



HUNTINGTON AREA RAPID TRANSIT HART Paratransit Program Enrollment Application



HART's paratransit program provides highly accessible public transportation that is designed to complement the existing local network of buses for the general public. It features modestly priced, shared-ride, curb-to-curb trips within the Town of Huntington that are scheduled on an advance-request, space-available basis. A service of Huntington Area Rapid Transit (HART) — a municipal transit agency owned and operated by the Town of Huntington — the program is in full compliance with the Americans with Disabilities Act (ADA) and provides both ADA-mandated and elective paratransit.

Eligibility for paratransit must be determined prior to use, so enrollment in this, or other ADA paratransit program, is required before service may be requested. Use this application to apply for enrollment in HART's paratransit program. Your application will be approved if you properly certify that you meet the requirements for at least one of the following two enrollment categories. Your access to paratransit will differ depending on which category you are approved for.

- **ADA PARATRANSIT ELIGIBLE** — You must be able to verify that you have a permanent or temporary disability or impairment-related condition that prevents you from being able to use regularly-scheduled, fixed-route HART and/or Suffolk County Transit bus services for the general public when available (i.e., within 3/4 of a mile) or that prevents you from accessing such bus routes without the assistance of another person. Individuals with disabilities who can actually use regular buses, albeit with difficulty, are not eligible for this enrollment category. Applications are reviewed for eligibility in this category whenever information is provided to support such an enrollment. As the Town of Huntington is only legally required to provide ADA-qualifying paratransit, enrollment in this category offers greatest access to paratransit. Also, ADA Paratransit Eligible enrollment is necessary should you wish to use, as a visitor, ADA paratransit services in other communities throughout the nation that offer them. Determinations regarding ADA Paratransit Eligible enrollments are strictly based on guidelines contained within the ADA.
- **TOWN ELIGIBLE** — You must be a resident of the Town of Huntington at least 60 years of age and unable to provide your own transportation (i.e., you do not drive). This is an entirely elective category based solely on local policy not federal law. As such, enrollment in this category typically provides reduced access to paratransit. It is strongly recommended that you not apply for enrollment at the Town Eligible level if you do actually qualify for ADA paratransit. Some individuals with disabilities mistakenly apply for Town Eligible enrollment because they assume, incorrectly, that it will make no difference in their access to paratransit and that they can avoid having

a health care professional verify their disability status. Rather, the failure to provide disability-related information can easily result in a denial of paratransit service because HART will have no basis upon which to conclude that a Town Eligible customer cannot travel as far as 3/4 of a mile to use regular buses.

Please note that HART's paratransit program is intended to complement, not be a complete substitute for, the existing network of regularly-scheduled, fixed-route buses for the general public. Paratransit is indicated only for those specific trips that cannot be made by regular buses. While enrollment in the program entitles you to place requests for paratransit trips, it does not imply that you cannot ever use regularly-scheduled buses. In fact, you will be expected to use regular buses whenever possible. The need for paratransit is determined on a trip-by-trip basis.

A separate document, the *Paratransit User's Guide*, contains detailed information about this program, its policies, and procedures. It will be mailed to you automatically upon enrollment, but if you would like to review it prior to submitting your application, please call or write to request a copy. The *Paratransit User's Guide*, and other printed materials pertaining to HART services, will be made available in accessible formats to individuals with disabilities upon request. Please note that the information obtained in your application will only be used by the Town of Huntington for the provision of transportation services. Information will only be shared with other public transportation providers to facilitate travel in those areas and will not be provided to any other person or agency. Additional information about completing and submitting the enrollment application appears on the back of this page.

Completing the Application

Only complete applications will be reviewed, so please make sure to fully answer all questions that apply to you. Submission of incomplete information will delay your application.

An individual acting on behalf of an applicant may fill out the application as appropriate. This person should be identified on the application and sign the Certification for the applicant.

Application assistance will be provided upon request by telephoning HART at (631) 427-8287 [TDD: 1-800-662-1220 via the NY Relay Center] or at HART's offices, 144 East Second Street, Huntington Station, New York.

- **ALL APPLICANTS** — must complete Part 1, Pages 1-2 and sign the Certification at the bottom of page 2. Provide basic client information and the name of someone we may contact in case of emergency. You may also choose to designate someone to be a

“third party” who will be contacted either instead of or in addition to the applicant regarding this program and the applicant’s use of it. This is typical in cases where the applicant has cognitive or communicative disabilities. Tell us if you drive, and the reason if you do not. Check the box indicating for which of the two enrollment categories (i.e., ADA or Town) you are applying.

- **TOWN ELIGIBLE APPLICANTS** — are done once they have completed Part 1, Pages 1-2 and signed the Certification.
- **ADA PARATRANSIT ELIGIBLE APPLICANTS** — must also complete Part 1, Pages 3-4 (applicant’s statement of disability) and have a health care professional (e. g., therapist, doctor, nurse, etc., but not a social worker) complete Part 2 (Professional Verification of Disability).

Part 1, Page 3-4: Identify the specific medical conditions that cause your disability or impairment-related condition (i.e., your diagnosis) and that prevent you from using regular buses for the general public. Advanced age is not, in and of itself, a disabling condition. Tell us if the condition is temporary, and if so, its expected duration. Then, tell us specifically how your disabilities actually prevent you from using regular buses. Remember, buses for the general public are handicap accessible. Indicate any mobility aids you use and your ability to transfer to a regular seat if you use a wheelchair or scooter. Check off whether or not you need to have someone travel with you (i.e., a personal care attendant, PCA) because you require that person’s help to use paratransit or at your destination, and then explain what assistance you need from that person. You will be qualified to travel with a PCA at no additional charge only if your need for assistance exceeds what a driver will provide and you are otherwise eligible for paratransit based on your disability status. Drivers will assist as necessary with boarding and alighting (between the vehicle and pavement edge), the operation of accessibility and safety equipment, and wheelchair securement. Use the check boxes to indicate how far you can travel without assistance, if you can climb steps, if you can wait outside without assistance, if you can get in and out of your home without assistance, and if you can get to and from the roadway edge without assistance.

Part 2: Have an appropriate health care professional (as indicated above) who is familiar with your medical condition and functional disabilities complete both pages. The professional must be identified and sign at the bottom of Part 2, Page 2.

Submitting the Application

Only forms with original signatures will be processed. Faxing signed documents back to HART will delay the enrollment process. Parts 1 and 2 of the application may be submitted separately for the convenience of those applicants who would prefer to have their professional health care provider send Part 2 directly to HART. However, it is your

responsibility to ensure that your application is complete and submitted in a timely manner.

- **By Mail:** HART Paratransit Program
144 East Second Street,
Huntington Station, NY 11746-1431
- **In Person:** At HART's offices at the above address;
Monday-Friday, 8:30 a.m.-4:30 p.m.

Other Information

HART will notify you, in writing, of its determination within 21 days of receiving your complete application. If the review of your application is not concluded within 21 days of its receipt, you will be considered to be eligible for the enrollment category for which you applied until such time as a determination is made.

If you are found not to be eligible for the enrollment category for which you applied, the reasons for that finding will be stated in writing.

An appeals process has been established for those who have been denied enrollment or have been granted enrollment at a lower level than they believe is appropriate. Forward a letter to HART requesting an appeal within 60 days of your receipt of HART's enrollment determination. Include any additional information and arguments related to your appeal. Your application will be reconsidered in light of any new information presented, and HART's decision will be issued, in writing, within 14 days of receiving your request for appeal. If, after this initial appeal, you are still dissatisfied with HART's determination, you may forward a letter to HART, within 30 days of HART's response to your initial appeal, requesting a hearing before an Appeals Board. A hearing will be convened within 30 days of receiving your request. The decision of the Appeals Board will be final.



HART PARATRANSIT PROGRAM ENROLLMENT APPLICATION

PART 1 (To be completed by the Applicant)

Page 1 of 4

Applicant's Last Name		First Name	M.I.
<u>Address</u> of Applicant's Residence			
Nearest Intersecting Street to Residence			
<u>Mailing Address</u> (if different than above)			
Phone Number (Day)	Phone Number (Eve)	Date of Birth	

Who should be contacted in case of Emergency?		
Phone Number (Day)	Phone Number (Eve)	Relationship to Applicant
Mailing Address of Emergency Contact		

Only complete this section to designate another person ("Third Party") to be contacted regarding this program and the applicant's use of it.

Name of 'Third Party' Contact		
Phone Number (Day)	Phone Number (Eve)	Relationship to Applicant
Mailing Address of Third Party Contact		
Should this designated individual be contacted INSTEAD of the applicant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes," briefly explain why:

Do you (the Applicant) drive? No Yes If "No," why not?

Only complete this section if this application was completed by someone other than the applicant, then sign Certification.

Name of Person Who Completed the Application

Phone Number (Day)	Phone Number (Eve)	Relationship to Applicant
--------------------	--------------------	---------------------------

Mailing Address

Signature	Date
-----------	------

What enrollment category are you applying for?

ADA Paratransit Eligible
(Disabled)

Town Eligible*
(Non-Disabled)

Sign the Certification below and complete the remainder of PART 1. Have a licensed health care professional complete PART 2.

Sign the Certification below and stop. No other information is needed.

* Note that if you do not verify a disability that would prevent you from using regular buses for the general public, you will be expected to use them, not paratransit, when regular buses are available for your trip (i.e., within 3/4 of a mile of your origin and destination).

CERTIFICATION — I, the undersigned applicant (or authorized signatory thereof), do hereby state that the information contained herein is true and complete. I agree to notify Huntington Area Rapid Transit of any changes in disability status or location of legal residence and understand that this may affect my (the applicant's) eligibility to use this service. I furthermore authorize the Town of Huntington to release information to other transportation providers at their request to facilitate my (the applicant's) travel in those other areas. I understand that the Town of Huntington may report information in aggregate form such that the confidentiality of individual clients is maintained.

Signature	Date
-----------	------

MEDICAL CONDITION — What is the specific **disability** or **impairment-related condition** (i.e., your diagnosis) that would prevent you from using regularly-scheduled, fixed-route buses for the general public should such services be available within 3/4 of a mile? (Note that advanced age, in and of itself, is not considered to be a disabling condition.)

Is this condition temporary? No Yes If “Yes,” expected duration until:

FUNCTIONAL DISABILITY — How might this disability or impairment-related condition prevent you from using regularly-scheduled, fixed-route buses for the general public if they were available within 3/4 of a mile?

Are there any other effects of your disability with which we need to be aware? No Yes If “Yes,” please describe:

MOBILITY AIDS — Check the mobility aids you travel with:

- Cane
- Walker
- Braces
- Wheelchair* (Manual)
- Wheelchair* (Electric)
- Powered Scooter*
- Service Animal
- Other:

* If you use a wheelchair or a scooter, can you transfer to a seat?

No Yes

MAXIMUM BUS LIFT COMBINED WEIGHT CAPACITY — If you require the use of a bus lift and the combined weight of you and a mobility aid (e.g., wheelchair or scooter) exceeds six hundred (600) pounds, special arrangements for your safe travel will be made.

Do you require the use of a bus lift?

No Yes

If your answer was “Yes,” does the combined weight of you and the mobility aid exceed six hundred (600) pounds?

No Yes

If your answer was “Yes,” please state the approximate combined total weight (in pounds) including you and the mobility aid:

Weight

PERSONAL TRAVEL ASSISTANCE

Do you at least sometimes require the assistance of a personal care attendant (family member, friend, aide, etc.) in order to access/use paratransit or to help you at your destination?

No	Yes
----	-----

If you checked “Yes,” explain what help you might need from another person in order to access/use paratransit or at your destination. Note, HART will review your eligibility to be accompanied by an attendant at no additional charge but will not require you to travel with one.

Can you travel 200 feet without the assistance of another person?	Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>	Sometimes: <input style="width: 100%; height: 20px;" type="checkbox"/>
Can you travel 1/4 mile without the assistance of another person?	Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>	Sometimes: <input style="width: 100%; height: 20px;" type="checkbox"/>
Can you travel 3/4 mile without the assistance of another person?	Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>	Sometimes: <input style="width: 100%; height: 20px;" type="checkbox"/>
Can you climb three 12” steps without the assistance of another person?	Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>	Sometimes: <input style="width: 100%; height: 20px;" type="checkbox"/>
Can you wait outside without support for ten minutes?	Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>	Sometimes: <input style="width: 100%; height: 20px;" type="checkbox"/>
Can you get in and out of your home without the assistance of another person?	Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>	Sometimes: <input style="width: 100%; height: 20px;" type="checkbox"/>
Can you get to and from the curb or pavement edge without the assistance of an other person?	Yes <input style="width: 30px; height: 20px;" type="checkbox"/>	No <input style="width: 30px; height: 20px;" type="checkbox"/>	Sometimes: <input style="width: 100%; height: 20px;" type="checkbox"/>

Remember to sign the Certification and have a health care professional complete PART 2.



HART PARATRANSIT PROGRAM ENROLLMENT APPLICATION

PART 2 (Professional Verification of Disability)

Your patient/client is applying to use paratransit (specialized transportation) on the basis that he/she is prevented, because of disability, from using regularly-scheduled, fixed-route, handicap-accessible bus services for the general public. This form is to be completed by a health care professional (not a social worker) who is familiar with the applicant, his/her disability, and his/her functional abilities as they pertain to the use of regular bus services. The information you provide will allow the Town of Huntington to make an appropriate evaluation of this application and specific trip requests. Please fully answer all questions that apply to this applicant since an incomplete application will delay the enrollment process.

Original signed documents are required. Do not return copies or submit by fax. If you will be submitting this form directly on behalf of the applicant, please mail it to: HART Paratransit Program, 144 East Second Street, Huntington Station, NY 11746-1431. For additional information, telephone (631) 427-8287.

Applicant's Name	Capacity in which you know the applicant
------------------	--

MEDICAL CONDITION — What is the specific **disability** or **impairment-related condition** (i.e., **diagnosis**) that would prevent the applicant from using regularly-scheduled, fixed-route buses for the general public should such services be available within 3/4 of a mile? (Advanced age, in and of itself, is not considered to be a disabling condition.)

Is this condition temporary? No Yes If "Yes," expected duration until: _____

Can the applicant travel 200 feet without the assistance of another person in order to get to or from a regular bus stop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sometimes _____
Can the applicant travel 1/4 mile without the assistance of another person in order to get to or from a regular bus stop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sometimes _____
Can the applicant travel 3/4 mile without the assistance of another person in order to get to or from a regular bus stop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sometimes _____
Can the applicant climb three 12-inch steps without the assistance of another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sometimes _____
Can the applicant wait outside without support for ten minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sometimes _____
Can the applicant get in and out of his/her home without the assistance of another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sometimes _____
Can the applicant get to and from the curb or pavement edge without the assistance of another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sometimes _____
Can the applicant be transported safely in a seated position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sometimes _____

Please continue on back...

Please indicate what, if any, mobility aids are used by the applicant:

Does the applicant require the assistance of a personal care attendant in order **to access/use paratransit** or **to help the applicant at his/her destination**?

Yes
 No

Are you aware of any behavioral abnormalities exhibited by the applicant that could cause him/her to possibly harm him/herself, other passengers, or the bus driver?

No
 Yes

If "Yes," please explain:

Is there any other effect of the disability of which the HART Paratransit Program should be aware?

No
 Yes

If "Yes," please explain:

IF the applicant has a cognitive disability, is he/she able to:

Give addresses and telephone numbers upon request?

Yes No

Recognize a destination or landmark?

Yes No

Deal with unexpected situations or unexpected change in routine?

Yes No

Ask for, understand, and follow directions?

Yes No

Safely and effectively travel through crowded and/or complex facilities?

Yes No

IF the applicant has a visual impairment:

Visual acuity with best correction

Visual fields

Left Eye

/

Left Eye

Horizontal / Vertical

Right Eye

/

Right Eye

Horizontal / Vertical

Both Eyes

/

Both Eyes

Horizontal / Vertical

Name of Health Care Professional

Professional Title

Address

Town

State

Zip Code

Telephone Number

Fax Number

Signature of Health Care Professional

Date