

City of Hobbs/Hobbs Express

Application for Paratransit Service

Thank you for your interest in Hobbs Express's services for individuals with disabilities. This packet includes information and forms you need to apply for paratransit eligibility for Hobbs Express. As part of the requirements of the Americans with Disabilities Act (ADA) of 1990, paratransit service is provided by all public transportation systems. This special type of public transportation service is limited to persons who are unable to independently use regular public transit, some or all of the time, due to a disability or health related condition.

Under the ADA, transit agencies operating a bus service must provide a comparable service for people with disabilities who cannot use the bus. Eligibility is based on "functional" criteria. Eligibility is not based on type of disability, mobility aid(s) used, or age. Overall eligibility is based on the individual's most limiting conditions and if there are barriers that prevent them from using the bus. Paratransit is a "shared-ride" service that operates at the same times and in the same areas as the fixed-route buses.

In order to use ADA paratransit service, you must be certified as eligible. Eligibility is determined on a case-by-case basis. According to ADA regulations, eligibility is strictly limited to those who have specific limitations that prevent them from using accessible public transportation.

Individuals are eligible based on any one of the following 3 categories:

The Americans with Disabilities Act (ADA) identifies three categories of individuals who are eligible for complementary paratransit service. Individuals are ADA paratransit eligible if their disability **prevents** them from:

1. Getting to and from bus stops within the service area.
2. Any disabled person who has a specific impairment that prevents the person from traveling to or from a bus stop.
3. Independently navigating the system.

Your application may be approved for full eligibility (unconditional) or on a conditional basis, for some of your trips. If you are found to be capable of using

regular bus for all trips, without the help of another person, you will not be eligible for paratransit.

To help us determine your eligibility for ADA Paratransit Service, please fill out the enclosed application as completely and thoroughly as possible. If there are questions that you cannot answer, or if you need help in filling out this form, please call **Hobbs Express at (575) 397-9290**.

The Hobbs Express application is divided into three parts. Part I of the application is completed by the applicant. Applicants can fill out the application themselves or have someone help them fill it out. Please print or type full responses to all of the questions on the application form. **All application forms must be completed in their entirety, or they will be returned to the applicant for completion before being processed. All information provided by the applicant will be kept strictly confidential.**

Part II of the application must be completed by a licensed health care provider.

Part III of the application is an in-person interview. Once Sections I and II have been completed, they must be submitted by mail to the address below, in-person, or by fax at (575) 397-9362, prior to an in-person interview being scheduled.

Once we have received a completed application, we will call you to set-up an interview. Hobbs Express in-person interviews are a required part of the eligibility process. The applicant must attend the interview. Hobbs Express will provide a free ride to and from the interview if needed. The Hobbs Express in-person interview is held at:

Hobbs Express Public Transit
424 West Broadway
Hobbs, NM 88240

The application process can take up to twenty-one (21) days from the date of the in-person interview to complete. Once the application process is complete, a letter will be mailed to the applicant indicating their eligibility, expiration date of certification, conditions of eligibility, whether authorized to ride Hobbs Express with a Personal Care Attendant (PCA) or “sheltered”, ADA Paratransit Rider Guide outlining Hobbs Express’s services.

If the applicant does not receive notification of eligibility within twenty-one (21) days from the date of the in-person interview, the applicant will receive presumptive eligibility, which will entitle the applicant eligibility to ride Hobbs Express. Hobbs Express service will be provided until and unless Hobbs Express denies the application.

City of Hobbs

Hobbs Express Application for Paratransit Service

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions that you cannot answer, or if you need assistance to complete this form, please call **Hobbs Express at (575) 397-9290**. To be considered complete, every question on the application must be answered. If not, it will be returned to you for completion. Your licensed physician or health care professional must complete Part II of this application, the License Health Care Provider Certification.

PART I: APPLICANT INFORMATION

PLEASE TYPE or PRINT IN BLUE OR BLACK INK

New Applicant

Recertification - ID# _____

Name:

First	M.I.	Last
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Street Address: _____

Apartment No. /Space No.: _____

Building Complex Name or Building No.: _____

Gate Code: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: () _____ Home Cell Work

Secondary Phone Number: () _____ Home Cell Work

E-Mail Address: _____

Date of Birth: _____ Sex: Male Female

Preferred Language: English Spanish

Other: _____

Emergency Contact Person: _____

Day Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

DISABILITY AND HEALTH CONDITION INFORMATION

1. What disability have you been diagnosed with?

2. Date of diagnosis:

3. Does your disability **PREVENT** you from using the regular bus?

Yes No

If yes, please explain **HOW** your disability prevents you from using the regular bus: _____

4. Are your conditions you described?

Permanent Temporary Don't know

If temporary, how long do you expect the condition to continue? _____

5. Does your disability change from day to day or seasonally?

Yes No

If yes, please explain: _____

6. Do the conditions you describe change from day-to-day in a way that affects your ability to ride the regular bus service?

Yes, good on some days, bad on others No, doesn't change

Don't know

7. Does your disability make it difficult for you to understand and remember how to find your way to and from the bus stop? Yes No

If yes, please explain: _____

MOBILITY INFORMATION

8. Do you currently use any mobility aids or specialized equipment?

Yes No

If yes, please select all that apply:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Brace(s) | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Motorized Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Portable Oxygen | |

Communication Board/Devices

Other (please specify): _____

9. If you use a wheelchair or scooter, is the combined weight of you and the device over 800 pounds?

Yes No Not applicable

10. Do you use a service animal: Yes No Sometimes

If yes, please describe the type of animal and what service(s) the animal was trained to perform: _____

11. If you use a wheelchair or scooter, does your residence have a wheelchair ramp? Yes No Not applicable

If no ramp, how many steps? _____

If more than one step, how do you transport your wheelchair to the street level?

NOTE:

- Riders who will be using a wheelchair or other mobility aid to ride on Hobbs Express should note that Hobbs Express can only transport riders whose combined weight with their mobility aid is less than 800 lbs, and their mobility aid should not exceed 51 inches in length, or 33 inches in width. If you think you may be close to these measurements, please indicate this at the eligibility interview.
- Your trip origin and destination must be accessible by ramp or lift. IF NOT ACCESSIBLE, please have someone available to assist you up and down steps. Drivers are not permitted to assist riders who use wheelchairs up or down stairs or push them up or down ramps.

CURRENT TRAVEL INFORMATION

12. How do you currently travel to your frequent destinations?

(Check all that apply):

Buses

Hobbs Express

Drive myself

Taxi

Someone takes me

Other _____

13. How many city blocks can you travel with your usual mobility aid and without the help of another person? _____

14. Which of the following statements best describes you if you had to wait outside for a ride?

I could wait by myself for ten (10) to fifteen (15) minutes

I could wait by myself for ten (10) to fifteen (15) minutes only if I had a seat and/or shelter

I would need someone to wait with me because _____

15. Which of the following statements best describes you?

I have never used the regular bus service. If not, why not?

I have used the regular bus service, but not since the onset of my disability

I would need someone to wait for me and/or assist me because _____

I currently use the fixed regular fixed route bus service and ride the following routes: _____

16. Do you have any difficulties when riding the bus service? If “yes”, what are they?

17. Do you need someone to accompany you when you travel outside your home (i.e. Personal Care Attendant, someone designated or employed to specifically help with personal needs)? Yes No

If yes, what assistance does that person provide for you?

18. How many blocks is the closest bus stop to your home? (Please give the approximate number of blocks or distance) _____

19. Can you get to and from the bus stop nearest to your home by yourself?

Yes No

If no, explain why not? _____

20. Does weather affect your ability to use the regular bus?

Yes No

If yes, please explain _____

21. Have you ever received training on how to use the bus system?

Yes No

If yes, when? _____

If yes, did you successfully complete the training? Yes No

22. Would you like to receive travel training? Yes No

23. How would you describe the terrain where you live? (e.g., flat, steep hills, gradual sloping hills, etc.) _____

24. Are there sidewalks in your neighborhood? Yes No

25. Are there sidewalks at the nearest bus stop? Yes No

26. List the 3 most frequent destinations you travel to and how you currently get there:

	Location 1	Location 2	Location 3
Destination Name:			
Address:			
How frequently do you travel there (Within a month)?			
How do you currently get there?			

27. How far is your residence to the nearest bus stop?

Less than 2 blocks 2 to 4 blocks Not sure

5 to 7 blocks More than 7 blocks

28. How far is your most frequent destination to the nearest bus stop?

Less than 2 blocks

2 to 4 blocks

Not sure

5 to 7 blocks

More than 7 blocks

APPLICANT CERTIFICATION

I understand that the purpose of this application is to determine if I am eligible for Hobbs Express's Paratransit services.

By signing this application, I certify that I have been truthful in answering this form and that the information that I have provided is correct to the best of my knowledge. I understand that falsification of this information could result in a loss of Paratransit service.

I agree to notify Hobbs Express if I no longer need to use Paratransit service.

Applicant Signature

Date

OR, if applicant is unable to sign:

By signing here, you are verifying that you are authorized to represent the applicant stated in this application.

Authorized Representative Printed Name

Relationship to Applicant

Authorized Representative Signature

Date

Please Note: It is your responsibility to notify us if your disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible or we discover you submitted false information, your eligibility could be suspended or you may be asked to reapply.

PART II: NOTICE TO LICENSED HEALTHCARE PROVIDER

Dear Health Care Provider:

Your patient has requested eligibility for Hobbs Express services. Hobbs Express offers paratransit service for people who have been diagnosed with a disability (ies) that prevents them from riding the accessible bus system all or part of the time.

As the applicant's healthcare provider you are uniquely qualified to clarify his or her functional abilities and limitations to ride Hobbs Express accessible bus system. In order to determine this applicant's functional abilities, we require that **you, the healthcare provider, not the applicant**, complete and certify **all** of the following sections. Please detail how the applicant's disability (ies) impact their ability to board, navigate and travel independently on the accessible fixed route system. Please be as specific as possible.

The information you provide in the attached Licensed Healthcare Certification will allow Hobbs Express representatives to make an appropriate evaluation of the applicant and determine how we may best meet their needs.

Your evaluation of each person must be based solely upon their functional abilities to use regular fixed-route transit service, not on their age or medical diagnosis.

PLEASE NOTE: Eligibility does not include persons who find it uncomfortable or inconvenient to get to and from bus stops or to ride the bus.

If you have any questions about the application or the review process, please contact Hobbs Express at (575) 397-9290.

LICENSED HEALTHCARE PROVIDER PROFESSIONAL VERIFICATION

To be completed by your Licensed Healthcare Provider

PLEASE TYPE OR PRINT CLEARLY

Name of applicant:

Date of applicant's last visit: _____

Medical diagnosis of disability: _____

Is disability permanent? Yes No

If temporary, when will applicant be able to resume normal travel patterns?

Date: _____ / _____ / _____

Is disability intermittent? Yes No

Please discuss the impact this disability has on the applicant's ability to use the fixed-route bus system _____

Does this disability prevent the applicant from getting to/from and/or riding the fixed-route bus system? Yes No

If yes, please explain: _____

Is this disability subject to significant improvement with treatment? Yes No

Likely to deteriorate? Yes No

Does the applicant require a personal care attendant (someone to travel with them)? Yes No

Under what circumstances does the applicant's disability/condition flare-up?

Does the applicant have the mental capacity, visual and/or hearing ability to:

Give addresses and phone numbers? Yes No

Recognize a destination or landmark? Yes No

Deal with unexpected change in routine? Yes No

Ask for, understand and follow directions? Yes No

Safely travel through crowded/complex facilities? Yes No

If you answered no to any question above, please explain _____

Are there any other medical conditions which Hobbs Express should be aware of?

Yes No

If yes, explain: _____

How far can the applicant walk without assistance?

Less than one city block? (200ft.)

If more than one city block, how many blocks? _____

Can the applicant walk up 3 stairs (12-14 inches) without assistance?

Yes No

Can applicant grip a handrail? Yes No

Does the applicant use a mobility device? Please check all that apply:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Brace(s) | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Motorized Wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Walker | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Communication Board/Devices | |

Other (please specify): _____

Does the disability **prevent** the applicant from getting to/from and/or riding the bus system? Yes No

If yes, explain: _____

Does weather impact applicant’s ability to travel? Yes No

If yes, please explain weather conditions and effects? _____

Does the applicant have a visual disability?

Yes No

Visual acuity with best correction:

Right eye: _____ / _____ Left eye: _____ / _____

Visual fields with best correction:

Right eye: Horizontal: _____ Left eye: Horizontal: _____

 Vertical: _____ Vertical: _____

HEALTHCARE PROVIDER CERTIFICATION

Licensed Healthcare Provider:

First Name	Last Name	Title (e.g. MD, NP, PA)
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License /Certification number: _____

Address: _____

City: _____ State: _____ Zip: _____

Office phone #: _____ Fax #: _____

Specialization: _____

I certify that the information contained in this application is true and correct to the best of my knowledge and ability. I hereby verify that the diagnosis of disability listed has been reviewed by me, is accurate and true, and represents the current physical and/or mental condition of the applicant named in this form.

Signature _____ Date: ____/____/____