



City of Ridgecrest *ridgerunner* transit Transit Functional Needs Evaluation

Thank you for inquiring about eligibility for the Functional Needs Deviation Service. Enclosed is a copy of our Transit Functional Applicant Form, Release of Medical Information form and a Physician Verification Disability Form.

Please read these instructions before completing the application form.

The American with Disabilities Act (ADA) is a Federal law that protects the passenger's right to accessible public transportation. City of Ridgecrest *ridgerunner* transit provides curb-to-curb Deviation Service for passengers who are unable to use the Flex Route bus stops due to a disability. Passengers must complete all of the City of Ridgecrest *ridgerunner's* evaluation applications to be considered for this service.

What is a "Functional Needs Deviation Service" and Who is Eligible?

Functional Needs Deviation Service is a curb-to-curb transportation provided by the City of Ridgecrest *ridgerunner* transit to compliment the service provided by the Flex Route Service for customers with disabilities who are unable, because of their disability, to use the Flex Route bus stops. When a passenger is unable to utilize the Flex Route bus stop in the traditional methods the driver will re-route to locations within $\frac{3}{4}$ of a mile of its usual route when a Functional Needs passenger has made a reservation for a deviation in advance. If you are a person with a disability who cannot travel to a Flex Route bus stop because of your disability, you may be eligible for a Functional Needs Deviation Service.

Types of Eligibility for Functional Needs Deviation Service

If you are determined eligible for Functional Needs Deviation Service, you will receive one of the following types of eligibility:

Conditional Eligibility: You are able to use the Flex Route Bus Stops for some of your trips and qualify for Deviation Service for other trips as determined.

Unconditional Eligibility: Your disability or health condition **always** prevents you from using the Flex Route Bus Stops and you qualified for Functional Needs Deviation Service for **all** of your trips.

Temporary Eligibility: You have a health condition or disability that temporarily prevents you from using the Flex Route Bus Stops

How Do I Apply?

Two forms are enclosed that must be filled out completely and returned to *ridgerunner* transit at the address below. The first form is for you or your caregiver to complete in order to provide us with the information we need to evaluate your application. If you require assistance completing the Transit Functional Evaluation applicant form please contact *ridgerunner* transit at (760) 499-5040 or (760) 499-5041 and *ridgerunner* transit will schedule you an appointment to come in and assist you with completing the form. The second form should be completed by your Physician or other licensed professional health care provider who is able to verify the information on your application and provide additional information about how your disability prevents you from using the regular Flex Route transit service. Before taking the form to your Physician, you should complete and sign the Authorization to Release Medical Information form provided. Once ALL information on both forms is completed, mail the forms to the following address:

City of Ridgecrest
ATTN: *ridgerunner* transit dept.
100 West California Ave
Ridgecrest Ca. 93555

1. **All questions must be answered.** Incomplete and/or unsigned forms will not be accepted and may cause a delay in your eligibility. Applications must be submitted on the physicians' official letterhead or on the Physician Verification of Disability Form provided.
2. **Completed applications will be processed within 21 days of receipt.** You will be notified by letter of your eligibility determination for Deviation Services. If you have not been notified within 21 days, please call and we will provide you with Functional Needs Deviation Services until your application is processed and a final determination of eligibility is determined.

To qualify for the Functional Needs Deviation Service, a Functional Needs Applicant Evaluation form must be processed and a physician must verify your disability, prognosis and date of occurrence. Verification can be obtained directly from your physician or from an agency, which has record of the physician statement on file.

A Disability does not necessarily qualify you for Deviation Service. Your disability MUST affect your ability to board, ride and get off an accessible Flex Route Bus. The *ridgerunner transit* provider reserves the right to make the final determination.

The information you provide is confidential. It will only be shared with agencies involved with the City of Ridgecrest *ridgerunner transit* Services eligibility determination process and other transit providers to facilitate travel in those areas. It will not be provided to any other person or agency, except as provided by the California Open Records Act.

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 that you submitted false information, your eligibility could be suspended or you may be asked to re-apply.

**If you have any questions, please contact the
City of Ridgecrest's Transportation Services Coordinator
(760) 499-5041**

CITY OF RIDGECREST Transit Functional Needs Applicant Form

We are requesting this information in order for *ridgerunner* transit to customize your Transit needs.
This information will not be provided to any other person or agency
Except those you list on this application

**Incomplete forms will be sent back to you
This will slow down the certification process.**

NEW APPLICATION

RECERTIFICATION

General Information (**PLEASE PRINT OR TYPE**)

Last Name _____ First Name _____ MI _____

Address: _____ Apt # _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

Date of Birth ____/____/____ Sex: M F

Address where *ridgerunner* transit will pick you up, if different from above:

Emergency Contact:

Name: _____ Relationship: _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

Did someone assist you in filling out this form? Yes No

Should this person be contacted if additional information is needed? Yes No

Name: _____ Relationship: _____

Address: _____ Apt # _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

For Office use only:

Date Received ____/____/____

File # _____ Expiration Date

____/____/____

Disability Code _____/_____

INFORMATION ABOUT YOUR FUNCTIONAL ABILITIES

1. Please indicate the reason why you are seeking Functional Needs Deviation Service:

- I can use Route buses to go some places, but for other places, I cannot get to or from the bus stops.
- I can use Route buses sometimes, but only if they are equipped with wheelchair lifts.
- I can never use Route buses because:

Explain briefly _____

2. Do you currently travel with a Personal Attendant (PA)?

- Yes
- No

3. If you travel with the assistance of a PA, what type of assistance do they provide?

- Mobility Medication
- Transfers Other: _____

4. Do you use any of the following mobility aids or specialized equipment? (Check all that apply):

- I do not use any mobility aids Cane White Cane
- Motorized Wheelchair Walker Scooter
- Manual Wheelchair Leg Braces Crutches
- Respirator/portable Oxygen tank Service Animal Other _____

Please Note: A wheelchair or other mobility device must meet the definition of a “common wheelchair” as specified in the ADA regulations: i.e. not more than thirty (30) inches wide and forty-eight (48) inches long when measured two (2) inches from the floor and must weigh less than six hundred (600) pounds when occupied.

5. Using a mobility aid on your own, how far can you travel?

- I cannot travel outside my house or apartment.
- I can get to the curb in front of my house/apartment.
- I can travel up to ¼ mile
- I can travel up to ½ mile
- I can travel up to ¾ mile

6. How do you currently travel? (check all that apply)

- Drive myself someone else drives me other _____
- Regular Bus (Dial-a-Ride) Taxi

7. Have you ever used the Dial-a-Ride Buses? If No Skip to question #9.

- Yes
- No

8. How often do you use the Dial-a-Ride per month?

- Less than 4 trips per month
- 4 to 10 trips per month
- 10 to 15 trips per month

9. Please indicate why you believe you may not be able to utilize a Flex Route Service.

(Check all that apply)

- The closest stop is too far from my home.
- I do not know how to ride the route bus.
- I cannot walk by myself between the bus stop and my destination.
- I am afraid to use the route bus.
- I do not want to use the route bus.
- Other (explain) _____

10. Why is it IMPOSSIBLE and not just difficult/inconvenient for you to travel on a regular Flex Route Bus? _____

11. Which of the following are you able to do? (Check all that apply)

Can you:

- Ask for or follow written or oral information such as schedules?
- Calculate the correct fares.
- Put the fare in the fare box.
- Cross the street when you get off the bus.
- Follow instructions in an emergency.
- Recognize your destination while on the bus.
- Reach your destination once off the bus.

12. If you check any of the above, how does your disability make it impossible for you to travel on the regular Flex Route? Please explain in detail:

13. Can you independently get on and off a lift-equipped bus?

- Yes
- No

14. Can you maintain balance while seated on a moving vehicle?

- Yes
- No

15. Can you climb three (3) 10" steps?

- Yes
- No

16. Can you find a seat by yourself without assistance of another person?

- Yes
- No

17. List your two to three most frequent destinations and how you currently get there.

Destination Address	Frequency of Travel	How do you currently get there?

FOR APPLICANTS WITH VISION DISABILITIES
IF THIS DOES NOT APPLY TO YOU, SKIP QUESTIONS 1-6, SIGN, AND DATE AT THE BOTTOM

1. Cause of vision loss/diagnosis

2. Are you completely blind? Yes No

3. My vision is worse during these conditions:

- Bright Sunlight
- Dimly lit or shaded places
- Nighttime
- About the same in all lighting

4. My eye condition is considered to be:

- Stable
- Degenerative
- Other _____

5. I am able to use my vision consistently to identify the following signs and environmental feature, as they relate to traveling to the transit stop and using flex route service. Please check all that apply:

- The color of traffic lights
- Level changes along the walking path
- Pedestrian walk/Don't Walk signals
- Crosswalk markings
- Curbs or curb ramps
- Bus/Transit stop signs

6. Most often, I use the following mobility aids when I walk outdoors:

- Sighted (person) guide
- Dog guide
- Long white cane
- Optical devices (telescope, light, special glasses, etc.)
- None of the above
- Other (Please List)

Certification of Application

I hereby certify that, to the best of my knowledge, information given in the application is correct. I understand that the application will be returned if it is not completed. I further understand that the results of this review will be based on my ability to use the regular bus (Route) transportation and may require additional information from me, such as additional consultation from my physician or other professional. I understand that providing false information and/or failure to adhere to the policies and procedure for using a Functional Needs Deviation Service may be grounds for suspension or revoking my eligibility to participate in this program.

Applicant's Signature _____ Date ____/____/____

Please review each of your answered to make sure that you have completed all of the questions to the best of your ability as incomplete and/or unsigned forms will not be accepted and may cause delay in your eligibility.

If you have any questions, please contact the City of Ridgecrest's Transportation Coordinator at (760) 499-5041.

**Certification and Authorization for
Release of Medical Information**

My name is _____. I hereby authorize any human service agency, hospital or physician to disclose and disseminate to the City of Ridgecrest *ridgerunner* transit. In addition any confidential medical information as it relates to my injury, medical condition or disability which may include, but is not limited to, diagnosis, evaluation, treatment plan, examination results, etc. to the extent that such medical information relates to the disability and impairment set forth in the application I filed for the City of Ridgecrest *ridgerunner* transit Deviation Service.

I release the human service agency, hospital or physician from any liability, which may result from this release of confidential medical information, or which may arise as a result of the information contained in the information released. This consent is subject to revocation by the undersigned at any time except to the extent that action has already taken in reliance on it.

This Authorization will automatically expire one (1) year after the date of execution set forth below.

I certify that the information I have furnished to the City of Ridgecrest *ridgerunner* transit in regard to the name and address of the health care practitioners who have information regarding the injury, medical condition or disability is complete, accurate and truthful.

I understand that any information provided will be considered confidential and will be used only to make a determination with regard to my request for the City of Ridgecrest *ridgerunner* transit, Functional Needs Deviation Services.

Applicant printed name: _____

Applicant signature: _____

Date: _____

This form must be submitted with Physician Verification of Disability Form.

Physician Verification of Disability Form

While answering the following questions, keep in mind this information will be one element in the eligibility determination made by the transit system's staff for the curb-to-curb Functional Needs Deviation Service. Please verify the disability claimed by the applicant, the extent of this disability, and for functional assessments as to the applicant's ability to perform activities related to using a Flex Route transit service. Your input will be particularly important where applicants have claimed a "hidden" or "non-visible" disability (e.g. a medical condition such as a cardiac or pulmonary condition, mental illness, or a joint disease, etc.). This verification will also assist in determining the degree of cognitive capability with the goal being to qualify those applicants who are truly unable to use the City's Flex Route Service and are in need of the curb-to-curb Functional Needs Deviation Service.

1. Have you ever examined/evaluated the applicant in the past? Yes No
If yes, was the examination/evaluation within the last twelve month? Yes No
Length of time in treatment/under your care? _____

2. What is the applicant's specific disability or health condition/limitation and how does it limit or prevent his/her ability to travel independently or utilize the City's Deviated Flex Route Service? (This section is used to determine applicants need for door to door service.)

- Certified Legally Blind
- Loss or inability to use one or more limbs
- Severe effects of stroke
- Paralysis affecting mobility, speech, vision or memory
- Severe Arthritis
- Autoimmune disorders, for example, Lupus or Scleroderma
- Severe cardiac and/or respirator impairment affecting strength and/or endurance
- Developmental disabilities, for example, mental retardation, cerebral palsy, epilepsy, Autism or neurological disorder, etc.
- Hearing loss accompanied by an inability to understand speech with/without a hearing Aid.
- Other (*Please explain the medical diagnosis and then describe the disability or health Condition/limitation*) Use other side of page if necessary.

Date of Onset? _____

3. Is the applicant's disability:
Permanent Yes No
If Temporary, how long? _____

4. What mobility aids does the applicant utilize? Check all that apply.

- | | | | |
|-------------------|--------------------------|---------------------|--------------------------|
| Manual Wheelchair | <input type="checkbox"/> | Electric Wheelchair | <input type="checkbox"/> |
| Powered Scooter | <input type="checkbox"/> | Cane | <input type="checkbox"/> |
| Walker | <input type="checkbox"/> | White Cane | <input type="checkbox"/> |
| Service Animal | <input type="checkbox"/> | Crutches | <input type="checkbox"/> |
| Oxygen | <input type="checkbox"/> | Other (please list) | _____ |

a. The weight limit of the wheelchair lift is six hundred (600) pounds as specified by Federal Department of Transportation ADA Act of 1990 (49CFR). It defines a “common wheelchair” as a mobility aid that does not exceed thirty - (30) inches in width and forty-eight (48) inches in length measured tow inches above the ground, and does not weigh more than six hundred (600) pounds when occupied. If you checked the wheelchair and/or scooter under #4 does the mobility aid meet this definition? Yes No .

b. Drivers are not permitted to push mobility aids (wheelchairs) whose combined weight of passenger and mobility aid exceed three hundred (300) pounds. Will the applicant be able to maneuver him or herself onto the bus into a forward facing position and in moving out of and away from the bus on de-boarding with/without a Personal Attendant for such movement? Yes No

5. Does the applicant require a Personal Attendant (PA) when traveling on a transit vehicle? (Riders Must provide their own PA) Never Sometimes Always
If a PA is needed, explain why.

6. Which of the following weather conditions affect the applicant’s disability or health condition such that it prevents him/her from independently getting to and/or from a bus stop?

Indicate: Heat Cold Humidity Snow Ice Pollution/Allergies
Other N/A

What specific weather condition prevents this person from getting around on his/her own? How so?

7. Does rough terrain make it hard for the applicant to travel to and/or from a flex route bus stop?

Yes No Sometimes

If you answered Yes or Sometimes, describe your definition of rough terrain and how that makes it difficult for the applicant to travel and/or from a flex route bus stop.

8. Is applicant able to: ***Check all that apply***

- Understand and/or process information enabling them to use a flex route bus service
- Ask for or follow written or oral information, such as schedules including TDD, audio tape, or voice
- Figure out the correct fare?
- Follow instructions in an emergency?
- Recognize his/her destination while on a flex route bus?
- Once he/she gets off the bus at a flex route bus stop, locate and reach his/her destination?
- Cross a busy intersection to get to and/or from a flex route bus stop?
- Find his/her way between familiar locations?
- Signal the bus driver to get off a flex route bus at a familiar flex route bus stop and then get off the bus? (Assume the driver calls out all stops)
- Grasp coins, passes and handles?
- Communicate addresses, destinations, and telephone numbers on request in order to convey to a flex route driver their final desired destination?
- Deal with unexpected situations or unexpected changes in routine, e.g., flex route changed due to road construction, regular flex route bus stop closed?
- Go up and down steps unassisted?

By Signing below, you confirm the applicant's need for curb to curb bus service.

Your Name and Title: _____

Certificate/Licensure: _____

Office Address: _____

Office Telephone Number _____

Signature: _____ Date: _____

Qualified professional please forward the signed original to City of Ridgecrest *ridgerunner* transit, 100 W. California Avenue, Ridgecrest, CA 93555 as soon as possible. You may also fax a copy to (760) 499-1580 to expedite the process, but the signed original must be forwarded to the *ridgerunner* transit. Thank you for your cooperation.

This application will expire one year from date of physician signature