



## **Borough of Pottstown Pottstown Area Rapid Transit (PART)**

### **ADA Paratransit Application**

**Revised August 2015**

In compliance with the Americans with Disabilities Act of 1990, the Borough of Pottstown and PART provide “paratransit” van service to anyone with a disability who cannot use a PART bus for a particular trip within PART’s service area and at times when PART buses normally operate.

The purpose of this application is to provide an opportunity for you to describe barriers or limitations which, when combined with your disability, prevent you from using PART’s buses. Use this application to tell us which places you have trouble getting to, where you would like to go but cannot, and what prevents you from using the bus to these destinations. The more information you include in this application, the better we will be able to understand your transportation needs and travel challenges.

Before completing the application form, please read the Paratransit User’s Guide which explains eligibility for this service in more detail.

**You should know** ... that PART has made riding the buses easier for persons with disabilities. Every bus is equipped with a wheelchair lift and wheelchair securement area on board. Even if you don’t use a wheelchair, you can ride the lift if you have difficulty climbing the stairs of the bus. The buses can “kneel,” which brings the first step of the bus closer to the sidewalk. The drivers are trained to help riders with disabilities both get on the bus and exit. The drivers will announce stops for persons who have visual impairments. Persons with disabilities also ride for a reduced fare.

PART is dedicated to ensuring programs and services are accessible to individuals with disabilities. If you would like to request a Reasonable Modification to policies, practices, and/or procedures, contact PART at 610-326-5413 or visit [www.pottstownarearapidtransit.com](http://www.pottstownarearapidtransit.com).

## **INSTRUCTIONS FOR COMPLETING THIS FORM**

1. Be sure to read the user's guide attached to this application form.
2. All questions must be answered completely. Incomplete applications will be returned.
3. If you have any questions or need help completing the application, please call Pottstown Area Rapid Transit at 610-326-5413.

### **I. APPLICANT'S CERTIFICATION**

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the regular PART bus service and must therefore use the paratransit van service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information contained in this application is true and correct. I understand that providing false or misleading information could result in delay of eligibility as well as other actions by PART and the Borough of Pottstown.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **II. INFORMATION ABOUT THE APPLICANT'S DISABILITY**

**Please read the following statements and circle those which best describe what you believe is your ability to use a bus by yourself. You may select more than one.**

1. I can use a bus sometimes, but for certain trips either I have not been trained, or there are other barriers present.
2. I have a temporary disability which prevents me from getting to the bus stop. I will need the paratransit van only until I recover.
3. I have an ambulatory disability which prevents me from boarding any bus which is not accessible.
4. I have an ambulatory disability which prevents me from boarding even an accessible bus without assistance.

5. I can never get to the bus stop myself.
6. I have a cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from the bus stop and ride the bus. I think that with training I can learn, but I don't know right now.
7. I have a cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from the bus stop, and ride the bus. I don't feel that I can ever learn.
8. I have a visual disability which prevents me from finding my way to and from the bus stop. I think that with training I can learn, but I don't know right now.
9. I have a visual disability which prevents me from finding my way to and from the bus stop. I don't feel that I can ever learn.

### **III. QUESTIONS**

1. If you use a PART bus now, what routes do you use? \_\_\_\_\_  
\_\_\_\_\_

2. What is the closest bus stop to your home? Please give location (Ex: Corner of Warren and Prospect)  
\_\_\_\_\_

3. Can you get to this bus stop by yourself? \_\_\_ Yes \_\_\_ No \_\_\_ Sometimes  
If no, why not? \_\_\_\_\_  
\_\_\_\_\_

4. If you use PART bus service now, do you need the assistance of another person?  
(Circle One)

Always

Sometimes

Never

5. If you ever need another person's assistance, what does that person do for you?

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6. What is it about riding a PART bus that is most difficult for you? (Ex: I can't climb the steps) Please list as many things as you can think of.

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7. What are the specific conditions of **your disability** which prevent you from using the bus? (Ex: I am sensitive to hot, humid weather.)

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8. Are you able to cross the street by yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, under what circumstances? (Ex: When there are curb cuts)

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If you'd like to try riding our regular bus one or two times to "show you the ropes," we can make arrangements. A staff member will arrange to meet you and guide you through using the bus system to get you where you want to go, and actually ride with you – all at no charge to you! Keep in mind that all PART buses are equipped with a wheelchair lift, and the drivers are trained to work with persons with disabilities so that they have a safe and pleasant trip.

If you are interested in riding the regular bus, check the following:

\_\_\_ Send me bus schedule information.

\_\_\_ I'm interested in having someone help me learn how to ride PART buses.

**IV. The questions in this next section are designed to give us a better understanding of your opinions about certain aspects of accessible regular bus service. Please read each question carefully and circle the number that indicates whether you agree, disagree, or are not sure.**

**Agree=1**

**Disagree=2**

**Not Sure=3**

	Agree	Disagree	Not Sure
1. The bus system is too complicated for me to figure out.	1	2	3
2. I've heard really good stories about the bus service.	1	2	3
3. I'm not at all interested in using the regular bus.	1	2	3
4. I have to have a seat on the bus, and I'm afraid I won't get one.	1	2	3
5. Everyone on the bus will be inconvenienced since it takes me longer to get on. People will get angry.	1	2	3
6. Riding the bus makes me vulnerable to crime. I'm afraid to ride the bus.	1	2	3
7. I think we have a good bus service.	1	2	3
8. I'm afraid I'll get off at the wrong stop.	1	2	3
9. Arriving at my destination on time is not very important to me.	1	2	3
10. Lower fares on the bus are an incentive for me to ride.	1	2	3

**V. Professional Certification**

I have reviewed this application and, based on my professional knowledge of the applicant, he/she has a disability which may make him or her eligible for paratransit service.

Signature \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Your Organization \_\_\_\_\_

Address \_\_\_\_\_

**VI. Release of Information**

I receive services from the following rehabilitation or health care professional or agency which is familiar with my disability. You have my permission to contact them to provide information to PART or the Borough of Pottstown for the purpose of completing the paratransit eligibility determination.

(Please use a separate form for each agency)

Name \_\_\_\_\_

Address \_\_\_\_\_

Staff person familiar with my case \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

I understand that this information will be held by PART/Borough of Pottstown in the strictest confidence and will not be shared with any other person or agency.

Signature of Applicant \_\_\_\_\_

Witness (If completed by someone else) \_\_\_\_\_

Date \_\_\_\_\_

**VII. Personal Care Assistant Certification**

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt./Bldg. # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

What is your disability? \_\_\_\_\_

What mobility equipment do you use? \_\_\_\_\_

I certify that I need the services of a personal care assistant to make independent travel possible. A personal care assistant is someone designated or employed specifically to assist me with the completion of at least one daily activity on a regular basis.

I will need a personal care assistant (check one) \_\_\_\_\_ permanently; \_\_\_\_\_ temporarily; or \_\_\_\_\_ occasionally. If temporarily, provide expected duration \_\_\_\_\_.

I certify that the information provided is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (If completed by someone else) \_\_\_\_\_

**VIII. Applicant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt./Bldg. # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

# Voter Registration Opportunity

## PREFERENCE FORM

**Name (Please print: Last Name, First, M.I)**

**Address (Street # and name, City, State and Zip)**

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW,  
WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE  
TODAY?

**Yes** (Please note that registration is complete upon return of the completed Voter Registration Mail Application.)

**No** OR  **No, I am already registered to vote where I live now.**

IF YOU DECIDE NOT TO CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you apply to register to vote, the office at which you submit this registration application form will remain confidential.

No information relating to a preference to register to vote will be used for any purpose other than for voter registration.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

In order to be qualified to register to vote, you must be at least 18 years of age on the day of the next election, you must have been a citizen of the United States for at least one month prior to the next election and have resided in Pennsylvania and the election district where you plan to vote for at least 30 days prior to the next election.

If you believe that someone has interfered with your right to register or your application to register to vote, or your right to choose your own political party preference, you may file a complaint with the Secretary of the Commonwealth, Pennsylvania Department of State, 302 North Office Building, Harrisburg, PA 17120, or call the Department of State, toll-free, at 1-877-VOTESPA (1-877-868-3772).

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Signature

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Date