

# ETA Access

## ADA Paratransit Service Application

Thank you for inquiring about eligibility for ADA Paratransit Service. Enclosed is a copy of an ADA Paratransit Application. **Please read these instructions carefully before completing the application.** If you have any questions about the services, eligibility, or need assistance, please call the ADA Paratransit Eligibility program at (915) 247-0505 or 711 (if you use a TTY).

### ***What is “ADA Paratransit Service?”***

ADA Paratransit Service is a shared-ride, curb-to-curb transportation provided to customers who are unable because of their disability to use fixed route buses. Fixed route buses mean the large transit buses that operate on set routes. EPC follows the Americans with Disabilities Act (ADA) of 1990 eligibility standards that fall into three categories:

- Category 1. A person with a disability who cannot navigate the transit system without assistance.
- Category 2. A person with a disability who requires an accessible vehicle when one is not available.
- Category 3. A person with a disability who is unable to reach the transit stop.

ADA Paratransit Service is provided in the same areas, times and days as the fixed route buses. Rides are reserved one to seven days in advance and the fare is \$2.50 per ride. Service is provided for all trip types—trips are not prioritized based on trip type (e.g. medical, shopping, personal travel)

If you are a person with a disability who cannot travel on the fixed route buses because of your disability, you may be eligible for ADA Paratransit Service. If you are sometimes able to use fixed route buses, you may be eligible for ADA Paratransit Service for those trips that you cannot make by fixed route bus because of your disability.

### ***How Do I Apply?***

To help us accurately determine your eligibility for ADA Paratransit Service, please fill out the enclosed application. The application has two parts:

- 1) Applicant Questionnaire, and
- 2) Physician or Licensed Health Professional Verification

Please take the time to answer ALL questions carefully and completely. A friend, guardian, caregiver, agency service representative or family member may help you complete the Applicant Questionnaire. A physician or licensed health professional must complete the Physician or Licensed Professional Verification. The qualified licensed professional may be a physician, physical therapist, psychologist, psychiatrist, social worker, counselor from an established agency, or other similar professional.

- Both the Applicant Questionnaire and the Physician/ Licensed Health Professional Verification

**must be signed.** The Professional Verification cannot be completed by the applicant.

- Incomplete applications will be returned and will not be processed until complete.

The Application information you provide is confidential and will only be shared with the ADA Paratransit Eligibility Program for eligibility determination. If determined eligible for ADA Paratransit Service, mobility aid information (e.g. use of wheelchair, need for an attendant, use of white cane) will be entered into the system to facilitate travel.

Once both the Applicant Questionnaire and the Physician/ Licenses Health Professional Verification are complete and signed, please submit by:

- Mail: ETA Access Eligibility Program at PO Box 920451, El Paso, Tx. 79901
- Email: [applyaccess@elpasotransportationauthority.org](mailto:applyaccess@elpasotransportationauthority.org)
- eFax: +1 (915) 232-9897
- In person at Transdev 700 W. San Francisco, El Paso, TX. 79901 between Monday through Friday from 8a.m. – 5p.m.:

Once you have submitted the completed application, call the Eligibility Program at (915) 247-0505 (voice) or 711 (if you use a TTY) to schedule a phone interview. Also let us know if you will need or prefer to conduct the interview in Spanish or require additional assistance.

### ***What Happens Next?***

The Eligibility Program will review your application for completeness, and a phone interview will be conducted at your scheduled time to discuss your application with you. At times, the Eligibility Program may request an In-Person Functional Assessment to obtain more information regarding your application. EPC will provide free transportation for an In-Person Functional Assessment by calling the Eligibility Program at (915) 247-0505 (voice) or 711 (TTY). Transportation is provided to origins and destinations within EPC service area.

The Eligibility Program may contact your healthcare professional in an attempt to obtain additional information as necessary for an eligibility determination. You may provide any additional information pertaining to your application during the review process. All EPC ADA Paratransit applications will be processed within 21 days of receiving a completed application to include both the signed Applicant Questionnaire and the signed Physician/ Healthcare Professional Verification.

### ***When and How Will I Find Out If I am Eligible?***

You will be notified of your eligibility by letter. The eligibility decision will be made within 21 days of the date you completed your phone interview or functional assessment (if requested). If a decision is not made within 21 days, you will be provided ADA paratransit service until a final decision is made.

Eligibility is determined for all trips (unconditional), some trips (conditional), or for a certain time period (temporary). If you are determined eligible for ADA paratransit service for some trips or for all trips, a Rider's Guide with information about ETA Access ADA paratransit program will be sent to you. If determined that you are able to use the fixed route bus for some of your trips (conditional) or temporarily eligible, you will be

notified in writing of the exact reasons for the decision and provide information about how to appeal the decision if desired.



## Part 1. APPLICANT QUESTIONNAIRE

To be completed by the applicant

**Please complete, sign, date and mail to the ETA Access Eligibility Program, at PO Box 920451, El Paso, Tx. 79901, eFax to +1 (915) 232-9897, or email to [applyaccess@elpasotransportationauthority.org](mailto:applyaccess@elpasotransportationauthority.org).**

**This form can also be dropped off at Transdev located at 700 W. San Francisco, El Paso, Tx. 79901, Monday through Friday, 8.m.-5p.m.**

Please check one:       New Applicant       Existing **ETA Access ADA Paratransit** Customer

### APPLICANT GENERAL INFORMATION

#### Applicant Name

Last	First	Middle Initial	Date of Birth

#### Applicant Home Address

Street	Unit Number	City	Zip Code
Apartment Complex Name		Gate Code	

#### Mailing Address (If difference from home address)

Street	Unit Number	City	State	Zip Code

#### Applicant Contact Information

Home Phone	Cell Phone	Email

#### Emergency Contact

Name	Relationship	Phone	
Street	Unit Number	City	Zip Code

APPLICANT DISABILITY AND MOBILITY INFORMATION

1. Please explain how your disability prevents you from using the fixed route bus service all or some of the time (please describe below).

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2. Is your disability permanent (please check yes or no)?

- Yes
- No, my disability is temporary

If your disability is temporary, what is the expected (please provide the expected end date)?

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3. Have you ever had a seizure (please check yes or no)?

- Yes
- No

If yes, what type and how often?

Type \_\_\_\_\_

How often \_\_\_\_\_

4. Do you use any of the following mobility aides (check all that apply)?

- |   |   |
|---|---|
| <input type="checkbox"/> Manual wheelchair  | <input type="checkbox"/> Braces                 |
| <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Service Animal         |
| <input type="checkbox"/> Powered scooter    | <input type="checkbox"/> Portable oxygen        |
| <input type="checkbox"/> Prosthesis         | <input type="checkbox"/> Crutches               |
| <input type="checkbox"/> Walker             | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Cane               |   |

5. Have you ever used EPC fixed route bus system?

- Yes
- No

6. Does your physical condition change from day to day where using the fixed route bus is more difficult?

- 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 (please explain below)

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7. Can you get to the curb in front of your home on your own or with using a mobility aid?

- Yes
- No
- Other (please explain below)

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8. What distance can you travel on your own or with using a mobility aid?

- To the curb in front of my home only
- I can travel up to 1 block
- I can travel up to 4 blocks
- I can travel up to 6 blocks
- I cannot travel beyond my front door on my own (please explain below)

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9. Does the weather have an affect on your ability to use the fixed route bus service?

- Yes
- No
- Sometimes (please explain below)

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10. If you answered yes to number 9, how does the weather affect our ability to use the fixed route bus (please explain below)

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11. Are you able to use a smartphone on your own to look up fixed route information?

- Yes
- No (please explain why below)

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12. Can you transfer from one fixed route bus to another?

- Yes
- No (please explain why not)

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13. Are you able to follow written or oral instructions to use the fixed route bus service?

- Yes
- No (please explain why)

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14. Can you get to the nearest fixed route bus stop nearest your home without assistance of another person?

- Yes
- Not sure
- No (please explain why)

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15. Can you wait at bus stop that has a seat or shelter for 30 minutes?

- Yes, all of the time
- Yes, some of the time
- Not sure
- No (please explain why)

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16. Can you wait at a bus stop that does not have a seat or shelter for 30 minutes?

- Yes, all of the time
- Yes, some of the time
- Not sure
- No (please explain why)

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17. Are you able to get on and off a bus (equipped with a wheelchair lift)?

- Yes
- Not sure
- No (please explain why)

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18. Are you able to recognize when it is time to get on and off the fixed route bus?

- Yes
- Not sure
- No (please explain why)

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APPLICANT AGREEMENT AND AUTHORIZATION:

**Are you the Applicant?**

- Yes**
- No If you are not the applicant, please provide the following information about the preparer:**

**Name: (please print)** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Relationship (required):** \_\_\_\_\_

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I state that the information I have provided is true and accurate.

I authorize the release of diagnostic and functional information as requested on the Physician or Licensed Health Professional form to ETA Access Eligibility Program for the sole purpose of making a determination regarding my eligibility for ADA paratransit service and understand that personal and medical information will be kept confidential.

I understand that intentionally providing false or misleading information or refusal to undergo functional assessment if requested is grounds for denial of ADA paratransit services.

If approved, I agree to follow the rules and guidelines established by EPC, and to promptly inform EPC of any changes in my residence, phone number and, if applicable, my representative's name and phone number; and any significant change in my condition that would affect my level of mobility.

I understand that failure to follow proper procedures or cooperate with ETA Access staff, demonstrating illegal or disruptive behavior or, if my condition at any time poses a direct threat to the health or safety of others, such situations may result in either suspension and/or termination of service.

\_\_\_\_\_  
Applicant (or Preparer's Signature)

\_\_\_\_\_  
Date



## **Part 2. PHYSICIAN/ LICENSE PROFESSIONAL VERIFICATION**

Dear Physician or Licensed Healthcare Professional:

The Americans with Disabilities Act of 1990, 49 CFR 37.121, Subpart F states–  
“..each public entity operating a fixed route system shall provide paratransit or  
other special service to individuals with disabilities that is comparable to the level  
of service provided to individuals without disabilities who use the fixed route  
system.” **“By complementary, DOT means service for individuals with disabilities  
who cannot use the fixed route bus system.”**

We need your assistance in determining ADA paratransit eligibility for services  
provided by ETA Access to individuals with disabilities who are unable to use fixed  
route bus transportation. We are seeking specific information as to what prevents  
the person from using the public transit fixed routes that provide transportation  
throughout the area. EPC fixed route buses are equipped with lifts to assist  
boarding and vehicle operators are required to announce major stops to help riders  
know where they are along the route.

The information requested of you in the following sections will be used to help  
determine the applicant’s ADA paratransit eligibility. It is important that all  
questions be answered completely and accurately to the best of your knowledge  
and in accordance with your records. If the information is incomplete or unclear,  
we may need to contact you for clarification. Thank you for your cooperation.

1. **Applicant’s Name: (please print)** \_\_\_\_\_
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?** \_\_\_\_\_  
\_\_\_\_\_



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5. Has the applicant been diagnosed with a disability or impairment that would prevent the applicant from using the fixed route bus service?

- No
- Yes (please provide the diagnoses in layman's terms to describe the applicant's primary disability or impairment conditions below)

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ICD-9 codes: \_\_\_\_\_

DSM-IV codes: \_\_\_\_\_

6. If visually impaired, what is the applicant's best corrected acuity? Snellen Chart: (R) \_\_\_\_\_ (L) \_\_\_\_\_

**Field Restriction:** (R) \_\_\_\_\_ (L) \_\_\_\_\_

**Date of Testing** \_\_\_\_\_

7. If cognitively impaired, what is the applicant's cognitive age, and IQ level?

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8. Is the applicant a wheelchair user? Yes  No

If yes, how often \_\_\_\_\_

9. Does the applicant use other mobility aids? Yes  No

If yes, please describe below:

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10. Is the applicant's disability permanent?

- Yes
- No, the applicant's disability is temporary (please state expected end date)

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11. Does the applicant's functional ability to travel change due to medical treatments, environmental conditions (e.g. heat, cold, darkness) or other related factors?

- No
- Yes (please explain):

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PHYSICIAN OR HEALTH CARE PROFESSIONAL'S VERIFICATION

**I certify that the information I have provided herein is a fair representation of this applicant's medical impairment or condition and is accurate to the best of my knowledge. I understand that the information provided herein will be used for the sole purpose of determining the applicant's eligibility for ADA paratransit services. I also agree that ETA Access may contact me for clarification of any information I have provided and that I will reply in good faith.**

**Physician/ Licensed Healthcare Professional Full Name:**

\_\_\_\_\_

**Institution/ Facility / Agency Name:**

\_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Suite #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please also attach the physician/ licensed healthcare professional signature on institution/ facility/ agency letterhead.**