Disabilities*

Some persons with visual impairments have other physical, cognitive, emotional, or sensory impairments. Again, there is a great deal of variability in the degree of hearing loss, cognitive impairment, or other type of disability. Consequently, it is difficult to talk about them as a “group” of persons as each person is an individual with his or her own abilities or limitations in regards to independent travel in the community. However, it is safe to say that the potential exists for independence to be limited more due to the concomitant disability.

Some common examples of concomitant disabilities and the possible travel issues include the following:

- Concomitant disabilities may affect the person’s ability to travel outdoors and to cross streets at signalized intersections independently. Persons with hearing loss who cannot see vehicles or localize traffic sounds require assistance to cross busy streets.
- The largest population of people with visual impairments are those age 65 and older. Many of these people have other impairments such as age-related upper frequency hearing loss, or physical limitations such as balance problems.
- People with low vision who have cognitive disabilities may be able to learn one or a few simple transit routes if given much instruction by an O&M specialist. Strategies for problem solving when atypical situations arise are often limited.
- For some people, the combination of a cognitive disability and blindness may prevent any independent travel within the community.
- Some people with low vision or who are blind and also have psychiatric disabilities indicate they are very anxious traveling on crowded buses, traveling in unfamiliar areas, or handling unforeseen situations.
- People with low vision who use ambulatory devices are at risk of not detecting a crack in the sidewalk or level change such as steps or curbs. Missing these hazards has the potential to cause great harm to the person. If these people cannot see far enough away to negotiate around obstacles, maintain their balance, and

stop at level changes, they probably cannot travel alone safely within the community.

To fully understand travel abilities and limitations, detailed information about concomitant disabilities and their effects must be obtained in addition to information about visual impairments. In these circumstances, professional verification from therapists, teachers, caseworkers, or others familiar with the person and his or her functional abilities is often very helpful.

### ***Travel Abilities Vary***

As noted earlier in “Navigational Skills,” the travel abilities of people who are blind varies from person to person. Some pedestrians with visual impairments travel independently along familiar routes they have memorized through instruction and repeated practice along these specific routes. Other pedestrians travel to new neighborhoods and cities throughout their region and beyond. They expect the same freedom of movement that pedestrians without disabilities have.

It is important to note, though, that some applicants may not be as independent in their travel. It is also important to realize that many people with low vision do NOT receive Orientation and Mobility instruction at all intersections they use. It is therefore important to gain an understanding of the travel abilities of each applicant and the instruction they have received.

### ***Vision Can Fluctuate***

People with low vision typically experience fluctuations in the quality and clarity of what they see. Examples of changes in vision caused by internal factors include diseases such as diabetes or retinitis pigmentosa, visual fatigue caused by continuous visual demands, and side effects from ocular or systemic medications. External factors resulting in visual changes include changes in lighting, glare, and contrast.

### ***Functional Low Vision Mobility Problems***

Pedestrians who are totally blind and pedestrians with low vision do experience some of the same mobility problems. Major challenges for both groups include detecting changes in terrain and depth, avoiding bumping into objects, negotiating street crossings, and having insufficient sensory information for decision making. One unique problem area for pedestrians with low vision is dealing with the effects of changing lighting conditions and glare.

### ***Lighting Conditions and Glare***

The most frequently reported and highest rated mobility problem area for pedestrians with low vision is lighting. Lighting includes glare, light adaptation from indoors to outdoors and vice versa, dim and night lighting, and frequent changes in lighting while moving through the same or within different environments. Glare and dim lighting conditions have negative effects on mobility for many persons with low vision. It takes pedestrians with low vision significantly longer than those with normal vision to adapt to a change in the level of light. Some eye diseases, such as retinitis pigmentosa (RP)

and glaucoma, result in decreased visual functioning to total blindness, depending upon the level of lighting and the extent of their pathology. Some persons with RP can travel independently, using systematic scanning to compensate for their restricted visual field, in daylight. At nighttime or in low lighting situations, this person may use a cane and make the majority of travel decisions based on auditory and tactile information. Thus, evaluating the functional travel vision of persons with RP requires getting information about travel in the daytime as well as at night.

Conversely, some eye diseases, such as ocular albinism or cataracts, are adversely affected by sunny or brightly-lit conditions. Pedestrians who have problems with bright lighting can wear sunglasses, hats, and/or visors to reduce the amount of light entering the eye. However, often they cannot eliminate problems with glare entirely.

Daylight examples of glare include light reflection from a shiny floor or metal object and walking while facing in the direction of the late afternoon sun. Nighttime examples include glare from oncoming headlights or streetlight reflecting off storefront windows. Typically, conditions of dim lighting have a greater impact on mobility than conditions of bright lighting.

Too much or too little light or frequently or quickly changing light can be disabling. Thus, a mobility evaluation for persons with low vision needs to consider the person's travel under various lighting conditions.

## **Changes in Terrain or Depth**

Pedestrians with low vision frequently report problems detecting and negotiating a change in depth, such as stairs, curbs, or uneven terrain. Sometimes pedestrians with low vision report that steps and curbs sometimes appear as flat surfaces and other times appear as blended ramps. People with low vision also can have problems identifying raised slabs of sidewalk and may have difficulty interpreting puddles, shadows, and terrain changes. People with lower visual field losses find low lying objects and changes in the level of the walking surface particularly hazardous. Misjudging depth and missing level changes can result in falls.

## **Bumping into Objects**

Bumping into objects is a frequently reported mobility problem for those who are totally blind and for those with low vision. This problem increases when walking in crowded areas or when the area being traveled is cluttered. Studies of low vision mobility indicate both head-height and low-lying objects cause the greatest difficulty. Both can result in bodily injury.

## **Street Crossings**

Determining when to cross the street, directing one's body toward the destination corner, and getting across within the time allotted for the pedestrian phase are the primary tasks all persons must complete to cross a street. People who are totally blind gather information by listening to the movements of traffic, in conjunction with other auditory and tactile cues. Sometimes, there is sufficient and reliable information



without visual input. Sometimes it is difficult or impossible for people who are blind to cross the street due to the lack of environmental information. Crossing streets that do not have traffic control devices involves making judgments about the speed and distance of moving vehicles.

Some people with low vision can rely on vision to see the traffic lights and pedestrian signals under some conditions, (e.g. on a cloudy day), while at other times they are not able to distinguish the color (e.g. when they are facing toward the sun) or to see the level change of the curb at all. The ability to visually identify the crosswalk lines and to see the opposite corner depends upon the quality of the lines and contrast with the street and the width of the street. Pedestrians need to know how to interpret the traffic sounds and tactile clues for those times and places when their vision is insufficient to collect street crossing information.



## SECTION

# 8

### Determining ADA Paratransit Eligibility for People with Vision Disabilities

## SECTION 7 TEST

### Understanding How People Who are Blind or Have Visual Impairments Travel

**Indicate whether each of the statements below is true or false, and why.**

1. Someone who has had orientation and mobility instruction will never seek out the assistance of another person when traveling
2. A long white cane is used to detect obstacles in the path of travel which are then explored by the person using the cane – never their hand.
3. Long white cane users can always cross the street with confidence, since motorists can tell by their canes that they are blind or visually impaired and will yield to them.
4. To walk in a straight line of travel through an open area, some people will use their cane to follow along the edge of texture changes, like grass and pavement.
5. Most people who are blind use a dog guide.
6. Dog guides are trained to know when it is safe to cross the street.
7. When crossing the street, the dog guide is trained to keep it's handler safe at all times.
8. Even with a dog guide, a traveler who is blind may have problems veering if they are not properly aligned for a street crossing.
9. Someone who is legally blind has either a reduced visual acuity or reduced vision field but not necessarily both.
10. Clinical visual acuity measures all vision issues.
11. Someone who travels outdoors but never uses a long white cane or a dog guide would not be considered blind or visually impaired.
12. Pedestrians who are blind cannot travel by using landmarks.
13. The sound of traffic is distracting to the traveler who is blind – quiet is needed to know when it is safe to cross.
14. High curbs and curb ramps with steep slopes can be helpful to the pedestrian who is blind.
15. Intersections with pedestrian push buttons are always safe and can be crossed by anyone.
16. Evaluating a four-way intersection (a “+” intersection) involves looking at eight different crossing possibilities.
17. Transit systems that use “flag stops” can be easier for travelers with vision disabilities to use since they do not have to locate an exact stop.
18. It is possible to be able to read the newspaper and be legally blind.
19. People with low vision can eliminate the effect of glare with the use of sunglasses or a hat.
20. A person with 20/400 acuity sees at 20 feet what a person with normal vision sees at two feet.





**Please answer the following questions and then discuss your answers with the instructor.**

Describe the types of travel issues that would likely be experienced by someone with macular degeneration.

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What would be some of the contingency issues of a traveler who uses a wheelchair and has peripheral field loss?

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Describe the effects that changes in lighting and glare can have on people with Retinitis Pigmentosa.

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## **PART 2**

### **Suggested Process for Determining ADA Paratransit Eligibility for People Who Are Blind or Have Visual Impairments**

Assessing the abilities of applicants who have vision disabilities to use fixed-route public transit services poses significant challenges. There currently are no known assessment tools that have been validated to accurately predict the fixed-route travel abilities of people with vision disabilities. Further, while the success or failure of an applicant with a vision disability to perform certain tasks in a simulation of a bus trip might be observed, this might not accurately reflect a person's abilities to travel under other conditions and circumstances. As detailed in the previous material in this section of the workbook, travel abilities depend on many factors that will vary by day and time. This can include changes in lighting, changes in weather, and changes in traffic volumes.

For these reasons, if people who are blind are asked to participate in an in-person functional assessment, it is recommended that the assessment only be conducted by an Orientation and Mobility (O&M) Specialist. For people who are legally blind (but not totally blind) in-person functional assessments should be conducted by O&M Specialists or other qualified professionals as described in the competencies section below. If transit systems do not have access to these professionals, an alternative

process that relies on input from the applicant and professionals familiar with the functional travel abilities of the applicant be used instead.

It may, however, be appropriate to ask people who indicate issues with vision but who are not legally or totally blind to participate in an assessment similar to the one described in Section 5 of this workbook. This would also be appropriate if applicants who note problems with vision (but who are not legally or totally blind) also have other physical disabilities or health conditions. Observation related to vision could then be made as part of the overall simulation of making a trip on the fixed-route service.

Following is a discussion of alternative approaches for assessing the travel abilities of people with vision disabilities.

#### ***Option 1:***

##### ***In-Person Functional Assessment***

Two possible approaches for determining the travel abilities of applicants with vision disabilities are proposed. The first approach would involve having an O&M Specialist or other qualified professional conduct an individual assessment of the applicant.

Prior to the in-person assessment, the professional would obtain and review the information provided by the applicant in the paper application. Because travel issues for people with vision disabilities are significantly different from those for people with other types of disabilities, a separate paper application form for applicants with vision disabilities is recommended. A

sample application form is provided in Section 3 of this workbook. When people call to request information about eligibility for ADA paratransit services, staff should inquire in general terms about their disability and travel issues. Persons who indicate that their most limiting condition or only disability is blindness or legal blindness would be sent this specific application form.

It is also recommended that a visual acuity statement be obtained to verify the degree of vision impairment. This can be provided as part of the application form or obtained through follow-up with a professional identified by the applicant. The person conducting the assessment should review the results of this clinical examination.

A comprehensive mobility assessment would then be conducted. This assessment should be conducted in the real environment as appropriate and should thoroughly consider all of the travel issues noted previously in this section. The assessment should involve observation of a person traveling in:

- both familiar and unfamiliar environments;
- indoor and outdoor settings;
- varying lighting conditions;
- along routes with different terrain; and
- at various types of intersections.

Because the assessment would be an observation of abilities in a specific set of environmental conditions, the O&M Specialist would then need to consider how the person might perform at other times of day or in other environmental conditions.

Follow-up with other professionals who have worked with the applicant or who are familiar with the applicant should then be conducted. An eligibility recommendation should then be made based on all of the information collected – information provided by the applicant, information from other professionals, and observations made during the assessment.

### **Competencies of Persons Conducting Functional Assessments**

O&M Specialists are the best professionals to conduct a functional mobility assessment for persons who are totally blind or legally blind. If O&M Specialists are available in the area, it is strongly recommended that they be used to conduct these assessments. O&M Specialists are the only professionals who possess the competency to evaluate the functional community mobility of people who are blind. If other professionals are used to evaluate the ability of applicants with low vision due to a lack of availability of O&M Specialists, it is strongly recommended that they possess the following competencies, at a minimum:

Knowledge of:

- Basic anatomy and pathology of the eye
- Functional mobility problems associated with each pathology.
- Implications of reduced visual acuity on mobility tasks
- Implications of reduced visual field on mobility tasks
- Effects of lighting conditions and glare on person's ability to see visual stimuli

- Effects of low lighting, and abrupt changes in lighting
- How visibility of an object or area is effected by contrast, size, distance and lighting.
- Techniques used by people with low vision to cross streets at intersections with stop signs, traffic lights, or at crossing with no traffic control
- Strategies used for public transportation

Ability to:

- Interpret clinical eye report
- Interpret written information on application regarding applicant's functional vision
- Monitor a person's safety without interfering with their ability to complete the assessment tasks

The **Utah Transit Authority (UTA)** in Salt Lake City, UT asks all applicants to complete an application form. Applicants with vision disabilities are asked to provide verification of disability, including visual acuity statements. People with some vision loss, but not legal blindness, are asked to participate in interviews and physical functional assessments. Determinations for these applicants are made based on the information obtained in the application forms, information from healthcare professionals, the interviews and assessments.

Applicants who indicate significant vision disabilities (legal blindness or greater) are referred to an Orientation & Mobility Specialist (O&M Specialist) for a functional assessment. The O&M Specialist is available to the UTA through a contract arrangement with a local disability organization. The O&M Specialist goes to the applicant's home, takes the applicant out in the community (as needed) and evaluates their travel skills and abilities and makes an eligibility recommendation.

The **Regional Transportation Commission of Southern Nevada (RTC)** in Las Vegas, NV requires all applicants to participate in an in-person interview. Applicants are also encouraged to bring documentation of disability to the interview. Based on the information gathered in the interview, applicants may be asked to participate in functional assessments. Applicants with low vision, but not legal blindness, may be asked to participate in physical functional assessments. Applicants who indicate significant vision loss (at least legal blindness) are assessed by an O&M Specialist. RTC contracts with a local community organization that serves persons with vision disabilities for the services of one of their O&M Specialists. The O&M Specialist conducts an evaluation of the applicant's travel abilities at the RTC assessment center and provides RTC with an eligibility recommendation.

**Option 2:*****Identification of Eligibility Conditions Using Information Provided by the Applicant and Appropriate Professionals***

In some transit systems, it may not be feasible to have certified O&M Specialists or other qualified professionals conduct functional assessments of applicants who are blind or legally blind. This may be the case due to the lack of availability of O&M Specialists in the area. It may also be too expensive to conduct assessments that might take several hours and involve observations in a wide variety of conditions.

The following alternate process for determining ADA paratransit eligibility is therefore recommended. This alternate process would involve granting a minimum level of conditional eligibility to applicants who are blind or legally blind. Providing at least conditional eligibility for applicants who document a level of vision disability that at least meets the federal definition of legal blindness is based on the notion of “most limiting conditions.” It suggests that virtually every blind or legally blind traveler, regardless of his or her personal skill level, would be prevented from safely navigating to and from transit stops under some conditions. In this situation, as when determining eligibility for applicants with other disabilities, it is important to ensure that no one is denied a level of eligibility to which he or she may be entitled, even if it is minimal. This process would then use information from the applicant and professionals familiar with the applicant to identify the specific barriers that would limit that person’s travel.

Following is an outline of the steps that would be involved in this approach.

**STEP 1: Obtain and Review Information from Applicants**

When people call and request application materials, determine if their primary disability is a vision disability. If so, send them an application form designed to address the travel issues of people with vision disabilities. Use the sample application for people with vision disabilities provided in Section 4 of this workbook to develop a similar application that is tested and appropriate for your area.

Have each applicant participate in an in-person interview. Ask follow-up questions as appropriate. Suggestions of follow-up questions are provided in Section 5 of this workbook.

Be sure to obtain information about all concomitant disabilities and health conditions and the impacts of these on travel.

**STEP 2: Obtain and Review Information from Professionals**

Obtain verification of disability. A visual acuity statement, as well as other appropriate documentation, is recommended. This documentation could be requested as part of the application form. If not, it should be requested as part of follow-up with named professionals.

If the applicant notes that she has worked with an O&M Specialist, obtain input from that professional. An “Orientation & Mobility Instruction History” form is provided as

Attachment A at the end of this section of the workbook. If the applicant has not worked with an O&M Specialist, it might still be helpful to send this form to another named professional.

When obtaining information from other professionals, it is first necessary to obtain a Release of Information from the applicant. Be sure to ask the professional about all concomitant disabilities and health conditions and the impacts of these on travel.

### **STEP 3: Have Applicants Participate in a Physical Functional Assessment (if appropriate)**

If information from applicants and/or professionals indicates some level of vision impairment but the impairment does not meet the federal definition of legal blindness, determine if the applicant has other physical disabilities or health conditions. This information might be obtained from the paper application, from other professionals, or might be based on information collected in the in-person interview. If another health condition or physical disability is noted or observed, it may be appropriate to have the applicant participate in a physical functional assessment similar to the one detailed in Section 5 of this workbook. As part of that assessment, general observations of issues related to the noted vision disability can be observed and evaluated.

Again, use of a general physical functional assessment such as the one in Section 5 of this workbook that is conducted by professionals such as physical

therapists and occupational therapists is recommended only for people with vision disabilities that do not meet the criteria of legal blindness. For example, many older adult applicants may have some vision loss in addition to one or more health conditions or physical disabilities. It would be appropriate to have these applicants participate in the physical functional assessment, where the professional would carefully document how vision loss affected the applicant's overall ability to navigate the environment. When having applicants with low vision participate in these functional assessments, it is important that assessors not "lead" them along the course. Assessors should provide instruction on where to go and then assess how applicants do in navigating the course.

In-person functional assessments for people who are legally or totally blind would be excluded in this model, unless they were to the standard described in Option 1.

### **STEP 4: Make the Determination**

Consider all information collected. For applicants with some vision impairment but who are not blind or legally blind (and who may have other health conditions or disabilities), the decision would consider information provided in the application form, information obtained from the in-person interview, information from other professionals, and observations made in any functional assessments that might be appropriate. An appropriate level of eligibility – conditional, unconditional, or temporary should then be considered.



Applicants who are blind or legally blind would be granted either unconditional or conditional eligibility. If conditional eligibility is granted, the following three conditions would be included, at a minimum, in the determination:

- Crossing the street at intersections that are not accessible either due to signalization barriers, lack of reliable auditory cues, lack of traffic control or intersection geometry barriers (see “Features of an Accessible Intersection” provided as Attachment B at the end of this section)
- Having to wait for buses at stops that are not on a sidewalk and less than three feet from moving traffic along a busy roadway
- Having to walk to or from stops or stations along a path with no sidewalk that is less than three feet from moving traffic. This path can be the shoulder of a busy roadway or a large parking lot with no detectable path of travel.

For applicants who are blind or legally blind, conditions of eligibility beyond the minimum would be established based on input from the applicant regarding his or her mobility skills and challenges, knowledge of the particular eye condition, and professional verification of any training that the applicant has received. For example, this might include eligibility from dusk to dawn for someone with night blindness.

Additional conditions of eligibility should also consider the actual orientation and travel skills of the applicant and any issues related to concomitant disabilities. It might, for example include eligibility for unfamiliar trips for which travel instruction has not been provided if the applicant has limited general orientation and wayfinding skills. Or, it may include eligibility when streets of more than two lanes must be crossed if the applicant’s walking speed is very slow due to the combination of vision and other disabilities.



## ATTACHMENT A

# Sample Form for Collecting Information About Orientation and Mobility Instruction History

**Name of Applicant** has applied for eligibility to use the ADA paratransit (van/taxi) services provided by **Name of Transit System** and has indicated that they received Orientation and Mobility Instruction from you or your agency. To assist us in determining this person's eligibility for ADA paratransit services, please provide the following information about the instruction that was provided.

Agency \_\_\_\_\_

Instruction was provided from \_\_\_\_\_ to \_\_\_\_\_

Approximate total hours of training \_\_\_\_\_

O&M Instructor \_\_\_\_\_

## BUS TRAVEL

1. Did you teach individual to use the bus system? \_\_\_\_\_ Yes \_\_\_\_\_ No

If NO, skip to question #2

If YES, answer the following questions:

a. Was the training route specific? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. Was the training successful? \_\_\_\_\_ Yes \_\_\_\_\_ No

If NO, skip to question #2



c. Which routes/destinations were mastered?

Bus Route Number	Destination
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1.

2.

3.

d. Note any concerns you have regarding independent travel on buses by this person.

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2. Why was training in use of bus service not provided? (check all that apply)

\_\_\_\_\_ Person did not want to learn to ride a bus

\_\_\_\_\_ Person's family/staff did not want him/her to ride a bus

\_\_\_\_\_ Person lacked prerequisite skills

\_\_\_\_\_ Environmental barriers along intended route (explain in question #5 below)

\_\_\_\_\_ Other. Please explain \_\_\_\_\_

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3. At this time, I feel the person's travel abilities (with training) in regard to use of fixed-route bus service best fit into the following category: (check only one)

\_\_\_\_\_ Community mobile (able to use all bus routes under all conditions)

\_\_\_\_\_ Can manage several bus route transfers

\_\_\_\_\_ Can manage one specific bus route transfer

\_\_\_\_\_ Can manage several simple bus routes (no transfers)

\_\_\_\_\_ Can manage one specific simple bus route

\_\_\_\_\_ Cannot ride independently on any bus route

4. What modifications (by the bus system) would be required in order for this person to be able to ride the bus alone?

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5. Note environmental barriers between bus stops/home/destination entrance that would prevent the person from safely traveling a route alone? (no sidewalks, complex intersections, crossing parking lots, etc.) Please note bus route number if these barriers prevent travel on a particular route.

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6. Note personal barriers (poor balance in inclement weather, problems with attention to long routes, slow speed of travel, etc.) which would prevent the person from traveling a route safely.

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7. Describe street crossing skills (at stop signs, traffic lights, etc.)

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8. Other comments?

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Mailing Address \_\_\_\_\_

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Phone \_\_\_\_\_ Fax \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

## ATTACHMENT B

### Features of an Accessible Intersection

*For paratransit eligibility purposes, one should not assume that all pedestrians who are blind are able to cross streets at intersections that have these accessibility features. This list simply describes those intersection features that have proven to be less problematic. Intersections that do NOT have these accessible features may be considered barriers.*

#### Reference Information

“Proposed Guidelines for Pedestrian Facilities in the Public Right-of-Way,” published by the U.S. Access Board in the Federal Register on July 26, 2011.

“Building a True Community: Final Report of the Public Rights-of-Way Access Advisory Committee,” U.S. Access Board. January 2001.

## STREET/SIDEWALK TRANSITIONS

### Curb Ramps

Maximum slope of 1:12

Aligned to hit street at a perpendicular angle or with minimum amount of warping

Aligned with sidewalk and crosswalk intended for its use

Must have a level landing

Surface must be clear of obstructions/ grates/doors

Detectable warnings required

Two separate curb ramps preferred (instead of single ramp that opens diagonally onto an intersection)

### Medians and Pedestrian Refuge Islands

Compliant cut-throughs or curb ramps are required

Detectable warnings required.

### Detectable Warnings

On all curb ramps, alleys, and blended transitions (where ramp is 1:20 or less)

At cut-through medians and islands

Full width of ramp and 24 inches deep at the edge where the ramp, landing, or blended transition connects to a crosswalk.

## CROSSWALKS & CROSSING TIME

### **Crosswalks**

Cross slope (road grade) shall be a maximum of 1:50 where yield or stop controls exist, and a maximum of 1:20 where there are no yield or stop controls. Crosswalk running grade (road crown) maximum of 5 percent. High contrast crosswalk markings at signalized intersections. Minimum crosswalk width is 8 feet.

### **Pedestrian Phase Timing**

Calculated with 3.5 feet per second pedestrian walk speed. Crossing distances, when calculating timing, shall include the length of the crosswalk and one curb ramp.

## ACCESSIBLE PEDESTRIAN SIGNALS (APS)

***An APS is a device that communicates information about pedestrian signal timing in non-visual format, through the use of audible tones, or verbal messages, and vibrating surfaces.***

APS required at intersections with:  
Leading pedestrian intervals  
Pedestrian phase timing is pedestrian actuated (by pushbutton)  
Pre-timed signal with pedestrian signal heads (WALK, DON'T WALK)

### **APS Requirements**

Indicate unambiguous directionality in audible & vibrotactile format  
Locator tone (if pedestrian activated)  
Audible from beginning of WALK interval  
2-5 dB greater than ambient noise  
Not limited in operational hours

***Refer to pedestrian pushbutton requirements on the next page.***

## **PEDESTRIAN PUSHBUTTONS**

### ***Pushbutton Operation and Features***

Operate with a closed fist  
Size – 2 inch minimum across  
Maximum needed force – 3.5 pounds  
Emit a locator tone  
Visual contrast from the body of the unit  
Give visual and audible indication button has been pressed

### ***Pushbutton Location***

On smooth, clear level surface  
Adjacent to the landing of curb ramp  
Control face should be parallel with the crosswalk  
Mounting height – 42 inches maximum  
Within five feet of the crosswalk lines extended  
Within 10 feet of the curb edge  
Minimum of 10 foot separation from another pushbutton OR speech messaging if two buttons are on the same pole.

### ***Pushbutton Signage***

Tactile arrows oriented parallel to the crosswalk controlled by the button (to indicate directionality)  
Tactile symbol on the button to indicate that it controls an accessible signal  
Raised print and Braille sign with street name  
Optional – tactile crosswalk map

### ***Turn Lanes at Intersections***

Cue provided to locate the pedestrian crosswalk


Pedestrian activate traffic signal must be provided at pedestrian crossings

### ***Roundabouts***

Where sidewalks are flush to the curb and pedestrian street crossing is not intended, a continuous and detectible edge treatment should be provided.

Use of landscaping, fences, or guide rails to direct the pedestrian flow is a good practice  
Pedestrian actuated signals at crosswalks – should be APS with locator tone





# A Framework for Making “Difficult Determinations”

SECTION

9

## Introduction

Functional assessments, combined with interviews and information from applicants are valuable tools as part of the ADA eligibility determination process, but do have some limitations. Although when conducted by the correct professional and according to the highest standards they are reasonably valid predictors of ability, they are a one-time sample of ability in a given time and place. The functional assessments described in this workbook will not provide sufficient or relevant information for individuals with all types of disabilities. Keep in mind that the functional assessment tools described in this workbook must be used in the manner in which they were designed. Especially in the case of assessments that have been validated for certain populations, such as FACTS, great care must be taken to avoid inferring meaning to other populations. For example, epilepsy, many psychiatric disabilities and some other health conditions result in functional limitations which cannot always be adequately evaluated using the physical functional evaluation, or FACTS. These types of disabilities typically present the greatest challenges in making accurate eligibility decisions.

It may be difficult for the applicant to adequately explain the functional reasons that his disability prevents him from using fixed-route transit. Lacking the objective measure of a functional assessment, the best source of information about travel abilities may be to get information from the applicant combined with information from professionals who are familiar with the applicant's disability and functional abilities. The following process is offered as a framework for collecting information that will help with the most difficult eligibility determinations.

## Suggested Framework

Begin the process of collecting information by making sure that you are clear about what you want to know. The process starts with verifying the existence of a disability, and then determining how the disability affects the applicant's functional ability to use transit. A systematic approach to determine the what, who, how, when and why of whether the individual is prevented from using fixed-route transit will yield the most relevant information.

### WHAT?

The "what" question is "what is the diagnosis?" As discussed in chapter two, knowing the specific diagnosis provides you with a starting place to better understand the basic characteristics of the disability and what types of the specific functional limitations you might expect an individual to have.

Along with diagnosis, you should confirm the following additional information:

- **Date of onset.** This, combined with the diagnosis, could provide some insight into whether the individual's ability might improve. For example, someone who has had a stroke in the last three months may experience improvement over the course of the next six to nine months. However, if the stroke occurred several years ago, the individual has probably achieved the highest ability level that can be expected.
- **Extent of disability.** Two individuals with the same condition will not necessarily have the same level of functional ability. There can be a wide range of capacity within the same disability. Some diagnoses will include the extent (mild, moderate, severe, in remission, etc.) Asking to what extent the individual is affected by the condition will help to further clarify what functional limitations might be expected as a result.
- **Prognosis.** Prognosis is the professional's best estimate of the future course of the individual's condition. *The Merck Manual* usually provides a general prognosis for each condition described, which will help you understand the typical course of the condition. You can then ask the professional for the prognosis for the individual. People diagnosed with psychiatric disabilities usually have a prognosis as part of the diagnosis.

- **Medication.** Information about medications the individual takes should only be collected on a "need to know" basis. It is not typically relevant or useful in understanding functional ability, but in some cases may provide additional insight as to side effects or the potential to control a condition and improve functional ability.

### WHO?

The "who question" is "Who is the right professional to ask about this individual's disability?" The right professional should be, at a minimum:

- Someone who is currently or who has very recently treated or worked with the individual regarding this particular disability, *OR*
- Someone who has access to the individual's medical information and history, if they have not seen or worked with a professional recently, *OR*
- Someone who knows what the course of the individual's condition has been over the past year

Someone who has sufficient knowledge of the individual and the condition will be able to comment on specific functional abilities, and perhaps identify conditions that trigger the condition (when appropriate).

The "right professional" is not always a physician. For someone with a psychiatric disability, it could be a psychiatrist or psychologist, but it could also be an Social Worker / Intensive Case Manager who has been working with the individual to improve

his functioning in the community. A job coach may be able to provide valuable insight into how the individual learns new skills, and whether he can perform them independently and with consistency. For someone with epilepsy, the “right professional” is probably his or her neurologist. Confining your search to a “list” of only certain professionals limits your ability to identify and talk with a range of professionals that can provide valuable insight into how the individual functions on a day in and day out basis.

In addition to consulting with a professional, families and caregivers are important sources of information. They can provide information about day to day functioning in the home environment (generally the most comfortable and secure) and share observations (ex, confirm the number of seizures an individual is having.) This is information that would generally be collected during the interview.

### HOW?

The “How” question is the heart of the matter: “How does the individual’s disability prevent him from completing each of the tasks necessary to independently use fixed-route transit?”

In order for the professional to provide the specific functional information necessary for the eligibility determination, it is important to ask the right questions. You can help the professional better understand the functional capacities necessary for the independent use of transit if you describe them as a sort of task list. You should be able to create a “task analysis” that includes all of the physical,

cognitive and sensory tasks involved in getting to and from the bus and riding the bus. You can then examine each task and evaluate what skills and level of functional ability are necessary in order to complete the task.

Section 5 of this workbook and the subsequent physical functional assessment included in that section describe the physical functional tasks involved in using fixed-route. The same tasks can have physical, cognitive and sensory components.

For example, getting to the bus stop one block away involves, among other things:

- the **physical task** of walking or pushing a wheelchair a defined distance under existing conditions (for example, is it one level block, or is there is a hill or snow, how hot or cold is it);
- the **cognitive task** of memory (whether you have learned the way or have just asked for directions, you must be able to remember which way to turn when you exit the building);
- the **cognitive task** of attention to task (you must sustain attention as you travel to and from the bus stop and on the bus without being distracted);
- the **cognitive tasks** of processing and responding to information quickly
- the **cognitive tasks** of evaluating situation, planning, organization and problem solving
- the **sensory and physical tasks** of identifying and avoiding obstacles in your path; and
- the **cognitive and sensory tasks** of being able to identify the stop when you reach it (you know this is the stop,

and you have a way of identifying that you are in the right place).

Once you have established the tasks that may be difficult for the individual based on what you know about the disability and what the individual has told you, you can ask specific, directed follow-up questions to establish how the individual might be prevented from accomplishing each of the tasks you have defined.

It may be appropriate to occasionally ask questions about an individual's ability in a related, but different activity of daily living. For example, if someone has a serious cardiac condition, they will almost certainly be restricted from completing strenuous household chores. While these questions may provide some insight, they can also be intrusive and viewed as irrelevant. If it is necessary to ask these types of questions, they should be kept to a minimum, have a clear relationship to a functional outcome and not require the individual to divulge any irrelevant private or personal information.

A best practice would be to allow the applicant to provide an example from his daily life which illustrates the limitation, but may not be directly applicable to using public transit. This is likely to be more effective than having a list of prepared questions about related daily activities which may or may not be relevant. "You mention that you are often frustrated. Can you give me an example of the last time you felt that way, what the circumstances were and how you handled it?"

## WHEN?

The "when" question will help you establish if there are any reasonable conditions when the individual can use fixed-route transit. It is important to help the professional understand that ADA paratransit eligibility is not an "in or out" process, but should reflect the range of abilities an individual has under a variety of conditions. If the person is sometimes able to complete the necessary tasks with a reasonable level of effort, the professional may be able to assist you in defining those conditions. For example,

- The individual can walk up to three blocks on a level, paved surface, but cannot negotiate any slopes.
- The individual becomes increasingly fatigued throughout the day. Her functional ability is very good until mid-day, at which time she starts to experience significant fatigue.
- The individual can find his way to and from a location if he goes there on a routine basis, but could not manage to find his way to and from a location that he will visit only occasionally.

It may be useful to leave "the bus" out of the questions, and simply concentrate on the specific tasks (Master Functional Skills List.)

If the professional indicates that the individual is not able to use fixed-route under any reasonable circumstances, it is appropriate to ask follow up questions about what he believes to be the individual's most limiting condition and what the risks are, as he sees them. Follow up questions can be asked in such a way that they do not challenge the professional's opinion,

but help you to better understand the individual's ability.

You should also ask the professional if the applicant has the potential to improve his skills with training. Although training cannot be required as part of the ADA eligibility process, it is helpful to know which individuals might improve their ability, and what kinds of training would be most beneficial. Having the professional concur that training could be a benefit provides additional encouragement from an independent source. In a strength based model of eligibility, the goal should be to discuss with people their ability and potential, and perhaps help them understand that they have abilities they may not have realized.

### **WHY?**

The “why” question will help to focus on why paratransit is a more suitable form of transportation for the individual. If there are any doubts about whether the professional and applicant understand the nature of public transportation and the difference between the modes, the “why” question will help to determine this.

- Why is the individual able to travel on paratransit independently, but not on fixed-route?
- What is different about paratransit that make travel possible for this individual?

For individuals with severe behavioral problems, complicated medical conditions and extreme frailty, it might be appropriate to explore whether either form of public transportation is appropriate for the individual. If someone cannot tolerate a ride

time that is more than 20 minutes, cannot control his aggressive behaviors, or must have a medical condition monitored during the course of the ride, the individual may require a higher level of service than fixed-route transit, or even paratransit provides.

### **Using the model with a diagnosis – Paranoid Schizophrenia**

The Diagnostic and Statistical Manual – Fifth Edition (*DSM-V*) is used by the medical profession as a diagnostic tool, along with clinical judgment and experience. It outlines the specific criteria with defining features that an individual who carries that diagnosis will be likely to have. It is written and designed for use by individuals with clinical training and experience. The introduction bears the following warning: “It is important that *DSM-V* not be applied mechanically by untrained individuals. The specific diagnostic criteria...are meant to serve as guidelines...and are not meant to be used in a cookbook fashion.” In other words, it would be a dangerous error to assume that after reading the description of the general characteristics of a particular condition in the *DSM-V* you will have a full understanding of the impact the condition has on an individual. What you can learn is the range and extent of functional limitations that individuals with the disability may experience, which serves as a starting point.

For example, if you are preparing to talk with an applicant who has presented a diagnosis of Schizophrenia you will learn:

The individual has been ill for at least six months with at least two of the following symptoms:



- **Delusions**
  - Fixed false personal beliefs - the individual cannot be persuaded that the belief is untrue, despite evidence to the contrary.
  - Assigning unusual significance to normal events
  - "Everyone is talking about me behind my back."
- **Hallucinations**
  - A false sensory perception
  - Auditory and visual are the most common
  - Occur when the person is conscious
- **Disorganized behavior**
  - Actions which are not goal directed and appear "bizarre"
- **Disorganized speech**
  - Logic is badly impaired – impairs with communication
- **"Negative" symptoms**
  - Can't deal with other people – wants to be alone
  - Doesn't have much to say
  - Too tired to start or finish something he has started
  - Feels that things are "not worth the effort" – experiences little pleasure
  - Emotional withdrawal – flat affect
  - Reduced amount of speech or lack of fluency in speech
  - Difficulty in planning and doing activities – lacks motivation

The condition results in a profound disruption in cognition and emotion. Social and occupational functioning may be extremely impaired; the individual may have serious limitations in the area of socialization and self-care. He may be angry, anxious or depressed, and may have

difficulty sleeping. In addition to emotional problems, the individual will almost surely have cognitive problems as well. Most people with schizophrenia (at least 85%) will experience problems with cognition. Cognitive dysfunction is a primary symptom of schizophrenia. Combined with "negative" symptoms, the two work together to add to the difficulty in social functioning and communication.

### **Cognitive Ability**

Cognitive ability allows you to learn new information and to function in daily life. These thinking skills make it possible for you to perceive, acquire, understand and respond to information and include the ability to pay attention, remember, process information, solve problems, communicate and act upon information. Focusing on key cognitive skills provides a good starting point for evaluating functional ability to consistently perform tasks necessary to "navigate the system."

In daily life, these cognitive problems may be manifested in the following ways:

### **Attention**

The individual may have difficulty paying attention when people talk and give directions. They may find it hard to focus on one thing when other things are happening. Multi-tasking becomes difficult because they have to divide their attention.<sup>1</sup>

For example, on the bus, simple situations like responding to a direction from the bus driver while depositing a fare, or being

<sup>1</sup> Dealing with Cognitive Dysfunction Associated with Psychiatric Disabilities, Medina and Revheim, New York State Office of Mental Health, 2002



asked a question by another patron on the bus while preparing to pull the stop cord require multi-tasking. Inability to manage the tasks may result in the perception that the individual is uncooperative, or can result in failure to perform the primary task (missing the stop.)

## **Memory**

The ability to remember and recall information, particularly verbal material, is often a problem. Directions may be forgotten. Most people do not have trouble remembering routines they have learned, but they may find they do not hold onto new information as well as they used to. <sup>2</sup>

## **The ability to process and respond to information**

Response times may be slower, or it may take longer to register and understand information. Speech production can also seem slower and even though it may only be half a minute, that can seem like a long time to wait for a communication when you are trying to have a conversation with someone. <sup>3</sup>

## **Thinking Skills**

Critical thinking, planning, organization and problem solving are often referred to by psychologists as the executive functions, because those are the skills that help you act upon information in an adaptive way. <sup>4</sup>

For example, you may be taking a bus trip you have taken many times before. Even if you know exactly where to stand to get the bus, when to pull the stop cord to get off, and the walking route to the destination, you have to plan ahead to time and sequence all these activities to arrive at your destination on time. You may also have to adapt your plans if problems arise, like you miss your stop, or the street you always take to get to the destination is blocked by construction. People with psychiatric conditions, including schizophrenia may be less able to develop and act on an alternate plan when faced with an immediate problem. The ability to solve problems and remember information is essential for the use of fixed-route transportation.

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2 Ibid

3 Ibid

4 Ibid

## CASE STUDY – NATALIE

### *Overview, information from application and statement of problem*

Natalie is a 46 year old woman diagnosed with Chronic, Paranoid Type Schizophrenia, a condition which she says she has had for at least ten years. She lives alone in a high rise and has the support of her treatment team: a psychiatrist, an outpatient therapist and a service coordinator (who is a social worker) from the Behavioral Health program where she receives her treatment. There is a bus stop in front of her building, but her application, which her service coordinator completed for her, indicates that she is unable to use the bus because she is often confused, has memory problems, and demonstrates poor judgment. She cannot tolerate crowds or crowded situations and gets easily upset when people stare at her. She wants to use paratransit for medical appointments and grocery shopping since her service coordinator is no longer permitted to drive her to these appointments.

In her application she said she is able to cross the street at a traffic light, and walks four blocks to a small neighborhood grocery store. She has no desire to ride the bus or participate in training. She is using taxis paid for by a social service agency for some appointments, and her service coordinator has been transporting her in her personal vehicle for others. In the application, the service coordinator writes that it would be too confusing for Natalie to ride the bus, especially if she got off at the wrong stop or there was some sort of problem.

### *In Person Interview*

Natalie came alone to the appointment. She appeared disheveled and her clothes were clean, but badly stained. She is extremely overweight, walks with a shuffling gait and complained of pain in her knees. She was cooperative, but manifested a flat affect. She was very slow in all her verbal responses and was not able to make or maintain eye contact. She was able to give the correct date, but only with great effort and after having been asked for the day of week, date, month and year separately. Her memory for elapsed dates and times was very poor. She had difficulty telling the interviewer how old she was. She could not remember how old she was when she was initially psychiatrically hospitalized, or when her last psychiatric hospitalization occurred. Her memory for names and places, although slowly retrieved, was better than her memory for dates or time periods. She could not provide any specifics as to how often she sees her outpatient therapist and her psychiatrist. At first she said she saw them every week on the same day (which is highly unlikely) but later said it was only "sometimes." She carries her medications in her purse and read the names of the medications from the labels.

She said she had forgotten to take her medication before she left that morning, although she knew she was supposed to. She said she could not take it now because it could not be taken on an empty stomach and she made no effort to eat anything at home before she left, or get something from the coffee shop in the lobby of the building,

although she had money to pay for a snack. She asked for water but not for any help in getting something to eat.

Attempts to discuss use of the bus provided little information. Natalie withdrew and repeated “I’d be scared, I’d be scared.” After several probing questions, she said if she cannot walk (in her neighborhood) or get a ride in a car, she does not go. She said she is “kind of scared,” the crowds on the bus frighten her, and she is afraid of getting lost or stuck somewhere with no way home. The interview proceeded with a more general discussion about her daily life and experiences

In talking about her background, she said she was a cashier, but could not say how long she had the job, at which bank she worked, or when she last worked. She seemed to estimate wildly when she speculated it might have been ten years ago. She lives alone in a high rise building for seniors and people with disabilities, but she does not attend the social events and has no friends in the building. She talked about knowing that people from the building talk about her and were coming into her apartment and taking things. She said she prefers to spend the day in her apartment and wants just to be “left alone.” She said she is often tired and just stays in bed all day. On a good day, she will walk to the store and fix herself something she likes to eat.

She admitted to having trouble remembering her appointments and frequently misses them unless her service coordinator arrives

to take her, despite the fact that one of her doctors is located in a building directly across the street from her high rise. She writes everything down on a calendar that her service coordinator got for her, but she forgets to check the calendar. She rarely leaves her apartment, preferring to stay at home. She has two younger sisters who she says are “mad at her,” but she could not say why.

She has a television that her “boyfriend” got for her, but she could not name any program that she watches, and was not able to talk about any current issues, including sports or the weather forecast. She does her own cooking (chicken wings, sandwiches and microwave popcorn) and both her doctors have told her that she must lose weight. At first she said her boyfriend works, so she does not see him often, but said he helps her with money and they “take trips.” Later she said he is just a “friend who looks in on me.” She could not tell me the last time she saw him, and referred to him as “Uncle Ed.”

### ***Impressions***

Natalie’s cognitive functioning is highly compromised by a combination of her mental illness and her medication. There were noted problems with memory and confusion. She showed signs of delusional thinking, paranoia and poor judgment. She is isolated and takes no pleasure in any activity. Throughout the interview she spoke very slowly and frequently had to have questions rephrased or repeated. She cooperated and gave full effort to answer questions and participate in the interview, but she struggled with questions

that required recall or establishing place and time of past events. She remained withdrawn and spoke with a flat affect throughout the 20 minute interview. She appears to have substantial, chronic problems with cognitive tasks including memory, thinking skills and reasoning as well as appropriate social behavior.

### **Professional Verification**

The professional verification form was completed by her current psychiatrist who has been treating her for six years. He confirms that her prognosis (Chronic, Paranoid Schizophrenia) is stable as long as she adheres to the régime of five medications he has prescribed. He deems her fairly compliant in taking the medication, which at times leaves her confused and disoriented. She has had the condition for 12 years and was last hospitalized for the condition for 10 days, 14 months ago.

He states that many major cognitive skills are affected including problem solving, short term memory, and concentration, the ability to monitor time, judgment and coping skills. He states that she may "become disoriented, is unable to make appropriate shifts in information to make appropriate decisions and can become paranoid and withdrawn." He says she will "accept others taking advantage of her, she is naïve in orientation and can become paranoid." If she is fearful or upset, she will withdraw, but follows directions adequately with supervision of someone she trusts. The feeling that people are "crowding her" or staring at her creates stress, and she is

often unable to distinguish between glances in her direction and "staring." She has been known to react aggressively (although not dangerously) in such a situation.

She has difficulty reasoning and would have great difficulty problem solving or independently seeking or acting on directions. He says that travel training would not be appropriate since her "poor memory functioning prevents her from retaining information necessary to make alternate decisions or evaluate situations in general – she is a very concrete thinker." She has "great difficulty in discerning and judging the motives of others; her reasoning and memory dysfunction prevent her from retrieving sequential learning tasks and has difficulty with reasoning and application of learned information necessary in order to make a decision."

Without transportation support he says she will become isolated and homebound, and will not be able to attend the doctor and therapy appointments which are vital to her health and relative stability.

Question	Answer	Source
<b>WHAT</b>	<b>Chronic Paranoid Schizophrenia</b> <ul style="list-style-type: none"> <li>▪ 10+ years</li> <li>▪ Stable if compliance with meds maintained</li> <li>▪ Medications help manage symptoms but have side effects</li> <li>▪ Cognitive limitations</li> </ul>	<b>Diagnosis</b> <ul style="list-style-type: none"> <li>▪ Psychiatrist</li> <li>▪ Service Coordinator (has access to file)</li> </ul> <p>Baseline characteristics of condition obtained through review – DSM V, associated guides.</p>
<b>WHO</b>	<b>Treating professional(s)</b> (Select one to start) <ul style="list-style-type: none"> <li>▪ Psychiatrist</li> <li>▪ Outpatient therapist</li> <li>▪ Service Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>▪ Professional verification form (Section 5) – either psychiatrist or outpatient therapist. In this case, the treatment team made the choice.</li> <li>▪ May be accompanied to interview by staff or family</li> <li>▪ Applicant</li> </ul>
<b>HOW</b>	<b>Cognitive limitations</b> <ul style="list-style-type: none"> <li>▪ Memory</li> <li>▪ Problem solving</li> <li>▪ Processing and responding to information</li> <li>▪ Judgment</li> </ul> <p>Inappropriate and risky response to perceived threats from others</p>	<ul style="list-style-type: none"> <li>▪ Psychiatrist</li> <li>▪ Service Coordinator (works with her routinely on functional issues)</li> <li>▪ Applicant's own statements</li> </ul>
<b>WHEN</b>	<p>Under no condition</p> <p>No potential for improvement with practice or training</p>	<ul style="list-style-type: none"> <li>▪ Psychiatrist</li> <li>▪ Service Coordinator</li> </ul>
<b>WHY</b>	<p>Paratransit is supervised, no crowds, no decisions, origin to destination</p>	<ul style="list-style-type: none"> <li>▪ Psychiatrist</li> </ul>
<b>MOST LIMITING CONDITION</b>	<b>Cognitive Limitations:</b> <ul style="list-style-type: none"> <li>▪ Memory</li> <li>▪ Judgment</li> <li>▪ Problem solving</li> <li>▪ Reasoning</li> </ul> <p>Response to stress may be inappropriate and create risk to self.</p>	<ul style="list-style-type: none"> <li>▪ Psychiatrist</li> <li>▪ Service Coordinator</li> <li>▪ Applicant</li> </ul>

### *Inconsistencies – Follow up questions*

#### ■ **How is Natalie able to live independently in her own apartment?**

She remains withdrawn in an environment which is safe, from which she rarely ventures out, and only under conditions which do not create stress. She has the learned ability for self-care including basic meal preparation and shopping, and she has the support of her treatment team.

#### ■ **If Natalie can walk to the store and shop, why can't she walk to the bus stop?**

Her farthest independent range from her apartment is the 4 block walk to the store. This walk does not require her to interact with anyone else. There is very little potential for variation, with the exception of bad weather. She has the learned ability to cross streets safely. Once in the small neighborhood store she knows the aisles well and moves quickly through the store to get the items she needs. Most of the cashiers recognize her as someone who "keeps to herself." She does not have to ask for assistance or directions.

She could probably make that same four block walk to a bus stop in front of the store, but waiting at a stop with others she does not know or trust, boarding a crowded bus, remaining alert throughout the ride, remembering, anticipating her stop and signaling at the correct time is beyond her ability. The feeling that people are staring at her is known to create stress for Natalie, and that stress impacts her ability to make good decisions. Once she leaves her immediate

neighborhood and her "comfort zone" if she were to experience a problem, there is little doubt that she would not be able to seek assistance and would most likely make very poor choices which could place her at risk.

### *Eligibility determination*

Natalie's mental health condition prevents her from independently and consistently navigating the system. Her memory, problem solving and judgment are significantly impaired. She is currently functioning at close to the highest independent level she can achieve, and her condition is stable, but not expected to improve. There is a high level of consistency between the applicant's own description (interview), the application form (completed by the service coordinator) and the treating professional (Psychiatrist.)

Her eligibility should be Unconditional. There is no need to conduct follow up with professionals at the time of recertification since her condition will not improve.







# Managing the Process

SECTION

10

## Introduction

Previous sections provide an understanding of ADA paratransit eligibility and include recommendations for making determinations for applicants with different types of disabilities. This section provides suggestions for managing the process. Topics covered in this section include:

- Communicating the Process to the Public
- Accommodating Applicant Needs
- Managing In-Person Interviews and Assessments
- Communicating the Decision Effectively
- Ensuring Accuracy and Consistency
- Getting Applicant Feedback
- Record-Keeping, Data Collection and Performance Measurement
- Recertification Options
- Appeals Process Options
- Implementing Trip-By-Trip Eligibility

## Communicating the Process to the Public

As noted in Section 3, it is a good practice to consider a holistic process that has as its goals to identify people's abilities and to provide them with comprehensive assistance on mobility options. Instead of just making people aware of ADA paratransit and eligibility for that service, consider developing public information that describes all types of accessible transportation services.

If a holistic approach is taken, and in-person interviews and functional assessments are part of the process, it is also a good practice to communicate these as a "transportation assessment" (or something similar), rather than as an "ADA paratransit eligibility assessment." Then, as part of the interview and assessment process, incorporate information about other accessible transportation options, and travel training (if available).

Regardless of whether a holistic approach is taken, or information is more narrowly focused on ADA paratransit, another important goal is to make information about eligibility for ADA paratransit services readily **available, accessible, and understandable**. Following are some suggestions for achieving this goal.

### Make Information Readily Availability

Provide information about accessible transportation services, ADA paratransit and ADA paratransit eligibility at all

locations where public transit materials are distributed. This includes transit stations and centers, and transit “stores”—where fare media is provided. Also distribute information in a more targeted way through local disability organizations and organizations that serve older persons.

Since the content of application forms might change, some systems widely distribute general information about accessible services and ADA paratransit eligibility and then provide a telephone number that can be called to request application materials. This way, it is easier to ensure that the latest forms are used by applicants.

Also consider making application materials available electronically online. Many systems provide a link to the application material and allow people to download or print copies. Some systems have also designed interactive documents that allow people to complete and submit the forms online. Making information and application materials available in electronic formats can make them more accessible, particularly to people with vision disabilities.

When designing websites, and any materials that can be accessed by links, they should be compatible with magnification and screen reading software.

Local disability agencies, particularly those that serve people with vision disabilities, often can provide helpful advice on accessible designs. Some agencies can assist by testing sites for accessibility.

When designing websites, also make it easy to locate information about accessible transportation. Many transit agencies provide an “Accessible Services,” or similarly named link that is clearly identifiable on the home page. Within the page is information about accessible fixed-route services, travel training programs, as well as ADA paratransit. Information about eligibility for ADA paratransit is then easily identified on the ADA paratransit page.

Advertise and staff a telephone line where people can call to get more information about ADA paratransit and eligibility, and to request application materials. As noted in Section 3, discuss transportation needs with callers and offer information about all types of accessible transportation services as appropriate. Staff who take these calls should be trained to clearly explain the criteria for ADA paratransit eligibility. They should also have information about other accessible transportation services that can be sent, along with ADA paratransit application materials, if requested.

### **Provide Information in Accessible Formats**

The U.S. DOT ADA regulations require that information about public transit services be made available in accessible formats (Section 37.167 (f) of 49 CFR Part 38). This includes information about ADA paratransit and ADA paratransit eligibility. In addition to making information and materials available electronically, they should be available in other accessible formats upon request. Other accessible formats include large print, braille, and audio tape.

As requests for information in accessible formats are received, discuss what formats are usable by the individuals and what formats are needed to make the information and materials usable. It is a good practice to have large print formats readily available, as this is the format requested most often. If not immediately available, it is also a good practice to have procedures in place for having materials prepared promptly in other, less frequently requested formats (such as braille or audio).

Accessible communications are also required. Public information should identify how people can access TTY telephone lines or relay services. Staff assigned to use TTYs should also be trained in using this equipment and in the “shorthand” used when communicating by TTY.

### **Make Information Understandable**

As the discussion in Section 1 makes clear, ADA paratransit eligibility can be complicated. Furthermore, the regulatory text detailing the criteria for eligibility can be difficult to understand. It is written more to be clear in legal terms than in layperson’s terms.

To make ADA paratransit eligibility understandable to the average potential applicant, it is important to “translate” the regulatory text into more common language. Repeating the full regulatory text in public information is not recommended. The descriptions of ADA paratransit eligibility contained in Section 1 can serve as a starting point for developing language that is more understandable.

### **Provide Information in Non-English As Appropriate**

Information about ADA paratransit and ADA paratransit eligibility may also need to be made available in non-English. This requirement varies depending on the approved Title VI plan at each transit agency. The Title VI plan should note what non-English languages need to be accommodated and how this will be done for transit information in general.

Whatever commitments have been made in the latest Title VI plan for general transit information should be applied to ADA paratransit and ADA paratransit eligibility as well. The plan should address not only written information, but information provided by phone or online. If the Title VI plan commits to providing call-takers that can communicate in non-English languages, the same service should be provided for telephone lines where ADA paratransit and ADA paratransit eligibility is provided.

If written information is provide in non-English, it is also important to note that this also must be available in accessible formats upon request.

## Accommodating Applicant Needs

If in-person interviews and/or functional assessments are included in the process, two important accommodations must be made.

### Transportation to/from Interviews and Functional Assessments

First, transportation must be provided to and from the interviews/assessments if needed. Transportation should be provided free of charge<sup>1</sup>. When interviews/assessments are being scheduled with applicants, staff should ask if transportation is needed. If it is needed, arrangements should be made and applicants provided with pickup times for the trips.

*Note:* Locating assessment centers close to accessible public transportation can help to minimize the cost of providing transportation to applicants as some may be able to travel to the interviews and assessments using accessible buses and trains

Some systems use the local ADA paratransit service to provide transportation as needed. Typically, staff that schedules interviews and assessments sends a list of applicants needing transportation to the ADA paratransit service provider a few days in advance. The ADA paratransit provider schedules the trips and sends back the scheduled pickup times for each applicant.

The eligibility staff then contact applicants and provide them with the scheduled pickup times. An alternative to using the existing ADA paratransit service is to arrange a separate contract for the transportation of applicants to and from the assessment center.

One advantage of using the existing ADA paratransit service is that trips to interviews/assessments can be individually scheduled. Applicants can arrive and depart based on the schedule for their individual interviews/assessments. Having separate contracts for transportation can sometimes mean that groups of applicants all have to arrive at the same time and all must wait for the entire group of interviews and assessments to be completed before returning home. On the other hand, if existing ADA paratransit is utilized, it is important that the service be timely and highly reliable. Working with the existing paratransit service might also be challenging if interviews and assessments are not completed on schedule. Some transit agencies have found it useful to designate staff at the assessment center to serve as liaisons with the ADA paratransit provider to help to handle transportation issues as they arise on the day of service.

*Note:* Regardless of whether the existing ADA paratransit service or a separate contractor is used, it is important that applicants not be charged a fare for transportation to and from assessments centers.

### Sign Language Interpretation

A second important accommodation is sign language interpretation. It is a good practice to include a question in the application form

<sup>1</sup> Section 37.5 (d) of the U.S. DOT ADA regulations states that entities may not impose special charges, not specifically authorized by the regulations, for providing required services. Appendix D to Section 37.125 also states that there can be no “user fees” or application fees for applying for ADA paratransit eligibility.

that asks if applicants need assistance with accessible communications. It is also a good practice to ask, as appropriate, when interviews and functional assessments are being scheduled. Transit agencies should then have a contract or relationship with local vendors or agencies that can provide sign language interpretation.

As with transportation, the full cost of this service should be paid by the transit agency.<sup>2</sup> Applicants should not be charged for this service.

## Managing In-Person Interviews and Assessments

A number of management issues may arise related to the scheduling and conduct of in-person interviews and functional assessments. Following are helpful tips for addressing these common issues.

### Scheduling Interviews and Assessments

If the process calls for applicants to submit application forms before scheduling interviews and assessments, use the information in the completed forms to determine the functional assessments that likely will be needed. Allow enough time when scheduling appointments for each applicant to participate in an interview. Then allow time for each type of functional assessment that likely will be needed. Considering in advance the types of assessments that likely will be needed can help with the efficient scheduling of appointments. It can also help to ensure that adequate time is allowed when scheduling transportation to and from the assessment center.

If the process does not ask applicants to send an application form in advance, but simply to call to schedule an interview/assessment once they have completed the application form, and to then bring the application form with them to the interview, information about disability will need to be gathered when they call. Ask about types of disabilities and determine the primary disability that affects travel by fixed-route transit. This information should then be used to schedule appropriate functional assessments.

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2 Section 37.5 (d) of the U.S. DOT ADA regulations.



Allow some extra time when scheduling appointments and when scheduling transportation to and from the assessment center for contingencies. Some interviews and assessments may run longer than the average time. In some cases, additional assessments that were not foreseen may have to be conducted. Also be sure to allow time between interviews and assessments for staff to complete required forms and paperwork.

### **Preparing Applicants for Interviews and Assessments**

When speaking with applicants to schedule interviews and assessments, provide the following reminders and information:

- If the process calls for then to bring completed applications to the interview, remind them to do so. If professional verification is a required part of the application form, ask if this has been completed. If it has not been completed, consider asking applicants to get this information and then call back to schedule an interview.
- If professional verification of disability is not obtained using a standard form, but applicants are allowed to present various forms of verification, remind them to bring any documentation that might be helpful to the interview.
- Be sure to ask if transportation is needed, and arrange for transportation if requested.
- Inform applicants that they should come to the interview/assessment with the mobility device or devices that they use when traveling in the community.
- Note that the functional assessment may involve a short walk outdoors and tell applicants to dress appropriately.
- Let applicants know how long they are likely to be at the assessment center so they can prepare and bring what they may need.

Once the interview/assessment has been scheduled, it is a good practice to send a confirmation letter (in accessible formats as needed). The letter should include the location, date and time of the interview/assessment. It should also repeat the reminders and important preparation information noted above.

### **Incomplete Applications**

If applicants are asked to fill out paper applications as part of the process, some applications may be received incomplete. If the process requires that applicants mail-in applications before interviews/assessments are scheduled, staff should review the applications for completeness. When doing this, it is important to differentiate between applications that are incomplete and those that are complete but may include limited information. For example, if an application asks “How does your disability prevent you from using the regular city buses?” and an applicant responds “I can’t get to bus stops,” this should be considered a complete response. Although the information is limited and really doesn’t get to all of the issues that need to be assessed, the question was answered. The question itself was not specific. If questions are answered, applications should be considered complete even though the information may not be as



detailed as desired. If additional information is needed, it should be obtained as part of the subsequent process (through interviews or follow-up calls to applicants).

On the other hand, if applicants are asked to get verification of disability from a professional and include that in the application, the application would be incomplete if that section is left blank. It would be reasonable in these cases to send the application back with a letter identifying the missing information.

It is also a good practice to consider ways to reduce the burden of getting complete applications. For example, if only a few minor questions are incomplete on an application that has been mailed in, it would be beneficial to both the applicants and the transit agency to make a follow-up call to get the information, rather than sending the application back and then needing to reprocess it at a later time.

If the process asks applicants to bring completed applications with them to the interview/assessment, rather than mailing them in advance, missing information can be collected as part of the interviews. There may still, however, be some instances where additional information is required even after the interview. For example, if professional verification of disability is required as part of the process and that section of the application is not complete, the application may still be incomplete and the applicant would need to obtain and send-in that information even after the interview is conducted.

It is also important to differentiate between incomplete applications and findings that applicants are not eligible. *If incomplete applications are received, applicants should not be sent letters saying that because the applications were incomplete they have been found not eligible.* This may discourage people from completing the process if they think a decision has actually been made. Instead, letters should state that applications are incomplete and will not be able to be processed until the missing information is received.

### **Common Interviews and Functional Assessment Issues**

Following are helpful tips on how to handle issues that sometimes arise when conducting in-person interviews and functional assessments.

***Implementing in-person interviews and functional assessments.*** Some systems implement in-person interviews and functional assessments by first using them to assist with decisions for new applicants. This is done for a short period of time during the transition from the prior process. Transit agencies have noted that it can be helpful to introduce the process for this lower volume of applicants to make the transition a little easier. Once the transition is considered successful, current riders seeking recertification can be included.

***Obtaining consent.*** It is a good practice to prepare a statement that summarizes the interview and assessments process, obtains consent to allowing staff to conduct the interviews and assessments, and lets

applicants know that all information provided or obtained will be treated as confidential. Ask applicants and/or guardians to sign this statement to indicate their willingness to participate in the process. To be sure that these statements comply with applicable state laws, it is important that they be crafted with appropriate legal input.

**Guardians and caregivers.** Applicants are sometimes accompanied by guardians, caregivers, or spouses. Out of a desire to be helpful, these individuals may sometimes answer questions for the applicant, or may want to be present when functional assessments are conducted. However, to the maximum extent possible and appropriate, it is important that applicants provide information and complete assessments independently. Always start by directing questions to applicants. If others begin to answer, politely let them know that it is important that you get information from the applicant. Allow them to add other information after the applicant has responded. Also, when conducting assessments, let others know that it is important that you get an accurate understanding of the applicants' independent abilities and that their presence could affect the outcome. Offer to discuss the assessment with them once it has been completed. If they insist on being present, politely ask that they observe from a distance so that applicant performance is not affected.

**Safety.** Safety should be a high priority in performing functional assessments, particularly outdoor physical functional assessments in the real environment. Information provided by applicants in

application forms and interviews should be considered to decide if it is appropriate to ask applicants to participate in functional assessments. Qualified staff with the experience and training to make reasoned determinations of appropriateness should be used. As detailed in Section 6, staff that perform physical functional assessments should have the qualifications, experience and training to recognize signs of distress and make decisions about ending assessments when appropriate.

Procedures for handling emergency situations that may arise should be developed and staff should be trained in these procedures. Training in CPR, First Aid, and bloodborne pathogens/hazardous materials should also be provided so that there is always staff at the assessment center that has these skills. Assessors who take applicants outdoors should have the cell phones or other means of immediate communications with the center should the need arise.

Alternatives should be in place should there be extremes in weather. This could include extreme hot or cold temperatures, thunderstorms, and snow storms. It is a good practice to have an alternate indoor course that can be used to simulate various elements of the assessment.

Transit agencies should also obtain legal advice about potential liability and appropriate procedures related to liability, such as requesting consent forms or waivers.

**Incorrect mobility devices.** In some cases, applicants may arrive with the wrong mobility devices. They may not show up with the

mobility devices that they typically use when traveling in the community. As a result, it may not be possible to accurately assess travel abilities. In these cases, it may be appropriate to still assess people using the devices they have brought. But it may be necessary to inform them that the eligibility determination will be tied to that type of mobility device and that they should reschedule if they plan to travel using a different device.

***Issues with full participation.*** In some cases, applicants may refuse to participate in interviews or functional assessments. Or, they may not make a reasonable effort when participating in functional assessments. Failure to participate in a required part of the process should be treated as a failure to complete the process, and applicants should be informed of this. Observations about level of effort should be recorded by assessors, along with professional opinions about abilities if full participation had been given.

## Communicating the Decision Effectively

As noted in Section 1, letters that grant eligibility must include the following information:

- The name of the eligible person
- The name of the transit agency
- That the person is ADA paratransit eligible
- The telephone number of the transit agency's eligibility office
- Any conditions placed on the person's eligibility
- Whether the person is approved to travel with a PCA
- An expiration date (if applicable)

In addition, if applicants are found not eligible, or if their eligibility is conditioned or limited in any way, the letter must indicate that the person has the right to appeal and must provide information about how to request an appeal.

Given the complexity of ADA paratransit eligibility and the amount of information that must be included in letters of determination, it is also important to communicate decisions about eligibility in a clear, understandable and effective way. Effectively communicating conditions of eligibility is a particular challenge.

The text of a sample letter developed by King County Metro in Seattle, WA is provided at the end of this section as an example. The letter uses common language and terms to describe abilities and conditions of eligibility.

Even with carefully constructed letters, the amount of information that is provided in determination letters can be daunting to those receiving them. It is a good practice to provide a telephone number and encourage people to call if they have any questions. It is also a good practice to be proactive and to call people who have been found conditionally eligible to explain the meaning of conditional eligibility and to go over the conditions under which they have been approved to use ADA paratransit service. This is particularly important if conditions of eligibility are enforced and trip eligibility has been implemented.

## Ensuring Accuracy and Consistency

Decisions about eligibility for ADA paratransit service can have a significant impact on applicants. People may have limited travel options and may be relying on ADA paratransit eligibility to be employed, receive important services, and remain active in the community. It is therefore important to make every effort to ensure that decisions are accurate and appropriate. If there are multiple staff conducting interviews, assessments, or making final decision, it also is important to ensure that decisions are consistent.

Following are some suggestions for ensuring accuracy and consistency:

- Have a supervisor review all denials before they are finalized. This double-check can make sure that the reasoning behind decisions is sound.
- If a professional familiar with the applicant is identified as part of the process (e.g., as part of verification of disability in the paper application), follow-up with this person before issuing a finding of “not eligible.” Ask if the observations made in the assessment, or information collected in the interview, are consistent with the professional’s knowledge of the applicant. Follow-up with professionals is particularly important to resolve any differences between what may be stated in the information they provide and results of functional assessments.

- Consider also doing a second review of conditional determinations. This might be done by a supervisor, or by a second reviewer.
- Periodically identify a random sample of applications for which decisions have been made. Assign them randomly to a second reviewer. Compare results. Use this comparison to identify possible errors being made by staff. If errors are being made, discuss these with staff and/or provide additional training. [Note: Also, correct the finding and notify the applicant if the second review indicates that a greater level of eligibility should be granted. Do not change determinations if this internal consistency check would lessen the original eligibility granted. This kind of internal check, done after decisions are made should only be used to correct and strengthen the process, not revise determinations already issued.]
- Periodically review determinations made for applicants with similar disabilities. Compare outcomes. Similarly situated people should be granted similar types of eligibility. Again, use this information to correct internal staff issues, or to correct decisions that did not grant enough eligibility. Do not use these second administrative reviews to degrade eligibility that was initially granted.

## Getting Applicant Feedback

In addition to analyzing the accuracy and consistency of decisions, it is a good management practice to gather input on how people feel about the process and their overall satisfaction with the process. One way to do this is to encourage applicants to provide their feedback and tell them how to do this. Another way is to follow-up with applicants to get their feedback on the process. Two examples of how transit agencies do this are described below.

The Massachusetts Bay Transportation Authority (MBTA) in Boston, MA encourages applicants to provide feedback. Innovative Paradigms (IP), the contractor that performs interviews and functional assessments, has developed a small card that is given to each applicant at the end of the process (see Figure 10-1). The card encourages applicants to contact the MBTA Office for Transportation Access if they have any comments about their experience applying for eligibility. The telephone number as well as the email address of the MBTA office are provided.

**FIGURE 10-1. COMMENT CARD DISTRIBUTED TO ALL APPLICANTS AFTER COMPLETION OF INTERVIEWS/ASSESSMENTS BY THE MBTA IN BOSTON, MA**



If interviews and functional assessments are performed by a contractor, it is a good practice to have applicants contact the transit agency directly with any comments, as is done by the MBTA.

The Regional Transportation Commission of Southern Nevada (RTC) in Las Vegas, NV obtains applicant feedback by making follow-up calls. People who participate in in-person interviews and/or functional assessments are contacted by telephone

following the process. Contact is made by a staff person with the RTC rather than the contractor that performs assessments. Applicants are asked whether they were greeted appropriately, if their bus was on time, if their questions were answered, and for an overall rating of their experience with the eligibility determination process. Space is also provided on the form for any comments provided by applicants. A copy of RTC's Customer Service Follow Up Form is provided as Figure 10-2.

**FIGURE 10-2. RTC CUSTOMER SERVICE FOLLOW UP FORM**

**Customer Service Follow Up Form**

**Date of Assessment:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Paratransit #:** \_\_\_\_\_

1. Were you greeted appropriately? Yes\_\_\_ No\_\_\_ Other\_\_\_

2. Was your bus on time? Yes\_\_\_ No\_\_\_ Other\_\_\_

3. Were your questions answered? Yes\_\_\_ No\_\_\_ Other\_\_\_

4. How was your overall experience? Excellent\_\_\_ Good\_\_\_ Fair\_\_\_ Poor\_\_\_

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Record-Keeping, Data Collection, and Performance Measurement

To be able to effectively manage the process, it is recommended that records be maintained regarding the processing of applications and the decision outcomes. Information related to the processing of applications should record the dates when each part of the process was completed. This is important for ensuring that decisions are made in a timely way and that service is provided to applicants if decisions are not made in a timely way. The U.S. DOT ADA regulations require that ADA paratransit service be provided if decisions are not made within 21 days of the receipt of a completed application. A “completed application” means that applicants have completed all of the steps of the process. If in-person interviews or functional assessments are required, this includes participation in these parts of the process.

The U.S. DOT ADA regulations also require timely handling of any appeal requests. Appeals must be accepted if they are filed within 60 days of the initial determination. Appeal decisions should be made within 30 days of appeal hearings. If appeal decisions are not made within 30 days of the hearing, service must be provided until a decision is made.

A manual or electronic tracking log should be maintained to document progress in processing applications and appeals. Following is a list of the types of information that should be recorded and tracked. Note that this list assumes the recommended

process outlined in Section 1. It also assumes that as part of that process, the transit agency contacts applicants to schedule interviews and assessments once a completed application form has been received. The list below should be revised accordingly if a different process is used.

### FIGURE 10-3.

#### SUGGESTED ELEMENTS OF A PROCESS TRACKING LOG OR DATABASE

- Date that an application form is received.
- Whether the application form received is complete.
- If not complete, the date the application form was returned to the applicant to be completed.
- Date the application form is considered complete.
- Date the applicant is called to schedule an interview/assessment
- Date offered for the interview/assessment.
- Scheduled date of the interview/assessment.
- Notes detailing reasons for any delay in scheduling the interview/assessment.
- Date the interview/assessment was completed.
- Notes detailing any no-shows or cancellations of scheduled interviews/assessments, or reasons why interviews/assessments were not completed.
- Dates of any follow-up contact with applicants or professionals.
- Date a final decision is made.
- Date a determination letter is sent (if different).
- Date of appeal request (if applicable)
- Date appeal is scheduled to be heard.
- Notes detailing reasons for any delays in scheduling appeal hearings.
- Date appeal is decided.
- Date an appeal decision letter is sent.



The above information should then be used to help ensure that timely determinations are made. If there are no delays, the “application” would be considered complete in this process on the date that the interview and functional assessment was conducted. Assuming that applicants provided professional verification information with the initial application, any follow-up with professionals after the interview/assessment date would be considered part of the 21-day decision process.

If delays are caused by applicants, the 21-day “clock” can be adjusted accordingly. For example, if an interview/assessment is initially offered on September 1, but the applicant requests a delay until September 21, the 21-day “clock” can be stopped on September 1 and restarted on September 21. Similarly, if an applicant no-shows or cancels an interview and assessment scheduled for September 21 and then participates in a subsequently scheduled interview/assessment on October 15, the 21-day clock can be stopped on September 21 and restarted on October 15. Thorough documentation of the entire process is important, though, for justifying any delays in the process that are beyond the control of the transit agency.

If the log indicates that decisions are taking longer than 21 days to complete, steps should be taken to ensure that applicants are able to use the service in the interim. This should include temporary registration with the service and notification of the applicant that they can use the service until a decision is made.

Determination outcomes should also be recorded. The types of outcome information that should be tracked and reviewed are shown in Figure 10-4

**FIGURE 10-4.**  
**TYPES OF OUTCOME INFORMATION THAT SHOULD BE TRACKED**

- Whether an interview or assessment was conducted:
  - Interview
  - Physical functional assessment
  - Cognitive functional assessment
  - Other (O&M, MMSE, etc.)
- Staff person making the final determination (if multiple staff)
- Type of outcome:
  - Unconditional eligibility
  - Conditional eligibility
  - Temporary eligibility
  - Not eligible
- If an appeal is requested and heard, the outcome of the appeal process and the applicant’s final eligibility:
  - Unconditional eligibility
  - Conditional eligibility
  - Temporary eligibility
  - Not eligible

Using the information in the process tracking log and the outcome database, it is recommended that monthly reports on the eligibility determination process be prepared. The type of information that should be included in monthly reports is shown in Figure 10-5.

**TABLE 10-5.**  
**SUGGESTED MONTHLY REPORT**  
**INFORMATION**

- Total number of application forms received
- Number of incomplete application forms received
- Number of completed application forms received
- Number of interviews/assessments scheduled
- Number of interview/assessment no-shows, cancellations, or not completed
- Number of interviews/assessments completed (by type if desired)
- Number of determinations made:
  - Within 21 days
  - More than 21 days
  - Determinations by type:
    - Unconditional eligibility
    - Conditional eligibility
    - Temporary eligibility
    - Not eligible
- Outcomes by reviewer/assessor (if multiple staff)
- Number of appeals requested
- Number of appeals heard
- Appeal outcomes:
  - Upheld initial decision
  - Same type of eligibility, but revised (e.g., added or changed conditions initially given)
  - Different category of eligibility (e.g., conditional to unconditional, or not eligible to conditional)

It is also recommended that transit agencies consider establishing performance measures. This could include measures related to quality of decisions as well as efficiency of the process. Measures related to quality might include: the percentage

of decisions made within 21 days; the maximum number of days required to get an interview/assessment scheduled; the percent of decisions appealed, and; the percent of decisions changed on appeal. Efficiency measures might include applications processed, or interviews/assessments conducted by staff person.

Monthly report information should be compared to performance standards to determine how well the process is working. Changes should be considered if the process is falling short in any areas. For example, additional staff or interview/assessment capacity might be needed if standards related to processing time are not being met. Or, additional staff training might be provided if a high percentage of decisions are appeals and/or a high percentage are changed on appeal.

Outcome data should also be compared to peers and national “norms” to determine if the process is “on track.” For example, national reports suggest the following types of outcomes for thorough processes that include in-person interviews and functional assessments:

- Unconditional eligibility—About 50-60% of all applicants
- Conditional eligibility—About 20-40% of all applicants
- Temporary eligibility—About 10-15% of all applicants
- Not eligible—About 1-10% of all applicants

Outcomes vary based on local conditions, but significant variations from these expected outcomes might be reason to examine the process and how decisions are being made.



## Recertification Options

The U.S. DOT ADA regulations allow transit agencies to require periodic recertification of ADA paratransit eligibility. Transit agencies typically provide eligibility for a period of 3 to 5 years and require riders to recertify when their eligibility expires.

### Changes in Eligibility Resulting From More Thorough Processes

It is a good practice to notify riders when their eligibility is close to expiring so that eligibility does not lapse. Typically, notice is sent about 60-90 days before eligibility is scheduled to expire to allow riders to complete and submit new applications and to allow time for the new determination to be made.

If transit agencies change to a more thorough eligibility process, it is likely that some individuals found eligible in the past may be found not eligible when they request recertification. Other riders may have been found unconditionally eligible under the old process, but conditionally eligible under the new process. If current riders are found not eligible under a new process, or if their use of ADA paratransit is significantly limited under a new process, it is a good practice to provide a transition period. For example, the determination letters to current riders found not eligible might indicate that their current eligibility will expire 60-90 days after the date of the letter. This is not required by the U.S. DOT ADA regulations, but is a recommended practice. A transition period of at least 60 days is recommended so that riders can appeal if they so choose. If the outcome of the appeal is that some level

of eligibility is granted, the transition period will prevent eligibility from ending and then restarting. Even if current riders do not appeal, a transition period gives them time to make new transportation arrangements for trips they have taken by ADA paratransit in the past.

Note that a transition period is not required or recommended for new applicants who are not currently using the ADA paratransit service. The same appeal and transition issues do not exist for new applicants.

### Simplified Recertification for Some Riders

If transit agencies have thorough and accurate determination processes that include in-person interviews and assessments, and rider eligibility is not likely to be affected by process changes in the future, it is recommended that simplified recertification be considered for some riders. If people have already participated in a thorough process, have been found unconditionally eligible, and their functional abilities are not likely to change in the future—even with different mobility aids—it is recommended that they be allowed to recertify using a simplified application form. The form should ask for updated general information (address, phone number, emergency contact, types of mobility aids used, etc.), and general questions asking whether their travel abilities have changed and if there is anything new that the transit agency needs to know about their travel abilities or needs. These selected riders should not be required to participate in interviews or functional assessments for a second time.

Alternatively, if transit agencies want to ensure that initial decisions were correct, riders might be asked to participate in interviews and functional assessments the first time they recertify, but then might be considered for the simplified process if their eligibility is unchanged, they are again found unconditionally eligible, and it is again determined that their functional abilities are not likely to change, even with different mobility aids.

## Appeals Process Options

Many of the sections in this document focus on the process for making initial determinations of eligibility. It is important to know, though, that there is an equally important second part of the process—appeals of initial determinations. An appeals process is needed to ensure due process. A good appeals process is in the interest of both applicants and transit agencies. It helps ensure that people with disabilities have access to services to which they have a right. It also helps correct any errors made by transit agencies in the initial determinations.

A good appeals process that is viewed as fair and objective by the community will also help with public acceptance of the overall eligibility determination process. If mistakes are sometimes made in initial determinations (no system can expect to be perfect), the community will have confidence that decisions will be reviewed in an objective and fair way.

Following is some basic information on the requirements related to appeals and the

process of establishing effective appeals processes.

### Regulatory Requirements for Appeals

Applicants who are found not eligible or whose eligibility is limited in any way (e.g., conditional eligibility, temporary eligibility, limits on travel with a PCA, etc.) must be given the opportunity to appeal. Information about how to appeal should be included in determination letters sent to these applicants. Public information describing ADA paratransit eligibility should also note that appeals can be requested and indicate how to make these requests.

Section 37.125 of the U.S. DOT ADA regulations contains several specific requirements related to the appeals process. These are:

- Determination letters sent to applicants found not eligible must list the specific reasons for the decision. The reasons provided must be detailed. General statements such as “It was determined that you are not eligible because you can use the bus” are not sufficient. Applicants should receive enough specific information about the decision to allow them to prepare for appeals. The specific pieces of information that were key in making the decision should be identified so they know how to prepare their arguments and the type of additional information that will be needed to make an effective appeal.
- Transit agencies can require that appeals be filed within 60 days of the initial determinations. A longer period

of time can also be established, but appeals filed within 60 days must be accepted.

- The process must include an opportunity to be heard in person. Applicants cannot be required to submit written appeals or detailed reasons in writing why they think the initial determination was not correct. Applicants must be allowed to make these arguments in person. Applicants can be given the option of submitting information in advance, or waiving the right to be heard in person and asking that the appeal be based on additional information they provide. However, it should be clear that they always have the right to be heard in-person if they choose. Applicants should also be allowed to have others, including advocates or legal counsel, accompany them to appeals.
- There must be a “separation of function” between those who made the initial determination and those hearing appeals. This means that people involved in the initial determination should not make appeal decisions. It also means that there should not be a direct line of authority between those making initial determinations and those hearing appeals. For example, a subordinate should not hear appeals if a superior was involved in the initial determination. Similarly, it is best for a superior to not hear appeals if a subordinate was involved in making the initial determination. This separation of authority is important for ensuring that there are no biases

in the process and that appeals are decided in an objective and fair way.

- Appeals decisions must be made in writing (and in accessible formats where appropriate). Again, specific and detailed reasons for the appeal decision must be provided.
- Transportation does not have to be provided during the period of time that appeals are being heard or decided. However, service must be provided if decisions are not made within 30 days of the completion of the appeal process (e.g., the hearing) and must continue until a decision is made. Note that while not required, it is a good practice to allow a transition period for current riders who are found not eligible in a recertification process (see “Recertification Options” above).

### **Timeliness in Scheduling Appeal Hearings**

As noted above, the U.S. DOT regulations allow transit agencies to require that appeals be filed within 60 days. The regulations also require that service be provided if decisions are not made within 30 days of the completion of the process. The regulations are silent, though, on the amount of time that transit agencies have to schedule appeal hearings after requests have been received.

Given the intent to ensure that appeal decisions are made in a timely manner, it is recommended that transit agencies schedule appeal hearings in a reasonable period of time following the receipt of requests. It is a good practice to schedule appeal hearings within 2 to 3 weeks. It



may be considered unreasonable to take longer than 3 to 4 weeks to schedule appeal hearings.

To help ensure timeliness, it is a good practice to limit the number of people who hear appeals. The regulations do not require that groups of people (i.e., panels or boards) hear appeals, and single qualified individuals can be asked to hear and decide appeals. If boards or panels are created, it is recommended that they be limited in size. Three or five members is typical. More might pose scheduling problems and make it more difficult to hear appeals in a timely way.

### **Selecting Individuals to Hear Appeals**

Individuals who hear appeals should be unbiased and objective. They should also have a clear understanding of the regulatory criteria for ADA paratransit eligibility. They should understand fixed-route accessibility and policies related to riders with disabilities, and should know what tasks need to be performed and what skills are needed to be able to use the fixed-route system independently. And, ideally, they bring added knowledge about the disability of the appellant to the process.

It is recommended that individuals not be selected solely as “representatives” of the transit agency, advisory committee, or community. While individuals from the agency, advisory committee, or community certainly could make excellent appeal candidates, linking their participation to an agency or group could make it more difficult for them to be unbiased and objective.

They may feel compelled to represent the perspective of that agency or group.

At the same time, it is important to select people who will be viewed as independent and objective by the community. If the relationship between the transit agency and the disability community has been strained in the past, or if there is a feeling in the community that the transit agency is biased in making eligibility determinations, it may be best to select people from outside the transit agency. For transit agencies, it is important not to feel like staff need to be part of appeals to “control” the process in some way. Select independent outside experts and rely on their judgment. This is the best way to ensure a fair process. Remember that the process is meant to protect the transit agency against making incorrect decisions and benefits the transit agency as well as applicants.

It is recommended that individuals be selected for the added knowledge they bring to the decision. For example, if O&M Specialists are not involved in making initial determinations for applicants with vision disabilities, it would be good to include these professionals in the appeals process. Similarly, if physical or occupational therapists are not involved in the initial determination process, these professionals could bring added knowledge to appeals by individuals with physical disabilities. And mental health professionals, clinical social workers and similar professionals could bring added knowledge to appeals requested by applicants with psychiatric or intellectual disabilities.

It is also recommended that transit agencies provide training to those selected to hear appeals. This should include training on the regulatory criteria, and training on fixed-route services and policies. The information presented in this document, particularly Sections 1 and 2, could be used as background material for this training. The Task and Skills Lists presented in Section 2 should be used by those hearing appeals to make sure that all issues related to the independent use of fixed-route transit have been considered.

As noted above, a panel or board is not needed to hear appeals. One person can hear appeals. Some transit agencies have several professionals available, each with particular expertise, and select the best professional for the application being reviewed. Local disability organizations can be very helpful in identifying and enlisting the participation of these professionals.

### **Internal Reviews When Appeals Are Requested**

It is a good practice to conduct an internal review of the initial decision when appeals are requested. This can help to quickly identify possible errors that can be corrected without a formal appeal. If errors are identified and the decision should have been different, the appellant can be contacted and given the new eligibility information. Note that if less than full, unconditional eligibility is granted based on the internal review, appellants should be given the opportunity of still going ahead with an appeal if they so desire.

If internal reviews are conducted, it is also important that they be done as informal, internal reviews and not as a “first step” in the appeals process. If corrections are communicated to appellants, it must be clearly explained that these are not appeal decisions, but just the outcomes of internal reviews. If the internal reviews are done as a “first step” in the formal appeal process, all of the regulatory requirements related to appeals apply—including separation of authority.

### **Using the Same Criteria to Make Appeal Decisions**

It is critical that those hearing appeals make decisions on the same regulatory criteria of eligibility that are used in the initial process. There can be a tendency for those hearing appeal to try to resolve the difference of opinion between the applicant and the agency by coming up with a “compromise” decision that gives something to each side. However, this is not the purpose of the appeals process and it can be damaging to the overall process if appeal decisions are made in this way.

Similarly, those making initial determinations should not rely on the appeal process for accurate decisions. If initial reviewers have some questions about the decision, it is **not** a good practice to deny eligibility since applicants always have a chance to appeal if they do not agree. Some applicants may be reluctant to appeal even if they do not agree with the decision. Taking this kind of approach can therefore result in incorrect denials of eligibility. Initial reviewers should make the best decision they can with the information available.



Finally, as indicated in the “Ensuring Accuracy and Consistency” section above, appeal decisions can be a good ongoing check of the initial determination process. When initial decisions are changed or overturned, it is a good practice to examine why the decision was not correct in the first place. If it was the result of additional information not first presented by applicants, this may not reflect on the process. However, if there were errors in the interpretation of information, or if decisions do not reflect the regulatory criteria, these should be corrected so they do not continue in the future.

### **Documenting Appeals**

There is no requirement to transcribe appeal hearings. However, it is recommended that a good and detailed record be made of the proceedings. This can be done by audio taping the appeals or having someone keep detailed minutes. Such a record is important if appellants still do not agree with the appeal decisions and proceed to Federal District Court.

## **Implementing Trip-By-Trip Eligibility**

Having implemented an accurate eligibility determination process that identifies the independent travel abilities of applicants, the final step is to then assist people in determining when fixed-route travel options exist and promoting and enabling the use of fixed-route transit whenever possible. As noted in Section 3, it is likely that 20-40% of all riders will be conditionally eligible. This group of riders will be able to use the fixed-route service under certain conditions. Some may know when conditions allow them to use the fixed-route service and will use fixed-route buses and trains when possible. Others, though, may not know if trips can be made on the fixed-route service. This can be the result of limited experience using fixed-route transit, or can be due to the fact that they are not familiar with the accessibility of the places to which they need to travel. Transit agencies can play a very important role in providing information that can assist riders in using fixed-route transit.

### **Common Misunderstandings about Trip-by-Trip Eligibility**

While many transit agencies have implemented in-person eligibility determination processes and are doing a good job of identifying travel abilities, few have implemented trip-by-trip eligibility. Some of the common misunderstandings that have limited implementation include:

- There is a misunderstanding that trip eligibility decisions must be made by reservationists and schedulers while trips are being scheduled and that this

is not possible given the demands that are already on these staff. In fact, trip eligibility decisions are primarily made outside of the trip reservations process, as explained below.

- There is a misunderstanding that trip-by-trip eligibility requires elaborate databases of all bus stops, all curb ramps, all sidewalks, and other accessibility features throughout the service area. In fact, trip eligibility decisions are made one at a time, for one rider and for one trip. The only information needed is the condition of the environment to and from the bus stops that this one rider needs to use for the trip in question.
- There is a misunderstanding that trip eligibility is too costly and complex to implement. While it does require some effort, studies have shown that the benefits of increased use of fixed-route transit, and increased mobility and independence for riders far outweighs the cost.<sup>3</sup>

### Implementing Trip-by-Trip Eligibility

Trip-by-trip eligibility can be implemented in several ways. Some approaches are relatively straightforward and require minimal cost or effort. Other approaches are more elaborate. Following is a brief discussion of these approaches. For more detailed information, readers are directed to the forthcoming Transit Cooperative Research Report titled **Strategy Guide to**

**Enable and Promote the Use of Fixed-Route Transit by People with Disabilities** identified in the footnote.

#### *Using the Eligibility Determination Process to Identify Trips that Are Currently Made by Fixed-Route Transit*

Questions can be included in application forms and interviews about current use of fixed-route transit services. If applicants indicate that they are currently using the bus or train to make some trips, this information can be made part of the eligibility decision. These applicants can be given conditional eligibility and, in addition to identifying the general conditions that would apply to all other trips, the determination letter can list trips that are currently being made by fixed-route transit.

Implementing trip eligibility for these trips would then only require that the information about these trips be readily available to reservationists and schedulers. For example, general rider eligibility might be listed on the trip booking screen. If the screen shows that a rider has conditional eligibility, reservationists could be instructed to call up information about trip eligibility for that rider. The specifics of trips that can be made by fixed-route transit could be listed (the origin and destination addresses and any other qualifying information). If the trip being requested is not on the list, reservationists would proceed with booking the ride on ADA paratransit. If the trip being requested is listed, riders could be informed that the record shows this is a trip that was determined able to be made by fixed-route

<sup>3</sup> See forthcoming report titled *Strategy Guide to Enable and Promote the Use of Fixed-Route Transit by People with Disabilities*, being prepared for the Transit Cooperative Research Program, Transportation Research Board, Washington, DC, expected to be published in 2014.

transit. If the latter, riders should be given the opportunity to speak to a customer service staff person if they disagree or if there is qualifying information that may not be reflected in the record.

In more sophisticated systems, the software used to schedule ADA paratransit trips might be programmed to automatically provide a pop-up message if a trip is requested that matches one in the file that can be made by fixed-route transit.

If this type of trip eligibility is implemented, it is important to be sure that trips can currently be made on the fixed-route system. Be sure that applicants are not talking about trips they used to make by bus or train. Also be sure that they are realistic in their assessment of their ability to use fixed-route transit for these trips. Consider other information gathered in the eligibility determination process to decide if it is reasonable for applicants to be using fixed-route transit as they claim. Check with others who know the applicants' abilities if there are concerns or questions.

Also be sure that the trips in question can always be made on fixed-route transit. In some cases, riders may be able to use buses and trains only at certain times (e.g., when there is no snow or ice, or when it is not too hot or cold). If there are limits on the times that trips can be made, this information should be included in the record made available to reservationists and schedulers. For example, a record may show that a rider can use fixed-route transit unless snowy or icy conditions are

predicted. Reservationists would then need to know the forecast for that day to be able to decide whether to book the trip on ADA paratransit. Typically, the national weather service forecast for future days is displayed in the reservations area. Some systems also have a policy that if the weather is different from what is predicted, riders who have been asked to use the fixed-route service can request same day service.

### *Reviewing Specific Trips at the Request of Riders*

Another approach is to provide a trip review service for riders who are conditionally eligible. If riders are not familiar with certain areas and are not sure if they will be able to make the trip by fixed-route, they can call the transit agency and ask that a trip be reviewed. Staff can then review the trips to see if there are any barriers that would prevent travel on fixed-route by these riders. Information about the types of barriers that affect riders would first be obtained from the eligibility records. A trip plan on fixed-route, indicating the stops and routes to be used, would then be prepared for the origins and destinations provided. Both ends of the trip would then be examined to see if they are barrier free. The results of the review would then be provided to riders.

In some cases, these reviews might be relatively straightforward. For example, a rider may be able to use fixed-route transit as long as transfers are not required. A review of trips for this rider would only entail generating a trip plan to see if the trip can be made on one bus route or rail line.

Other situations may require more effort and time. For example, a rider may not be able to navigate steep hills, areas with no sidewalks or curb ramps, or cross streets that are more than two lanes wide. Reviewing trips for this rider would require that someone walk from the origin to the boarding bus stop and from the alighting bus stop to the destination to see if any of these conditions exist. Note that some transit agencies record the results of these on-street reviews in a database so that the information can be used in the future for trips in those same areas.

### *Proactive Trip Reviews*

A more aggressive approach to trip-by-trip eligibility would involve proactively reviewing trips for riders who are conditionally eligible. Rather than only reviewing trips at riders' requests, transit agencies identify frequently made trips and review these for possible fixed-route use. If trips are determined to be possible by fixed-route transit, this information is then communicated to riders. Some transit agencies that proactively review trips even offer to accompany riders on the first trip or two on the bus or train to make sure there are no problems. Note that this personal communication is important so that riders do not learn that trips are no longer considered eligible for ADA paratransit when they call to request rides.

Again, some proactive reviews will be straightforward and easy to do. Others will require walking the route to look for possible barriers.

## **Trip-by-Trip Implementation Issues and Considerations**

Following are some important things to consider when implementing trip-by-trip eligibility.

### *Transit Agency versus Rider Responsibilities*

If transit agencies want to know which trips riders can make by fixed-route and which need to be provided on ADA paratransit, it is their responsibility to conduct trip reviews. It would **not** be appropriate to make riders responsible for identifying trips they cannot make on fixed-route that should be eligible for ADA paratransit. Doing this would mean that riders might have to attempt trips by bus and train without knowing what kinds of barriers they might encounter. This could leave them stranded in the community if barriers are encountered. Such an approach would not be reasonable.

Some riders may, on their own, attempt trips they have not made in the past by fixed-route transit. But transit agencies should not require that they do this as part of the process of determining which trips are eligible to be made by ADA paratransit.

### *Detailed and Measurable Conditions of Eligibility*

Implementing trip-by-trip eligibility first requires that detailed conditions of eligibility be established. The conditions identified must also be measurable. For example, trip eligibility will not be possible if one of a rider's conditions of eligibility is stated as "when the bus stop is too far away." A measurable condition, such as "when you must go more than 3 blocks to get to or

from bus stops,” is needed so that future trip requests can be accurately reviewed.

#### *Communicating the Results of Trip Reviews*

As noted above, it is important to personally communicate the results of trip reviews before implementing them in operations. Riders should not discover that they should be making trips by fixed-route rather than ADA paratransit when they call to request rides. Telephone calls followed up by letters with detailed information on how to use the bus or train (i.e., trip planning information for that trip) are recommended.

#### *Facilitating Use of Fixed-Route Services*

Also as noted above, it is recommended that transit agencies work with riders to facilitate the transition when trips are reviewed and found possible by fixed-route transit. Some riders may have limited experience with fixed-route transit and making the transition, even though feasible, may be difficult.

Some transit agencies offer to have someone accompany riders on the first trip or two. Other agencies link the trip eligibility process to travel training and offer travel training services to help make the transition.

#### *Consider Providing Options*

To allow riders to make choices that are best for them, consider still offering rides on ADA paratransit even if trips can be made by fixed-route transit. Since these trips can be made by fixed-route, they are not ADA eligible trips, so can be provided as a premium service. ACCESS in Pittsburgh, which has the most experience of any transit agency with trip eligibility, has created what is known locally as the “convenience fare.” Riders who are conditionally eligible and whose trips can be made by fixed-route transit can still choose to make trips by ADA paratransit at twice the ADA paratransit fare. In 2013, the ACCESS ADA paratransit fare was \$3.15 per trip and the convenience fare was \$6.30. ACCESS reports that convenience fare trips consistently are only about 5% of total ADA paratransit ridership. Having the choice to still use ADA paratransit is considered a very important part of the success of the program and the acceptance of trip eligibility by the community.

## SAMPLE LETTER FROM SEATTLE METRO GRANTING CONDITIONAL ELIGIBILITY

Thank you for applying for King County Metro's Access Transportation program. As a result of your application, it has been determined that sometimes you cannot use regular Metro bus service because of the following reason(s):

[One or more of the following statements is included as appropriate]

- You need the assistance of another person beyond that provided by the bus driver in order to board, ride or disembark an accessible transit bus or light rail vehicle.
- You need to use a ramp or lift to board the bus and these are not always available or cannot be deployed.
- Your disability causes some environmental factors (such as a lack of curb cuts, the distance to the bus stop or inclement weather) to be a barrier for you. These barriers prevent you from accessing some or all bus stops or rail stations.

Because you cannot use Metro regular bus services in some situations, you have been determined conditionally eligible for Access Transportation, Metro's Americans with Disabilities Act paratransit service. Conditional eligibility means that whenever your conditions **prevent** you from taking the regular fixed-route bus, you are eligible to take your trip on Access. The following conditions have been determined to prevent you from riding the bus. You will be able to use Access when:

[Appropriate conditions are listed here. Common conditions can be selected from Attachment 2, or unique conditions can be created.]

- [Conditions - see Attachment 2]

When these conditions are not present, it is expected that you will use Metro's regular bus service. In situations where these conditions prevent you from making only part of a trip on the bus, Access may take you to a bus stop where you can complete the rest of your trip on the regular Metro bus. Access enforces trip-by-trip qualification for conditionally eligible riders. You will receive more information when we review the trips you take.

**Try Metro's regular bus service.** All of Metro's buses are fully accessible, have a lift or ramp to make it easier to get on and off, and priority seating for seniors and people with disabilities. You may call one of Metro's Rider Information Specialists to get help planning your trip. Call 206-553-3000 (TTY users: 711 Relay) or get information online at <http://metro.kingcounty.gov>.



**Want practice using the bus and light rail?** Transit instruction is a free service that can help you figure out which bus stops and routes work for you. The knowledgeable instructors can help with trip planning and provide training for a successful journey. Learning how to ride the bus can give you more independence by providing increased flexibility, reliability and convenience. The same-day service and regular schedule allow you to go where you want when you want. For information about this service call 206-749-4242 (TTY Relay: 711).

The *Access Ride Guide* is enclosed to help you use Access. We hope you find it helpful and encourage you to read it through before you reserve your first trip. We also encourage you to call Customer Service with any questions.

Your eligibility is effective through [date]. Your Access ADA paratransit card is enclosed. The card has your identification number printed on the bottom of it. Your identification number is [number]. If you travel outside King County, you can use the paratransit services in other communities within the United States. Your identification card or this letter serves as proof that you are eligible for this service.

[Type of assistance and PCA information is included here]

You have been certified for [assistance type - see Attachment 1]

[Boarding Paragraph, PCA paragraph, if needed - see Attachment 1]

If you have any questions about your eligibility determination, please call 206-263-3113 (TTY relay: 711)

If you disagree with our decision regarding your eligibility, you may appeal. For information about the appeal process, please read the enclosed brochure: "ADA Paratransit Eligibility Appeal."

If you have questions about Access, or if you need this information in large print, Braille, or on an audiotape or CD, please call 206-263-3113 (TTY relay: 711)

Sincerely,



## COMMON ALTERNATE TEXT USED IN LETTERS

### ATTACHMENT 1

#### Assistance Levels

[C2C]You have been certified for curb-to curb service. The driver will meet you at the Access van to assist you with getting on and off the vehicle.

[D2D]You have been certified for door-to-door service because you require assistance between the vehicle and the doorway of your residence or destination. However, because of terrain or narrow streets, we may not be able to deliver this level of service at all locations. If that occurs, we will contact you with specific information. The driver must remain within sight of the vehicle at all times.

[H2H]You have been certified for hand-to-hand service because your disability requires that you always be picked up and delivered to the care of another person, and must never be left alone. There must always be someone to meet you and the driver at your origin and your destination. Because the driver must remain within sight of the Access vehicle at all times, it may not be possible for the driver to accompany you to the entrance at all locations. In that case, the person who meets you must meet you at the curb. If that occurs, we will notify you of the specific details about such locations.

#### PCA Allowed, Back Boarding and Attendant Required

[PCA]You have been certified to have a personal care attendant {PCA} accompany you on the van to assist you with one or more daily life functions. A PCA need not always be the same person. PCAs do not pay a fare on the Access van. The PCA's trip origin and destination must be the same as yours.

[BB, OR, SC, WH, WX]When using the lift on Access vehicles, position your wheelchair or scooter so that your back is to the vehicle. The lift manufacturers recommend boarding in this way because it is safer and reduces wear and tear on the lift. Access drivers can provide assistance in maneuvering a manual chair. However, drivers cannot operate the electronic controls of a power chair. If you are concerned about boarding with your back to the vehicle, we are happy to bring a van out to your home so that you can practice boarding in this way. Call customer service on 206-205-5000 and we will set up a practice session for you. You may also bring a companion along whenever you travel to help you maneuver onto the lift.

[AR]You will be required to have a Personal Care Attendant {PCA) with you when you ride Access. This is because you need the assistance of another person beyond that provided by the Access van driver. If you would like to hear the specific reasons for this requirement please call 206-263-3113 (TTY relay: 711). The driver will not be able to transport you if you are not accompanied by a PCA, and the trip will be treated as a “no show.” A PCA need not always be the same person. PCAs do not pay a fare on the Access van. The PCA's trip origin and destination must be the same as yours. **[Note:** This requirement is only included if documentation exists that the rider needs assistance beyond that provided by drivers and not having a PCA during the trip would result in serious disruption to the service.]

## ATTACHMENT 2: Eligibility Conditions

- [CO]You cannot wait for a bus because the weather is extremely cold. You will be able to make reservations up to three days in advance in November-February. During other months, you will be able to make reservations one day in advance when the daytime high is expected to be below 40 degrees Fahrenheit.
- [HT]You cannot wait for a bus because the weather is extremely hot. You will be able to make reservations up to three days in advance in July and August. In other months, you will be able to make reservations one day in advance when the daytime high is expected to be above 85 degrees Fahrenheit.
- [SNI]You cannot get to or from the bus stop because there is snow or ice on the ground or forecast within the next 24 hours. (One day advance reservations only.)
- [DK]You cannot get to or from the bus stop because it is dark at the time you would be traveling.
- (Trips may be booked from sunset to sunrise; the hours will vary monthly)
- [LT]You cannot get to or from the bus stop during periods of extremely bright light. (One day advance reservations only)
- [GBD]Your variable health condition is causing you to have a bad day that prevents you from riding regular public transit.
- [BI, B2, B3]You cannot get to or from the bus stop because you would have to travel more than (1, 2 or 3) block(s).
- [CC]You cannot get to or from the bus stop because there are no curb cuts.
- [LBZ]You need a bus stop where it is possible for the lift or ramp to deploy and you can get on to the lift or ramp.
- [UN]You cannot get to or from the bus stop because the ground is uneven.
- [INC]You cannot get to or from the bus stop because there are steep slopes.
- [NTT]You have not received Transit Instruction to ride regular public transit to a specific destination. When bus service is available, Metro will provide free Transit Instruction for trips that you take frequently. A Transit Instructor will contact you whenever training to a specific destination is appropriate.
- [BX]You cannot complete your trip on a single bus, without a transfer.
- [BB]You cannot use a bus because it is equipped with a lift or ramp that is not rated to carry over 600 pounds.
- [TR]You cannot get to or from the bus stop because you would have to cross a busy intersection with no traffic controls.
- [LSM]You are experiencing temporary physical weakness related to receiving life sustaining medical treatment.

