

Application Process

Step 1: The Application

Please fill out the forms completely. Incomplete forms may delay the eligibility determination. You may complete the application yourself, or you may have someone help you. If someone else assists you, please have them fill out the information in Part A.

Please sign the application form in Part A.

Step 2: Information Verification

Vista Transit may need to contact your physician or other health care provider for additional information. Please ensure the name and phone number of the health care professional who can verify your functional abilities and limitations is provided. Although it is not required, you may submit any additional information you feel would help to clarify your functional ability or inability to use Vista Transit buses (such as a letter from your doctor or other professional reference). However, any such statements should specifically address your current functional abilities regarding the use of Vista Transit buses and not be merely a “prescription” for service or a statement of your medical diagnosis. You will still need to complete the entire application even if you submit a doctor’s statement.

Step 3: Functional Abilities Testing

After submitting your application, you may be asked to participate in an in-person interview discussing your physical, cognitive, or visual abilities if more information is necessary to determine if you have the functional ability to use Vista Transit. The in-person interview helps determine whether an applicant is able to use fixed-route buses, and if so, under what circumstances. The interview consists of a series of questions designed to evaluate the functional abilities, limitations, and individual needs of each applicant. Variables in the environment, as well as the applicant’s ability to perform the tasks required to use the bus, are also considered. Vista Transit offers a courtesy pickup and drop-off for this purpose.

Step 4: Mobility Device Information

The ADA law requires fixed-route and paratransit vehicles to be able to accommodate, at a minimum, mobility devices which are 30 inches wide by 48 inches long in size. Some vehicles may be able to accommodate larger sizes. Vista Transit limits total mobility device, plus passenger weight, to 1,000 pounds. It may be necessary for Vista Transit to verify the size and weight of the mobility aid, while occupied, to determine whether the device and passenger can be safely accommodated on a paratransit service bus.

Step 5: Eligibility Determination

After you complete and submit your application, Vista Transit will review all the information available and notify you by U.S. mail of your paratransit eligibility determination within 21 days. It is not necessary to contact Vista Transit while your application is being processed. ADA Paratransit Eligibility determinations are not given out over the phone. You will be contacted if any additional information is needed or if any further action is required on your part.

Vista Transit tries to provide a response within three to five days. If, by a date 21 days following the submission of a complete application, the entity has not made a determination of eligibility, the applicant shall be treated as eligible and provided service until and unless the Vista Transit denies the application. This is presumptive eligibility: FTA Circular 4710.1 - Americans with Disabilities Act Guidance (see 9.5.1).

As described in Section 9.3 of the FTA ADA Circular, transit agencies can grant the following types of eligibility to individuals:

- **Unconditional Eligibility** – An individual who is unable to use fixed route transit services under any circumstances requires unconditional eligibility, allowing the individual to make all trips using Vista Transit’s paratransit service
- **Conditional Eligibility** – An individual may be able to use the fixed route system for some trips. Transit agencies can establish conditional eligibility for those individuals and would only be obligated to provide paratransit services for those trips that the individuals cannot make using fixed route, based on the conditions of the particular trip [Section 37.123(b)].

- **Temporary Eligibility** – Temporary eligibility, for a defined period of time, can be granted to individuals who experience a temporary loss of functional ability that prevents them from using fixed route service [Section 37.123(c)]. For example, an individual may need to undergo two months of treatment for a health condition, resulting in severe fatigue that prevents use of the fixed route service for the duration of the treatment.

Please Note: While all these steps may not be necessary for every applicant, by signing and submitting this application you are agreeing to comply with any of the above steps that may be necessary to determine your eligibility for Vista Transit curbside services.

Appeals Process

If you have been denied unconditional paratransit services or if you have been suspended under the No- Show or Cancellation Policy, you have the right to appeal that decision with the City's ADA Coordinator or the Vista Transit Supervisor within 60 days.

Individuals can submit appeals in whatever format they choose. If requested as an accommodation, a letter will be filled out on an individual's behalf or can be accepted in alternative formats such as large print, audio recording, or braille. You may request an appeal to be made in-person with either the ADA Coordinator at Sierra Vista City Hall or the Vista Transit Supervisor at the Vista Transit Center.

Appeals shall be submitted to the City ADA Coordinator at 1011 N. Coronado Drive, Sierra Vista, AZ 85635 or via email at ADA@SierraVistaAZ.gov. Appeals submitted at Vista Transit, or any other facility shall promptly be transmitted to the ADA Coordinator who will contact the applicant to acknowledge receipt. The ADA Coordinator will begin review of the appeal within 10 days of receipt.

The ADA Coordinator, who is not involved with paratransit determination will review both the paratransit application and appeal to ensure the eligibility determination was made in strict compliance with both FTA regulations and Vista Transit eligibility requirements.

The ADA Coordinator has authority to amend eligibility procedures if they are discovered to be non-compliant with FTA and ADA regulations. If such a determination is made, eligibility will be reassessed according to FTA and ADA regulations, while Vista Transit amends its policies. Once a decision is made, Vista Transit or the ADA Coordinator will provide the applicant with its decision including specific and detailed reasons for the decision. This decision will be provided in accessible formats upon request.

If the appellant is appealing service suspension due to a pattern or practice of no-shows, ADA paratransit will be provided until a decision has been made by the ADA Coordinator. Vista Transit is not required to provide ADA paratransit while an appellant is appealing an eligibility decision. However, if a decision has not been made within 30 days, Vista Transit shall provide paratransit services until a decision is issued.

For more information on the City of Sierra Vista/Vista Transit's civil rights program, and the procedures to file an appeal, contact the Transit Supervisor (520) 417-4888, or visit the Transit Center at 2050 E. Wilcox Avenue, Sierra Vista. For more information, visit www.VistaTransit.org.

ADA Complaint Process

It is established policy that the City of Sierra Vista and its employees shall comply with the regulations of the Americans with Disabilities Act (ADA).

The City of Sierra Vista/Vista Transit operates its programs and services without regard to race, color, national origin, or disability in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the City of Sierra Vista/Vista Transit within 180 days.

ADA complaint forms can be found on the City's website (www.SierraVistaAZ.gov) or upon request. Use of a form is not required; individuals can submit complaints in whatever format they choose. If requested as an accommodation, a form will be filled out on an individual's behalf.

Complaints shall be submitted to the City ADA Coordinator at 1011 N. Coronado Drive, Sierra Vista, AZ 85635 or via email at ADA@SierraVistaAZ.gov. Complaints submitted at Vista Transit, or any other facility shall promptly be transmitted to the ADA Coordinator who will contact the complainant to acknowledge receipt.

The ADA Coordinator will promptly forward all complaints to the Department and/or Division Head to begin the investigation process. The ADA Coordinator will work with the Department and/or Division Head and prepare a written response to the complainant within 10 business days. If additional time is needed to prepare a response, the complainant shall be notified of the status on a regular basis.

The complainant shall be notified of the final findings and corrective action within 20 business days of receipt of the complaint. This notification shall include, if determined to be necessary, a timetable for the completion of said corrective action.

If the complainant is not satisfied with the findings of the Transit Supervisor or ADA Coordinator, the complainant may request the City Manager review the complaint, or they can file a separate complaint with the US Department of Justice, Civil Rights Division, 950 Pennsylvania Ave., NW, Washington D.C.

20530-0001 or online at www.ADA.gov.

Complaints and all related documentation shall be retained by the ADA Coordinator for a period of no less than five years from the date of submission.

For more information on the City of Sierra Vista/Vista Transit's civil rights program, and the procedures to file a complaint, visit www.VistaTransit.org; contact the Transit Supervisor at (520) 417-4888; or visit the Transit Center at 2050 E. Wilcox Avenue, Sierra Vista.

A separate complaint may be filed with the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: FTA: ATTN: Complaint Team, East Building, 5th Floor-TCR 1200 New Jersey Avenue, SE Washington, DC 20590.

APPLICATION FOR VISTA TRANSIT CURBSIDE SERVICE

PART A

Release of Information

I hereby certify the information given in this application is correct. I understand if my application is not found to be eligible, I may appeal such determination within 60 calendar days, and I will be advised of the procedures for such an appeal. I understand that providing false or misleading information about my conditions and travel needs may result in a change to my eligibility status. By signing this application, I acknowledge I have read and understand the information it contains, and I hereby authorize Vista Transit to contact the professional or agency identified in this application to verify documentation of function abilities.

Applicant's Contact Information (please print)

Last Name: _____

First Name: _____ Middle Initial: _____

Address: _____ Apt. #/Unit: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Applicants Signature: _____ Date: _____

Emergency Contact Information (please print)

Please provide us with the name of the person you would like us to contact in case of an emergency. Select someone who will not be riding with you.

Last Name: _____ Middle Initial: _____

First Name: _____ Relationship: _____

Phone: _____

To be completed by any person assisting the applicant with the completion of this application (please print)

Last Name: _____ Middle Initial: _____

First Name: _____ Relationship: _____

Phone: _____

Signature of person assisting applicant: _____

PART B

Self Evaluation

Describe why your disability hinders or prevents you from using the fixed-route bus system.

Is your disability considered permanent? Yes No

If no, how long do you expect to have this disability? _____

Vista Transit Paratransit is an origin to destination service. Our bus operators are not to enter any structure to find you. In general, service is provided curb to curb. However, if physical barriers or inclement weather are present, or if the nature of the disability dictate, additional service may be provided. If the conditions requiring additional assistance are known at the time of reservation, they should be noted to the reservation specialist.

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

- | | |
|---|--|
| <input type="checkbox"/> I do not use any mobility aids | <input type="checkbox"/> Powered wheelchair |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Powered scooter |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> White cane (<i>for visual impairment</i>) |
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Other(describe): _____ |
-

Required of all wheelchair and scooter users

Is your device more than 30 inches wide? Yes No Not Sure

Is your device more than 48 inches long? Yes No Not Sure

Is the combined weight of your device and your weight more than 1000 pounds? Yes No Not Sure

Required of passengers with service animals

(Please note, the crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort or companionship do not constitute work or tasks as defined by the Americans with Disabilities Act.)

Do you have a service animal? Yes No

What service has your animal been trained to assist you with?

Is your service animal licensed with Sierra Vista Animal Control or another animal control entity? Note: paratransit *eligibility* is not contingent on licensure compliance. Yes No

Are you currently able to use regularly scheduled bus services? (Please note, all Vista Transit buses are ramp equipped and ADA accessible)

Yes

No, because:

I have never attempted to use Vista Transit buses before.

I have difficulty getting to or from the bus stops.

I have difficulty understanding the routes.

Other (please specify) _____

Which personalized travel training would help you ride the regularly scheduled bus route?

- Getting to or from the bus stop
- Getting on or off the bus
- Understanding the routes
- Other (please specify) _____

How far can you travel outdoors, with or without the help of another person or mobility aid?

How long are you able to shop at your grocery store, with or without the help of another person or mobility aid?

Do you have any other limitations Vista Transit should consider?

Yes No

If "Yes", please explain: _____

PART C

Professional Verification

Last Name: _____

First Name: _____ Middle Initial: _____

To Applicant:

Please take this section of the application to your physician, or a licensed healthcare professional familiar with your circumstances, for verification of your disability.

To Evaluating Health Care Professional

This patient/client has completed a paratransit application requesting service from his/her home to destinations within Sierra Vista. The American with Disabilities Act is very specific on who qualifies for paratransit transportation services. Because of your professional relationship with this applicant, you are uniquely qualified to help clarify his or her functional abilities and limitations. The following are guidelines for using Vista Transit paratransit services. These guidelines may help you in understanding the type of information we need to determine the applicant's eligibility.

Can the applicant walk? Yes No

Can he or she walk/travel independently using mobility aids? Yes No

How do weather conditions (heat, cold, rain, ice, snow) affect his or her mobility? Yes No

Are balance and endurance affected? Yes No

Is judgment or behavioral inhibition impaired? Yes No

Does he or she have seizures? Yes No

Does he or she experience any disabling psychological impairments? Yes No

Please respond to and check the applicable following statements?

A-1 I certify the above-named individual has (a) disability related condition(s) that.

SIGNIFICANTLY HINDERS OR PREVENTS him/her from riding Vista Transit's fixed route buses.

A-2 I certify the above-named individual has (a) disability related condition(s) that **SIGNIFICANTLY HINDERS OR PREVENTS** him/her from getting to or from a Vista Transit fixed route bus stop.

Eligibility in any one of these categories is based on the applicant's current functional ability to ride Vista Transit buses. It is not based on age, top purpose, financial resources, ability to drive, type of disability or medical diagnosis, type or size of mobility aid, or availability of bus service. **Please explain applicant's disability completely.**

If you checked **A-1** and/or **A-2**, explain how the disability prevents the applicant from using the Vista Transit scheduled, fixed route system. Please keep in mind, a medical diagnosis does not certify approval. Vista Transit needs to know what limitations the applicant's physical, cognitive, or functional disabilities present.

EXAMPLES: The patient has limited respiratory capacity and cannot walk to nearest bus stop or the patient has memory impairment and may not be able to navigate from bus stop to home.

Condition is: Permanent Temporary-
From _____ to _____

Name of Certifying Person (Please print) _____

Signature _____ Date _____

Medical ID Number _____ Phone: _____

THIS SECTION TO BE COMPLETED BY VISTA TRANSIT STAFF ONLY

Received: _____

Approved and Issued

Date: _____

Unconditional Service

Conditional Service

Terms of Conditional Service _____

Not Approved Reason: _____

Appeal Process Information Provided Date: _____

Authorization: _____