



Determining ADA Paratransit Eligibility: An Approach, Guidance and Training Materials

Prepared for:

Project ACTION

700 Thirteenth Street NW, Suite 200

Washington, DC 20005

Phone: 202-347-3066 / 800-659-6428

www.projectaction.org

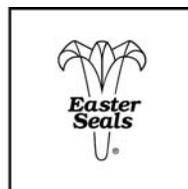
Prepared by:

TranSystems, Inc. (formerly Multisystems, Inc.)

and

ACCESS Transportation Systems, Inc.

August 15, 2003



Creating solutions, changing lives.

Assistance derived for Easter Seals Project ACTION through a cooperative agreement with U.S. Department of Transportation, Federal Transit Administration.

This document is disseminated under sponsorship of Easter Seals Project ACTION in the interest of information exchange. Neither Easter Seals Project ACTION, nor the U.S. Department of Transportation, Federal Transit Administration assumes liability for its contents or use thereof.

Table of Contents

Acknowledgements

Introduction and Process Overview

Section 1. Overview of ADA Paratransit Eligibility

Section 2. Developing a Better Understanding of Disabilities and Functional Abilities

Section 3. Sample Brochures, Cover Letters and Application Forms

Section 4. Guidance for Conducting In-Person Interviews and for Obtaining Follow-Up Information from Professionals

Section 5. Guidance for Conducting Physical Functional Assessments For ADA Paratransit Eligibility

Section 6. Instructions and Training Materials for Administering the Functional Assessment of Cognitive Transit Skills (FACTS)

Section 7. Determining ADA Paratransit Eligibility for Persons with Vision Disabilities

Section 8. A Framework for Making “Difficult Determinations”

Instructor’s Guide

Acknowledgements

The information and material in this workbook was collected and prepared with the assistance of a number of individuals and organizations.

Mr. Ken Thompson of Easter Seals Project ACTION served as the Project Liaison and managed the overall effort. Ms. Donna Smith of Project ACTION also provided valuable input on issues related to eligibility determinations for applicants with vision disabilities.

Ms. Karen Hoesch of ACCESS Transportation Systems, Inc. of Pittsburgh, PA was the Project Manager and a principal author of the workbook. Mr. Russell Thatcher of TranSystems in Cambridge, MA (formerly Multisystems, Inc.) was also a principal author.

Ms. Susan L. Chase of Working Order in Pittsburgh, PA, and Dr. Graham Ratcliff, of Health South Harmorville Rehabilitation Center in Pittsburgh assisted in the development of guidance for assessing cognitive functional abilities and in the development of the FACTS training CD-ROM.

Dr. Rosemary Lysaght of the Division of Occupational Therapy at the University of Utah's College of Health, Logan, UT was instrumental in developing guidance of conducting physical functional assessments, compiled the guidance on recommended core competencies for conducting physical functional assessments, and assisted in the development of the training CD-ROM included in Section 5.

Ms. Bonnie Dodson-Burk, a Certified Orientation & Mobility Specialist in Hollidaysburg, PA authored the guidance on "How People Who Are Visually-Impaired or Blind Travel," "Low Vision and Mobility," and "Features of an Accessible Intersection" which are included in Section 7.

Input and guidance was also provided throughout the project by the following representatives of several national and state disability organizations and disability membership organizations.

- Ms. Aloma Bouma, National Federation of the Blind, Baltimore, MD.
- Mr. Charles Crawford: Executive Director, American Council of the Blind, Washington, D.C.
- Mr. Gus Estrella, Policy Analyst, United Cerebral Palsy Associations, Washington, D.C.
- Mr. K. T. Hertz, National Association of Area Agencies on Aging, Washington, D.C.
- Ms. Maureen McCloskey, Paralyzed Veterans of America, Washington, D.C.
- Ms. Cari Watrous, Governor's Office for Individuals with Disabilities, Baltimore, MD.

The following transit agency representatives and contractors involved in the development and administration of ADA paratransit eligibility determination processes across the country also provided input and shared information and materials from their areas. Contributing their experience and information were:

- Ms. Cheryl Beveridge, Paratransit Operations Manager, Utah Transit Authority, Salt Lake City, UT.
- Ms. Constance Sakell, NRC Program Director, Neurological Rehabilitation Center, Tamarac, FL.

- Ms. Holly Dick, Community Liaison, ACCESS Transportation Systems, Inc., Pittsburgh, PA.
- Ms. Tammy Haenftling, Assistant Vice President, Paratransit Management Services, Dallas Area Rapid Transit, Dallas, TX.
- Mr. Art Hulscher, Administrator of Disabled Services, Orthopaedic Hospital, Los Angeles, CA.
- Ms. Susan Joseph, Senior Management Analyst, Regional Transportation Commission, Las Vegas, NV.
- Mr. W. Joe King, Jr., Eligibility Determination Administrator, Access Services, Inc. Los Angeles, CA.
- Ms. Anne LeFevre, ADA Certification Specialist, Regional Transportation Authority, Chicago, IL.
- Ms. Patricia Mazur, Physical Therapist, Easter Seals of Western Pennsylvania, Pittsburgh, PA.
- Ms. Nancy Mott, Occupational Therapist, Easter Seals of Western Pennsylvania, Pittsburgh, PA.
- Ms. Linda Robinson, ADA Eligibility Specialist, Paratransit Management Services, Dallas Area Rapid Transit, Dallas, TX.
- Mr. Philip Shayne, Manager of Regional Services, Regional Transportation Authority, Chicago, IL.
- Ms. Jeri Wise, PT, Supervisor of CAT Paratransit Assessment Program, Nova Care, Las Vegas, NV.
- Mr. Edward Wisniewski, Manager - Paratransit Service, Broward County Transit, Pompano Beach, FL.

The Port Authority of Allegheny County and the Pennsylvania Department of Transportation provided generous support, and many of Pittsburgh's transit customers with disabilities assisted in the completion of the video portions of the CD.

Finally, a special thanks to the staff at Panta Rhei Media, Inc. of Turtle Creek, PA for their patience and professionalism in producing the CD-ROMs contained in Sections 5 and 6.

Introduction and Process Overview

Transit systems across the country have been expressing increased interest in using in-person interviews and functional assessments to assist with determining ADA paratransit eligibility. In-person interviews provide an opportunity to get more detailed information about travel abilities than might be possible using only a paper application form. Functional assessments provide an objective and independent appraisal of abilities to perform the tasks necessary to use fixed route transit.

This report provides sample materials and guidance that can be used to implement an ADA paratransit eligibility process that uses in-person interviews and functional assessments. The materials and process were developed for Easter Seals Project ACTION with funding from the Federal Transit Administration and input from a Project Workgroup made up of representatives from selected transit systems and national disability organizations.

The process described in this report requires that all applicants applying for ADA paratransit eligibility participate in an in-person interview. Based on the results of the interview, applicants may also then be asked to participate in a functional assessment. It should be noted, however, that there are many other processes that can be used to determine ADA paratransit eligibility. For example, a transit agency might elect to conduct in-person interviews and functional assessments only on an as needed basis. Or, a transit agency might decide to conduct detailed interviews but not require functional assessments. While one specific process is described in this report, an attempt is made to identify “variations” that might be considered. It is hoped that the forms and materials might then still be useful if changed slightly to fit into these different overall processes.

It should also be noted that the process described in this report focuses on making determinations for new applicants or for current riders seeking recertification whose eligibility may have initially been determined using a less thorough paper application process. Once a transit system has asked applicants to participate in an in-person interview and functional assessment, it may not be necessary to have them participate in another interview/assessment when they reapply for continued eligibility. If applicants have gone through this more thorough process, it might then be sufficient to use a simplified paper process that gathers information about any changes since the initial interview and assessment. Similarly, if information to verify the disability was gathered from a professional during the initial determination process, and if the applicant’s disability and functional ability is not expected to change significantly, it may not be necessary to again request professional verification in the recertification process. Recertification issues are discussed in more detail on page 14.

An overview of the proposed process for determining ADA paratransit eligibility is provided below. Possible variations to this process are also identified. The remaining sections of this workbook contain guidance and training materials for implementing various parts of the process.

- **Section 1** contains an overview of ADA paratransit eligibility. The materials in this section can be used to provide staff with an understanding of the regulatory basis for ADA paratransit eligibility.
- **Section 2** provides guidance on developing a better understanding of disabilities and functional abilities to use transit. Readily available sources of information that can be used are noted
- **Section 3** then presents sample public information and paper application materials. This sample material can be used to help design brochures and application forms.
- **Section 4** then provides guidance on conducting in-person interviews and guidance for obtaining additional follow-up information from professionals familiar with the functional abilities of applicants.
- **Section 5** includes detailed instructions for conducting physical functional assessments. Step-by-step instructions are provided along with a form for recording observations and findings. Recommended core competencies for staff involved in physical functional assessments are also included. One CD that demonstrate how to conduct physical functional assessments is also included at the back of this section. This CD can be used to train staff in this part of the process.
- **Section 6** includes instructions for using the Functional Assessment of Cognitive Transit Skills (FACTS) tool to assist in making determinations for applicants with cognitive disabilities. FACTS was developed by Easter Seals Project ACTION and has been validated for use in assessing applicants who are mentally retarded. Two training CDs which demonstrate how to administer FACTS are provided at the end of this section.
- **Section 7** provides guidance and a recommended process for determining the eligibility of applicants with vision disabilities.
- **Section 8** provides guidance on making determinations where in-person functional assessments may be of limited value. This might include, for example, applicants with mental health, seizure and episodic disabilities, as well as applicants with multiple disabilities or health conditions. Guidance on the types of information most appropriate in these cases is provided.
- Finally, an **Instructor's Guide** is included as the last section of this workbook. This includes additional guidance to instructor's on using this workbook to train staff in conducting functional assessments and making ADA paratransit eligibility determinations. It also includes answer sheets to the tests and exercises included in other sections.

If after considering the suggested approach and materials contained in this workbook, you decide to make changes to the ADA paratransit eligibility determination process used by your transit system, it is important that you make these changes and incorporate any new material with the full input and cooperation of your community. The USDOT's ADA regulations require that persons with disabilities be involved on an ongoing basis in the in the continued development and assessment of services provided (49 CFR Part 37, §37.137(c)).

Beyond the regulatory requirement for input into the development of policies, programs and services, it is vital that the community understands the reasons for changes in the eligibility process and views the changes and the new process as one that they have had a hand in developing. A new process and materials is very likely to meet significant resistance (and its implementation may ultimately not be successful) without community input and some level of "buy-in." Explain the need to strictly limit eligibility not only to meet regulatory requirements but to ensure that quality service can be provided to those persons who have a right to the service. Without a broad understanding of the overriding goals, people are likely to view new eligibility procedures as "gate-keeping," based solely on cost-saving issues. Some will be skeptical about the introduction of functional assessments to the process, and may be concerned that their personal assessment of their abilities will not be considered. If the eligibility process currently used is very liberal and has been in place for some time, the change will be perceived by many as very threatening.

Public input in revising the eligibility determination process should also be meaningful. Reach out to all segments of the community, including current and potential riders with disabilities, disability organizations and representative disability membership organizations. Include all points of view in the discussion of process change – particularly those who are likely to be skeptical or who may at first oppose change. As many different methods as possible and practical should be used to gather people together in small and large groups to present the concepts and goals and to answer questions in an open and honest method. Focus groups, open houses and forums, the establishment of special work groups, large and small community meetings with questions and answer sessions, formal presentations and networking with human service agencies are all tools which have been used effectively in other locations. Clear, concise public information materials are an important part of the education process.

Also involve the community early in the discussions of change rather than presenting a final plan and asking for support. The goal of the process should be to have the community view the new process as "their eligibility determination process" not the "transit agency's process."

Overview of the Process

The suggested in-person process for assessing ADA paratransit eligibility includes a paper application that is completed and then brought by the applicant to an in-person interview. Based on a review of the paper application and information collected in the interview, a decision is made on whether to also conduct a physical functional assessment, a cognitive functional assessment, or both. Following the interview and assessments, additional information may also be gathered (as needed) from professionals familiar with the applicant's disability and functional abilities. Figure 1 on the following page provides a flow-chart that illustrates the suggested process. A detailed description of the suggested process is provided below. Common variations to the process are then discussed.

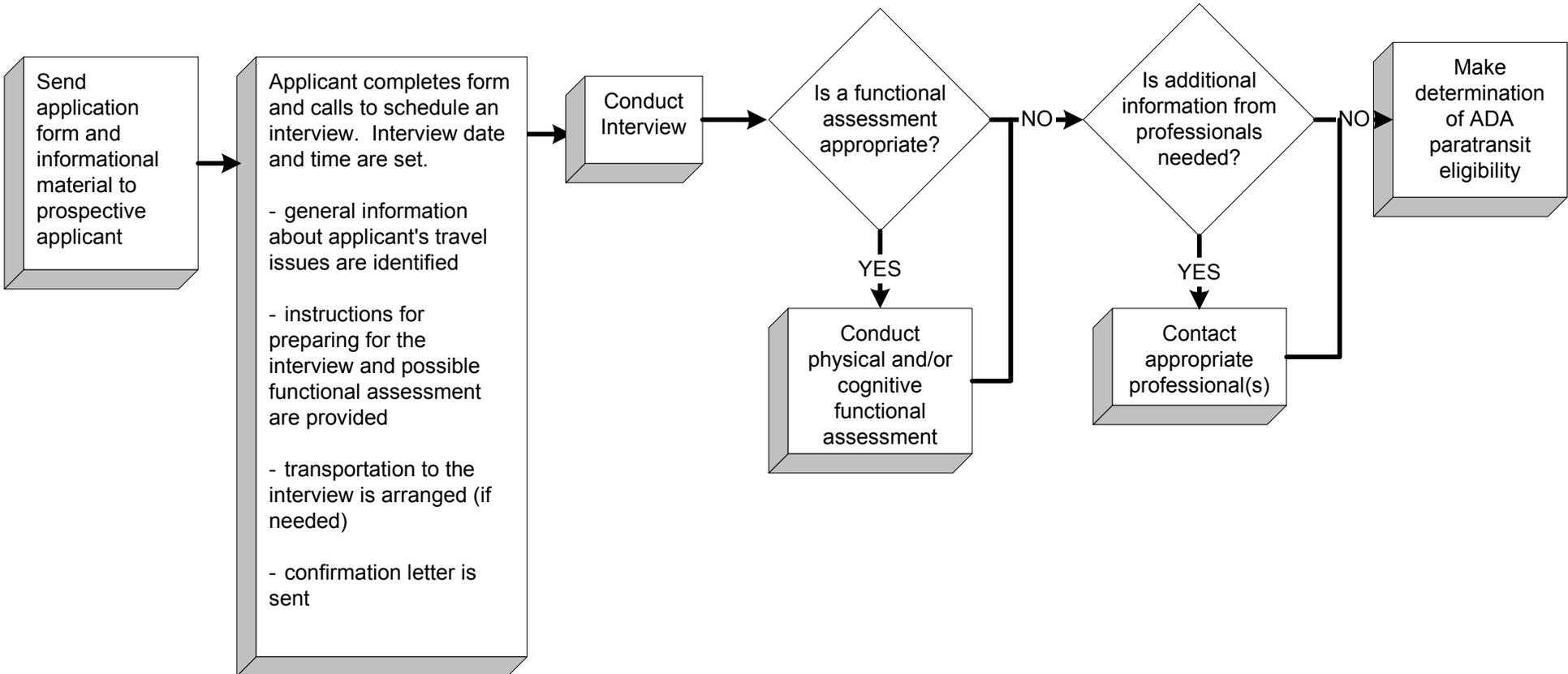
Suggested Process

A public information brochure describing ADA paratransit eligibility and giving this central phone number would be prepared and distributed where transit information is provided as well as at agencies and other locations that may be frequented by persons with disabilities. This public information would instruct individuals interested in applying for ADA paratransit eligibility to call a central phone number. Accessible methods of communication (TTY, relay services, e-mail address, etc.) would be provided for individuals who are unable to use voice phones. ***Examples of public information brochures are provided in Section 3 of this workbook.***

Individuals who call and request material to apply for ADA paratransit eligibility would be sent a copy of the general information brochure along with an application form. The application form would have a cover letter that also provides a description of ADA paratransit eligibility (in non-regulatory language) and which explains the full eligibility process. The cover letter to the application form would also invite applicants to call should they need assistance completing the application form.

Note that the design of application forms varies widely in the industry and that there is no "right" form. Shorter forms are used in some systems to get basic information that applicants may have difficulty providing at an interview (e.g., professional contact information, frequent trip information). General information about transit abilities is asked and more detailed information is obtained in the in-person interview. Other systems use more elaborate application forms that request more specific information about travel abilities, past experiences using fixed route services, and other information. Some systems also have separate forms for applicants with vision disabilities since travel issues for these applicants are somewhat different. It is recommended that local input on the design and content of application forms be obtained from individuals with disabilities, organizations representing individuals with disabilities, as well as representative disability membership organizations. It is also a good idea to "pre-test" application forms to ensure that they are clear and understandable.

Figure 1. Suggested Process



Verification of disability would also be obtained as part of the process. This can be done in several ways. One way would be to require that applicants obtain written verification of disability from a professional (either by having the applicant request that a professional complete part of the paper application form, or by having the applicant obtain a general statement of disability on the professional's letterhead). A second approach would be to ask the applicant to provide contact information for a professional familiar with his or her disability and functional abilities (along with a release form) and then to contact the professional once the applicant has provided this contact information. If this latter approach is used, applicants could also be encouraged to bring any available documentation of disability with them to the in-person interview.

The goal of completing determinations of eligibility within 21 calendar days of the receipt of a completed application should be considered when selecting the approach for obtaining professional verification of disability.¹ Making professional verification a required part of the application places an extra burden on applicants but ensures that this information is provided in a completed application. Obtaining verification of disability through follow-up with named professionals makes the process less burdensome to applicants, but then may require extra time and effort to contact and obtain information from named professionals. Again, local input should be obtained on the approach used to obtain verification of disability.

Examples of general information brochures, application forms and application form cover letters are provided in Section 3 of this workbook. A brochure, cover letter, and relatively brief form used in Chicago are provided. A cover letter, brochure and application form used in Dallas are also provided. The Chicago process encourages applicants to bring documentation of disability to the interview and requests the names of professionals who can be contacted for additional verification or information. The Dallas process requires applicants to obtain verification of disability from a professional and to bring this information with them to the interview.

Note that all materials associated with the process (public information brochure, cover letter, application form, etc.) must be available in alternative formats (large print, Braille, audio tape, computer disk) and provided to applicants upon request.

The instructions included in the application cover letter and the public information brochure would instruct applicants to call to schedule an in-person interview once they have completed the application form (and obtained any verification of disability required).

When applicants call to schedule an interview, staff would ask if they have completed all sections of the application form and if they have obtained documentation of disability (if required). If the applicant indicates that the application is complete and that any required

¹ Section 37.125 of the USDOT's ADA regulations requires that applicants be treated as eligible and provided service if a determination is not made within 21 calendar days of the receipt of a completed application. It is therefore desirable to make determinations within 21 days of the receipt of a completed application.

documentation of disability has been obtained, an in-person interview would be scheduled. To allow the eligibility determination process to be completed in a reasonable period of time, it is suggested that sufficient interview/assessment capacity be available to allow interviews to be scheduled within 7-10 days of the time that individuals call. The following general guidelines would be used for scheduling in-person interviews and assessments:

- If a physical disability is indicated, a physical functional assessment would be scheduled following the interview.
- If a cognitive disability is indicated, a Functional Assessment of Cognitive Transportation Skills (FACTS) assessment (described below and in Section 6 of this workbook) would be scheduled following the interview.
- If the applicant indicates that he or she is blind or legally blind, an in-person functional assessment would only be conducted if the transit system has access to Orientation and Mobility (O&M) Specialists or other qualified professionals who can conduct such an assessment. Otherwise, the determination of eligibility in these cases will be made based on information from the applicant (gathered from the application form and in-person interview) and follow-up with professionals familiar with the applicant's functional abilities. These options are discussed in more detail in Section 7 of this workbook.
- If the applicant indicates a vision impairment that does not meet the criteria of legal blindness, a physical functional assessment might be appropriate, particularly if other physical disabilities and limitations are noted.
- If the only disability indicated by the applicant is a psychiatric disability or a seizure condition, an interview but not a physical assessment would be scheduled. The determination of eligibility in these cases will be made based on information from the applicant and follow-up with professionals familiar with the applicant's disability and functional abilities. Again, a physical functional assessment might be appropriate if the applicant also indicates a physical disability.

The staff person might inquire about the general nature of the applicant's disability in order to get a general sense of the types of functional assessments that might be needed each day. However, since the interview might reveal the need for a different set of assessments, the scheduling of interviews should allow enough time between reviews for additional assessments as needed.

The staff person would then go through the list of things that the applicant should bring with them to the interview. Applicants should be asked to come with the primary mobility aid or aids that they would use when traveling in the community. The staff person would also indicate that the applicant may be asked to participate in a functional assessment (which might involve outdoor travel) and that the applicant should dress accordingly. A confirmation letter would then be sent to the applicant (in an accessible format if requested) confirming the date and time of the interview, noting items to be brought, and providing other instructions and information.

If the applicant indicates a need for transportation to the interview/assessment site, this would be provided free of charge by the transit agency. If needed, appropriate arrangements would be made as soon as the interview is scheduled.

On the appointed day and time, an interview would then be conducted. When the applicant arrives for the interview, the receptionist would request the application form brought by the applicant and would provide the form to the interviewer. The interviewer would review the information in the form to develop an understanding of the stated travel issues and to formulate appropriate follow-up questions. The interviewer should also review the form to ensure that it is complete. If some minor information has not been provided, this can be obtained during the interview. If missing information cannot be obtained as part of the interview (e.g., the application is missing required professional verification of disability), the interview and any subsequent functional assessments deemed necessary should still be conducted, but the application form should be given back to the applicant with instructions to complete the incomplete sections and return the completed form. A copy of the application should be made at the end of the interview and kept on file. The 21 day processing time would then begin at a date following the interview when a completed form is sent back.

The interview would allow applicants to describe their travel abilities and needs in their own words and for detailed information to be obtained to supplement what is provided in the application form.

Section 4 of this workbook provides guidance on conducting in-person interviews as well as examples of follow-up questions that might be asked in an interview. It also provides guidance on conducting follow-up with professionals familiar with the functional abilities of applicants. Forms for documenting the interview and for documenting follow-up with professionals are included.

If eligible individuals are required to have photo IDs, the applicant's picture would be taken as they are waiting to be interviewed. It would be explained that the photo will be used should the applicant be determined eligible so that the applicant does not assume that a photo was taken because they have been determined eligible.

The person conducting the interview would then decide if a physical or cognitive functional assessment needs to be conducted. The system would be designed to allow assessments to be conducted immediately following the interview. Requiring applicants to appear in-person a second time at another location for an assessment could be considered to be overly burdensome. If a different person will conduct the assessment, the applicant would be asked to wait briefly while this person takes time to review the application materials and information collected by the initial interviewer.

If the interviewer determines that an assessment is not needed and a completed application has been provided by the applicant, the interviewer would explain to the applicant that they will be notified about a final eligibility determination by mail within 21 days.² The applicant would also be informed that if a decision is not made within 21 days, "presumptive eligibility" would be granted and the applicant would be able to use the service until a decision can be made. It is

² In this suggested process, the 21 day "clock" would begin at the time of the interview (assuming a completed application has been provided) since this is the time at which the application form is received.

suggested that applicants not be told they are eligible or not eligible at the conclusion of the interview to allow time for consideration of all information collected and follow-up contacts with named professionals to be made as needed.

Applicants might not be asked to participate in functional assessments if the interviewer is reasonably certain that they are unconditionally eligible (unable to use fixed route service under any conditions). Physical or cognitive functional assessments may also not be appropriate for applicants whose only disability is blindness or if applicants indicate only a psychiatric disability or a seizure condition. In these cases, follow-up with professionals familiar with the applicants' travel abilities might be more appropriate to obtain any additional information deemed necessary.

A functional assessment would be appropriate if the interviewer is not certain whether the applicant might sometimes be able to use fixed route service. A functional assessment also might be appropriate if the interviewer feels the applicant is not eligible for paratransit service. Before denying the person eligibility, it might be useful to obtain the additional documentation and opinions from the assessment process.

The appropriate functional assessments would then be conducted. If physical and cognitive functional assessments are conducted by professionals under contract to the responsible public transit agency, a transit agency staff person (the eligibility coordinator or another member of the eligibility staff) might conduct the initial interview with the applicant. This way, decisions about the number of assessments required will be made by the transit system staff rather than the contractor (which could be a conflict). It is also possible, though, to have contracted professionals conduct both the interviews and assessments with proper management oversight. In either case, it is suggested that the transit agency review recommendations made by contractors and reserve the right to make the final eligibility decision.

If the transit agency's in-house staff includes appropriate professionals who can conduct functional assessments, the process could be streamlined to allow the person who conducts the interview to also conduct the physical functional assessment or cognitive assessment.

In some cases, the need for an additional functional assessment, not scheduled in advance might be indicated. For example, an applicant might indicate at the time an interview is scheduled that she has a physical disability. An interview might be conducted and it might be felt that the applicant may also have cognitive issues. A physical functional assessment as well as a cognitive assessment might therefore be needed. Similarly, an applicant who indicates only a cognitive disability in advance might be determined to have physical limitations that need to be assessed. While such situations are rare in actual practice (required in perhaps 5% or fewer cases), the process would be designed to allow for an additional assessment to be conducted in a timely way if needed. For example, additional staff trained to administer the FACTS test might be available as needed.

Section 5 of this workbook provides guidance on physical functional assessments. Step-by-step instructions for conducting assessments are included and a form for recording observations and recommendations is provided. Descriptions of the equipment and props needed for each element of the assessment are also provided. Recommended core competencies of staff involved in conducting physical functional assessments are also provided. A training CD is also provided.

Section 6 provides instructions for administering and scoring the Functional Assessment of Cognitive Transit Skills (FACTS). Two training CDs are also provided. This assessment tool was developed for Easter Seals Project ACTION in 1996. Information about the tool's development and validation can be obtained from Project ACTION.

After all parts of the in-person process have been completed (the interview and any assessments scheduled or required), a complete file for the applicant would be assembled. This file would include the initial application form, documentation of disability provided by the applicant, and completed interview and assessment forms. A decision regarding the need to obtain additional information from professionals familiar with the applicant would then be made.

Follow-up with professionals provides important determination information in many cases, but particularly where applicants have vision disabilities, psychiatric disabilities, seizure conditions, or health conditions. In such cases, it may not be possible to fully assess abilities based on a limited, one-time observation. Follow-up with professionals also can be important in cases where applicants have cognitive disabilities and the interview and FACTS test outcomes do not provide a clear decision.

It is important that follow be done with the appropriate professional. The professional should be familiar with the applicant (i.e., currently treating them or seen them recently) and should have an understanding of the applicant's functional abilities. For a person with a vision disability, this might be an Orientation and Mobility Specialist who has recently worked with the individual. For a person with a cognitive disability this might include a job coach or clinical social worker. For someone who has a seizure condition, this might be a neurologist who is currently treating the applicant.

Professional follow-up can be conducted either by telephone or by faxing a written request for information. Follow-up can be conducted by the transit agency's eligibility staff or by contractors who may have been hired to help with the assessment process. In cases where transit agencies have contracted with professionals to conduct functional assessments, it has been found that having these contractors also assist with professional follow-up can be effective. These contractors, who often are rehabilitation or medical professionals, may have more success obtaining information from their peers in the community than would a staff person from the transit agency.

Guidance on conducting follow-up with professionals is provided in Sections 4 and 8 of this workbook. Section 4 includes possible follow-up questions for professionals. Sample forms that can be used to document contacts by telephone also are provided. These forms can also be used to develop requests for information that could be faxed to professionals.

Making the Final Determination

A final decision regarding the applicant's ADA paratransit eligibility should then be made. It is recommended that the final decision be made by a staff person employed by the responsible transit agency even if some parts of the process (e.g., the functional assessments) are contracted out. The final decision should consider and give appropriate weight to all of the information gathered. This should include:

- Information provided by the applicant in the application form;
- Information obtained through the interview;
- Observations recorded as part of the functional assessment(s);
- Information obtained from professionals familiar with the applicant.

Listen closely to what the applicant says in the interview. Read thoughtfully what he or she has written on the application form. Consider the information provided by professionals familiar with the applicant as well as observations made as part of any functional assessments administered. Use all of this information to put together the various pieces of the issues faced by the applicant when traveling.

It is also important to consider all of the disabilities or health conditions that affect the applicant's travel abilities and the cumulative and synergistic effects that multiple disabilities might have on travel abilities. Can the effects of multiple disabilities create greater limitations than the individual conditions considered alone?

The final eligibility determination should also consider all of the abilities needed to use fixed route service. The various physical, cognitive and sensory issues that need to be considered are discussed in Sections 2 and 4 of this workbook.

The determination should consider the applicant's abilities to travel throughout the service area at various times and under various conditions. An applicant must not only be able to get to the transit system (perhaps from their home) but get to any destination within the service area once they exit the bus or train. The applicant must also be able to travel in various weather conditions. Considering all of the factors that affect the applicant's travel is discussed in more detail in Sections 1 and 2 of this workbook.

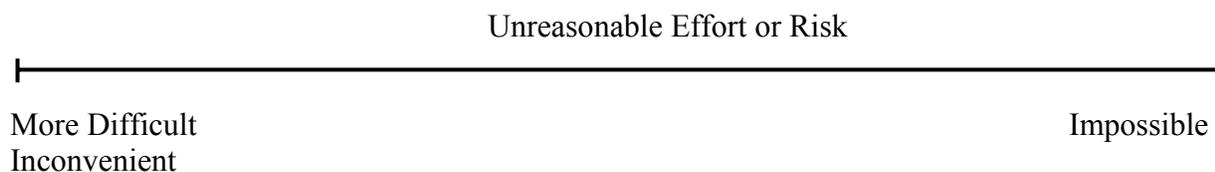
The determination also should consider the reasonableness of expecting the applicant to perform each task – under various conditions – needed to use the fixed route system. The USDOT

regulations note that individuals might not be eligible if using fixed route service is only more difficult or inconvenient. On the other hand, being “prevented” from using the fixed route system does not mean that it is literally impossible for the applicant to perform certain tasks. Appendix D of the USDOT regulations, which provides interpretations of the regulatory language, makes the following comment:

*“In the Department’s view, a case of “prevented travel” can be made not only where travel is literally impossible (e.g., someone cannot find the bus stop, someone cannot push a wheelchair through the foot of snow or up a steep hill) but also where the difficulties are so substantial that a reasonable person with the impairment-related condition in question would be deterred from making the trip.” **Federal Register, Vol. 56, No. 173, Page 45746.***

Figure 2 below illustrates this concept of “reasonableness” in determining if a person is “prevented” from using fixed route service. At one end of the continuum, it might only be inconvenient or more difficult to use the fixed route bus or train. This inconvenience or slight difficulty might not confer eligibility. At the other extreme, it might be literally impossible to navigate to or from or use the fixed route system. Somewhere between “inconvenient” and “impossible” using the fixed route system might require an “unreasonable effort” or entail an “unreasonable risk.” Even though it may still be possible to get to and use the fixed route service, this unreasonable effort or risk might make the applicant eligible.

Figure 2. Determination “Continuum”



Finally, the determination should consider that some individuals might be able to use the fixed route service under some conditions, but may not be able to use the fixed route service at other times. This concept of “trip eligibility” is clearly identified in the USDOT regulations. Section 37.123(b) states:

“If an individual meets the eligibility criteria of this section with respect to some trips but not others, the individual shall be ADA paratransit eligible only for those trips for which he or she meets the criteria.”

Possible eligibility determination outcomes therefore include:

“UNCONDITIONAL ELIGIBILITY” (or “ALL TRIP ELIGIBILITY”). This outcome would be appropriate if it is determined that it is not reasonable to expect the applicant to use fixed route service for any trips, under all conditions.

“CONDITIONAL ELIGIBILITY” (or “SOME TRIP ELIGIBILITY”). This outcome might be appropriate if the individual can reasonably be expected to use fixed route service for some trips (when barriers that prevent travel are not present) but cannot be expected to use fixed route service under some conditions.

“TEMPORARY ELIGIBILITY” (or “TRANSITIONAL ELIGIBILITY”). This outcome might be appropriate if the applicant’s disability is only temporary or if his or her functional abilities are expected to change in the short-term. A term of eligibility that is less than the term typically granted might be appropriate. Temporary eligibility can be unconditional or conditional.

“NOT ELIGIBLE” (or “FIXED ROUTE ELIGIBLE”). This determination would be appropriate if the applicant can reasonably be expected to use fixed route service for any trips under all conditions.

If “Conditional Eligibility” is granted, the letter of determination should cite the specific conditions under which the person qualifies for complementary paratransit service. Also, if the person is found to be not eligible or if eligibility is limited in any way (i.e., conditional or temporary eligibility), the letter of determination must describe the process that can be used by the applicant to appeal the determination. Again, this documentation should be provided in accessible formats upon request.

Possible Process Variations

As noted in the “Introduction” to this report, ADA paratransit eligibility is determined using many different approaches. Some of the more common variations to the process suggested above, and the benefits and issues with each, are described below.

1. The paper application form could be mailed in by the applicant rather than being brought by them to the interview. Transit agency staff would then review the application to make sure it is complete. Staff would then contact the applicant to make an appointment for an interview. This approach can help to ensure that application forms are complete prior to the interview. It can also assist in determining the type or types of assessments that might be required. On the other hand, having the application form mailed-in adds another step to the process and it might be difficult to ensure that final decisions are made within 21 days of the receipt of a completed application. This approach also puts the burden on the transit agency to contact the applicant to arrange for an interview. Some applicants might be difficult to reach and multiple phone calls might be required.

2. It is also possible to have applicants complete an application form at the time of the interview. Interested individuals would simply call to schedule an interview. The interview would entail, in part, the completion of an application form. This approach would allow eligibility to be obtained even quicker since it would eliminate the time required to send out an application forms. On the other hand, it might result in higher denial rates since individuals would not be reviewing application material in advance and therefore might not have as detailed an understanding of the criteria for eligibility. It might also be difficult for applicants to provide some information “on the spot” at the time of the interview – such as the name and phone/fax of a professional who might need to be contacted.
3. Many transit systems conduct in-person interviews and assessments only on an “as needed” basis. A paper application is sent to interested individuals. The completed application form is then mailed-in to the transit agency. The transit agency staff then review the application form and attempt to make a decision based just on this information. Follow-up phone calls might also be made to supplement the information in the application form. Applicants are only asked to participate in an in-person interview and/or functional assessment if a determination cannot be made based on the application form and this follow-up. This approach avoids requiring in-person interviews and assessments of some applicants whose eligibility might be obvious. On the other hand, applicants who are required to appear in person might feel they are being singled out and might wonder why they had to participate in an interview/assessment while others they know did not. Note that if this process is used, much of the material contained in this report might still be useful. The interview guidance and assessment materials would be used for those applicants asked to participate in these processes. Follow-up with professionals might still be needed and the suggested material to do this could still be used.

Recertification of Current Riders

Transit systems that have determined ADA paratransit eligibility in the past based solely on a paper application form might determine that they have not been sufficiently thorough to ensure that only those persons who truly cannot use fixed route services are ADA paratransit eligible. The eligibility of current riders might be reviewed using a more thorough process as their term of eligibility expires. Some systems might, however, decide to request a recertification of all current riders in a shorter period of time. The following hints are offered should an expedited recertification be desired:

- Consider having all current riders, rather than only certain selected riders, participate in the expedited recertification. Asking only some riders to participate in a recertification might be perceived as inequitable and unfair.
- Consider using the new eligibility process just for new applicants for a period of time. This will allow the new process to be used with a smaller number of applicants. Staff (or contractors) will have time to become comfortable with the process and tools before the number of applicants is increased significantly when current riders are asked to reapply.

As noted in the “Introduction,” the suggested process and materials included in this report are designed primarily for the initial determination. Once an applicant has participated in the in-person process described in this report, it might not be necessary to require that they participate in the same process when it is time for them to request recertification. The following changes might be considered for recertification:

- A simplified application form, which only includes questions needed to update information about the applicant and his or her functional ability might be used.
- If the information obtained in the initial determination process indicates that the person’s functional abilities are not expected to change significantly, it might not be necessary to ask them to again participate in an in-person interview and/or functional assessment.
- If professional verification information has already been obtained, and if this information indicates that the applicant’s disability and functional ability are not expected to significantly change over time, it may not be necessary to request professional verification again.

SECTION 1

Overview of ADA Paratransit Eligibility

Introduction

This section describes the regulatory requirements for providing ADA complementary paratransit service and the criteria that define “ADA paratransit eligibility.” The specific regulatory text describing the criteria for ADA paratransit eligibility is provided along with examples of eligibility in each regulatory category. The eligibility of “visitors” and the requirement to also serve companions and personal attendants are also described.

Key differences between ADA paratransit eligibility and the kinds of eligibility for demand-responsive services provided prior to the ADA are also noted. This includes a discussion of the civil rights nature of ADA paratransit eligibility, the fact that eligibility is based on functional abilities, the concept of “trip eligibility,” and the need to consider the most limiting conditions of travel in making eligibility determinations.

A test that includes questions about key ADA paratransit eligibility concepts is then provided at the end of this section. An answer sheet for the test is provided in the “Instructor’s Guide” section of this workbook.

The information presented in this section is taken largely from the *Americans with Disabilities Act (ADA) Paratransit Eligibility Manual*, prepared for the Federal Transit Administration in September of 1993 (USDOT report # DOT-T-93-17). Minor modifications have been made to reflect the current status of ADA paratransit implementation, to reflect latest guidance on ADA paratransit eligibility, and to remove or condense text not directly relevant to ADA paratransit eligibility.

Who Must Develop an ADA Paratransit Eligibility Determination Process?

Access to mainline, fixed route transportation services is the main goal of the transportation provisions of the ADA. The law recognizes, however, that some persons with disabilities are not able to use fixed route services even if these services are fully accessible. The law also acknowledges that many fixed route systems are not accessible and that alternative means of transportation are needed until full accessibility is achieved. Complementary paratransit service is required by Section 223 of the ADA to serve those persons whose needs cannot be met by fixed route systems.

All public entities which operate non-commuter fixed route transportation services for the general public are required to also provide complementary paratransit service. This paratransit service must be comparable to the fixed route service. Six service criteria which define comparability are detailed in the USDOT implementing regulations.³

³ ADA complementary paratransit service requirements and the six service criteria are contained in 49 CFR Part 37, Sections 37.121 and 37.131.

Complementary paratransit service is to be provided to those individuals determined to be **ADA paratransit eligible** when these individuals are unable to use the fixed route service to meet particular trip needs. As described below, the regulations provide detailed guidelines which define who is to be considered ADA paratransit eligible and what trips are to be considered eligible.

All public entities which operate complementary paratransit services must establish a process for certifying individuals as ADA paratransit eligible. Requests for certification must be accepted and processed for local residents and long-term visitors.

An eligibility determination process must be established even if the public entity operates a paratransit system with broader eligibility requirements than the ADA. All potentially ADA paratransit eligible persons may be covered by the broader system, but individuals must have the opportunity to apply for and receive documentation of ADA paratransit eligibility which can be used in other areas.

How is ADA Paratransit Eligibility Defined in the Regulations?

Eligibility for complementary paratransit service is directly related to the inability of a person with a disability to use the existing fixed route service. A person's inability to use the fixed route service could be related to the fact that the system has not yet been made fully accessible. It could also result from the nature of a person's disability. The person may not be able, due to their disability, to get to or from the system or to board, ride, and disembark from the vehicles even if they are fully accessible.

While eligibility is conferred on individuals, it is conferred based on the fact that there are certain *trips* that the person cannot make on the fixed route system. For some individuals, their disabilities may prohibit them from ever using the fixed route service. For others, however, they may not be able to use the fixed route service under certain circumstances. ADA paratransit eligibility can, therefore, be considered as having two elements. First, an *individual* is considered ADA paratransit eligible if there are *any circumstances* under which the fixed route system cannot be used. Second, the extent of eligibility conferred on an individual depends on the conditions and circumstances under which they are not able to travel on the fixed route service. Individuals who can never use the fixed route service are *unconditionally eligible*. Persons who can use fixed route service in certain circumstances are *conditionally eligible* and the limitations on their eligibility should be determined.

Because the regulations establish this concept of trip-by-trip eligibility, it is important that the eligibility determination process be detailed enough to identify not only eligible individuals but to determine the conditions under which their specific trip requests would be eligible.

The regulations describe three specific circumstances under which a person would be considered *ADA paratransit eligible*. Within the industry, these have been referred to as the three "categories" of eligibility. The regulations also require that service be provided to attendants and companions of eligible individuals and to visitors from outside a transit district's jurisdiction.

Following is a detailed discussion of each of the three "categories" of eligibility and of requirements for serving companions, attendants, and visitors.

“Category 1” Eligibility

The first category of eligibility includes those persons unable to use fully accessible fixed route services. Included in this category is:

"Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities." [§37.123(e)(1)]

Examples of eligibility under this category would include:

- a person with a cognitive disability who cannot "navigate the system." Navigating the system might involve obtaining and understanding system information, recognizing and boarding the correct vehicle, recognizing destinations, and understanding transfers that might have to be made;
- a person with a vision impairment who cannot "navigate the system." Entering and traveling through a busy station or transit center may not be possible. Recognizing and boarding the correct vehicle, and recognizing the appropriate destination - even though announcements are made - are also considerations;
- a person with a physical disability who cannot stand on a crowded bus or rail car when seats, including priority seats, may not be available;

It is important to note that eligibility under this category depends on the complexity of the fixed route system. The type and extent of disability that would confer eligibility in a rural area with a one or two route bus system would be different from that in a large urban system. Transit providers should base determinations on the characteristics of their fixed route service and the abilities needed to use it.

Other key issues and questions associated with this category of eligibility are summarized below.

- (1) Travel training: Many persons who cannot negotiate the entire fixed route system can be travel trained for certain trips. Typically, training is provided for trips that the person makes frequently, such as to work or school. These individuals would only be ADA paratransit eligible for trips they have not been trained to make on fixed route. As part of the application and determination process, it should be determined if such training has been provided.

Individuals cannot, however, be required to participate in travel training. The public entity may choose to offer training and may encourage individuals to take advantage of this service. Until the individual takes advantage of this service and is adequately trained, paratransit service must be provided.

- (2) Operator assistance: Eligibility under this category is not necessarily based on a person's ability to get on and off the lift, up and down a ramp, to and from the securement area, or secure their mobility device. While the regulation states that a person is eligible for paratransit service if they cannot independently use the fixed route system, operator assistance is assumed. The regulations, in fact, specify the level of assistance that must be provided by the public entity. Section 37.165(f) of the regulations states that "the drivers or other personnel must provide assistance with the use of lifts, ramps, and securement devices." Beyond this level of required assistance, however, public entities may choose to offer additional assistance, such as assistance getting to and from the securement area, in order to enable persons to utilize the fixed route service. If the individual is able to use the fixed route system with this assistance, complementary paratransit service does not have to be provided. Local policy concerning operator assistance should be developed with full public participation, including the input of persons with disabilities;
- (3) Assistance of another person: With the exception of assistance provided by the driver or other employees of the service, eligibility under this category is based on a person's ability to independently use the service. A person traveling with a friend or attendant is still eligible for paratransit service even if they would be able to use the fixed route system with this other person's help.
- (4) Accommodating mobility aids: The regulations set standards for vehicle and station/stop accessibility. To be considered accessible, equipment and facilities must be able to accommodate mobility aids of a certain size and persons and mobility aids up to a certain weight. The regulations define a "common wheelchair" as a "wheelchair" which does not exceed 30 inches in width and 48 inches in length (measured two inches above the ground) and which does not weigh more than 600 pounds when occupied. A "wheelchair" is defined as any mobility aid belonging to any class of three or four-wheeled devices, usable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered.

All common wheelchairs and their users are to be accommodated on accessible fixed route and complementary paratransit systems. The regulations do not, however, require public entities to provide service to persons using mobility aids that are not "common wheelchairs". An individual would not be eligible for paratransit service under category 1 if they could not use an accessible bus because their mobility aid is too large or too heavy for the lift.

- (5) Standeers on lifts: The regulations require public entities to allow persons with ambulatory disabilities who do not use wheelchairs (e.g., persons who use leg braces and canes) to enter the vehicle by standing on the lift. Therefore, individuals who cannot

climb the steps to get into a bus would not be eligible for paratransit service if they could enter the vehicle using the lift.

Category 2 Eligibility

The second category of eligibility includes:

"Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route of the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route." [§37.123(e)(2)]

The majority of persons eligible under this category would be those with ambulatory disabilities who could not enter an inaccessible rail facility or would need to travel on a vehicle with a lift or ramp and other accessibility features. This would include persons who use wheelchairs as well as persons who use other mobility aids such as walkers, leg braces, or canes.

Eligibility under this category depends on the accessibility of vehicles and stations/stops. A person is eligible for paratransit service if the fixed route on which they want to travel is not yet accessible. Guidance on exactly what constitutes an "accessible" fixed route is provided in the regulations and explanatory appendix. For example:

- A person is eligible if the bus route on which they want to travel is not 100 percent accessible. The requested trip would be eligible if the fixed route that would otherwise be used is only partially accessible (e.g., every other bus is accessible).
- Similarly, a person is eligible if they need to travel on a rapid or light rail system that is not yet accessible - meaning that all key stations are accessible and one car per train is accessible. An individual would be eligible in this example even if accessible fixed route bus service is provided in the same area.
- An individual is eligible for paratransit if a vehicle's lift or boarding device cannot be deployed at the stop which they want to use, or the stop is inaccessible for other reasons.
- An individual who uses a "common wheelchair" but cannot be served by the fixed route system because the lift on the vehicle they need to use does not meet the equipment standards contained in Part 38 of the regulation is eligible for paratransit service.

One important issue related to category 2 eligibility is the use of on-call bus services as a way to increase the overall accessibility of the fixed route service. Basically, on-call bus programs allow an individual to call in advance and request that an accessible bus be assigned to a particular route at a time when they need to travel. Typically, an on-call bus program is

implemented when a significant percent of the fixed route fleet is accessible. Successful programs have been implemented when 20-30 percent of all peak hour vehicles are accessible.

On-call bus services do not technically make the fixed route fleet fully accessible. Therefore, even if an on-call bus service is offered, individuals who are eligible under category 2 must be certified. On-call bus service is, however, considered an acceptable form of complementary paratransit service and can be provided in lieu of a separate van service to those who are eligible under this category.

A second important issue is how this category of eligibility should be treated by transit providers whose fixed route systems are fully accessible. Clearly, individuals who could use accessible vehicles would not be Category 2 eligible in these areas and transit districts are not required to include questions that address this category of eligibility in their application materials or assessment processes if the fixed route service is 100 percent accessible. These same individuals may not, however, be able to use inaccessible vehicles if they travel to other transit districts. Therefore, transit providers are encouraged to address this category of eligibility even if it is not applicable to their local system and to note on the eligibility documentation provided that individuals are ADA paratransit eligible if accessible fixed route vehicles are not available when needed.

Category 3 Eligibility

The third category of eligibility includes:

"Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system." [§37.123(e)(3)]

Two important qualifiers to this category are included in the regulations. First, environmental conditions and architectural barriers not under the control of the public entity do not, when considered alone, confer eligibility. If, however, travel to or from a boarding location is prevented when these factors are combined with the person's specific impairment-related condition, paratransit service must be provided. Examples of architectural and environmental factors that, in combination with certain disabilities, could prevent travel include:

- the lack of curb-cuts or a reasonable alternative accessible path of travel
- the lack of sidewalks or alternative safe accessible path of travel
- the distance from the stop/station to the trip origin or destination
- steep terrain
- snow and/or ice
- extremes in temperature (hot or cold)
- major intersections or other difficult to negotiate architectural barriers
- temporary construction projects
- severe air pollution

Second, the specific impairment-related condition must prevent the person from using the fixed route system. Conditions which make getting to or from stops/stations more difficult do not confer eligibility. A determination of whether travel is difficult rather than "prevented" will need to be made. Appendix D of the regulations offers the following guidance to clarify the concepts of "prevented" travel and the relationship between architectural and environmental conditions and a person's disability:

"For anyone, going to a bus stop and waiting for a bus is more difficult and less comfortable than waiting for a vehicle at one's home. This is likely to be all the more true for an individual with a disability. But for many persons with disabilities, in many circumstances, getting to a bus stop is possible. If an impairment-related condition only makes the job of accessing transit more difficult than it might otherwise be, but does not prevent the travel, then the person is not eligible.

For example, in many areas, there are not yet curb cuts. A wheelchair user can often get around this problem by taking a less direct route to a destination than an ambulatory person would take. That involves more time, trouble, and effort than for someone without a mobility impairment. But the person can still get to the bus stop. On the basis of these architectural barriers, the person would not be eligible.

Entities are cautioned that, particularly in cases involving lack of curb cuts and other architectural barrier problems, assertions of eligibility should be given tight scrutiny. Only if it is apparent from the facts of a particular case that an individual cannot find a reasonable alternative path to a location should eligibility be granted.

If we add a foot of snow to the scenario, then the same person taking the same route may be unable to get to the bus stop. It is not the snow alone that stops him; it is the interaction of the snow and the fact that the individual has a specific-impairment related condition that requires him to push a wheelchair through the snow that prevents the travel.

Inevitably, some judgment is required to distinguish between situations in which travel is prevented and situations in which it is merely made more difficult. In the Department's view, a case of "prevented travel" can be made not only where travel is literally impossible (e.g., someone cannot find the bus stop, someone cannot push a wheelchair through the foot of snow or up a steep hill) but also where the difficulties are so substantial that a reasonable person with the impairment-related condition in question would be deterred from making the trip.

The regulation makes the interaction between an impairment-related condition and the environmental barrier (whether distance, weather, terrain, or architectural barriers) the key to eligibility determinations. This is an individual determination. Depending on the specifics of their impairment-related condition, one individual may be able to get from his home to a bus stop under a given set of conditions, while his next-door neighbor may not." [Appendix D to 49 CFR Part 37, §37.123]

Given the judgment required to determine if travel is truly prevented and the relationship between environmental conditions and an individual's disability, making eligibility determinations based on this third regulatory category is likely to be the most difficult. Figure 1-1 on the following page provides additional hypothetical examples to further define eligibility under this category. It includes situations that would result in a person being determined eligible as well as examples that would not confer eligibility.

Companions/Personal Care Attendants

Paratransit service also must be provided to a **attendant** traveling with an eligible rider. In addition to an attendant, the regulations require that service be provided to one **companion** accompanying an eligible rider. Other persons accompanying the rider are to be accommodated on a "space available" basis. Persons are considered to be accompanying the eligible rider if they are picked up and dropped off at the same locations as the eligible rider. Companions must be charged the same fare as the eligible rider and attendants must ride free.

The following additional guidance on requirements for serving attendants and companions is provided in the interpretive appendix to the regulations:

"The one individual who is guaranteed space on the vehicle can be anyone - family member, business associate, friend, date, etc. The provider cannot limit the eligible individual's choice of type of companion. The transit authority may require that the eligible individual reserve a space for the companion when the individual reserves his or her own ride. This one individual rides even if this means that there is less room for other eligible individuals. Additional individuals beyond the first companion are carried only on a space available basis; that is, they do not displace other ADA paratransit eligible individuals.

A personal care attendant (i.e., someone designated or employed specifically to help the eligible individual meet his or her personal needs) always may ride with the eligible individual. If there is a personal care attendant on the trip, the eligible individual may still bring a companion, plus additional companions on a space available basis. The entity may require that, in reserving the trip, the eligible individual reserve the space for the attendant.

To prevent potential abuse of this provision, the rule provides that a companion (e.g., friend or family member) does not count as a personal care attendant unless the eligible individual regularly makes use of a personal care attendant and the companion is actually acting in that capacity. As noted under §37.125, a provider may require that, as part of the initial eligibility certification process, an individual indicate whether he or she travels with a personal care attendant. If someone does not indicate the use of an attendant, then any individual accompanying him or her would be regarded simply as a companion." [Appendix D to 49 CFR Part 37, §37.123]

Figure 1-1. Examples of Eligibility Under Category 3

Situations that would result in eligibility under “category 3”:

- A person who is blind and who cannot cross a major intersection that is not equipped with assistive devices such as audible signals in order to get to or from a stop/station would be eligible to receive paratransit for that trip.
- A person with a cardiac condition who is sensitive to high temperatures and cannot walk to and wait outside for a bus during extremely hot weather would be eligible when this environmental condition exists.
- An individual with severe arthritis or multiple sclerosis whose disability is aggravated by high humidity would be eligible when this environmental condition, in combination with the disability, prevents the use of fixed route service.
- An individual who uses a manual wheelchair, walker, or braces and who cannot negotiate steep terrain would be eligible for paratransit if using fixed route service for a particular trip required crossing a hilly area.
- A person with an ambulatory disability who is unable to get to or from stops/stations due to a lack of curb cuts.
- A person with a cognitive impairment who is unable to remember and follow directions to get to and from a stop/station would be eligible for trips (s)he has not or cannot be trained to successfully make.
- A person who is frail and cannot independently travel more than 1/4 of a mile to get to or from stops/stations and whose particular trip is to a destination that is 1/2 mile from the nearest fixed route.
- A person with an ambulatory disability who cannot walk or maneuver a mobility device to or from stops/stations when there is an accumulation of snow or ice would be eligible in this type of weather.
- A person with a respiratory condition that is affected by high levels of air pollution would be eligible if using fixed route service under such environmental conditions is not advisable.

Situations that would not result in eligibility under category 3 include:

- A person with a disability who prefers not to use fixed route service due to the possibility of crime would not be eligible.
- A person who prefers not to use fixed route service when it is raining would not be eligible unless the rain or humidity in combination with a particular disability prevented him/her from getting to or from a stop/station.
- An infant or child with a disability who is unable to get to and from a stop/station and use the fixed route service not because of the disability but because of age.

As indicated above, an attendant may be an employee of the ADA paratransit eligible rider or may be a family member or friend. Regardless of the relationship, an attendant is clearly meant to be someone whose services are required by the rider. In determining if eligible individuals require attendant services, it is important to realize that the need for an attendant is not necessarily related to travel on the paratransit service. Attendants are often needed by individuals with disabilities to assist with other activities of daily living. For example, a quadriplegic may be assisted by an attendant in filing papers at work or in eating meals. A person who is blind may need an attendant to assist with shopping or to serve as a reader at work. Individuals may need attendants for these activities but be fully capable of traveling on the paratransit service with the assistance provided by transit personnel.

The need for attendant services can be intermittent or occasional and still be considered "regularly" needed. "Regular" use should be interpreted to be consistent with the underlying need - for example, a blind person regularly using a PCA for shopping. It is also important to note that once a person has been certified as needing to travel with an attendant, it should be the eligible individual, not the transit agency, that determines if an attendant is needed for a particular trip.

Visitors

The needs of visitors with disabilities who cannot use the fixed route system also are addressed in the regulations. Complementary paratransit service must be provided to ADA eligible individuals who travel to areas outside of the region in which they live. If these individuals have been certified as "ADA paratransit eligible" by a public entity, that certification must be honored and the host transit agency must provide up to 21 days of paratransit service. If individuals have not been certified as eligible by another public entity but claim that they are ADA paratransit eligible, they are entitled to "presumptive eligibility" and must be provided with 21 days of service. Individuals who are not certified by another transit provider and who claim presumptive eligibility can be requested to provide certain documentation such as their place of residence and the nature of their disability.

Individuals are only considered "visitors" if they reside outside of the transit provider's jurisdiction. The "jurisdiction" means the total area within which the provider is authorized to operate, not the sub-area designated as the ADA paratransit service area. In joint paratransit plans, the jurisdiction is considered the total area of all partners in the plan. The interpretive appendix to the regulation offers the following explanation and example:

"A visitor is defined as someone who does not reside in the jurisdiction or jurisdictions served by the public entity or other public entities with which it coordinates paratransit service. For example, suppose a five-county metropolitan area provides coordinated paratransit service under a joint plan. A resident of any of the five counties would not be regarded as a visitor in any of them. Note that the rule talks in terms of "jurisdiction" rather than "service area." If an individual lives in XYZ County, but outside the fixed route service area of that county's transit provider, the individual is still not a visitor for purposes of paratransit in PQR County, if PQR is one of the counties with which XYZ provides coordinated paratransit service." [Appendix D to 49 CFR Part 37, §37.127]

Visitors from communities outside the transit agency's jurisdiction must be served even if the community in which they reside does not contribute financially to the transit system.

The "21 days" of service that must be provided are to be calculated as any combination of 21 days during any 365-day period beginning with the visitor's first use of the service. For example, a person may visit two days a week. Eligibility should be extended in this case over the eleven week period of time within which 21 days of paratransit service would be required.

Visitors who require more than 21 days of service within a 365-day period can be required to apply for local eligibility.

Finally, the level of service provided to visitors must be the same as that provided to local ADA paratransit eligible individuals who would be traveling in the same area. This means that there can be no difference in the area within which visitors can travel, the times that they can travel, the fares charged, or any of the other service criteria established in the regulations. Visitors are to be treated exactly like eligible local customers.

Temporary Disabilities

Persons with temporary disabilities are to be considered for ADA paratransit eligibility. This may include:

- someone with a medical condition such as a broken leg who temporarily is unable to use the fixed route service;
- someone who has recently undergone an operation or other medical treatment and who is unable to use the fixed route service; or
- someone with a mental health disability who expects an improvement in functional abilities through treatment or medication.

Temporary eligibility should be granted for the period of time that the disabling condition is expected to last. An expiration date should be included on the documentation provided to individuals determined temporarily ADA paratransit eligible.

Key ADA Paratransit Eligibility Considerations

Many public transit providers offered paratransit services prior to the enactment of the ADA. In the mid-1970's, eligibility was determined by governing boards based on expressed local needs. Throughout the 1980's, transit providers which opted to meet their Section 504 obligations by offering paratransit service adopted the general definition of eligibility provided in that regulation.

Eligibility for ADA complementary paratransit service is different from these past notions of paratransit eligibility in four key ways. These differences are discussed below.

ADA Paratransit Eligibility as a Civil Right

Failure to conduct a determination process that meets the regulations or failure to provide complementary paratransit service in accordance with the requirements established in the regulations are violations of the civil rights of the affected individual. This difference between ADA paratransit and past services has several important implications for the eligibility determination process. First, in designing review procedures and policies, it is important that they adhere to all of the requirements contained in §37.123 and 37.125. All elements of the policy and process also should be formally adopted by each public entity with the public participation required in §37.137 of the regulations. Second, due process standards must be observed in appeals, suspensions of service, or in any other actions which affect a person's right to the service. This is particularly true once individuals have been determined eligible. In addressing the suspension of service for "no-shows", the interpretive appendix states:

"Once an entity has certified someone as eligible, the individual's eligibility takes on the coloration of a property right. (This is not merely a theoretical statement. If one depends on transportation one has been found eligible for to get to a job, and the eligibility is removed, one may lose the job. The same can be said for access to medical care or other important services.) Consequently, before eligibility may be removed "for cause" under this provision, the entity must provide administrative due process to the individual."[Appendix D to 49 CFR Part 37, §37.125].

Finally, transit providers should maintain adequate records of certification requests, reviews completed, notification provided, and any appeals requested and should be prepared to demonstrate that regulatory requirements were met in the handling of each request for eligibility. Applications should be dated upon receipt. Decisions made throughout the review process (e.g., the completeness of the application, the need for more information, reasons for determinations, requests for appeals, etc.) should be recorded.

Strictly Limiting Determinations of ADA Paratransit Eligibility

Given that ADA paratransit eligibility is a form of civil right, conferring eligibility should be done with careful consideration. Section 37.125(a) of the USDOT's ADA regulations require that:

"The process shall strictly limit ADA paratransit eligibility to individuals specified in §37.123 of this part." (Note that "§37.123 of this part refers to the section that contains the three categories of eligibility).

In explaining this requirement, further guidance is provided in Appendix D of the regulations as follows:

“The goal of the process is to ensure that only people who meet the regulatory criteria, strictly applied, are regarded as ADA paratransit eligible. The Department recognizes that transit entities may wish to provide service to other persons, which is not prohibited by this rule. However, the eligibility process should clearly distinguish those persons who are ADA eligible from those who are provided service on other grounds.”

So, for example, a transit agency may provide service to ADA paratransit eligible individuals as well as to seniors (based on an age criteria). Seniors who do not qualify as ADA paratransit eligible should not, however, be issued documentations (IDs or determination letters) that state they are ADA paratransit eligible. Their IDs or letters might indicate that they are eligible as seniors. The regulations intend that IDs or letters of determination stating that the bearer is “ADA paratransit eligible” be issued only to persons who meet the regulatory criteria for eligibility.

Functionally-Based Determinations of Eligibility

Many policies prior to the ADA conferred paratransit eligibility based on a particular medical condition, disability, or on the use of a particular mobility aid. For example, persons were certified as paratransit eligible if they were "blind" or "legally blind". Individuals who used wheelchairs, walkers, or leg braces were considered eligible for paratransit. Certification from a social service agency or a medical professional that the person used a particular aid or had a particular disability automatically conferred paratransit eligibility.

ADA paratransit eligibility, however, is based not just on the presence of a disability, but on the effect that the disability has on the person's ability to use the fixed route service. Several factors must be considered in determining ADA paratransit eligibility. These include:

- (1) the applicant's disability;
- (2) the accessibility of the fixed route system;
- (3) architectural barriers that, in combination with the person's disability, prevent use of the fixed route service; and
- (4) environmental conditions that, in combination with the person's disability, prevent use of the fixed route service.

While documentation of a particular disability or use of a mobility aid is still important, this information alone can not be used to make an eligibility determination. Questions about the functional ability of the applicant to use fixed route transit must be included in the application or assessment process. The accessibility of the fixed route service and the effects of environmental and architectural barriers must also be considered.

Conditional or "Trip-by-Trip" Eligibility

The paratransit eligibility processes employed by most transit providers prior to the ADA used an "all or nothing" determination approach. If it was determined that certain persons met the criteria established for eligibility, they could call and request paratransit service for *any* trip. If they were determined to not be eligible, they could not request *any* rides. The ability to use the fixed route system for some trips and not for others was not considered.

Under the ADA, complementary paratransit service is only required for trips that cannot be made on the fixed route system. Many persons may qualify because there are certain specific conditions which prevent them from using the fixed route service. For example, a person who uses a wheelchair may be able to use accessible fixed route buses during most of the year, but may require paratransit service when traveling on a route that is not fully accessible, when traveling when there is a significant accumulation of snow, or when there is not a safe and accessible path of travel to and from bus stops. Such a person would be ADA paratransit eligible. Eligibility would be for trips that are not served by accessible fixed routes, for trips that are prevented due to an accumulation of snow, and for trips prevented due to the lack of a safe and accessible path of travel to/from stops/stations. The documentation of ADA paratransit eligibility provided to this individual should identify these conditions of eligibility.

While transit providers must identify whether or not applicants are conditionally or unconditionally eligible and must include limitations of eligibility in the documentation provided, they are **not** required to conduct trip-by-trip determinations in daily operation. If full compliance with the paratransit requirements can be achieved within the allowed implementation period, a broader service can be provided. If an undue financial burden waiver is eventually requested, however, only those costs associated with the provision of eligible trips can be used to calculate ADA paratransit costs. An ability to distinguish between trips that are eligible and those that are not will be needed.

Determining Eligibility Based on the Most Limiting Factors

Determinations of ADA paratransit eligibility must consider the ability of applicants to travel to *any* origins and destinations in the paratransit service area under *all* possible conditions. Determinations cannot be based on a person's ability to use fixed route service some of the time or under "typical" conditions. For example, a person with an ambulatory disability may live only one block from the nearest bus stop and the terrain between their home and the stop may be level and accessible. They may not be able, though, to independently travel more than 1/2 mile and may not be able to negotiate steep terrain. Even though this person could get to the fixed route system from their home, there would be possible destinations more than 1/2 mile from fixed routes that she or he would not be able to reach. There may be other destinations in areas of steep terrain that would also be inaccessible. Conditional eligibility would therefore be appropriate.

Section 1 Test

After reading the “Overview of ADA Paratransit Eligibility” section above, answer or discuss the following questions and issues to test your understanding of key concepts and issues.

For each statement below, circle whether it is true or false and then discuss the underlying concepts with the instructor.

1. Public entities which provide ADA complementary paratransit service are required to have a process for determining who is ADA paratransit eligible. T F
2. Only persons who meet the regulatory criteria for ADA paratransit eligibility should be issued documentation indicating that they are “ADA paratransit eligible.” T F
3. Public transit agencies can only provide paratransit service to persons who are determined to be ADA paratransit eligible. T F
4. A person with a disability who lives outside of the designated ADA complementary paratransit service area cannot apply for ADA paratransit eligibility. T F
5. Public transit agencies are not required to provide service to someone who uses a wheelchair that exceeds the size or weight limits of a “common wheelchair.” T F
6. If a transit agency makes a “reasonable” percentage of buses on a route accessible (e.g., every other bus), persons with disabilities can be asked to use the accessible buses and trips in that corridor are not ADA paratransit eligible. T F
7. Transit agencies are required to allow persons with disabilities other than those who use wheelchairs (e.g., persons who use walkers, crutches, etc.) to enter and exit vehicles by standing on the lift. T F
8. ADA paratransit eligibility is based on functional ability to use fixed route bus and rail services. T F
9. To be able to use fixed route service, individuals with disabilities who use wheelchairs must be able to independently get on and off lifts (or up and down the ramps of low-floor buses). T F

- | | | |
|---|---|---|
| 10. Individuals with disabilities cannot be required to participate in travel training programs, even if it is determined that such training might enable them to use fixed route services. | T | F |
| 11. A person who is able to get to the bus stop nearest her home and board and ride buses from that location would not be ADA paratransit eligible. | T | F |
| 12. ADA paratransit eligibility is considered a civil right. | T | F |

For each of the scenarios below, consider whether the specific trip or trips being requested would be ADA paratransit eligible. Based only on the situation described, would the trip be eligible or not eligible? Would it be helpful to have other information? Write down your thoughts on each scenario and then discuss each with the instructor.

1. A woman with paraplegia, who uses a wheelchair, reports that she has been "hassled" by youths in her neighborhood. She fears for her safety and so has requested paratransit service.

2. A Chicago man with cardiac disease is described in his application by his doctor as being "at special risk when exercising in hot weather." For the trip requested, the bus stops are nearby, but the current summer weather is severe.

3. A blind woman can get to and from her home to the bus stop. At her downtown destination, however, a busy intersection - where right turns on red are permitted - prevents her from getting to her office.

4. A man with AIDS needs to get medical treatment on a daily basis. On most days, he is well enough to travel using the subway, but on other days he is prevented from doing so by severe fatigue. He seeks subscription trips for daily transportation to a clinic.

5. On occasion, a woman with a mobility impairment, who uses a walker, has made the trip to a bus stop to get to the doctor's office. The three-block walk to the bus stop takes her more than half an hour. She has just qualified for ADA paratransit, however, and seeks to make the trip to the doctor using that service instead.

6. A 6-year old child with spina bifida, who uses a wheelchair, needs to get to day-care. His mother seeks paratransit trips for the child.

7. The lack of curb cuts in a downtown area of Philadelphia forces a man using a wheelchair to travel in busy downtown streets to get to the office from the bus stop.

8. All the buses operated by the New York Transit Authority are accessible, but some key stations in the subway system have not yet been made accessible. Residents of the Bronx (at the north side of the city) can get to the mid-town office district by buses or by subway. A Bronx man with a mobility impairment cannot climb a flight of stairs. He can board a bus but the subway stations have no elevators. Because the bus trip involves two transfers and takes 2 hours, versus 30 minutes on the train, he has requested paratransit service.

9. A man from the western suburbs of Boston who uses a wheelchair can drive to the park-and-ride lot, but the Green Line trains that stop there are not accessible. He seeks paratransit to get into the city.

10. During the long winters, snow piles up on the curbsides of Pittsburgh streets. This often prevents the operation of the lift that a man needs to utilize the bus. He therefore requests "seasonal eligibility" permitting all trips during the winter to be made on paratransit.

11. A woman requests trips to and from her dialysis treatments, which leave her "too exhausted" to use the bus.

12. A woman with moderate mental retardation has traveled with her parents on the bus since she was a child. She cannot travel alone without becoming lost, however, even when using paratransit service. Her parents are seeking paratransit service for the woman and an attendant.

SECTION 2

Developing a Better Understanding of Disabilities and Functional Abilities

Introduction

The previous section of this workbook provided information about the regulatory criteria for ADA paratransit eligibility. It included the actual regulatory language as well as explanatory text from the “interpretive” appendix to the USDOT’s ADA regulations.

This section of the workbook provides additional guidance for understanding the travel abilities of persons with disabilities. It suggests sources of information that can be used to gain an understanding about various disabilities and health conditions. It also suggests how general information about a type of disability or health condition can be used to develop appropriate follow-up questions needed to gain a full understanding of the functional ability of applicants. A sample case study is offered to illustrate how to proceed from a general understanding of disability to a specific understanding of the abilities that affect use of fixed route transit.

Some common misperceptions about travel abilities are also discussed. This includes misunderstandings about how the use of certain mobility aids affect travel. It also includes thoughts on path-of-travel barriers that are not always obvious.

Public perceptions about the accessibility and usability of public transit services are also noted. While they are not factors in determining actual functional ability, they represent an attitude and history that is important to understand.

Using fixed route transit requires that an individual be able to execute and coordinate a complex combination of physical, cognitive and sensory tasks and cues. An individual with a disability, by definition, has one or more significant limitations, and as with many tasks encountered in his or her daily life, must develop an adaptive strategy to complete the task. Strategies include the use of equipment or mobility aids, and training that teaches new methods to navigate the environment. These methods and tools vary between individuals, as does individual, personal travel ability. In order to give full consideration to the range of abilities necessary, it is important to begin with an understanding of the effect that a disability can have on the functional tasks necessary to use transit.

Ask Your Customers

There is no better way to develop an understanding of the issues that transit users with disabilities face than to talk with them, walk through the community with them, and ride the bus or rail system with them. Spend time using transit with customers with different disabilities and ask for their frank assistance in explaining not only issues they encounter with the transit system, but their personal functional issues as well. Ask questions about things you do not understand, and be open-minded.

Ability – Not Limitation

People with disabilities are often described in terms of their limitations – an attitude that has served to limit the opportunities of people with disabilities to participate fully in the mainstream of life. Just as many paratransit customers have inherent biases about their ability and the accessibility of the environment and the transit systems in our communities, there are many deeply held personal beliefs and assumptions due to a limited or superficial understanding of disabilities.

Frequently, references made to a person with a disability do not refer to the individual at all, and are either in terms of a diagnosis (e.g., Cerebral Palsy) or mobility equipment (e.g., “wheelchair user”). While some broad information can be learned from type of disability or mobility aids used, it tends to describe the individual in a negative way, often adds to the perception that people with disabilities are less able, and defines the person according to a “medical model.” Simply knowing diagnostic information also does not adequately predict how the individual functions.

Not a Medical Model

Knowing the diagnosis can have a place in the eligibility process. A diagnosis can provide some baseline information about the general characteristics of a particular condition, and can help you focus your conversation about barriers on those areas which are most likely to impact the applicant's ability to use fixed route transit independently. However, the applicant must not be reduced to the elements of his or her diagnosis by oversimplification, and reviewers should be careful about not taking on the role of a health care professional. It is not necessary or appropriate for transit staff to apply health care or medical principles to the eligibility decision. When diagnostic information is used only to better understand some of the functional impacts of particular disabilities, it can be a useful tool.

Sources of Information

It is important to have available several good sources of basic information regarding types of disabilities and health conditions. One especially widely used and well respected guide is *The Merck Manual of Medical Information* (also published in a Home Edition, which is written in non-medical language that is easily understood by the average reader.) According to the publication's preface, "*The Merck Manual* is the oldest continuously published general medical text book in the English language, and the most widely used medical textbook in the world."⁴ It covers almost every disease and special situation that affect humans, from injuries to complicated medical conditions.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) published by the American Psychiatric Association is the definitive classification of "mental disorders" and is the main diagnostic reference of mental health professionals in the United States. It includes explicit diagnostic criteria and uses a descriptive approach for every condition listed in its pages.

"Mental disorder" is defined in this document as "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress, disability, or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be the effect of an expectable and culturally sanctioned response to a particular event, such as the death of a loved one."⁵ The introduction makes it clear that the *DSM-IV* does not categorize people, but rather the disorders that people have.

This manual provides a starting point to better understand the particular characteristics of schizophrenia and other psychotic disorders, developmental cognitive disabilities, anxiety disorders, mood disorders (such as Bi-Polar Disease) and personality disorders, to name a few.

⁴ The Merck Manual of Medical Information, Home Edition, Merck & Co., Inc., 1997.

⁵ DSM-IV, American Psychiatric Association, 1994.

The DSM-IV is used by the medical profession as a diagnostic tool, along with clinical judgment and experience. It outlines the specific criteria with defining features that an individual who carries that diagnosis will be likely to have. It is written and designed for use by individuals with clinical training and experience. The introduction bears the following warning: “It is important that *DSM-IV* not be applied mechanically by untrained individuals. The specific diagnostic criteria...are meant to serve as guidelines...and are not meant to be used in a cookbook fashion.” In other words, it would be a dangerous error to assume that after reading the description of the general characteristics of a particular condition in the *DSM-IV* you will have a full understanding of the impact the condition has on an individual. What you can learn is the range and extent of functional limitations that individuals with the disability may experience.

For example, if you are preparing to talk with an applicant who has presented a diagnosis of recurrent unexpected Panic Attacks, if you consult the *DSM-IV*, you will learn:

- The individual has recurrent panic attacks which are not expected.
- For at least one month he has done at least one of the following:
 - Worry that there will be more attacks
 - Worry about what the attacks mean (health problems, etc.)
 - Significantly change behavior, such as doing something to avoid the attacks.
- The panic attacks are not directly caused by another medical condition, or the use of substances, including medication

You will read more about the characteristics of panic attacks:

- They may occur by themselves or in connection with other conditions
- They are common
- They can often be treated
- Untreated, they can be severely debilitating
- They may mask other illnesses
- They may be triggered by a specific situation, or may occur without pattern or warning

You will learn that the criteria for panic attacks include:

- The individual will suddenly develop a severe fear that peaks within 10 minutes
- During this 10 minutes, the individual will experience four or more of the following:
 - Chest pain
 - Chills or hot flashes
 - Choking sensation
 - Dizzy, faint, lightheaded or unsteady feelings
 - Fear of dying
 - Fear of loss of control
 - Heart pounding, racing or skipping beats
 - Nausea
 - Sweating
 - Numbness or tingling

- Shortness of breath or smothering sensation
- Trembling

Now you have a baseline of information that gives you a foundation for developing and asking good relevant follow up questions of the applicant and perhaps of professionals involved in his treatment.

The DSM-IV is written for professionals and, as such, can be difficult to read and understand. There are several guides to the DSM-IV that are written in clear language, are less technical, and include case studies to illustrate specific situations and conditions. One that is especially useful is *DSM-IV Made Easy* by James Morrison.

The Merck Manual, the Merck Manual Home Edition, DSM-IV and other guides such as *DSM-IV Made Easy* are all available at any bookstore or on-line from booksellers such as www.amazon.com. The 17th *Edition of The Merck Manual* is also available free on-line for your use – go to www.merck.com/pubs/mmanual. This web site also has a link to the *Merck Manual Home Edition* which is also available for use on-line, free!

Portions of the *DSM-IV* are also available for use on line, but the complete publication is not. The easy to use web site is www.psychologynet.org/dsm.html.

Many national service organizations also maintain web sites which are excellent sources of information. They are also a good way to locate local chapters of service agencies in your community. To learn more about epilepsy, for example, you can start with reading more in the *Merck Manual* about the many types of seizures and the range of functional limitations that individuals typically experience as a result. You can then visit the web site for the Epilepsy Foundation of America at www.efa.org. Not only will the web site provide more information which is less medical in nature, but it will help you locate the local affiliate. Then you can schedule a meeting to talk with staff and consumers at the Epilepsy Foundation, where they will be happy to help you learn more. These organizations typically share our goal – to support people with disabilities and health conditions in their daily life, and to assist them in maintaining the highest personal functioning level possible. Part of their mission usually also includes educating the general public about the condition and eliminating misconceptions and stereotypes.

A word of caution regarding Internet sites – be sure that the site you have chosen has a national reputation and is reliable. The Appendix for the *Merck Manual Home Edition* contains a good list of web sites that represent national not-for-profit and governmental service agencies. You can also get more information from Project ACTION.

Case Study: Learning Something From a Diagnosis

A condition that applicants for ADA paratransit cite with increasing frequency is diabetes. Having the diagnosis of diabetes, by itself, does not constitute a disability. It is the effect of the many complications of diabetes that can result in disability. By reading more about diabetes, you can learn that there are several types of diabetes, the most severe of which is Type I (insulin dependent) diabetes. Some of the most common long-term complications of this disease include:

- Poor circulation, which can cause wounds to heal slowly, can lead to infection, stroke and heart disease;
- Decreased vision and sometimes blindness, due to the damage caused to the small blood vessels of the retina (diabetic retinopathy);
- Kidney failure (which can result in dialysis);
- Damage to nerves which results in weakness of the legs and reduced sensation in the hands and feet;
- Swings in blood pressure; and
- Diabetic ulcers.

Your applicant states that she has diabetes, and the medical information states that she has severe “chronic polyneuropathy” as a result. You determine that the applicant has Type I Diabetes by asking her if she must use insulin. You know that neuropathy is a common complication of individuals with diabetes, and you read more to learn that neuropathy commonly results in the following:

- Numbness, and an inability to sense vibrations or the position of the arms, legs and joints;
- Pain, often aggravated by temperature changes;
- Skin ulcers or other injuries from prolonged pressure (since the individual may not be able to feel her feet or legs, or sense changes in temperature.);
- Slow healing of a wound, due to poor blood supply to the skin. Foot ulcers may become deep and infected, and can sometimes result in amputation.
- Changes in gait pattern and abnormal weight bearing
- Development of Charcot’s Joints which result from nerve damage that impairs a person’s ability to feel pain coming from a joint. As a result, injuries and fractures often go unnoticed and can cause long term damage to the joint.

With this baseline information in hand, you can proceed to focus on functional travel issues that are likely to be most limiting for the individual:

- Without sensation in the feet, it is likely that balance will be poor, and the individual may be unsteady while walking, or even standing. Additional difficulty could be anticipated when walking over uneven surfaces, or if recovering from being bumped, either on a crowded bus or sidewalk.
- If sensation in the hands has also been affected, the use of mobility aids might be limited as a result.

- If pressure injuries have been a problem, the individual may no longer be able to wear a prosthetic device – temporarily or permanently.
- If there is also an indication of a vision problem (which is likely), the applicant may not be able to rely on visual cues to aid foot placement and balance. Even though the medical information may not state that the applicant has vision limitations and the applicant may not mention it, you know that it is likely to be an issue for which you should pay particular attention in the interview and assessment.

Although this background, by itself, is not sufficient for you to determine whether the extent of the applicant's condition would prevent her from using the bus, it will help you direct specific follow up questions in the interview, and focus on particular elements of the functional assessment and follow-up with professionals, if necessary. It can also help you confirm whether performance appears to be consistent with the stated disability, or whether additional follow-up questions are necessary.

It is equally dangerous to rush to an assumption that technology and sophisticated equipment, such as the use of a particular mobility aid, or completion of training eliminates all of the barriers to independent travel within the community. Everyone who uses a power wheelchair is not automatically able to overcome every environmental barrier – the person must first have the functional ability to safely operate the power wheelchair throughout the community.

If the above case study were changed to an individual who has recently acquired a power wheelchair, it may be because she has severe neuropathy in both the hands and feet, preventing her from using a walker, or pushing a manual wheelchair. The use of a power wheelchair makes it possible for her to navigate familiar settings such as her home, church and local market with relative ease, but her failing vision makes it difficult for her to assess uneven surfaces, and she experiences frequent periods of light-headedness and dizziness from her fluctuating blood pressure. She cannot tolerate cold weather, and cannot feel how much pressure she is exerting on the joy-stick of her wheelchair, making it difficult for her to control the speed and execute turns in tight spaces.

While the use of the power wheelchair has made many aspects of her life easier, it does not, by itself, improve her functional ability to the point where she can use fixed route transit independently.

Case Study #2

Another applicant presents information that he has sustained a head injury as a result of an accident. He visits your office and appears to have no problems with gait or balance, and is fairly articulate. He presents medical information that says that he has experienced temporal lobe damage.

You read that the temporal lobe of the brain processes events into long term and short term memory, and people with this type of injury frequently experience amnesia. You read further to learn that three types of memory can be affected by amnesia:

Immediate memory – recall of events that happened in the preceding few seconds

Intermediate memory – recall of events that happened a few minutes to a few days ago

Long-term memory – recall of events from longer ago

This amnesia can be temporary or permanent.

Learning requires memory. If the applicant has learned the essentials of using fixed route transit many years ago, and his memory loss is more immediate or intermediate he may remember how to board the bus, pay the fare, plan a trip, etc. However, there are many immediate memory considerations for using fixed route including route finding. You can now prepare some follow up questions for the applicant and professionals directed at the specific functional areas where you can reasonably expect the applicant to have difficulty.

Imagine getting ready to leave for an appointment you made yesterday. You remember how to dress, prepare breakfast and leave the house. You get outside the house a short distance from home and cannot remember where you are going, or the reason for your trip. You carry many assistive devices with you (note cards, a calendar, written directions,) but you find yourself so confused, you do not even remember that you carry these tools in your pocket. In order for the travel aids to be useful, you must remember that you have them when you need to use them! You may have difficulty seeking help since you cannot remember your destination or the purpose of your trip.

In addition to the functional questions you will ask the applicant during the interview, follow up questions to professionals could include the date of onset and prognosis for the individual.

Environmental Barriers

An individual with a disability who is able to negotiate the environment may still encounter environmental barriers. There is an extensive discussion of barriers that may impact a traveler with a visual disability in Chapter 7. Others are easy to identify, such as the lack of a curb cut or several inches of snow for a individual using a wheelchair. Some are more subtle, but no less problematic.

When is a Sidewalk not a Sidewalk?

There are many cities with very old infrastructures, including old sidewalks which are sometimes less than 32” wide. It is not impossible for the user of a scooter, for example, to discover that her wheelchair is in danger of falling off the curb if she must turn even an inch to avoid a barrier, or even another pedestrian. The only alternative available in such situations is to travel in the street, clearly a dangerous option.

Sidewalks can also have significant cross slopes – often when designed to angle away from the building to prevent water from accumulating. They are not supposed to exceed a certain slope as established in the ADAAG. However, just as all curb ramps are not installed properly and according to ADA minimum specification, it is not unusual to find sidewalks, particularly in older cities, which have a severe cross slope. This can be a particular problem for the user of a manual wheelchair who will have to exert considerably more effort with his “downhill” arm to keep from rolling into the street. This requires strength, and if the slope continues for any distance, strength and endurance which may be beyond the functional ability of the individual.

Extremes of Temperature

Seasonal eligibility, which has become increasingly popular as an easy to implement condition of eligibility, is usually designed to reflect the time of the year when conditions of extreme heat, cold or snow are most likely to occur. Since seasonal eligibility is usually supposed to reflect a temperature range, it is important to understand the exact range and the resulting impact on the traveler with a disability.

For example, depending on the extent and location of the injury, an individual with a spinal cord injury may have lost the ability to regulate his body temperature adequately. Certain levels of spinal cord injuries render the individual unable to perspire below the area of the spinal cord that was damaged. Perspiration is one of the primary ways in which our bodies control internal temperature.

The individual’s eligibility may be for trips between June 15 and September 15, designed to predict those days when it is most likely to be very hot. However, when the inevitable 90 degree day occurs on May 28, the individual will not be able to stay outdoors for a prolonged period of time without experiencing a potentially dangerous rise in his body temperature.

Travelers with disabilities should be able to count on the flexibility of the paratransit system to implement the true conditions of eligibility that accurately reflect the environmental barrier. Exposure to extreme heat (generally over 85 degrees, especially when combined with high humidity) is not an issue of comfort or convenience for this traveler, but could be life-threatening. Although the individual will usually employ strategies to promote cooling, wearing a hat and protective clothing will not provide adequate protection for this traveler from extremes of heat for very long, and your understanding of the environmental condition combined with the traveler's particular disability is essential.

These examples, and others you will learn from your customers with disabilities, illustrate the complexity of the environment in which people must travel and the need to be aware of such barriers and make sure they are reflected in conditions of eligibility when appropriate.

Perceptions About Transit Access

Strictly speaking, people's feelings and beliefs about transit are not factors that should be considered in an ADA eligibility decision. They do help to form, however, the perception that many people have of the accessibility of public transit and the lack of pedestrian access in our communities. These perceptions certainly can have an impact on an applicant's self-assessment of the level of effort necessary to use the bus. Transit has made great strides over the past decade, but understanding the history and development of accessible public transportation is important in combating misconceptions and planning for the future. Unfortunately, many of our transit systems have not historically been welcoming to people with disabilities, which has resulted in the common belief that they are not usable, and that paratransit service provides a better alternative.

John Hockenberry is an Emmy and Peabody award winning correspondent for National Public Radio, ABC and NBC News. He also happens to have a disability. In his book *Moving Violations*, John Hockenberry writes with wit and honesty about many things, including his experiences using public transportation. When reading this excerpt from his book, substitute any city of your choice, since this could be anywhere.

“If you use a wheelchair and you want to avoid cabs in..., you can pay ten thousand dollars a year in parking to have your own car, or you can try your luck at public transit. There are paratransit vans which are bookable far in advance.... And then there are the buses.

The buses in ... have wheelchair lifts, and if the driver is carrying a key to operate the lift, and the lift has been serviced recently, and the bus is not too crowded, and the driver notices you at the stop, then you have a chance of getting a ride... You can ask the driver to put your (fare) into the box, but he will refuse. ‘I’m not allowed to touch your money,’ is what they usually say, and so they hand you instead a self-addressed stamped envelope to mail a check for a dollar and seventy-five cents to the transit authority. The bus lifts are better than nothing, except that when the city buys new buses, the new wheelchair lifts do not work properly, so there is a period of months when a bus driver drives up and

shrugs and says his bus is one of the new ones. Only in... would the new buses be the ones you can count on not to work.

Attempting to use public transit involves the risk of finding no bus lift, no elevator, or one that will stop working while you are in the middle of using it. The transit system... sometimes seems like an elaborate trap for people in wheelchairs, lured like mice to cheese with promises of accessible transportation.”

He concludes the chapter with his perception of transit as a sort of leveler of humanity, and the vital role that transit plays in our collective mobility.

“The (bus) required only a (fare) to ride, but in each person’s face was the ticket to where they were all really going and the places they thought they never had to leave... Without knowing it, I had left that America behind a long time ago. I discovered it alive and well on the (bus.)”

The most important aspect of understanding travel for people with disabilities is that the basic components are the same for everyone – we all have places to go for which we need to arrive safely and on time. We must be able to afford our ride, and will sacrifice some comfort for a cost saving. We demand the freedom to go where we want to go, when we want to go, and without explaining the reason to anyone. Transportation links us all to our communities, and to life.

SECTION 3

Sample Brochures, Cover Letters and Application Forms

Introduction

This section of the workbook contains sample application forms, informational brochures, and cover letters used by selected transit systems that have ADA paratransit eligibility determination processes similar to the process suggested. Three sets of materials are provided.

The first set of materials was developed by the Regional Transit Authority (RTA) in Chicago and is used as part of the process for determining ADA paratransit eligibility for the Chicago Transit Authority and PACE, which operates public transit services in the suburban Chicago area. This material includes:

- A public information brochure titled “Applying for ADA Paratransit Service”
- A two-page “ADA Paratransit Application Instructions” form
- A two-page flyer describing available travel training programs
- An eight-page “ADA Paratransit Application” form

Note that the RTA uses a process that obtains professional verification of disability on an as needed basis. The application material encourages applicants to bring documentation of disability to the interview and asks for the names of professionals who can be contacted if additional information about the applicant’s disability and functional abilities is needed.

The second set of materials was developed by the Dallas Area Transit Authority (DART). It includes:

- A two-page cover letter sent with application materials
- An informational brochure titled “Understanding the Eligibility Process”
- An eight-page application form

Note that DART requires that professional verification of disability be provided as part of the application process. The type of information needed from professionals is specified but a specific form for professional information is not provided. Verification of disability or health condition is typically provided as a letter from the professional or a copy of existing documentation of disability.

The last document provided is a sample application form for applicants whose primary reason for applying is a vision disability. It is recommended that a separate application form be considered because the information needed to evaluate the travel issues and needs of applicants with vision disabilities are substantially different from the information contained in general application forms. The form provided is based on one used by ACCESS Transportation Systems, Inc. in Pittsburgh, PA. As noted in Section 7 of this workbook, general information about disability could be obtained when individuals call to inquire about applying for ADA paratransit service to help determine which application form to send.

As noted in the “Overview of the Process” at the front of this workbook, application forms can be designed in many different ways and professional verification of disability can be obtained in a variety of ways. These three sample sets of materials provide examples of the types of application materials that have been developed. They are intended to be of assistance to systems in developing their own materials.

As with all other parts of the ADA paratransit eligibility determination process, meaningful public input and participation in the development of application materials is strongly recommended. The USDOT’s ADA regulations (49 CFR Part 37, §37.137(c)) require that persons with disabilities be involved on an ongoing basis in the in the continued development and assessment of services provided.

In addition, it is strongly recommended that any materials adopted or developed based on the sample material provided be pre-tested to ensure they are appropriate for the area in which they are used.

**Materials Used by the
Regional Transportation Authority (RTA) of Chicago, IL**

Types of Eligibility for ADA Paratransit

If you are determined eligible for ADA Paratransit Service, you will receive one of the following types of eligibility:

Conditional Eligibility

You are able to use the fixed route buses or "L" trains for **some** of your trips, and qualify for ADA Paratransit Service for other trips.

Unconditional Eligibility

Your disability or health condition **always** prevents you from using the fixed route buses and "L" trains and you qualify for ADA Paratransit Service for **all** of your trips.

Temporary Eligibility

You have a health condition or disability that **temporarily** prevents you from using the fixed route buses and "L" trains.

Useful Phone Numbers

For more information about ADA Paratransit eligibility or to request an application, call:

**Regional Transportation Authority (RTA)
ADA Paratransit Certification**
312/663-HELP (4357 voice)
TTY: 312/913-3122
Monday through Friday
8:30 a.m. until 5:00 p.m.

For more information about how and where ADA Paratransit Service operates in your area, or for the times and days of operation, call:

**Chicago Transit Authority (CTA)
Paratransit Operations**
312/432-7025 (voice)
TTY: 312/432-7140
Monday through Friday
7:00 a.m. until 6:00 p.m.

Pace

Passenger Services
847/364-PACE (7223 voice)
TTY: 847/364-5093
Monday through Friday
8:00 a.m. until 5:00 p.m.

For more information on using CTA and Pace buses, CTA "L" trains or Metra trains, call:

RTA Travel Information
836-7000, city or suburbs (voice)
TTY: 312/836-4949
Toll Free TTY: 800/439-2202



Applying for
ADA

**Paratransit
Service**



Regional
Transportation
Authority

To request this brochure in large print,
audio tape, Braille, or Spanish please call
312/663-HELP (4357 voice) or TTY: 312/913-3122

Public Transportation Services for Customers with Disabilities

CTA and Pace Fixed Route Buses, CTA "L" Trains, and Metra Trains

Public transportation in the Chicagoland area is becoming more accessible to persons with disabilities. Thanks to the Americans with Disabilities Act (ADA), improvements in accessibility make traveling on fixed route buses and trains easier for all riders.

- For everyone's benefit, drivers are required to announce major stops, intersections, and connecting points to help riders recognize their bus stop or point of transfer.
- Priority seating is available for riders who have difficulty standing while the bus or train is moving.
- Each year, more buses with lifts, kneelers or ramps are added to the CTA and Pace fleets to assist riders who use wheelchairs or others who have difficulty getting up and down the bus steps.
- Reserved spaces with securement straps are available for riders who use

wheelchairs to provide a safe and secure ride.

- "L" trains and Metra trains and stations are also being made more accessible each year. For example, signage has been improved for persons with visual impairments and tactile warning strips have been installed.

We are committed to developing a public transportation system that everyone can use. We encourage individuals with disabilities to take advantage of the independence and flexibility that is provided by our extensive bus, "L" train, and commuter train network. Both seniors and individuals with disabilities can ride at a reduced fare.

This service is provided as part of our ongoing efforts to meet the requirements of the Americans with Disabilities Act.

- Service is provided in areas where CTA or Pace bus routes or CTA "L" trains operate.
- Service is provided during the hours and days when fixed route service operates.
- Rides need to be reserved one day in advance.
- Fares are at least the cost of the full fare on a fixed route bus or train.
- Service is provided for all types of trips, including medical, shopping, and personal travel.

ADA Paratransit Service

For riders whose disability or health condition may prevent them from using fixed route service (buses and "L" trains) even with these recent improvements, the CTA and Pace provide shared-ride, curb-to-curb transportation called "ADA Paratransit Service."

Individuals who are interested in using ADA Paratransit Service must apply and be found eligible according to ADA guidelines. The Regional Transportation Authority (RTA) is responsible for determining eligibility for ADA Paratransit Service in the Chicagoland region.

Frequently Asked Questions . . . and Answers about ADA Paratransit Service

Question

What guidelines does the RTA use to decide if applicants are eligible for ADA Paratransit Service?

Answer

The Americans with Disabilities

Act (ADA) includes criteria for deciding if a person is eligible for ADA Paratransit Service. The RTA follows these criteria.

We consider each person's **functional**

ability to use fixed route bus and "L"

train service. We also consider if there

are times when fixed route buses or "L"

trains can be used and times when ADA

Paratransit Service is needed. Eligibility is

not based just on the type of disability or

age of an applicant, or on an applicant's

preference for curb-to-curb service.

Question

The effects of my disability can change from day-to-day. On some days I can use the fixed route buses or "L" trains, but on other days I can't. Would I be eligible for ADA Paratransit Service?

Answer

Yes, you may be eligible to use ADA Paratransit Service at those times when your disability prevents you from using fixed route buses and "L" trains. This is an example of **conditional eligibility**.

Many people with disabilities can use fixed route buses or "L" trains for some of their trips but qualify for ADA Paratransit Service when their disability or barriers in the environment prevent them from getting to and using buses and "L" trains for other trips.

Question

There are no bus routes near where I live in the suburbs. Is ADA Paratransit Service provided in this area?

Answer

No, ADA Paratransit Service is meant to provide transportation that is comparable to fixed route bus and "L" train service. It is therefore provided only where there is bus or "L" train service. ADA Paratransit vehicles can only make pick-ups and drop-offs at places that are within **3/4 of a mile** of a bus route or "L" train station. Also, ADA Paratransit Service only operates during the times and days when CTA or Pace bus routes or "L" trains operate. In areas or at times where CTA or Pace does not provide fixed route service, no ADA Paratransit Service is offered. There may be other local transportation options, though, provided by your county, city, or Pace.

If you have a disability or health condition that prevents you from using fixed route CTA and Pace buses and the CTA "L" train service, applying for ADA Paratransit Service is as easy as:

1. Call Us

First, call the RTA's ADA Paratransit Certification program and ask them to mail you an **ADA Paratransit Application**. Just call:

312/663-HELP (4357 voice)

TTY: 312/913-3122

Monday through Friday
8:30 a.m. until 5:00 p.m.

If you have any questions about the application form; call the ADA Paratransit Certification program for assistance. If you need help filling out the form, the interviewer will assist you at your interview.

2. Interview

After you fill out as much of the application as you can, call the RTA's ADA Paratransit Certification program at **312/663-HELP (4357 voice) or TTY: 312/913-3122** to set up an in-person interview at one of the five Interview and Assessment Sites. Bring the ADA Paratransit Application form and a photo ID with you to the interview. You may also bring additional information about your disability or health condition if you wish, but this is not required.

At the interview, we will review the application form with you and help complete it if necessary. We will also discuss your travel abilities and limitations in more detail. Transportation to and from the interview will be provided if necessary.

After the interview, we may ask you to take a "mock" bus trip. This will take about 30-45 minutes and will give us a better idea of your travel abilities and limitations. You may have to go outside, so please dress for the weather.

3. Decision

You will be notified of your eligibility by letter within 21 days after the interview and assessment are completed. If a decision is not made within 21 days, we will provide you with ADA Paratransit Service until a final decision is made.

If you are eligible for ADA Paratransit Service for some or all of your trips, you will receive a Certification Letter, a Customer Guide with information about how to use the service and a photo ID card. If we determine that you are able to use fixed route buses or "L" trains for some or all of your trips, we will notify you of the exact reasons for this decision and tell you how to appeal the decision.



ADA Paratransit Application Instructions



Thank you for inquiring about eligibility for ADA Paratransit Service. Enclosed is a copy of an ADA Paratransit Application form. Also enclosed is a brochure that explains what ADA Paratransit Service is and who is eligible for these services. **Please read these instructions and the enclosed brochure carefully before completing the application form.**

What is “ADA Paratransit Service” and Who is Eligible?

ADA Paratransit Service is shared-ride, curb-to-curb transportation provided in the RTA area by the Chicago Transit Authority (CTA) and Pace (the suburban bus division). ADA Paratransit Service is provided for customers with disabilities who are unable, because of their disability, to use fixed route buses and “L” trains. Fixed route buses mean the large transit buses operated on set routes by the CTA and Pace. “L” trains mean the subway and elevated trains operated by the CTA. ADA Paratransit Service is only provided in areas where fixed route buses or “L” trains run. If you are a person with a disability who cannot travel on the fixed route Pace and CTA buses and on the CTA “L” trains because of your disability, you may be eligible for ADA Paratransit Service. If you are sometimes able to use fixed route buses or “L” trains, you may be eligible for ADA Paratransit Service for those trips that you cannot make by bus or train because of your disability.

The enclosed brochure describes ADA Paratransit Service and different types of ADA Paratransit Eligibility in more detail.

How to Apply

To help us accurately determine your eligibility for ADA Paratransit Service, please fill out the enclosed application form as completely and thoroughly as possible. **Once you have filled out the form as much as you can, call the ADA Paratransit Certification program at 312/663-HELP (4357 voice) or 312/913-3122 (if you use a TTY) to schedule an in-person interview.** You may call Monday through Friday from 8:30 am until 5:00 pm to schedule the interview. When you call, we will arrange an interview at one of our satellite offices. If you need transportation to the interview, just let us know when you call. Also let us know when you schedule the interview if you will need American Sign Language or Spanish language interpreter services.

SEE OTHER SIDE

What to Bring to the Interview

- 1. The completed application form. Do not mail the application back to the RTA.**
- 2. A Photo ID.** If you do not have a photo ID, please let us know when you call to schedule your interview.
- 3. You may also want to bring documentation of your health condition or disability.** Medical documentation can be very important in helping us evaluate your abilities and limitations if your health condition or disability is not apparent, such as arthritis, heart or breathing problems, vision impairments, psychiatric disability, etc. All medical information which you provide about your disability will be kept strictly confidential.

What Will Happen at the Interview?

- 1. We will review the application form with you** and will ask you additional questions about your ability to use fixed route buses and “L” trains.
- 2. We may ask you to participate in a functional assessment** so we can further evaluate your travel abilities and limitations. The functional assessment will be at the same location following the interview. Please come dressed in appropriate attire for a possible outdoor functional assessment.
- 3. We will take your photograph.** The photograph will be used for an ID card if you are determined eligible for ADA Paratransit Service.

When and How Will You Find Out if You Are Eligible?

You will be notified of your eligibility by letter. This decision will be made within 21 days of the date you completed your in-person interview and assessment. If a decision is not made within 21 days, we will provide you with ADA Paratransit Service until a final decision is made.

If you are determined eligible for ADA Paratransit Service for some trips or for all trips, Customer Guides with information about CTA and Pace’s ADA Paratransit Service will be sent to you. If it is determined that you are able to use the fixed route buses or “L” trains for some or all of your trips, we will notify you in writing of the exact reasons for this decision and provide information about how to appeal our decision.

If you have questions about ADA Paratransit eligibility, please call the ADA Paratransit Certification program at 312/663-HELP (4357 voice) or 312/913-3122 (if you use a TTY). If you need help filling out the form, the interviewer will assist you at your interview.



TRAVEL TRAINING

IT MAY BE YOUR TICKET TO RIDING FIXED ROUTE PUBLIC TRANSPORTATION

Over the past several years, since the passage of the Americans with Disabilities Act (ADA), great strides have been made by public transportation to make fixed route buses and trains more accessible to persons with disabilities. But sometimes, riding fixed route transit requires more than the ability to ride; it requires knowing **how** to ride.

Have you ever wanted to be more independent? Have you ever wanted to use fixed route public transportation? With Travel Training offered by the Regional Transportation Authority (RTA), you may be able to do both. What will that mean to you? It will be easier to get around without having to pre-schedule your trip. By riding fixed route public transit instead of paratransit, you'll have access to a greater network of CTA buses and trains, Metra commuter rail trains and Pace buses.

WHAT IS TRAVEL TRAINING?

Travel Training is a program that teaches persons with disabilities how to ride on fixed route transit. It is called "hands-on" training because trainers work with consumers in a classroom setting **and** on the buses and trains they will be riding. Travel Training teaches persons with disabilities how to travel on fixed route transit. It also provides them with the practice they need to feel **comfortable** and **confident** riding.

WHO IS ELIGIBLE TO RECEIVE TRAVEL TRAINING?

Travel Training is available to **any** qualified person with a disability who has applied to the RTA for ADA Paratransit Certification. Persons with physical or developmental disabilities, visual impairments or blindness, or with mental illness or other disabilities, are encouraged to request Travel Training.

DO YOU HAVE TO BE A CERTAIN AGE TO QUALIFY FOR TRAVEL TRAINING?

There are no age requirements for Travel Training. The RTA has provided instruction to riders from 10 years of age to 80 years of age.

WHERE IS TRAVEL TRAINING CONDUCTED?

Travel Training is conducted in a classroom or at a consumer's home. It is also conducted on the bus or train route the consumer will be riding. Exactly how and where Travel Training is conducted will depend on the needs of the consumer and the agency providing the instruction. While receiving Travel Training, the consumer will be eligible to use ADA Paratransit services.

WHEN IS TRAVEL TRAINING CONDUCTED?

Travel Training can be conducted on a weekday, or on a weekend, usually Saturday. It can be conducted in the day or evening. Again, the needs of the consumer will determine when Travel Training is conducted.

WHO CONDUCTS TRAVEL TRAINING?

Travel Training is conducted by employees of area Centers for Independent Living and other agencies that have contracted with the RTA to provide the training. The trainers often have disabilities themselves, as well as experience in using public transportation. All of the agencies promote independence for persons with disabilities by providing instruction and practice in living skills, such as riding transit. They are non-profit community agencies located in Chicago and throughout northeastern Illinois.

HOW LONG DOES TRAVEL TRAINING LAST?

Travel Training lasts as long as necessary to make sure that the consumer is ready and able to ride fixed route transit. Because Travel Training is conducted on an individualized, one-to-one basis, both the consumer and the trainer have to feel confident about this decision. Usually, classroom training lasts about one to three hours. In the classroom, consumers will learn about reading a map and how to get travel information using the RTA's Travel Information Center. They will also learn about trip planning. The one-to-one training could consist of as little as a single trip with a trainer on a bus or train route of the consumer's choice, or as much as several trips with a trainer. The extent of training is decided by the trainer and the consumer.

IS TRAVEL TRAINING CONDUCTED INDIVIDUALLY OR IN A GROUP?

Travel Training instruction in the classroom is either done on a one-to-one basis or is limited to a group of no more than 10 people. Travel Training on the actual bus or train route the consumer will be riding is conducted on a one-to-one basis.

IS THERE A COST FOR TRAVEL TRAINING?

There is no cost to receive Travel Training. The service is provided free of charge by the RTA to qualified persons with disabilities who have applied to the RTA for ADA Paratransit Certification.

HOW DO YOU REQUEST TRAVEL TRAINING?

If you would like to request Travel Training, or want to find out more about the Travel Training program, please check the YES box on page 5 of your Regional Transportation Authority ADA Paratransit Application, or tell us at your interview. You will be contacted by an RTA employee about your interest in training while your ADA Paratransit Application is being processed. If you have further questions about the Travel Training program, please call the ADA Paratransit Certification program at **312/663-HELP (4357 voice) or 312/913-3122 (if you use a TTY).**



Regional Transportation Authority ADA Paratransit Application





Regional Transportation Authority ADA Paratransit Application



If you have a disability which prevents you from using CTA and Pace fixed route buses and CTA "L" trains,  please complete this form and then call the ADA Paratransit Certification program at 312/663-HELP (4357 voice) or 312/913-3122 (if you use a TTY) to schedule an in-person interview. Bring this form (completed as much as possible) and a photo ID to the interview.

Please read the attached instructions and brochure before completing this form. The brochure explains more about the CTA and Pace ADA Paratransit Service. If you have questions about the services, eligibility, or need assistance, please call the ADA Paratransit Certification program at the number listed above. Also call if you need this application in large print, Braille, on audio tape, or in Spanish.

I. General Information (Please Print)

Social Security Number _____ Birthdate _____

(The RTA uses Social Security Numbers only as a way to track applications. If you do not provide a Social Security Number, we will assign another number to your application).

First Name _____ Middle Initial _____

Last Name _____ Sex: M ___ F ___

Street Address _____ Apt # _____

City _____ State _____ Zip _____ County _____

Phone [daytime] (____) _____ [evening] (____) _____

Mailing Address (if different) _____

City _____ State _____ Zip _____ County _____

Please check below how you would like written material sent to you in the future.

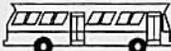
- Regular Print Large Print Audio Tape
 Braille Spanish (en español)

Please give us the name and phone number of a friend or relative we can call in case we are unable to reach you at your regular number:

Name _____ Relationship _____

Phone [daytime] (____) _____ [evening] (____) _____

II. Disability and Mobility Equipment Information

Please describe the disability or health condition that prevents you from using fixed route buses  and "L" trains . (Please list all disabilities or health conditions that apply.)

It may be helpful to bring documentation of your health condition or disability to the interview along with this completed application form.

If this is a temporary disability or health condition, how long do you expect it to prevent you from using fixed route buses and "L" trains? _____ months

Do you use any of these mobility aids or equipment? (Check all that apply.)

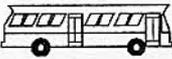
- | | |
|--|---|
| <input type="checkbox"/> cane | <input type="checkbox"/> powered wheelchair |
| <input type="checkbox"/> crutches | <input type="checkbox"/> powered scooter |
| <input type="checkbox"/> walker | <input type="checkbox"/> manual wheelchair |
| <input type="checkbox"/> leg brace | <input type="checkbox"/> long white cane |
| <input type="checkbox"/> prosthesis | <input type="checkbox"/> service animal |
| <input type="checkbox"/> portable oxygen | |
| <input type="checkbox"/> other (please specify) _____ | |
| <input type="checkbox"/> I do not use any of these mobility aids | |

Do you ever need to bring someone with you to help you when you travel (a "personal care assistant" or "personal attendant")?

- Yes, always Yes, sometimes No

III. Abilities to Use Fixed Route Buses or "L" Trains

Please read the following statements and check those which best describe your abilities to use fixed route buses or "L" trains . (Check all that apply.)

Fixed route buses mean the large transit buses  operated on set routes by the CTA and Pace. "L" trains mean the subway and elevated trains  operated by the CTA.

- I can get to and from bus stops or "L" train stations if the distance is not too great.
- I can ride the buses or "L" trains when I am feeling well. There are other times, however, when my disability or health condition worsens, and at these times I cannot ride the buses and "L" trains.
- I have a disability or health condition that prevents me from riding the buses and "L" trains if the weather is very hot or very cold.
- My disability or health condition makes it impossible to travel when there is snow or ice on the ground.
- I cannot climb stairs to get on and off fixed route buses and in and out of "L" train stations.
- I can get to and from bus stops or "L" train stations only if there are curb-cuts and level sidewalks.
- I have difficulty understanding or remembering all the things I would have to do to use the buses and "L" trains.
- I can use fixed route buses or "L" trains if it's someplace I go all the time.
- I can never use fixed route buses and "L" trains by myself.
- I am not really sure if I can use fixed route buses and "L" trains.
- I am not able to use fixed route buses and "L" trains for other reasons. Please explain:

IV. Please Give Us More Information About Your Functional Abilities

WITHOUT THE HELP OF SOMEONE ELSE CAN YOU...

1. Ask for and understand written or spoken instructions?

- Always Sometimes Never Not sure

2. Cross the street?

- Always Sometimes Never Not sure

3. Stand for 10 minutes if there is no place to sit?

- Always Sometimes Never Not sure

4. Step on and off a sidewalk from the curb?

- Always Sometimes Never Not sure

5. Find your own way to the bus stop or "L" station if someone shows you the way once or twice?

- Always Sometimes Never Not sure

6. Walk up and down three steps if there is a handrail?

- Always Sometimes Never Not sure

7. Walk up and down a flight of stairs if there is a handrail?

- Always Sometimes Never Not sure

8. Stand on a moving bus or "L" train holding onto a handrail?

- Always Sometimes Never Not sure

9. Transfer from one fixed route bus to another bus or between the bus and the "L" train?

- Always Sometimes Never Not sure

Under the best of conditions, what is the FARTHEST you can walk outdoors (or travel using your mobility aid) without the help of another person?

- | | |
|--|--|
| <input type="checkbox"/> Less than 1 block | <input type="checkbox"/> 6 blocks (3/4 mile) |
| <input type="checkbox"/> 1 block | <input type="checkbox"/> More than 6 blocks |
| <input type="checkbox"/> 2 blocks (1/4 mile) | <input type="checkbox"/> I cannot travel outdoors alone at all |
| <input type="checkbox"/> 4 blocks (1/2 mile) | |

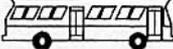
V. Please Give Us Information About Where You Go and How You Get There Now.

List the three places you go most often and how you get there now.

1. Where do you go? _____
Address _____
How often do you go there? _____
How do you get there now? _____

2. Where do you go? _____
Address _____
How often do you go there? _____
How do you get there now? _____

3. Where do you go? _____
Address _____
How often do you go there? _____
How do you get there now? _____

Do you currently use fixed route buses  or "L" trains  at all?

No Yes. Which routes? _____

When was the last time you used fixed route buses or "L" trains? _____

If you used fixed route buses or "L" trains in the past and have stopped using them, please explain why: _____

VI. Signature: Please Complete Box A Unless You are a Minor or Have a Legal Guardian, in Which Case Your Parent or Legal Guardian Should Complete Box B.

A. I understand that the purpose of this application is to determine if I am eligible to use ADA Paratransit Services. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of ADA Paratransit Services as well as a penalty under the law. I agree to notify the RTA if I no longer need to use ADA Paratransit Services.

_____ Date _____
(Signature of Applicant)

B. I understand that the purpose of this application is to determine if the Applicant is eligible to use ADA Paratransit Services. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of ADA Paratransit Services as well as a penalty under the law. I agree to notify the RTA if the Applicant no longer needs to use ADA Paratransit Services.

I consent to the Applicant's interview and the functional assessment of his/her travel abilities and limitations to determine ADA Paratransit Service eligibility. I understand that the Applicant must be present for the interview and any recommended functional assessment. I acknowledge that I may be present with the Applicant during the interview and any functional assessment, and state that:

(Check one of the following)

I will be present,

I designate _____ to be present on my behalf, or

I waive my right to be present and do not designate another person to be present on my behalf.

_____ Date _____
(Signature of Parent or Legal Guardian)

If someone assisted in completing this application, please provide the following information:

Print name _____

Relationship to applicant _____

Address _____

Agency _____ Phone (_____) _____

Once you have completed as much of this form as you can, call the ADA Paratransit Certification program at 312/663-HELP (4357 voice) or 312/913-3122 (if you use a TTY) to schedule an in-person interview. DO NOT MAIL this application back to the RTA.

GO TO THE NEXT PAGE

If We Need Additional Information

In order for the RTA to evaluate your request for eligibility, it may be helpful for us to contact a professional who is familiar with your health condition or disability and your functional abilities and limitations. Please list one or two professionals who we can contact if we need additional information. Examples of qualified professionals include:

physician (M.D. or D.O.)

physical therapist

occupational therapist

orientation and mobility instructor

independent living specialist

rehabilitation specialist

social worker

registered nurse

ophthalmologist

psychiatrist

psychologist

case manager

(Name of qualified professional)

(Name of qualified professional)

(Type of professional)

(Type of professional)

(Professional's agency)

(Professional's agency)

(Street Address)

(Street Address)

(City, State & Zip Code)

(City, State & Zip Code)

(_____) _____
(Phone Number)

(_____) _____
(Phone Number)

Authorization for Release of Information

I authorize the professional(s) listed above to release to the RTA information about my disability or health condition and its effect on my ability to travel on the CTA/Pace bus and train system. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described up to 90 days from the date below.

Date

(Signature of Applicant or Responsible Party)

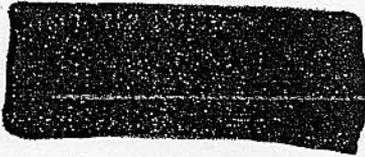
All medical information which you or a professional provide about your disability will be kept strictly confidential.

**Materials Used by
Dallas Area Rapid Transit (DART) of Dallas, TX**

DART

Dallas Area Rapid Transit
P.O. Box 660163
Dallas, Texas 75266-0163
214/749-3278

February 21, 2002



Dear 

Enclosed is a certification form for the DART Paratransit Service Program and a brochure further explaining the eligibility process.

You must complete the application in its entirety, obtain verification of your disability from your physician, and submit them to the address listed on the application. Our Certification Office will contact you to schedule an appointment for your eligibility assessment.

If you require use of a mobility device (i.e. wheelchair, scooter, walker, etc.), please come to the assessment with the mobility device that you most often use on a daily basis, and allows you the greatest degree of independence and mobility. Your assessment cannot be conducted if you do not bring the proper mobility device.

Physician's disability verification statements for visual impairments must include the following information:

- ◆ specific diagnosis of eye condition or disease
- ◆ visual acuity and visual field information.
- ◆ visual field restrictions
- ◆ mobility aids (i.e., white cane, guide dog, optical devices, etc.)

February 21, 2002

Page 2

If there are any questions concerning your application, please contact Paratransit Services, Certification at (214) 515-7272.

Sincerely,

Lisa Threatt

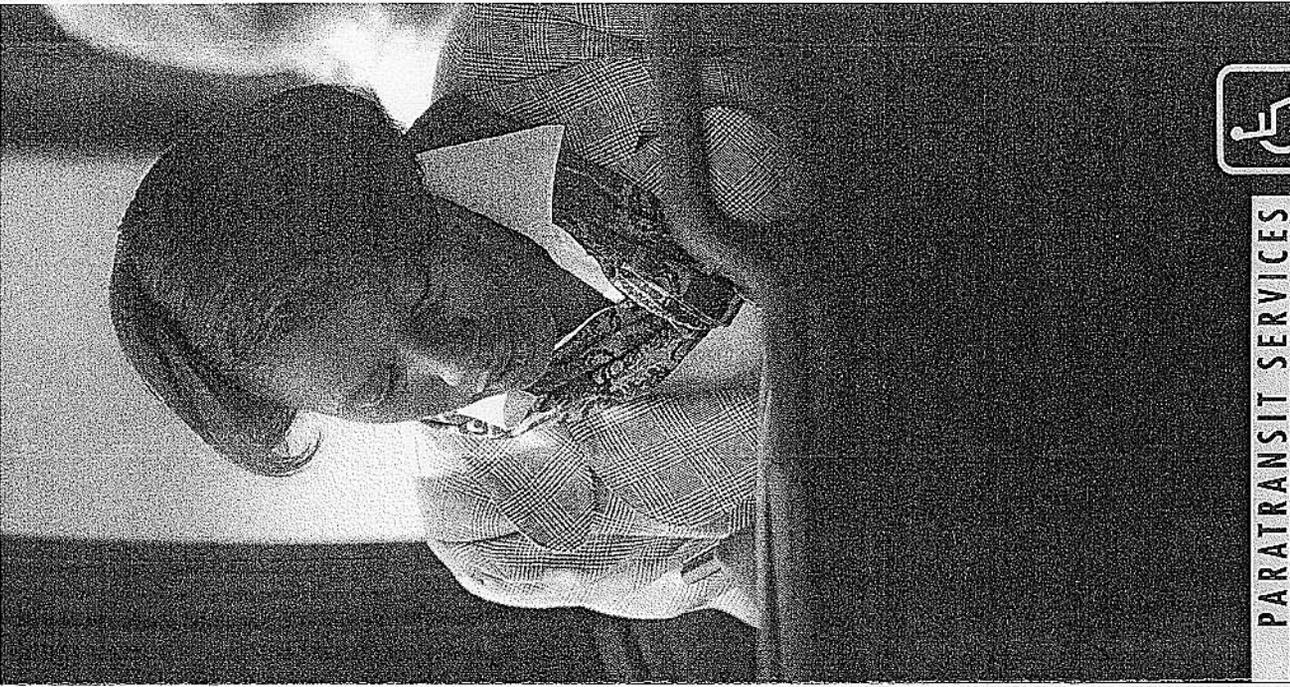
Lisa Threatt
Supervisor, ADA Programs

enclosures

Understanding The Eligibility Process



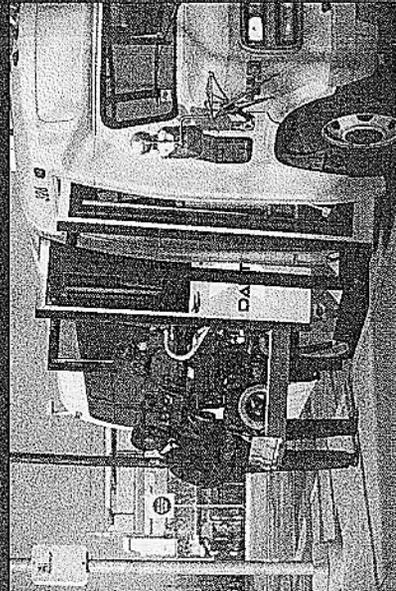
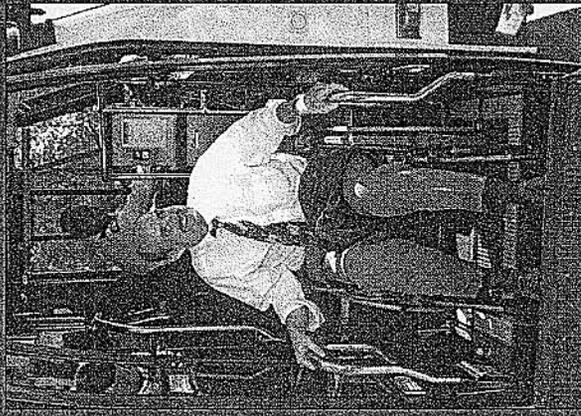
GENERAL INFORMATION



PARATRANSIT SERVICES

DALLAS AREA RAPID TRANSIT
Paratransit
P.O. Box 660163
Dallas, Tx. 75266-7271

6470-020-0898



What is DART Paratransit Services?

DART Paratransit Services provides curb-to-curb public transportation for people with disabilities who are unable to use DART's bus or rail services. Paratransit Services also offers travel training to ADA paratransit eligible individuals who have the ability to use bus or rail services.

Paratransit services are available in the DART member cities of Addison, Carrollton, Cockrell Hill, Dallas, Farmers Branch, Garland, Glenn Heights, Highland Park, Irving, Richardson, Rowlett, University Park, Plano and DFW International Airport.

Who Is Eligible?

Persons who cannot independently use DART's bus or rail because of a physical, cognitive, or visual disability.

• Paratransit Eligibility Criteria

DART follows the Americans With Disabilities Act (ADA) of 1990, eligibility standards for paratransit services. People with disabilities in the following categories are eligible to receive paratransit services.

• Category I

Applicants who cannot independently use DART bus or rail service, even with training.

• Category II

Applicants who can use or learn to use an accessible public transit system, but the system is not fully accessible.

• Category III

Applicants who have a specific impairment that prevents them from getting to or from a bus stop or rail station.

How To Apply For Paratransit Services

Applicants must follow these steps to be considered for Paratransit Services:

▶ Step 1

Complete a Paratransit Certification form

▶ Step 2

Obtain a written verification of your disability from a physician.

▶ Step 3

Contact DART at (214) 515-PARA (7272) to schedule an in-person paratransit eligibility determination assessment.

▶ Step 4

Complete in-person paratransit eligibility assessment by a qualified health care worker.

* Failure to complete any of the above steps prevents DART from considering your application for Paratransit Services.

Eligibility Case Review

The results of your assessment are reviewed by DART to determine if you are eligible for Paratransit Services.

• Becoming ADA Eligible For Paratransit Services

Applicants become ADA paratransit eligible on a "conditional" or "unconditional" basis

• Conditional Eligibility

Customers with "conditional eligibility" will be able to use Paratransit Services only for specified trips in which they meet ADA paratransit eligibility standards. This means, if you are able to use DART's bus or rail to complete a trip, you will not be eligible to use the paratransit services for that trip.

Paratransit Services offers free travel training to customers with "conditional eligibility." Through personalized instruction, customers learn to ride bus and rail services independently.

• Unconditional Eligibility

Customers with "unconditional eligibility" may use Paratransit Services exclusively.

• Notification of Eligibility

Applicants are notified within 21 days of their eligibility assessments.

• Contesting An Eligibility Determination

An appeal process is available to any person who is denied eligibility for Paratransit Services, or who disagrees with an eligibility decision.

How Do I Get Started?

To schedule an eligibility assessment or for more information about DART Paratransit Services, just call (214) 515-PARA (7272).

www.DART.org



DO NOT MAIL IN APPLICATION.
PLEASE CALL CERTIFICATION
DEPARTMENT AT 214-515-7272,
OPTION 5, FOR AN APPOINTMENT

271

Office Use Only
DART No. _____
Exp. Date: _____
Format: _____

Phone (214) 515-7272

DALLAS AREA RAPID TRANSIT ADA PARATRANSIT ELIGIBILITY CERTIFICATION FORM

This certification form will be used to determine your eligibility for Dallas Area Rapid Transit Paratransit Services. Paratransit Services is a curb-to-curb public transportation service for individuals with disabilities who are prevented from using DART's fixed-route transportation services. Fixed-route services include bus, light and commuter rail transit. DART rail services are fully accessible to individuals with disabilities.

You must complete the entire form. Answer every question. Incomplete forms will not be considered. A physician must verify your disability, prognosis and date of occurrence. Verification can be obtained directly from your physician or from an agency that has record of the physician statement on file. This information must be submitted with the application and written on the physician's official letterhead. The information you provide is confidential. It will only be shared with agencies involved with DART's eligibility determination process and other transit providers to facilitate travel in those areas, and will not be provided to any other person or agency, except as provided by the Texas Open Records Act.

Please read the following statements and check those which best describe what you believe is your ability to use DART bus or rail services without assistance. You may select more than one.

When are you unable to independently use DART bus or rail services?

- I can use DART bus or rail service for some trips, but not other times because there are barriers that prevent me from using the system.
- I use the bus or rail service frequently.
- I have difficulty understanding and remembering all of the things I would have to do to find my way to and from the bus.
- I believe I could learn to ride the bus, if someone taught me.
- I have difficulty or cannot climb stairs and can only board a DART vehicle if it has a lift.
- I have a visual disability which prevents me from ever getting to and from the bus, even with training.
- The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
- I can never use the bus by myself.
- I can get to and from the bus if the distance is not too great, and the route is barrier-free.
- I am not able to use the bus or rail for other reasons. (Please explain):

PART I - General Information to be completed by Applicant
(please print or type)

Last Name First Name Mid. Initial Male / Female

Street Address Building/Apt. No. Apartment Name

City or Town State Zip

Home Phone Work Phone Social Security No. Date of Birth

If this is a "Gated Community," please provide gate code _____

If you have a Paratransit I.D. Card, please provide I.D. number _____

PART II - Information on disability and mobility equipment

What is it about your disability that prevents you from using DART's bus or rail services? _____

Is your disability permanent? Yes No.

If not, expected duration of your disability ____/____/____

Have you ever had a seizure?

- Yes
 No

If YES, what type? _____ How often? _____

Are seizures controlled with medication?

- Yes
 No

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Braces | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Other _____ | |

PART III - Questions on using bus or rail services

1. Have you ever used DART's bus or rail services?

- Yes
 No

2. Have you participated in DART's Reduced Fare Program (i.e. Disabled, Senior, Student)?

- Yes
 No

3. Does your physical condition change from day to day where it may be difficult to use bus or rail services?

- 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 reasons _____

4. On days when your physical condition is good can you, on your own, or using a mobility aid: (i.e. Wheelchair, scooter, walker, crutches, service animal, etc.)
- Get to the curb in front of your house
 - Travel up to 1 block
 - Travel up to 4 blocks
 - Travel up to 6 blocks
 - Can't travel outside your house. Please explain _____
-
5. On days when your physical condition is bad can you, on your own, or using a mobility aid:
- Get to the curb in front of your house
 - Travel up to 1 block
 - Travel up to 4 blocks
 - Travel up to 6 blocks
 - Can't travel outside your house. Please explain _____
-
6. Does the weather have an affect on your ability to use bus or rail services?
- Yes
 - No
 - I don't know
7. If you answered yes to question number 6, how does the weather affect your ability to use bus or rail service?
- _____
-
8. Are you currently using DART's bus or rail services?
- Yes
 - No
 - If yes, name route(s) you use _____
9. Can you transfer from one bus or rail vehicle to another?
- Yes
 - No (please explain why) _____
-
10. Are you able to, on your own, use the telephone to obtain bus or rail information?
- Yes
 - No (please explain why) _____
-

11. Are you able to follow written or oral instructions to use bus or rail services?
 Yes
 No (please explain why) _____

12. Can you without the assistance of another person, get to or from the stop or station nearest your home?
 Yes
 Not sure
 No (please explain why) _____

13. Can you wait 10 minutes at a stop or station that has a seat and a shelter?
 Yes
 Not sure
 No (please explain why) _____

14. Can you wait 10 minutes at a stop or station that does not have a seat and a shelter?
 Yes
 Not sure
 No (please explain why) _____

15. Are you able to get on or off a bus or rail vehicle if it had a passenger lift?
 Yes
 Not sure
 No (please explain why) _____

16. Are you able to follow written or oral instructions to pay your bus or rail fares?
 Yes
 No (please explain why) _____

17. Are you able to recognize when it is time to get on and off the bus or rail vehicle?
 Yes
 Not sure
 No (please explain why) _____

PART IV - Questions about Training

Travel Training is available *free* to persons with disabilities who may be able to use accessible bus and rail transportation. Travel Training is offered to familiarize customers with general public transit or specific routes, stops and stations. Training for bus and rail transit services does not make you ineligible for Paratransit Services.

For informational use, please answer the following questions:

18. Have you ever had training on how to use bus or rail services?

- Yes
- No

If yes, please check all skills you have learned:

- General bus travel
- General rail travel
- Getting to and from bus stops and rail stations
- Getting on or off a bus or rail vehicle
- What to do in emergency situations
- How to transfer from one bus or rail vehicle to another

19. Did you complete the training?

- Yes
- No
- If no, please state why? _____

20. Would you be interested in receiving training or retraining for DART's bus or rail services?

- Yes
- No

PART V - Your Current Travel

List your 3-4 most frequent destinations and how do you currently get there?

Destination address	Frequency of Travel	How do you currently get there?
---------------------	---------------------	---------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In Case of Emergency Notify:

Name	Relationship	Home Phone/Work Phone
------	--------------	-----------------------

Address	City	State	Zip
---------	------	-------	-----

I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize DART to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of paratransit eligibility. I also agree to submit myself for an in-person evaluation by DART and/or its acting agency for determination of paratransit eligibility.

Applicant's Signature	Date
-----------------------	------

If completed by someone other than applicant:

Name	Relationship	Phone No.
------	--------------	-----------

Signature	Date
-----------	------

**Sample Application Form
for Persons with Vision Disabilities**

A. INFORMATION ABOUT YOUR DISABILITY AND MOBILITY DEVICES

Please attach a visual acuity statement.

1. Cause of vision loss/ diagnosis _____
2. List any other disabilities or conditions which affect your ability to use the bus:

3. Are you totally blind? ___ Yes ___ No . If yes, skip to question # 8

- 4 My vision is worse during these conditions:

_____ Bright sunlight
_____ Dimly lit or shaded places
_____ Nighttime
_____ About the same in all lighting conditions

- 5 My eye condition is considered to be:

_____ Stable
_____ Degenerative
_____ Other (please explain): _____

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

_____ The color of traffic lights
_____ Pedestrian Walk / Don't Walk signals
_____ Crosswalk markings
_____ Curbs or curb ramps
_____ Level changes along the walking path
_____ Bus/transit stop signs that indicate location of stop

7. Anything else you wish to tell us about your vision in regards to mobility within the community?

8. 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) _____

9. When I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.
 Yes No Sometimes

10. My hearing is normal. Yes No
If NO, please describe your functional hearing problems.

11. When necessary, I can rely upon traffic sounds to help me cross the street
 Yes No Sometimes

B. INFORMATION ABOUT YOUR CURRENT USE OF LOCAL BUS SERVICE

1. Do you currently use Your Transit bus service by yourself at all?
 Yes No

If YES, continue, If NO, go to question #6.

2. If yes, how often? (Circle the choice that best applies to you)
 Daily Several times per week At least once per month Rarely

3. When was the last time you independently used Your Transit bus service? _____

4. Are you able to travel on the bus without the assistance of another person?
 Always Sometimes Never

5. If you need the assistance of another person, what assistance does this person provide?

6. You indicated that you do not use the bus. Why not? (check all that apply)
 The closest stop is too far from my house
 I don't know how to ride the bus
 I can't walk by myself between the bus stop and my destination
 I'm afraid to use the bus
 I don't want to use the bus
 Other (explain) _____

C. MOBILITY TRAINING

1. Have you ever received mobility training? Yes No
- If no, do you think you would like to participate in mobility training: Yes No
- If yes, which agency provided your training? _____
- Location of agency _____
- Do you feel your instructor has information relevant to your ability to use fixed route transit?
 Yes No
2. Did you receive instruction in bus travel in this community?
 Yes No
- Did you successfully complete training to use the bus? Yes No
- If yes, which route(s) did you learn? _____
- Which destinations did you learn? _____
- If you did not master fixed routes, why not? _____

D. TELL US ABOUT YOUR ABILITY TO TRAVEL

1. My widest area of independent travel is:
- a. My own property
 - b. Places within the same block of my residence
 - c. Restricted to specific routes I know (such as home to work, (home to shopping, home to church, etc)
 - d. Practically anywhere in the community
2. The reason(s) I do not travel independently within the community include (check all that apply) :
- a. I have never been taught.
 - b. My neighborhood is too dangerous (crime, vulnerability).
 - c. I don't want to travel beyond my immediate neighborhood alone.
 - d. Environmental barriers prevent me. (Ex: no sidewalks, very busy intersection, etc.)
 - e. Other please explain _____

3. My independent travel using fixed route bus service is restricted because I have difficulty with:
(Check all that apply, and add more information as needed)

- negotiating large parking lots to get to business entrances
 - walking in areas without sidewalks
 - traveling to new areas
 - crossing streets between my home & the bus stop
 - traveling in inclement weather
 - other – please explain _____
-

4. I can cross streets independently under the following conditions: (check all that apply)

- a. At quiet streets with very little traffic (stop signs or no traffic control) Usually Sometimes Never
- b. At most traffic lights Usually Sometimes Never
- c. Anywhere Yes No
- d. Never Yes No

F. YOUR CURRENT TRAVEL

Please list the destinations for which you think you need paratransit, and the reasons why you are unable to use fixed route service for those trips.

- 1. Destination: _____
Reasons why fixed route service cannot be used: _____

- 2. Destination: _____
Reasons why fixed route service cannot be used: _____

- 3. Destination: _____
Reasons why fixed route service cannot be used: _____

Please read the following statements and check those that best describe what you believe is your ability to use Your Transit service by yourself. You may check as many as apply to you:

- I use Your Transit for some trips, but sometimes there are barriers that prevent me from using the bus.
- I use the bus frequently, on familiar routes to familiar destinations
- I use the bus to go to new places.
- I believe I could learn to ride the bus if someone taught me
- I am not able to use the bus by myself
- The severity of my disability can change form day to day. I ride the bus when I am feeling well
- Some weather conditions prevent me from getting to and from the bus stop
- I can get to and from the bus stop if the distance is not too great
- I can use the bus except when I have no orientation to new transfer points or between the bus stop and my final destination.
- The bus does not always go to where I want to go

YOUR FUNCTIONAL ABILITY

Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, circle one answer. Answers to these questions should be based on your physical or cognitive ability to perform this activity independently with or without mobility equipment.

Without the help of some else, can you:

1. Use the telephone to get information?
 Always Sometimes Never Not Sure
2. Travel one level block on the sidewalk if the weather is good?
 Always Sometimes Never Not Sure
3. If you are able to do this, how long does it take you?
 Less than five minutes Five to ten Minutes Not Sure

4. Travel three level blocks on the sidewalk, when the weather is good?
 ___ Always ___ Sometimes ___ Never ___ Not Sure
5. If you are able to do this, how long does it take you?
 ___ Less than ten minutes ___ Ten to fifteen minutes ___ Not Sure
6. Wait ten minutes in good weather at a bus stop that does not have a seat and a shelter?
 ___ Always ___ Sometimes ___ Never ___ Not Sure
7. Step on and off the curb from a sidewalk?
 ___ Always ___ Sometimes ___ Never ___ Not Sure
8. Find your own way to the bus stop, after being shown?
 ___ Always ___ Sometimes ___ Never ___ Not Sure

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use Your Transit bus or T service:

EMERGENCY CONTACT

May we have the name of someone you would like us to contact in case of an emergency? Please select someone who would not be riding in the vehicle with you.

Name _____ Relationship _____

Phone (Home) _____ (Work) _____

Please review each of your answers to make sure that you have completed all of the questions to the best of your ability. Also, please complete the “Release of Information” form on the following page.

***** Thank you *****

Information from your Mobility Specialist/Instructor or other professionals will help us with our understanding of your travel abilities and needs. Please complete the following Release of Information and identify individuals we might contact.

Release of Information

I receive services from the following rehabilitation facility, health care professional, mobility instructor, or agency which is familiar with me. You have my permission to contact them to obtain information about my disability and travel abilities for the purpose of determining my eligibility for ADA paratransit service.

(Please use a separate form for each agency)

My name: _____

Name of professional who is familiar with me: _____

Agency: _____

Address: _____

Phone: _____

I understand that this information will be held by (name of transit agency) in the strictest confidence and will not be shared with any other person or agency, except the professionals involved in my eligibility determination. This form will permit the professional listed to release information to (name of transit agency) up to 60 days from the date below.

I also understand that I may revoke this consent at any time by providing written notification.

Signature of Applicant: _____

Guardian (if appropriate): _____

Witness: _____ Date: _____

SECTION 4

Guidance for Conducting In-Person Interviews and for Obtaining Follow-Up Information from Professionals

Introduction

This section of the workbook contains guidance and information intended to assist transit agencies with conducting in-person interviews, obtaining appropriate additional information from applicants (beyond what is provided in a paper application form), and obtaining additional information through follow-up with named professionals familiar with the applicant's disability and functional abilities. The following materials are included in this section:

- “Guidance for Conducting In-Person Interviews”
- Examples of possible types of additional information that might be appropriate to request from applicants (as part of an interview) or through follow-up contacts with named professionals. This includes the following :
 - “Additional Information – Applicants with Cognitive Disabilities”
 - “Additional Information – Applicants with Psychiatric Disabilities”
 - “Additional Information – Applicants with Vision Disabilities”
 - “Additional Information – Applicants with Seizure Disorders”
 - “Additional Information – Applicants with Physical Disabilities”
- Examples of forms that can be used to summarize and document information obtained through interviews or follow-up contact with named professionals. This includes:
 - “Interview Summary Form”
 - “Professional Verification Contact Form for Applicants with Cognitive Disabilities
 - “Professional Verification Contact Form for Applicants with Psychiatric Disabilities
 - “Professional Verification Contact Form for Applicants with Vision Disabilities
 - “Professional Verification Contact Form for Applicants with Seizure Disorders
 - “Professional Verification Contact Form for Applicants with Physical Disabilities
- “Guidelines for Professional Reports to ACCESS” – This is a document prepared by ACCESS Transportation Systems, Inc. of Pittsburgh, PA that is used to educate professionals in the community about the kinds of information needed in the eligibility process. It is faxed to professionals when follow-up calls are made.

Guidance for Conducting In-Person Interviews

Welcome and Preparation of Applicant File

When the applicant arrives for the interview, the receptionist should welcome them and ask if they have brought a completed application form. Also ask if they have brought additional documentation of their disability (if required or suggested as part of the process). Ask for the application form. If additional documentation was brought, ask if the documentation can be kept by the transit agency with the application or if photocopies are needed. Note that all information collected will be treated with strict confidentiality. Prepare a copy, if necessary, and return the original documentation to the applicant. Prepare a file folder for the applicant.

The folder would be made available to the interviewer so they can spend a few minutes reviewing the completed application and any additional documentation of disability prior to the interview.

Review of Application and Documentation

Check the application form for completeness. Pay particular attention to sections which require the applicant's signature. Also be sure that the "General Information" section has all of the information about the applicant that will be needed. Note any missing information from other parts of the application that will need to be clarified in the interview. If some minor information has not been provided, this can be obtained during the interview. If missing information cannot be obtained as part of the interview (e.g., the application is missing required professional verification of disability), the interview and any subsequent functional assessments deemed necessary should still be conducted, but the application form should be given back to the applicant with instructions to complete the incomplete sections and return the completed form. A copy of the application should be made at the end of the interview and kept on file. The 21 day processing time would then begin at a date following the interview when a completed form is sent back.

Look for indications in the answers to application questions that might point to a misunderstanding of ADA paratransit eligibility and the purpose of ADA paratransit service. Issues that arise often are (1) people applying for eligibility who can use fixed route service but who live in areas where there is no fixed route service; (2) people who can use fixed route service but are applying because they feel unsafe on the fixed route system, and (3) people who indicate they are able to use fixed route service but see paratransit as a more convenient option. If any of these are evident in the way the form is completed, pay particular attention to the first part of the interview where there is an opportunity to explain ADA paratransit eligibility and the services. Note that people who live outside the paratransit service area should still be made eligible if they are functionally unable to use fixed route, but they should be made aware that service is not provided outside the defined service area even if they are determined eligible.

Look at the information provided in the application form and any accompanying documentation to see if the person has a disability that affects a life activity. If verification of disability is required as part of the application form, make sure it is included and adequately documents a qualifying disability. If the process calls for professional verification to be collected on an "as needed" basis, check the professional contact information provided by the applicant. Are appropriate professionals named? Is contact information provided?

To enable verifying information to be collected from professionals, it will be important to ensure that a “Release of Information” form has been provided by the applicant. If such a release is not part of the application form being used, consideration should be given to obtaining such a release as part of the interview.

Look in the application form for inconsistencies in answers and information provided that might indicate that the applicant is unsure of her/his abilities to use fixed route service. Many applicants may have no prior experience using fixed route service (or experience that is not recent). Others may overestimate or underestimate their abilities for various reasons. Often, inconsistencies show up as answers that suggest a lack of skills that appear unrelated to the stated disability (e.g., applicants that state they cannot use fixed route in hot or cold weather, but don’t appear to have disabilities affected by temperature).

Interview - Opening

1. The interviewer should greet the applicant and introduce him/herself.
2. Explain the purpose of the interview - to allow the applicant to explain his/her travel abilities and limitations and need for ADA paratransit service.
3. Explain what will happen - a short interview followed by a physical or cognitive assessment (if needed).
4. Explain that the transit agency provides ADA paratransit service for customers who are unable, because of a disability, to use fixed route service for some or all of their trips. Note that ADA paratransit service is provided only where fixed route buses and operate - not in places where there is no bus. Note that two types of eligibility are granted - unconditional if they cannot make any trips by fixed route and conditional if they can sometimes use fixed route service and other times need paratransit. (*Emphasize key service and/or eligibility issues that are relevant to the way they completed the application form*). Ask if they have any questions about paratransit service or paratransit eligibility. Respond briefly to any questions they have.
5. Explain that the information that they provide about their disability will be kept strictly confidential.

Interview – General Interview Guidance and Approach

The main purpose of the interview is to gain additional information from applicants about their abilities to use fixed route transportation services. The statements in the interview will supplement the written application form and documentation of disability provided by the applicant. First and foremost, the interview should give applicants an opportunity to present issues “in their own words.” Also, it is an opportunity, once applicants have described their travel issues, to ask follow-up questions in order to have a clear understanding of their abilities and needs.

Another important purpose of the interview is to answer any questions that applicants may have about the eligibility process or ADA paratransit service. This will help to avoid misunderstandings about the program.

Following is general guidance on the conduct of interviews that will help to achieve these objectives.

General “Rules” for Interviewing

Get information directly from the applicant whenever possible. Applicants may be accompanied by family members or guardians. Whenever possible and appropriate, ask to interview the applicant alone. In cases where it is clear that applicants cannot speak for themselves, it may be necessary for the accompanying person to be part of the interview. Still, however, direct some questions (as appropriate) to the applicant. In other cases, information from the application may indicate that the applicant can speak for himself or herself. In these cases, note that the interview is with the applicant and tell the guardian/family member that they can wait in the reception area while the interview is conducted. If the guardian/family member insists on being with the applicant throughout the process, allow them to be present. It will then be necessary, though, to reinforce throughout the process that direct input from the applicant is important. Appropriate reminders may be needed as questions are asked.

“Partner” with the Applicant/Understand the Applicant’s Perspective. For there to be a good flow of information, it is important to “partner” with applicants – to give the applicant a certain level of comfort, confidence, and respect for you as the interviewer and for the process as a whole. To develop a successfully interview partnership, always:

- Deal with any extreme emotions before proceeding with the interview. Applicants may express anger with having to participate in an interview or may show a lack of trust in the process. Acknowledge that you understand what the person is expressing and then reinforce the fact that the interview and process is designed to give them an opportunity to make sure that their abilities and needs are fully understood.
- Be respectful of applicants (even if their behavior is inappropriate);
- If the situation arises, acknowledge that the applicant knows more than you do about their situation. Don’t contradict what the person says they can or cannot do by suggesting that perhaps they can do more/less;
- Be honest. Don’t make promises or suggestions about their possible eligibility just to make the applicant more comfortable with the process or outcome.
- Give applicants your full attention. Focus on applicants as they are responding to your questions. Avoid being distracted, “fidgeting,” or otherwise being inattentive. *It is important that the interview process convey to customers that the transit agency is interested in fully hearing and understanding their transportation issues and concerns.*
- Don’t jump to conclusions. Even though you will have advance information from the application form and may have some notion of the issues, give applicants an opportunity to restate their abilities and limitations again “in their own words.”
- Explore each point fully. Make sure you understand each point that the applicant is making. If what they say is not clear, ask them to “Explain” or otherwise elaborate on what they are saying.

Keep the Person in the Process. Applicants must be assured that their point of view is given consideration. The in-person nature of the interview provides an ideal opportunity to ask follow-up questions that address the individual's issues and concerns – something that is not practical or effective in a paper process. Community confidence in the process can be enhanced through the effectiveness and skill of the interviewer. The applicant should leave the interview feeling as though someone was truly listening to his or her issues.

Suggested Types of Questions:

While there may be different approaches to the interview, depending on the issues that come out of the review of the application and documentation provided, generally the interview should begin by asking a general question that will allow the applicant to explain their abilities to travel in the community. Some possible opening questions are:

“Please tell me what happens when you travel outside your home.”

or

“What are your concerns about traveling on city buses?”

Let applicants summarize their travel abilities and limitations in their own way. Responses to a general opening question should begin to identify travel limitations and abilities. As issues are raised, follow-up for more detailed information by asking the applicant to further explain the general issue they may have mentioned. When following-up for more information, avoid leading questions. For example, if an applicant first states something general like: “I don't think I can get to the bus stop and back,” follow-up by asking “Can you tell me more about your concerns about getting to and from bus stops?” rather than saying “You mean if its too far you can't get there?”

Using this type of questioning, try to get more detailed information about each of the issues that applicants may have raised in the application form.

After applicants have presented their major issues, it may be necessary to ask more pointed questions about potential barriers they may have failed to mention. For example, applicants with physical disabilities may mention the need for accessible vehicles and issues when traveling long distances. They may not, however, raise issues related to curb-cuts or environmental barriers (even though it may be likely that they would be affected by such barriers). Many applicants mention the issues they feel are most important but may not understand that, for accurate setting of full conditions of eligibility, all potential barriers need to be identified. Have a mental “checklist” of issues that might apply based on the information in the application, and try to get the applicant to discuss each before the end of the interview.

Avoid asking questions that will likely have a “Yes” or “No” answer. These will not give you much information. Also, avoid beginning questions with “Why?” Why questions often result in answers that rely on judgments or feelings. “What” and “How” questions are more likely to get the applicant to talk about experiences and abilities in more detail.

Avoid questions that are not relevant. While questions like “Are you able to transfer in and out of bed independently?” may give some information about functional ability, they will seem intrusive and irrelevant. Get information with questions related to traveling and using fixed route service.

The following pages provide general guidance on requesting additional information from applicants and professionals for: (1) applicants with cognitive disabilities; (2) applicants with psychiatric disabilities; (3) applicants with vision impairments; and (4) applicants with seizure disorders.

Decisions from the Interview:

A decision should be made, based on the information provided in the application form, other documentation of disability that may be provided, and the interview, whether additional documentation and review procedures are needed. Additional documentation of the specific disability and the effects of the disability on functional ability may be needed from professionals named by the applicant. This will be particularly important if applicants don’t provide such documentation, the disability is not obvious, or there is some question about the likely effects on functional ability of the stated disability. For example, applicants may indicate health problems such as arthritis, heart conditions, stroke, pain, or other general conditions. The question to be resolved is whether these conditions are severe enough to significantly affect travel on fixed route. Similarly applicants may cite “anxiety” or other general psychiatric issues. The question is whether these are severe enough for there to have been a formal diagnosis of a mental illness and if the extent of the condition significantly limits travel on fixed route. Follow-up with professionals can be conducted after the interview.

A decision on whether to ask the applicant to participate in a physical or cognitive functional assessment would also be made immediately following the interview. In general, an in-person functional assessment might be considered if:

- The interviewer is still uncertain about certain stated functional abilities of the applicant;
- A recommendation of “ineligible” is being considered (in such cases, the assessment will help to ensure that such a decision is accurate – before it is made);
- “Conditional” eligibility is being considered and more specific information about exact conditions is needed (e.g., the physical functional assessment might better define the maximum reasonable walking distance, or might better assess the need for an accessible vehicle).

Getting Additional Information From Professionals

In some cases, it may be necessary to contact named professionals for additional information about an applicant’s disability or functional abilities. To enable professionals to be more helpful, provide them with information about ADA paratransit eligibility. The “Guidelines for Professional Reports” document at the end of this section can be used as an example of the type of information that can be provided.

Consider whether the professionals contacted are the right professionals to provide the information being sought. Make sure they are familiar with the applicant and have treated or worked with them recently. Make sure they are the right professional to also provide information about functional ability and not just diagnosis of health condition or disability.

Also note that you should not ask professionals for a summary judgment about a person's ability to use fixed route service or to tell you if they think a person should be ADA paratransit eligible. Instead, collect specific information about the applicants' disability and specific functional abilities that will allow you to then make an accurate determination. Suggestions for the types of follow-up questions that might be asked are provided on the following pages.

Documentation

It is suggested that the interviewer keep notes during the interview. To keep focused on the applicant and their responses, the interviewer should avoid focusing too much on note-taking, completing checklists, etc. Following the interview, additional information and observations collected in the interview should be summarized on the "Interview Summary Form" (provided at the end of this Attachment). This would then be attached to the application form.

It is suggested that persons contacting professionals for verification of disability and additional functional ability information complete a "Professional Verification Contact Form" (also provided at the end of this Attachment) for each contact made. This form would then also be attached to the application form.

Additional Information - Applicants with Cognitive Disabilities

When reviewing eligibility for persons with cognitive disabilities, interviewers and other eligibility review staff might consider obtaining the following information to supplement answers provided to questions in the written application form. This information could be obtained in the interview or through follow-up with professionals familiar with the applicant.

When interviewing applicants who have cognitive disabilities, certain general observations might be made in the greeting and interview process. This includes observations about responsiveness to greetings or directions, verbal skills, agitation, or inappropriate behaviors. Also note if they are distracted during the interview and appear to have difficulty staying focused on the interview.

From applicants:

Inquire about how they currently travel. Are there places that they go on their own? Do they travel outside their home by themselves? If so, where do they go?

Ask if they use telephones. Have they used pay phones to call places when they are traveling?

Do they wear a watch and are they able to tell and/or monitor the passage of time? Ask them to describe what time they leave to make a particular trip (perhaps one indicated in the application or the trip to or from the interview). Or, ask how long it takes them to travel to or from certain indicated destinations.

If they indicate that they sometimes travel on their own, ask if they have ever gotten lost when traveling alone. If yes, ask them to describe what happened. Ask: "How did you know you were in the wrong place?" Follow-up by asking if they were able to find their way back. Ask: "What did you do to find your way back?"

If they indicate they have never gotten lost, ask what they would do if they were lost.

If they indicated in the application form that they have had training to learn to travel in the community or use fixed route buses, ask for more information about the training. When was the training? Who provided the training? To what places did they learn to go? Since the training, are they now traveling to those places?

To learn about related activities and skills, consider the places to which applicants say they travel (from the application or interview). If applicants indicate that they are working or in a work training program, ask them to describe what they do or what they are being trained to do, and with what level of supervision.

From professionals:

If there are uncertainties or inconsistencies based on the application, additional documentation provided, and the interview, it may be useful to contact one or more professionals identified by the applicant.

When speaking to professionals identified by applicants, first determine:

- In what capacity they know the applicant;

- How long they have known or worked with the applicant;
- When they last saw the applicant.

Get more detailed information about the stated disability and level of cognitive ability of applicants. This might include a general classification of cognitive ability such as mild, moderate, severe, or profound mental retardation, or the professional may offer the specific IQ of the applicant. Dual disabilities should be noted (e.g., mental retardation and psychiatric disabilities).

Ask if the applicant has any specific behavioral problems.

Get confirmation of what applicants may have indicated about their abilities. Ask questions similar to those noted above. Does the person travel alone at times? If so, where? What abilities do they have to follow directions to make a trip? To understand time and follow a schedule to get places on time? To know when they are lost? To get help if they are lost? To recognize and avoid dangers in the community if they were to be traveling on their own? To cross a street safely.

The discussion of skills related to functional abilities to travel may lead to specific information about general abilities and skills. Professionals might express or be asked to indicate general abilities such as applicants':

- Orientation to person, place, and time;
- Judgment and safety skills related to traveling alone;
- Problem solving and insight skills;
- Short and long-term memory;
- Concentration (focus attention);
- Ability seek and act on directions;
- Ability to process information;
- Ability to communicate needs;
- Consistency;
- Behavioral skills.

Consider related physical skills that may affect travel. For example: walking stability (gait, balance), physical stamina (endurance), or seizures.

Verify information about places to which applicants now travel and their typical activities. Verify information about stated travel instruction and skills learned. If applicants have not received travel instruction to date, ask what the professional feels is their potential to benefit from training.

Making a Determination

Based on the information from the application form, additional documentation that might have been provided, the interview, and contact with professional(s), determine if:

- The applicant has a documented or verified disability that affects one or more life activities;
- The extent of the disability affects independent travel;
- There are some trips that the applicant can make on fixed route transit;

- If the applicant has the ability to learn to travel independently to a greater extent than they are currently.

If there is no documented or verified disability or if the extent of disability does not appear to affect independent travel, a recommendation of “NOT ELIGIBLE” might be appropriate. BEFORE APPLICANTS ARE DENIED ELIGIBILITY, THEY SHOULD BE REFERED FOR A FACTS TEST.

If the extend of disability seems to clearly make any independent travel unreasonable, and if it is clear that the person would not benefit from training, a determination of UNCONDITIONAL ELIGIBILITY might be appropriate. Participation in the FACTS test might not be necessary.

If it appears that the applicant’s functional ability might permit some independent travel, or if the applicant might benefit from travel instruction, they should be asked to participate in a functional assessment of cognitive ability (such as FACTS).

Possible Additional Questions - Applicants with Psychiatric Disabilities

When reviewing eligibility for persons with psychiatric disabilities, interviewers and other eligibility review staff might consider obtaining the following information to supplement answers provided to questions in the written application form. This information could be obtained in the interview or through follow-up with professionals familiar with the applicant.

When interviewing applicants who have psychiatric disabilities, certain general observations might be made in the greeting and interview process. This includes observations about responsiveness to greetings or directions, verbal skills, agitation, or inappropriate behaviors. Also note if they are distracted during the interview and appear to have difficulty staying focused on the interview.

From applicants:

Ask when they were first diagnosed as having the disability. Ask applicants to describe any current treatment. Be sure the application (or accompanying documentation) identifies the current assisting professional(s) and how to contact them. Be sure the release has been signed so that professional information can be obtained.

Inquire about how they currently travel. Are there places that they go on their own? Do they travel outside their home by themselves? If so, where do they go?

In many instances, specific characteristics of fixed route service which are different from paratransit might impact an applicant's ability to travel by fixed route bus (e.g., crowding at stops/stations or on the bus, being alone in an unfamiliar area). To determine exactly what characteristics of fixed route service might make independent travel unreasonable, ask applicants: "How do you think travel by ADA paratransit will be better for you than travel on fixed route buses? Make sure the applicant has a clear understanding from the introduction part of the interview of ADA paratransit and fixed route service.

Ask what medications the person is currently taking. Ask how they assist the person. Ask if there are any side effects of the medications.

Ask if the disability is the same every day. If not, what is a good day like (what are they able to do)? What is a bad day like? How many good/bad days have they had in the last month? Does anything trigger bad days?

Ask the applicant if they drive a car.

To learn how the disability affects other activities, consider the places to which applicants say they travel (from the application or interview). Ask them about other apparent activities (work, school, shopping) and if they do these things independently. If not, what types of assistance or accommodations have been provided?

From professionals:

If there are uncertainties or inconsistencies based on the application, additional documentation provided, and the interview, it may be useful to contact one or more professionals identified by the applicant.

When speaking to professionals identified by applicants, determine:

- In what capacity they know the applicant;
- How long they have known or worked with the applicant;
- When they last saw or treated the applicant.

Get more detailed information about the stated disability and extent of disability. **ASK FOR THE FORMAL DIAGNOSIS OF DISABILITY (DSM-IV OR OTHER).** Ask for the date of onset. Ask about the applicant's current prognosis.

Ask if any of the following skills are affected by the applicant's disability:

- Judgment
- Problem solving
- Insight
- Coping skills
- Short-term memory
- Long-term memory
- Concentration
- Orientation
- Communication
- Attention to task (distractibility)

If yes, ask the professional to describe the effect and the extent of limitation caused by the disability. Ask how the disability would prevent the applicant from:

- Traveling alone outside the house;
- Leaving the house on time;
- Seeking and acting on directions;
- Finding their way to or from a bus stop;
- Crossing streets;
- Waiting for a bus;
- Boarding the correct bus;
- Riding on the bus or train;
- Transferring to a second bus or exiting at the correct destination;
- Monitoring time;
- Dealing with unexpected situations.

Ask if the applicant currently experiences auditory or visual hallucinations. If yes, ask if the applicant would be likely to experience auditory or visual misperceptions due to these hallucinations.

Ask if the applicant demonstrates inappropriate social behavior (ex., aggressive or overly friendly). If yes, describe.

Ask if training, driver assistance or tools such as ID cards, printed route directions, or other assistance might help.

Ask if the goal of traveling independently (even limited travel in the neighborhood) is within the context of treatment.

Ask if the applicant is taking psychotropic, antidepressant, or other medications prescribed by them or another professional. Ask what medications are being prescribed, the dosage, frequency, and what effects the medication has on the applicant's functional ability. Ask if the applicant would be able to travel independently in the community if they were compliant in taking their medication. Ask if the professional deems the applicant to be compliant in taking their prescribed medication.

Ask if there is anything about the use of prescribed medications that might complicate the applicant's use of public transportation. Ask if the applicant's functional ability might be temporarily affected by medication. If so, have the professional explain and indicate an expected duration.

Verify information about places to which applicants now travel and their typical activities. Are there any other life skills that the applicant lacks?

Making a Determination

Based on the information from the application form, additional documentation that might have been provided, the interview, and contact with professional(s), determine if:

- The applicant has a documented or verified disability that affects one or more life activities;
- The extent of the disability affects independent travel;
- There is a difference in the type of service provided by ADA paratransit versus fixed route that would make the applicant able to use ADA paratransit but not use fixed route.
- If there are some conditions under which the applicant could use fixed route transit.

If there is no documented or verified disability or if the extent of disability does not appear to affect independent travel, a recommendation of "NOT ELIGIBLE" might be appropriate.

If there is a documented disability and it does affect travel in general, but travel by fixed route and travel by ADA paratransit would be similarly affected (there is essentially no difference between the modes for the issues presented by the applicant's disability), a recommendation of NOT ELIGIBLE may also be appropriate.

If the extent of disability seems to clearly make any independent travel unreasonable, and if it is clear that the person would not benefit from training or support services that transit might be able to provide, a determination of UNCONDITIONAL ELIGIBILITY might be appropriate.

If it appears that some independent travel is possible, they should be considered for CONDITIONAL eligibility. If there is evidence that the applicant's ability may improve in the short-term (less than the term of full eligibility typically granted), TEMPORARY eligibility might be provided.

Possible Additional Questions - Applicants with Vision Disabilities

When reviewing eligibility for persons with visual disabilities, interviewers and other eligibility review staff might consider obtaining the following information to supplement answers provided to questions in the written application form. This information could be obtained in the interview or through follow-up with professionals familiar with the applicant.

As appropriate, check if the applicant has brought a visual acuity statement or other appropriate documentation of the vision impairment. If not, is a professional named from whom such a statement can be obtained?

From applicants:

If not already indicated in the application or documentation provided, ask the applicant to describe the specific visual condition.

Ask how long they have had this condition.

Ask if the condition is considered stable, degenerative, or otherwise changing.

Verify the equipment/aids used (mobility aids may be more specific than indicated in the application). Possible aids include: sighted guide, guide dog, white cane, and optical devices.

Ask applicants if they can walk outdoors alone. If yes, ask where they can travel. Determine, in general, if they can travel:

- Only on their own property?
- To places nearby? (on the same block)
- To places further away? (have them explain)

If they travel outdoors alone, ask if they can cross streets without help. Ask them to explain conditions under which they can or cannot cross streets, for example:

- only quiet streets;
- at intersections that are not too busy;
- at traffic lights.

If the person is partially sighted, ask if they can see steps or curbs.

If applicants are partially sighted, ask if their vision is affected by different lighting condition, such as:

- Bright sunlight;
- Dimly lit or shaded places;
- Night time.

Ask if traveling outside alone is affected by other conditions (consider in particular the impact of environment noise or the inability to distinguish traffic flow patterns).

Ask if applicants have other disabilities that impact their travel (in particular, consider whether applicants have hearing disabilities as well). From observation, note if there are any other physical limitations in gait, pace, or use of other equipment such as a walker or standard cane.

If applicants indicate that they do not travel outside alone, ask if they have ever considered or received mobility instruction. If not, why not. If they have received mobility instruction, ask them to tell you about the outcome, what was learned, etc. Get the name of the instructor or agency for follow-up contact.

Ask applicants if they currently use fixed route transit. If yes, ask them where they go by bus. Determine, in general, if they travel:

- Only to places they are familiar with or have been trained to go;
- To other places as well.

If they travel to places beyond those they are familiar with, ask how they know when/where to get off the bus. Also ask them to explain if they can find their way to other destinations.

If they stopped using fixed route transit, ask them to explain why they stopped using the service.

If they have never used transit, ask if they have considered or received instruction in using buses. If not, why not. If they have received travel training, ask them to tell you about the outcome, what was learned, which routes, etc. Get the name of the instructor or agency for follow-up contact.

From professionals:

If the applicant did not bring documentation of the extent of vision impairment, and if the person is partially sighted, a professional should be contacted for a visual acuity statement. Also, if there are uncertainties or inconsistencies based on the application, additional documentation provided, and the interview, it may be useful to contact one or more professionals identified by the applicant.

Note that specific vision condition information will be obtained from an ophthalmologist (or perhaps from another professional who has a copy of a current visual acuity statement). Information about mobility skills and functional ability would more appropriately be obtained from a mobility instructor or other professional working on a more ongoing basis with the applicant.

When speaking to professionals identified by applicants, first determine:

- In what capacity they know the applicant;
- How long they have known or worked with the applicant;
- When they last saw the applicant.

Ask for the specific eye disease or condition. Ask for date of onset and prognosis (stable, degenerative).

If the applicant is partially sighted, ask the professional to fax a visual acuity statement that can be included in the applicant's file. The visual acuity statement should indicate:

- The visual acuity for each eye;

- The field of vision for each eye;
- The visual acuity with best correction for each eye.

Note: Legal blindness is visual acuity that does not exceed 20/200 in the better eye with best correction, or the widest diameter of the visual field subtends an angle of 20 degrees or less.

If it is possible to contact a professional familiar with the person's mobility skills (e.g., a mobility instructor), ask them to describe the applicant's general mobility skills. Are they able to:

- Travel outside alone? (how far?: on own property, same block, farther?)
- Cross streets without help? (What kind? What types of intersections/controls?)
- See and negotiate curbs and steps?
- Travel to familiar places on their own?
- Find their way to less familiar or unfamiliar destinations?

If applicants are partially sighted, ask what environmental conditions might impact travel outside (bright sunlight, dim lighting, darkness, background noise, etc.).

Verify information about any mobility training or travel training started or completed. Based on such training, clearly identify places, routes that they professional feels that the applicant can travel.

If no training has been received, ask the professional if they think the applicant would benefit from mobility or travel training.

Making a Determination

Based on the information from the application form, additional documentation that might have been provided, the interview, and contact with professional(s), determine:

- If the applicant has a documented vision disability that affects ability to travel independently. (In general, a vision disability classified as legal blindness or more severe).
- If there are some conditions under which the applicant could use fixed route transit.

In general, if the applicant is legally blind or has a more severe vision disability, they should be considered **AT LEAST CONDITIONALLY ELIGIBLE**. The exact conditions of eligibility that should be applied must then be identified. To do this, first consider the applicant's existing, personal mobility skills. Are they able to travel only to familiar, common destinations from stops/stations they know how to get to? Are they able to travel to other locations under certain conditions. What specific environmental barriers would prevent independent travel to places they are not familiar with and are not currently traveling to?

If it is determined that an applicant does not currently have the skills to travel by fixed route, but probably could with instruction, **TEMPORARY, UNCONDITIONAL ELIGIBILITY** might be considered and a period of time set which would allow the person to receive instruction. Eligibility would be evaluated at the end of this period. If training is received, the input of the instructor should be considered in the re-evaluation.

Possible Additional Questions - Applicants with Seizure Disorders

When reviewing eligibility for persons with seizure disorders, interviewers and other eligibility review staff might consider obtaining the following information to supplement answers provided to questions in the written application form. This information could be obtained in the interview or through follow-up with professionals familiar with the applicant.

Documentation of the type and frequency of seizures experienced should be obtained. If applicants do not bring this documentation to the interview, make sure that the application form identifies a professional that can be contacted. Be sure the release has been signed so that professional information can be obtained.

From applicants:

Ask about the type of seizures experienced.

Ask about the frequency of seizures.

Ask when they were first diagnosed as having this condition. Ask if there has been any change in their condition.

Ask applicants if there are certain things that will trigger seizures, and if so to describe what these are.

Ask applicants to describe what happens when they have a seizure. Note in particular whether the applicant indicates that they have an aura (a warning that they are about to have a seizure) and if they are typically able to prepare themselves and make themselves as safe as possible.

Ask applicants what happens once their seizure has ended. Note in particular if they are severely disoriented. If yes, ask what they typically do to become oriented again.

Ask if the applicant is taking medication to control the seizures. What medication? Has the medication helped to control the seizures or the effects of the seizures?

Ask applicants if they travel outside alone and where they travel. Ask if they are able to cross streets without help.

Ask applicants to explain what characteristics of the paratransit service will benefit them. Ask: "How do you think travel by ADA paratransit will be better for you than travel on fixed route buses?" Make sure the applicant has a clear understanding from the introduction part of the interview of ADA paratransit and fixed route service.

To learn how the disability affects other activities, consider the places to which applicants say they travel (from the application or interview). Ask them about other apparent activities (work, school, shopping) and if they do these things independently. If not, what types of assistance or accommodations have been provided? Are there limitations in any other activities of daily living (such as use of steps, driving, and cooking)?

From professionals:

If the applicant has not brought documentation of their seizure disorder to the interview, contact should be made with a professional. Note: Documentation will ideally be obtained from a neurologist or from another professional that has access to the applicant's disability records.

If there are uncertainties or inconsistencies based on the application, additional documentation provided, and the interview, it may be useful to contact one or more professionals identified by the applicant.

When speaking to professionals identified by applicants, determine:

- In what capacity they know the applicant;
- How long they have known or worked with the applicant;
- When they last saw or treated the applicant.

Ask the professional the type of seizures the applicant experiences. Ask about the frequency of the seizures. Ask about the prognosis.

Ask if the seizures are preceded by an aura.

Ask the professional to describe the applicant's ability to travel alone in the community. When and where can they safely travel?

Ask what advice or limitations on traveling alone in the community have been communicated to the applicant.

Ask if the applicant is permitted to drive.

Ask if the applicant is taking medications prescribed by them or another professional. Ask what medications are being prescribed, the dosage, frequency, and what effects the medication has on the applicant's functional ability. Ask if the applicant would be able to travel independently in the community if they were compliant in taking their medication. Ask if the professional deems the applicant to be compliant in taking their prescribed medication.

Ask if there is anything about the use of prescribed medications that might complicate the applicant's use of public transportation. Ask if the applicant's functional ability might be temporarily affected by medication. If so, have the professional explain and indicate an expected duration.

Verify information about places to which applicants now travel and their typical activities.

Making a Determination

Based on the information from the application form, additional documentation that might have been provided, the interview, and contact with professional(s), determine if:

- The applicant has a documented or verified disability that affects one or more life activities;

- The extent of the disability affects independent travel;
- There is a difference in the type of service provided by ADA paratransit versus fixed route that would make the applicant able to use ADA paratransit but not use fixed route.
- If there are some conditions under which the applicant could use fixed route transit.

In general, it is important to determine if the applicants' concern is riding on the bus (feeling that additional assistance would be available on ADA paratransit), or if the issue is one of safety getting to and from stops/stations. With seizures that are not preceded by an aura, it may not be safe to cross streets or attempt to enter or exit transit stations. Also, depending on the effects and severity of the seizures, applicants may not be able to be safe getting to or from stops/stations after they have experienced a seizure.

In general, applicants should be considered for ADA paratransit eligibility if they have frequent, severe seizures that are not preceded by an aura and are not controlled by medication.

Additional Information - Applicants with Physical Disabilities

When reviewing eligibility for persons with physical disabilities, interviewers and other eligibility review staff might consider obtaining the following information to supplement answers provided to questions in the written application form. This information could be obtained in the interview or through follow-up with professionals familiar with the applicant.

Have a “functional skills checklist” and “potential barriers” checklist in mind. The skills checklist should include the ability to:

- Travel far enough to get anywhere within the defined ADA paratransit service area;
- Travel with enough pace/speed to be able to get places in a reasonable period of time;
- Negotiate slight, moderate, and steep terrain;
- Negotiating paths of travel with significant cross-slopes;
- Travel on uneven or broken surfaces;
- Travel in snow, on icy surfaces, or in rainy/wet conditions;
- Travel outside in very hot weather and high humidity;
- Travel outside in very cold weather;
- Traveling outside in high smog conditions;
- Get on and off sidewalks that don't have curb-cuts;
- Get on and off sidewalks that do have curb-cuts;
- Cross different types of streets safely (in a reasonable amount of time);
- Wait at a bus stop if there is no bench;
- Wait at a bus stop if there is a bench;
- Get on and off buses that do not have lifts or ramps.
- Get on and off buses using a lift or ramp;
- Get to a seat or wheelchair securement location on a bus;
- Maintain seated balance when on the fixed route vehicle;
- Stand on a moving bus holding the handrail if no seats are available;

Also consider the types of mobility aid(s) that applicants indicate they use. As appropriate, determine when applicants use different mobility aids (if more than one is indicated), and if they use these independently or with assistance.

Consider which of the travel skills listed above might be affected by the specific disability or health condition of the applicant, considering the type(s) of mobility aids used. For example, someone with paraplegia who uses a manual wheelchair may have difficulty (depending on their strength and coordination) with traveling long distances, negotiating moderate or steep terrain or cross-slopes, traveling in snowy or icy conditions, negotiating on broken or uneven surfaces, getting on and off sidewalks that do not have curb-cuts (and maybe even negotiating curb-cuts), crossing streets quickly enough to be safe; and getting on and off buses that do not have lifts.

Some persons who use power wheelchairs may not be able to operate their wheelchair for long distances due to issues related to coordination and/or strength. The lack of sidewalks or other safe paths of travel

(which would require travel in busy streets) also may prevent a person who uses a power wheelchair from getting to or from transit stops/stations.

Again, depending on physical abilities, applicants who use crutches, braces, or walkers may have similar issues and may also have problems with:

- Traveling on wet surfaces (heavy rain);
- Standing and balancing on a moving vehicle;
- Standing and waiting at a bus stop;

Persons with health conditions may have difficulty traveling significant distances and may have sensitivities to weather extremes such as severe heat or humidity, cold, or air pollution.

The above generalizations may not always be the case, but the interviewer should try to obtain information about each of these potential issues/barriers. It is important to have these “checklists” of potential issues in mind, because applicants with physical disabilities may often provide information about major issues/barriers, but may neglect to point out every issue that impacts their ability to travel.

As suggested by these examples, it is important to determine the persons physical functional abilities (given the mobility aids they use) to know how they may be able to perform each of the needed skills to use fixed route service. It is also important to determine if abilities vary by day. Persons with certain health conditions (MS, HIV/AIDS, renal failure, etc.) may have certain days when the condition is severe and significantly impacts travel and other days when independent travel by fixed route is possible.

The basic physical abilities that need to be considered include:

- Strength;
- Endurance;
- Coordination;
- Balance;
- Dexterity;
- Range of motion;
- Gait; and
- Speed.

When interviewing applicants who have physical disabilities, certain general observations may help to supplement information provided in the application form. Note any problems applicants may have with ambulating or maneuvering mobility aids. Note how quickly applicants are able to ambulate, be seated, rise from a seated position, or handle paperwork.

Also, look for indications of other related disabilities issues such as vision impairments or cognitive disabilities which the applicant may not have indicated in the application form. Such related disabilities may be complicating factors that affect the applicant’s ability to perform necessary skills.

From applicants:

NOTE: Given the wide variety of physical disabilities and health conditions, information provided in the application form, and observations made at the beginning of the interview, select questions below that are applicable and appropriate.

Inquire about how they currently travel. Are there places that they go on their own? Do they travel outside their home by themselves? If so, where do they go?

Ask them to describe their experiences when traveling outside their home.

Ask if they take any medications that may impact their ability to travel independently.

Ask if they have used fixed route buses and what their experiences have been.

If they have not used fixed route buses, ask them to describe what they think would happen if they used fixed route buses.

Ask if there are times when they think it would be possible to use fixed route buses. When? Under what conditions?

Have applicants describe issues with skills/barriers that they might not have mentioned (but which you think may be issues – from the above lists).

From professionals:

If there are uncertainties or inconsistencies in what applicants have indicated and what was observed, or if the applicant indicates a non-obvious, hidden disability or health condition, it may be helpful to follow-up with a professional familiar with the applicant's disability/health condition and functional abilities.

When speaking to professionals identified by applicants, determine:

- In what capacity they know the applicant;
- How long they have known or worked with the applicant;
- When they last saw or treated the applicant.

Inquire about the specific disability/diagnosis, date of onset, and prognosis.

Ask about the extent of the disability/health condition and what limitations the applicant has in daily life activities.

Ask about applicable travel skills identified in the application. If the professional you are getting information from has had the opportunity to observe the applicant performing certain tasks, they she may be able to provide insight on functional abilities to use fixed route services. Ask the professional to define reasonable expectations for each skill (reasonable walking distances, reasonable terrain that can be negotiated, reasonable time that applicant could stand and wait for a bus, etc.).

Ask for the professional's assistance in defining in more detail and environmental issues that may apply (temperature sensitivities – what temperatures would present unsafe or risky conditions for the applicant).

Ask about any medications and their possible effect on travel.

Making a Determination

Based on the information from the application form, additional documentation that might have been provided, the interview, and contact with professional(s), determine if:

- The applicant has a documented or verified disability that affects one or more life activities;
- The extent of the disability affects independent travel;
- If there are some conditions under which the applicant could use fixed route transit.

In general, it is important to determine if applicants are applying because using ADA paratransit is seen as a more convenient and safe option, or if their disability/health conditions “prevent” fixed route travel some or all of the time. Note that “prevented” should be interpreted to mean that it is “not reasonable” to expect the applicant to attempt use of the fixed route system. Prevented should not be interpreted so strictly to mean it is physically impossible.

If there is no documented or verified disability or if the extent of disability does not appear to affect independent travel, a recommendation of “NOT ELIGIBLE” might be appropriate. **BEFORE APPLICANTS ARE DENIED ELIGIBILITY, THEY SHOULD BE REFERED FOR A PHYSICAL FUNCTIONAL EVALUATION.**

If the extent of disability seems to clearly make *any* independent travel unreasonable, or if the conditions under which they may be able to use fixed route are very limited, a determination of UNCONDITIONAL ELIGIBILITY might be appropriate. Participation in the physical functional assessment might not be necessary.

If it appears that the applicant’s functional ability might permit some independent travel, CONDITIONAL ELIGIBILITY might be appropriate and they should be asked to participate in a PHYSICAL FUNCTIONAL ASSESSMENT to more clearly define the exact conditions under which fixed route travel is possible.

If there are inconsistencies in information/observations obtained from the interview and information provided by the applicant or documentation they have brought, it would be appropriate to ask the applicant to participate in a PHYSICAL FUNCTIONAL ASSESSMENT.

Interview Summary Form

Name of Applicant: _____

Date of Interview: _____

Description of Disability/Health Condition(s): _____

Does disability appear to affect the functional ability of the applicant to use fixed route service?

- Yes No Not sure

Based on information in the application form, and information and observations from the interview, does the applicant appear to be able to get to and from fixed route stops throughout the service area?

- Always Sometimes Never Not Sure

Apparent Issues:

- | | |
|--|---|
| <input type="checkbox"/> Distance that can be traveled | <input type="checkbox"/> Curb-cuts |
| <input type="checkbox"/> Terrain/cross-slopes | <input type="checkbox"/> Street crossing |
| <input type="checkbox"/> Snow/ice | <input type="checkbox"/> Waiting for bus (no bench) |
| <input type="checkbox"/> Uneven/broken surfaces | <input type="checkbox"/> Waiting for bus (stop not detectable) |
| <input type="checkbox"/> Heat/humidity | <input type="checkbox"/> Wayfinding for infrequent trips |
| <input type="checkbox"/> Cold | <input type="checkbox"/> Wayfinding for any trips |
| <input type="checkbox"/> Smog | <input type="checkbox"/> Lacks community mobility/safety skills |
| <input type="checkbox"/> Low light/bright light | |
| <input type="checkbox"/> Other: _____ | |

Description of Issues: _____

Based on information in the application form, and information and observations from the interview, does the applicant appear to be able board, ride, and disembark from a fixed route vehicle?

- Always Sometimes Never Not Sure

Apparent Issues:

- | | |
|--|--|
| <input type="checkbox"/> Needs lift/ramp | <input type="checkbox"/> Balance on moving vehicle |
| <input type="checkbox"/> Can't maneuver onto/stand on lift | <input type="checkbox"/> Can't recognize infrequent destinations |
| <input type="checkbox"/> Can't maneuver to securement area | <input type="checkbox"/> Can't recognize any destinations |
| <input type="checkbox"/> Other: _____ | |

Description of Issues: _____

Based on information in the application form, and information and observations from the interview, does the applicant appear to be able to understand and “navigate” the fixed route system?

- Always Sometimes Never Not Sure

Apparent Issues:

- | | |
|---|---|
| <input type="checkbox"/> Understanding/processing information | <input type="checkbox"/> Dealing with unexpected situations |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Transferring between routes |
| <input type="checkbox"/> Other: _____ | |

Description of Issues: _____

Recommendations:

Unconditional eligibility

Conditional eligibility

Conditions: _____

Temporary eligibility

Eligibility period: _____ months

Travel training? Yes

No

Not eligible

Professional verification needed

Information needed: _____

Physical functional assessment

Cognitive functional assessment

Interviewer Name: _____

Signature: _____

**Professional Verification Contact Form
for Applicants with Cognitive Disabilities**

Name of Applicant: _____

Name of Professional Contacted: _____

Affiliation: _____

Phone: _____ Date of Contact: _____

Name of Reviewer: _____

Reviewer Signature: _____

Note: Select appropriate questions that provide supplemental information needed for the applicant (as determined from the review of the application form, the interview, and any documentation of disability provided by the applicant).

When speaking to professionals identified by the applicant, first ask:

1. In what capacity do you know the applicant?

2. How long have you known or worked with the applicant?

3. When did you last see the applicant?

Get more detailed information about the stated disability and level of cognitive ability of the applicant. This might include a general classification of cognitive ability such as mild, moderate, severe, or profound mental retardation, or the professional may offer the specific IQ of the applicant. Dual disabilities should be noted (e.g., mental retardation and psychiatric disabilities).

4. Comments about the applicant's stated disability and level of cognitive ability:

5. Does the applicant have any specific behavioral problems?

- Yes No

If YES, please describe. _____

Get confirmation of what the applicant may have indicated about his/her abilities.

6. Does the applicant travel alone at times? If so, where?

7. What abilities does the applicant have to follow directions to make a trip?

8. What abilities does the applicant have to understand time and follow a schedule to get places on time?

9. What abilities does the applicant have to know when he/she is lost?

10. What abilities does the applicant have to get help if he/she is lost?

11. What abilities does the applicant have to recognize and avoid dangers in the community if he/she were to be traveling on their own?

12. What ability does the applicant have to cross a street safely?

13. Comments about the applicant's stated ability to travel alone:

The discussion of skills related to functional abilities to travel may lead to specific information about general abilities and skills. Professionals might express or be asked to indicate general abilities such as the applicant's:

14. Orientation to person, place, and time

15. Judgment and safety skills related to traveling alone

16. Problem solving and insight skills

17. Short and long-term memory

18. Concentration (focus attention)

19. Ability to seek and act on directions

20. Ability to process information

21. Ability to communicate needs

22. Consistency

23. Behavioral skills

Consider related physical skills that may affect travel. For example: walking stability (gait, balance), physical stamina (endurance), or seizures.

24. Comments about the applicant's related physical skills:

Verify information about places to which the applicant now travels and his/her typical activities. Verify information about stated travel instruction and skills learned. If the applicant has not received travel instruction to date, ask what the professional feels is his/her potential to benefit from training.

25. Comments about the applicant's typical activities and current travel destinations, previous travel training (if any), and potential to benefit from training:

**Professional Verification Contact Form
for Applicants with Psychiatric Disabilities**

Name of Applicant: _____

Name of Professional Contacted: _____

Affiliation: _____

Phone: _____ Date of Contact: _____

Name of Reviewer: _____

Reviewer Signature: _____

Note: Select appropriate questions that provide supplemental information needed for the applicant (as determined from the review of the application form, the interview, and any documentation of disability provided by the applicant).

When speaking to professionals identified by the applicant, first ask:

1. In what capacity do you know the applicant?

2. How long have you known or worked with the applicant?

3. When did you last see or treat the applicant?

Ask the professional for more detailed information about the stated disability and the extent of the disability.

4. What is the formal diagnosis of the applicant's disability (DSM-IV or other)?

5. What was the date of onset?

6. What is the prognosis?

7. Is the applicant taking any psychotropic, antidepressant or other medication(s) prescribed by you?

- Yes No

Comments: _____

8. If YES, please list the type, frequency, dose, and any comments about how the medication(s) may complicate the individual's independent mobility in the community.

Medication Type	Dosage	Effect on Functional Ability (if any)

9. If the applicant takes his/her medication compliantly, will he/she be able to travel independently in the community?

- Yes No NA

Comments: _____

10. Do you deem the applicant to be compliant in taking prescribed medication?

- Yes No NA

Comments: _____

11. Is there anything about the use of medication that would complicate the applicant's use of public transportation?

Yes No NA

If YES, please explain.

12. Has the applicant's functional ability decreased *temporarily* due to adjustment to medication?

Yes No NA

13. If YES, please explain, and note the expected duration of the decrease in functional ability.

NA

14. Does the applicant currently experience either auditory or visual hallucinations?

Yes No

Comments: _____

15. If YES, would he/she be likely to experience auditory or visual misperceptions due to hallucinations?

Yes No NA

Comments: _____

16. Are any of the following skills affected by the applicant's disability? If YES, please explain, describing the effect and the extent of limitation caused by the disability. Is the applicant able to:

	Yes	No	Some-times	Comments
Travel alone outside the house				
Leave the house on time				
Seek and act on directions				
Find way to/from bus stop				
Cross streets				
Wait for a bus				
Board the correct bus				
Ride on the bus				
Exit at the correct destination				
Transfer to a second bus				
Monitor time				
Deal with unexpected situations				

Comments: _____

17. Are any of the following affected by his/her disability? If YES, please explain.

	Yes	No	Some-times	Comments
Judgment				
Problem solving				
Insight (recognizing a problem)				
Coping skills				
Short-term memory				
Long-term memory				
Concentration				
Orientation				
Communication				
Attention to task (distractability)				

Comments: _____

18. Would training, driver assistance, or tools such as ID cards, printed route directions, etc., help to minimize the effects noted above?

- Yes No NA

Comments: _____

19. Is the goal of traveling independently (even limited travel in the neighborhood) within the context of treatment?

- Yes No NA

Comments: _____

20. Would the use of alternative transportation (ADA paratransit service) conflict with the goals of therapy, such as confidence building?

- Yes No NA

Comments: _____

21. Would alternative transportation interfere with the applicant's therapy or improvement?

- Yes No NA

Comments: _____

22. Does the applicant demonstrate inappropriate social behavior (for example, is he/she aggressive or overly friendly)? If YES, please describe.

- Yes No

Comments: _____

Verify information about places to which the applicant now travels and his/her typical activities (mentioned in the application form or interview).

23. Comments regarding current travel and activities:

24. Does the individual drive a car?

- Yes No

Comments:

25. Are there any other life skills that the individual lacks that would be an indication of his/her inability to travel on a fixed route bus? If YES, please describe.

- Yes No

Comments:

26. Is there any additional information regarding this individual that you believe affects his/her functional ability to use regular fixed route bus service, or any special circumstances that you believe should be considered?

**Professional Verification Contact Form
for Applicants with Vision Disabilities**

Name of Applicant: _____

Name of Professional Contacted: _____

Affiliation: _____

Phone: _____ Date of Contact: _____

Name of Reviewer: _____

Reviewer Signature: _____

Note: Select appropriate questions that provide supplemental information needed for the applicant (as determined from the review of the application form, the interview, and any documentation of disability provided by the applicant).

When speaking to professionals identified by the applicant, first ask:

1. In what capacity do you know the applicant?

2. How long have you known or worked with the applicant?

3. When did you last see the applicant?

Ask the professional for more detailed information about the specific eye disease or condition. If the applicant is partially sighted, ask the professional to fax a visual acuity statement that can be included in the applicant's file. The visual acuity statement should indicate:

- *The visual acuity for each eye*
- *The field of vision for each eye*
- *The visual acuity with best correction for each eye*

4. What is the formal diagnosis of the applicant's eye disease or condition?

5. What was the date of onset?

6. What is the prognosis? Is the condition stable, degenerative, or otherwise changing?

If it is possible to contact a professional familiar with the person's mobility skills (e.g., a mobility instructor), ask them to describe the applicant's general mobility skills:

7. Is the individual able to walk outdoors alone?

- Sometimes Often Never

Comments: _____

8. If SOMETIMES or OFTEN, where can he/she travel?

- | | |
|---|--|
| Only on his/her own property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To places nearby (for example, on the same block) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To places farther away | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If YES to places farther away, please explain.

9. If the applicant is able to travel outdoors alone, is he/she able to cross streets without help?

- | | |
|---|--|
| At quiet streets with very little traffic | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| At traffic lights | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| At very busy intersections | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NA | <input type="checkbox"/> |

Comments: _____

If the person is partially sighted:

10. Is he/she able to see steps or curbs?

- Sometimes Often Never NA

Comments: _____

If the person is partially sighted:

11. Is his/her vision affected by different lighting conditions?

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Bright sunlight | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dimly lit or shaded places | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Night time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NA | <input type="checkbox"/> | |

Comments: _____

12. Is the applicant's ability to travel outside alone affected by other conditions (*consider in particular the impact of environment noise or the inability to distinguish traffic flow patterns*)? If so, please describe.

- NA

Verify information about any mobility training or travel training started or completed. Based on such training, clearly identify places, routes that the professional feels that the applicant can travel.

13. Comments about the applicant's previous mobility or travel training, if any, routes the applicant can use, and destinations to which he/she can travel.

If the applicant has not received mobility or travel training:

14. Do you believe that the applicant would benefit from mobility instruction or travel training? Please explain.

**Professional Verification Contact Form
for Applicants with Seizure Disorders**

Name of Applicant: _____

Name of Professional Contacted: _____

Affiliation: _____

Phone: _____ Date of Contact: _____

Name of Reviewer: _____

Reviewer Signature: _____

Note: Select appropriate questions that provide supplemental information needed for the applicant (as determined from the review of the application form, the interview, and any documentation of disability provided by the applicant).

When speaking to professionals identified by the applicant, first ask:

1. In what capacity do you know the applicant?

2. How long have you known or worked with the applicant?

3. When did you last see or treat the applicant?

Ask the professional for more detailed information about the type of seizures the applicant experiences.

4. Please describe what the applicant experiences during and after a seizure.

5. How often do seizures occur?

6. What is the prognosis?

7. Are the seizures preceded by an aura?

- Yes No Sometimes

8. If YES or SOMETIMES, does the applicant usually have time to prepare and make him or herself as safe as possible?

9. Are there certain things that will trigger the applicant's seizures?

- Yes No NA

Comments: _____

10. If YES, please describe these triggers.

- NA

11. Please describe the applicant's ability to travel alone in the community. When and where can he/she safely travel?

12. What advice or limitations on traveling alone in the community have been communicated to the applicant?

13. Is the applicant permitted to drive?

- Yes No

Comments: _____

14. Is the applicant taking any medication(s) prescribed by you or another professional?

- Yes No

Comments: _____

15. If YES, please list the type, frequency, dose, and any comments about how the medication(s) may complicate the individual's independent mobility in the community.

Medication Type	Dosage	Effect on Functional Ability (if any)

15. If the applicant takes his/her medication compliantly, will he/she be able to travel independently in the community?

- Yes No NA

Comments: _____

17. Do you deem the applicant to be compliant in taking prescribed medication?

- Yes No NA

Comments: _____

18. Is there anything about the use of medication that would complicate the individual's use of public transportation?

- Yes No NA

If YES, please explain.

19. Has the applicant's functional ability decreased *temporarily* due to adjustment to medication?

- Yes No NA

20. If YES, please explain, and note the expected duration of the decrease in functional ability.

Verify information about places to which the applicant now travels and his/her typical activities.

21. Comments about the applicant's typical activities and current travel destinations.

**Professional Verification Contact Form
for Applicants with Physical Disabilities**

Name of Applicant: _____

Name of Professional Contacted: _____

Affiliation: _____

Phone: _____ Date of Contact: _____

Name of Reviewer: _____

Reviewer Signature: _____

Note: Select appropriate questions that provide supplemental information needed for the applicant (as determined from the review of the application form, the interview, and any documentation of disability provided by the applicant).

When speaking to professionals identified by the applicant, first ask:

1. In what capacity do you know the applicant?

2. How long have you known or worked with the applicant?

3. When did you last see or treat the applicant?

Ask the professional for more detailed information about the stated disability, date of onset and prognosis.

4. What is the formal diagnosis of the applicant's disability?

5. What was the date of onset?

6. What is the prognosis?

Ask about the extend of the disability/health condition and what limitations the applicant has in daily life activities.

7. How does the applicant's disability/health condition affect daily life activities?

Ask about applicable travel skills identified in the application. Ask the professional to define reasonable expectations for each skill (reasonable walking distances, reasonable terrain that can be negotiated, reasonable time that applicant could stand and wait for a bus, etc.).

Required Travel Skills	Reasonable Expectations
Walking distance to/from stops.	
Stepping on/off curbs and crossing streets.	
Negotiating hills/steep terrain.	
Standing time at bus stop.	
Boarding lift and non-lift buses.	
Other: _____	

Ask for the professional’s assistance in defining in more detail any environmental issues that may apply (temperature sensitivities – what temperatures would present unsafe or risky conditions for the applicant).

Environmental Issue	Unsafe/Risky Conditions
Extreme heat/humidity.	
Extreme cold.	
Ice and/or snow.	
Poor air quality.	
Other: _____	

Ask about any medications and their possible effect on travel.

Medication Type	Dosage	Effect on Functional Ability (if any)

GUIDELINES FOR PROFESSIONAL REPORTS TO ACCESS

If your patient has requested eligibility for ACCESS ADA transportation service, s/he may contact you for additional information. Because of your professional relationship with this applicant, you are uniquely qualified to help clarify his or her **functional abilities and limitations**.

Port Authority and ACCESS Service

Port Authority provides many accessibility features that make it possible for people with different types of disabilities to ride on its buses and light rail vehicles. These include: lifts and ramps (there is no need to walk up or down the steps of a bus); tie-downs and passenger restraints for people using wheelchairs, which are secured upon request by the driver; stop calling by drivers and automatic Enunciators; large print and Braille route and bus identification signs; priority seating at the front of buses for people with disabilities; and the availability of bus schedules in large print, Brailled and taped format.

ACCESS is a paratransit service that provides discounted door-to-door transportation on a shared-ride basis to eligible individuals with disabilities who cannot use public, fixed-route (bus or light rail) transportation at all, or under certain circumstances. ACCESS is offered by the Port Authority as part of their family of public transportation services, but only eligible individuals receive the 90% fare subsidy provided by Port Authority.

General guidelines

The basis for ACCESS ADA eligibility is the requirements of the Americans with Disabilities Act. Eligibility is based on:

- **Functional ability** to independently perform the tasks necessary for bus use including: getting to or from the bus stop, getting on the bus, riding the bus and understanding how to navigate the system in a variety of environments. A diagnosis by itself does not qualify an individual for ACCESS.
- Whether the individual is **prevented** from performing these tasks (as opposed to the task being more inconvenient or difficult)
- Whether the individual can perform these tasks **all of time, only under some circumstances**, or if the disability would **always prevent** the individual from performing these tasks. ACCESS eligibility is unique to the individual's personal functional ability and reflects ability to use the bus only in some circumstances (ex., could use the bus if it were not more than two level blocks to the bus stop, and there were no snow or ice present.)

Information you will provide

Please document specific diagnoses and prognoses of your patient's disabilities in the form of a letter. They will not be accepted on a prescription blank.

You may expand further, in as much detail as you can provide, how this individual's physical, sensory, cognitive or emotional problems may impact his/her ability to travel on a bus. Please relate your comments to the specific tasks necessary to board, ride and navigate the Port Authority system by describing how each condition limits his/her functional ability in these specific areas.

If the synergistic reaction among this person's various disabilities may further limit his or her functional ability, please describe in as much detail as possible.

Attached you will find a list of specific points which can serve as a guide for your report to ACCESS. You should address any of them, which are applicable to your patient/client.

Other services in the community

Your patient may be eligible for other discounted or free services from ACCESS through the sponsorship of another agency.

Individuals with disabilities who are **Medical Assistance Recipients** may be eligible for free Port Authority or ACCESS service from the Allegheny County Office of Community Services Medical Assistance Transportation Program. For information, call 350-4476.

Individuals aged **60 and over** may be eligible for discounted transportation to appointment through the Allegheny County Area Agency on Aging's Older Persons' Transportation (OPT) program. For more information, call 562-5385.

For more information

If you have any questions regarding ACCESS, please call Eileen Caputo or Holly Dick at ACCESS (412) 562-5353. Thank you for your cooperation.

Required Information

- **Specific diagnosis and prognosis** of **all** of your patient's disabling conditions. Identify for which of them you are currently treating him/her.
- **Specific measurements:**
 - **For the visually impaired:** visual acuity measurements and visual field readings for both eyes
 - **For the cognitively impaired:** I.Q. scores and Adaptive Behavior scores
- **Date of onset**
- **Prognosis** if the individual has a progressive disease or condition, or if he/she is expected to improve or recover. Provide the best estimate of the rate at which this is expected to occur, and if therapy is part of the treatment plan.

Additional Information

If you would like to elaborate, this may serve as a guideline

Mobility Impairments

- Can the individual walk?
- Under what conditions can s/he walk?
- Under what conditions can s/he not walk?
- What mobility aids does this person use?
- How long has s/he been using this device?
- How far can s/he walk/push/travel independently using mobility aids?
- How do weather conditions (rain, ice, snow) affect his/her mobility?
- How are balance and endurance affected?

Neurological Impairments or Head Injuries

- Is judgment or behavioral inhibition impaired, and to what extent?

Seizures

- What type of seizures?
- What is the frequency?
- Are they preceded by an aura?
- Are they controlled by medication?

Emotional and/or Behavioral Problems

- Is judgment impaired?
- Does the individual experience disabling anxiety, auditory or visual hallucinations, delusions, etc.

General Information

- Would this person need the help of an assistant or companion in order to ride the bus?
- How do temperature fluctuations affect his/her functioning?

SECTION 5

Guidance for Conducting Physical Functional Assessments for ADA Paratransit Eligibility

Introduction

This section contains guidance on conducting physical functional assessments of ADA paratransit eligibility. The following materials are included:

- “Physical Functional Assessments – Step-by-Step Instructions;”
- “Recommended Core Competencies for Persons Conducting Physical Functional Assessments for ADA Paratransit Eligibility;”
- “Physical Functional Abilities Assessment Form;”
- “Optional Assessment of Risk for Falling: The Tinetti Balance and Gait Test;” and
- A CD-ROM that illustrates key parts of the assessment along with instructions for its use.

Managers of the ADA paratransit eligibility determination process can use the “Recommended Core Competencies” to select appropriate staff to perform this portion of the process. If this part of the process is outsourced, the recommended core competencies can be included in an RFP for selecting contractors.

Note that the step-by-step description of the assessment process contains several “optional” elements. This includes elements for assessing ability to negotiate flights of stair and elevators, use low-floor buses, pay a fare, and stand on a moving vehicle. As described in each of these steps, the inclusion of these optional elements in a local assessment process will depend on the design of the local transit system and on local operating policies and procedures. Ability to use elevators or negotiate flights of stairs will only apply to systems that have these features (e.g., rail systems). Ability to pay a fare or stand on a moving vehicle might not apply if operating policies and procedures can ensure that riders with disabilities will always get a seat and if alternative fare media and assistance with fares is available.

The step-by-step instructions and “Assessment Form” included in this section are meant to serve as a starting point for the development of a process appropriate to each area. The elements that apply to each area should be adopted or modified as appropriate. The Assessment Forms are included on the CD-ROM at the end of this section and can be downloaded and modified as needed.

It is also important to note that many states have specific safety and licensing requirements for the administration of functional assessments. Research these requirements in cooperation with the professionals chosen to develop and implement the process.

As with all other aspects of ADA paratransit eligibility determination, the modification of these materials and final design of a physical functional assessment process should be done with full and meaningful input from persons with disabilities and disability organizations.

Physical Functional Assessment – Step-by-Step Instructions

The steps below are organized to follow the structure of the suggested assessment form and are intended to lead an assessor through the completion of the assessment form.

The Physical Functional Abilities Assessment Form to record observations of physical functional abilities is provided at the end of this Attachment and on CD3 as a printable Word document.

While this guidance outlines a complete assessment of all skills needed to use fixed route service, it should be noted that it may not always be appropriate or necessary to ask applicants to perform all of the tasks detailed below. Observations made in the early stages of the assessment may allow assessors to have a good understanding of likely ability to perform later tasks. Professional judgment will be needed to determine which parts of this suggested assessment are appropriate for each applicant.

STEP 1 Review Application Materials

In some systems, the person who conducts the initial interview with the applicant will also conduct the physical functional assessment if it is determined that this would be helpful in making a decision. In other systems, however, the initial interview might be conducted by one person and the physical functional assessment by another individual.

If the person who conducted the initial interview also administers the physical functional assessment, application materials would already have been reviewed as part of the interview. If the physical functional assessment is conducted by someone who did not perform the initial interview, the first step would be for this person to review applicable materials. This would include the application form completed by the applicant, any documentation or verification of disability presented by the applicant, and notes from the initial interview.

The *General Information* section of the *Physical Functional Abilities Assessment Form* would be completed by the assessor using information from the application and interview materials. As much of the *Background Information* and *Information About Mobility Aids* sections of the form as is possible would also be completed using information provided by the applicant in the application form or in the interview. This is important in order to avoid asking the same question repeatedly.

STEP 2 Greeting the Applicant and Reviewing/Collecting Background Information

As appropriate, the assessor would review background information and information about mobility aids that has been gleaned from other materials to ensure that it is accurate. Additional information required in these portions of the *Physical Functional Abilities Assessment Form* would then be requested. Again, **an effort should be made to avoid asking the same questions**

twice. Information that might not be requested in the application form or initial interview which might be requested at the outset of the physical functional assessment might include:

- Asking the applicant if he/she has taken medications that day (as appropriate);
- Asking the applicant how they are feeling that day (if the disability is noted to be variable in nature);
- Noting which mobility aids are being used for the assessment;
- Noting if mobility aid use is dependent, independent, or with partial assist;
- Asking the applicant how long they have used that mobility device; and
- Obtaining more precise measurements of any wheelchair dimensions and weight.

STEP 3 General Assessment of Balance and Gait

Before proceeding to the main components of the physical functional assessment, it may be helpful to develop a general understanding of the applicant's balance and gait. Such an understanding will then help to determine which portions of the assessment are appropriate.

Some understanding of balance and gait can be gained by simply observing applicants as they enter the interview area, take a seat, and rise from their seat and go to the interview room. A more formal assessment of balance and gait can also be done using the Tinetti Balance and Gait Test. This fairly common standardized test is often administered as a way to determine risk of falling. A description of the test is provided at the end of this section. If the Tinetti Balance and Gait test is used, staff should be adequately trained in its administration and scoring.

Figure 5-1. Assessor in Pittsburgh Testing Applicant's Balance Using Tinetti Balance Test



STEP 4 Measuring Vital Signs (OPTIONAL)

As part of the physical functional assessment, you may opt to record the applicant's vital signs as part of the process. This would include recording blood pressure (mmHg), pulse rate (beats per minute), and respirations/breathing rate (breaths per minute).

If vital signs are measured, it is recommended that they be recorded prior to taking the applicant on a simulated walk to and from a bus stop, during this portion of the assessment, and at the end of this part of the process. Recording vital signs before the walk to a bus stop will provide baseline information about pulse rate, blood pressure, and respirations. Making a second set of recordings (at a designated point along the "trip") will give the assessor information about the effects of this portion of the assessment on the applicant. Together with visual observations about any signs of distress, these recordings will allow the assessor to determine if it is reasonable to ask the applicant to continue the simulated trip to and from a bus stop. Recording vital signs after the trip has been completed will provide additional information (along with visual observations) to help the assessor determine the maximum distances that the applicant can reasonably be expected to travel.

Some systems that record vital signs before, during and after the "Distance/Endurance" portion of the assessment have set a general guideline for discontinuing this portion of the assessment. If the applicant's pulse rate increases by 30 or more beats per minute, that portion of the evaluation is ended. Assessors should also use the guidelines established by the International Hypertension Association when making these decisions. Other observations of signs of distress should also be used (see Assessing Endurance/Travel Distance section below).

If taken, blood pressure, pulse rate, and respirations would be recorded in the *Vital Signs* portion of the *Physical Functional Abilities Assessment Form*.

Equipment Needed: If vital signs are to be measured, the assessor will need a blood pressure cuff and a watch.

Considerations: Some systems that administer physical functional assessments do not include recordings of vital signs. These systems note that measuring vital signs can make the assessment appear to be a medical test (while ADA paratransit eligibility determinations should be made based on functional ability). It is also noted that adding several recordings of vital signs can increase the time needed to complete the assessment and can increase the cost of assessments. Finally, it is noted that without more detailed information about the applicant's medical history, it can be difficult to draw conclusions about true functional abilities based on these measures.

On the other hand, measurements of vital signs can give the assessor information about the effects of the assessment on the applicant, can help to ensure the applicant's safety in participating in the assessment, and can help in determining what maximum travel distances are reasonable for the applicant.

A decision to include the measurement of vital signs in the process should be discussed with the professionals who will be administering the process as well as with members of the disability community.

STEP 5 Assessing Endurance/Travel Distance

The assessor would then observe the applicant as they make a simulated trip to a bus stop/transit station in the area of the assessment center. A route in the real (out-of-doors) environment will provide for an actual simulation of travel to and from a stop/station and would be used whenever practicable. A predetermined route would be identified that allows the assessor to observe the applicant traveling at least 2,640 feet (1/2 mile). Ideally, the route would also include street-crossings of various types, curbs, curb-cuts, a variety of surfaces, and varying slopes. If these features are not along the designated route, they will need to be measured in another location.

Travel in the real, out-of-doors environment might not, however, always be practical or advisable. The assessor should consider the disabilities or health conditions of the applicant. Caution and professional judgment is advised to avoid introducing applicants to weather conditions or environments that might pose a risk. In some areas of the country, certain occasional weather conditions might also make outdoor travel unreasonable for any applicant. Alternate, indoor facilities might need to be available to measure endurance and travel distance in these cases.

Figure 5-2. Testing Endurance/Travel Distance in the Real Environment



Figure 5-3. An Indoor Walk at the Assessment Center in Dallas



The assessor would direct the applicant to landmarks along the route. The assessor would not, however, lead the applicant along the route, but would instead let the applicant set the pace while still being in a position to assist as needed. The applicant's ability to follow directions to each upcoming landmark would be observed and recorded. The applicant's gait would be observed as they travel along the route and this information should be recorded on page 3 of the *Physical Functional Abilities Assessment Form*.

As noted in the "Overview of the Process" at the beginning of this workbook, the eligibility of applicants who only indicate a vision disability will be determined using information provided in the application form and from professionals familiar with the applicants travel abilities. Some applicants with low vision as well as physical disabilities may be asked, however, to participate in this part of the assessment. In these cases, the assessor would make observations about the applicant's ability to identify landmarks, skill in using mobility aids (cane, service animals), and ability to follow the described path of travel. Ideally, the route would also include large and small obstacles in the path-of-travel and the assessor would note the applicant's ability to detect and navigate around these obstacles (e.g., trees, mailboxes, fire hydrants, raised utility pipes or boxes, etc.). It is important to keep in mind, however, that these observations would not be used to draw final conclusions about eligibility. The main sources of information about functional ability for applicants with vision disabilities will be the applicants and professionals familiar

with their travel skills. Observations made as part of the physical functional assessment would be considered as additional, secondary information.

The total distance traveled by the applicant and the total amount of time required to travel this distance would be recorded. Some applicants may be able to complete the full route. For other applicants, it may not be reasonable or advisable to attempt to travel the entire route. To assist in recording travel distance and time, this section of the *Physical Functional Abilities Assessment Form* allows for observations at each 330 foot marker. Note also that this section of the form has room for a distance of less than 330 feet if the applicant is not able to make it to the first marker on the route. Other distances would be recorded as needed.

Any rests taken by the applicant would also be recorded in this section of the *Physical Functional Abilities Assessment Form*. Information about rests taken would note whether the applicant took a standing or seated rest and how long they had to rest.

The professional must be alert for signs and symptoms of distress during the assessment so that the evaluation can be discontinued when the level of competence of the individual is exceeded (or the level of effort to complete the task is no longer reasonable.) To assist in observing signs of distress, it is suggested that assessors engage applicants in conversation along the route. Signs of distress might include:

- Shortness of breath
- Changes in gait and/or balance
 - Pace becomes slower
 - Onset of limp
- Profuse sweating
- Clammy skin
- Changes in coloration
- Mental confusion
- Unable to walk and talk at the same time
- Nystagmus

Additional signs that may be reported by the applicant include:

- Report of chest pain
- Report of nausea
- Report of dizziness
- Report of pain in limbs

While making observations of the applicant completing the route, it is also important to consider consistency of performance and symptom validity in order to distinguish between true signs of distress and exaggeration or faking of symptoms.

To be considered able to travel certain distances, applicants must not only be able to actually negotiate that distance, but must be able to travel the distance with reasonable effort and in a reasonable period of time. The suggested guideline for travel time is that applicants must be able to complete 1,320 feet (1/4 mile) in 16 minutes or less and must be able to complete 2,640 feet

(1/2 mile) in 32 minutes or less. These are not absolute measures, but should be considered as general guidelines along with observations of effort required and signs of distress.

After observing the applicant traveling along the route, observing level of effort and signs of distress, and noting the time required to travel certain distances, the assessor would record on the *Physical Functional Abilities Assessment Form* what they feel should be the maximum distance that the applicant should be expected to travel to and from transit stops/stations.

Equipment/Props Needed: As noted above, a defined route would be established that is at least 2,640 feet (1/2 mile) long. This should include a 1/4 mile walk to a real or mock bus stop, and a 1/4 mile return. Markers should be identified every 330 feet along the route (at which travel times should be recorded). The route would also include at least one location where the applicant can sit down and rest if this becomes necessary. Ideally, the route would include crossing intersections with and without traffic controls, should include curbs and curb cuts along the way, should have varying slopes (from mild to moderate) and would include different types of uneven surfaces. If these features are not included along the route, they will need to be simulated at the assessment center.

For days when inclement weather prevents outdoor travel, an alternate route inside the assessment center will be needed. This could include traveling hallways or open spaces within the building and then using simulated curb-cuts, curbs, slopes and surfaces at the center.

The assessor will also need a watch to record the time needed to travel each 330 foot segment of the route.

STEP 6 Assessing Ability to Navigate Curbs and Curb-Cuts

The applicant's ability to negotiate curbs and curb-cuts, without assistance, would be assessed. Ability to step up and down 6" curbs would be observed. Ability to travel up and down an ADA-compliant curb-cut (see description below) would also be observed.

If the applicant has a vision disability, the assessor would also observe whether the applicant is able to independently locate the curb and curb-cut. The assessor would provide the applicant with general directions about the path of travel being followed ("We will be going to the end of this block and then crossing straight across the street") and enough additional cues to ensure the safety of the individual. The assessor would then observe whether the applicant is able to independently locate as well as navigate the feature. Again, observations of visual abilities made as part of the physical functional assessment would be considered together with primary sources of information (from the applicant and from professionals familiar with the applicant's travel abilities) in making an eligibility recommendation.

Ideally, the route selected for travel to and from a transit stop/station in Step 5 would have a curb and curb-cut in the first portion of the route and a curb and curb-cut close to the end of the route. At one location, the applicant would be observed stepping down from the sidewalk to the street and at the other location the applicant would be observed stepping up from the street onto a 6" curb. Similarly, two separate curb-cuts would be identified along the route that would require applicants to travel up one and down the other. Making these observations close to the beginning and at the end of the route will provide information on ability to navigate these

features after some exertion. If the route doubles back on itself, a curb and curb-cut at the beginning of the route can then be used for both observations.

The assessor would use observations of balance, gait, and skill in using mobility aids made earlier in the assessment to determine if it is reasonable to ask the applicant to negotiate curbs and curb-cuts. The assessor would also remain in close proximity to the applicant and be prepared to provide assistance if the applicant should lose balance, lose control of his or her mobility aid, or not have the strength to complete this task. When observing an applicant negotiating a curb-cut, the assessor would be positioned behind the applicant when going up the curb-cut and in front of the applicant when going down the curb-cut. The final determination of ability would be based, however, on the applicant's ability to independently and safely negotiate these features.

Figure 5-4. Testing Ability to Negotiate a Curb



Consideration: It is recommended that a standard 6” curb be used for this observation. However, if curbs in the area are typically higher than this, consideration should be given to using curbs that represent local conditions.

Equipment/Props Needed: A 6” curb or curbs will need to be identified along the route. A simulated 6” curb should also be built within the assessment center for use when outside travel is not possible. The curb should not have handrails or other assists.

An ADA-compliant curb-ramp or ramps should also be identified along the route and a mock ramp should be built at the assessment center for use during inclement weather. To be ADA-compliant, the ramp should have:

- A stable, firm and slip-resistant surface (ADAAG 4.5.1);
- A maximum slope of 1:12 (ADAAG 4.8.2);
- Flared sides, if required to accommodate perpendicular path-of-travel, with a maximum slope of 1:10 (ADAAG 4.7.5); and
- A surface that allows the ramp to be detectable (ADAAG 4.29.2).

While curb-cuts are to have the least possible slope, it is suggested that a curb-cut with a slope of 1:12 be used if possible to simulate most typical designs.

STEP 7 Assessing Ability to Navigate Slopes and Various Surfaces

Ability to navigate on various types of surfaces and various slopes would be observed. As many of the following types of surfaces as possible would be used:

- Broken pavement (irregular changes in level of at least $\frac{1}{4}$ to $\frac{1}{2}$ inch);
- Uneven and or grassy surfaces;
- Gravel surfaces; and
- Loose dirt or sand surfaces.

Again, these different types of surfaces would ideally be identified along the outdoor travel route suggested above. If this is not possible, they should be simulated at the assessment center. Even if on the outdoor route, it is suggested that they be built at the assessment center for use during inclement weather.

The professional conducting the assessment should again use observations of balance, gait, and skill in using mobility aids to determine if it is appropriate to ask the applicant to perform these tasks. The assessor should also be in a position to assist if needed, but should make final observations based on the applicant's independent ability to navigate each surface.

The assessment center (and ideally the outdoor route) would also include ramps or gradients with a variety of slopes. It is recommended that the assessment center have ramps with three different slopes (slight, moderate, and steep). The suggested slopes and minimum distances are:

- A slight slope of 1:16 for a distance of at least 30 feet;
- A moderate slope of 1:12 for a distance of at least 30 feet; and
- A steep slope of 1:8 for a distance of at least 16 feet is recommended.

These three slopes are intended to simulate various slopes on paths-of-travel in the natural environment.

For safety reasons, it is suggested that ramps built at the assessment center have handrails. However, applicants would be requested to walk up and down these ramps without using handrails in order to simulate travel over various terrains in the natural environment.

Finally, a part of the outdoor path-of-travel with a 5% cross-slope (1:20) would be identified and a similar cross-slope would be simulated at the assessment center (for use in inclement weather and if such a slope cannot be identified on the outdoor route). The applicant's ability to travel across this cross-slope, without veering off to the downhill side of the path would be observed. Ideally, the applicant would be asked to travel in both directions across this cross-slope to determine if they have adequate strength and balance to counteract the slope in both directions.

Equipment/Props Needed: A series of ramps with the slopes and lengths specified above at the assessment center. Ramps and changes in slope along the outdoor route should also be identified to the extent possible. If ramps and slopes are identified along the outdoor route, they should be carefully measured and the information about these features should be added to the *Physical Functional Abilities Assessment Form* to reflect the specific slopes and distances observed.

STEP 8 Assessing Street Crossing Abilities

The applicant's ability to safely cross streets is determined in this portion of the assessment. Two different types of street crossings are suggested – one which is light controlled and one with a crosswalk but no traffic or pedestrian light. It is also suggested that at least one of the observations involve crossing at least four lanes of traffic.

Figure 5-5. Testing Street Crossing Ability at Uncontrolled Intersection in Seattle



To the maximum extent possible, it is suggested that street crossing abilities be observed in the real environment rather than in a controlled, simulated setting. The distractions and pressures of dealing with real-life traffic situations are difficult to simulate at an assessment center.

The assessor should first enter information about the street crossings observed in the appropriate places on the *Physical Functional Abilities Assessment Form*. This includes noting information about the number of lanes crossed, whether there was a crosswalk, the types of traffic and pedestrian controls present, and the exact width of the street in feet.

For applicants with physical disabilities, a key observation in this step is whether or not they are able to travel at a sufficient pace to be safe when crossing each street. Record the amount of time needed to cross each street, the width of each street in feet, and then calculate the applicant's walking speed. A walking speed of at least 3-4 feet per second is suggested as a general guideline for safe street crossings.

Other observations would also be made. The assessor would determine if the applicant is able to locate the safe and appropriate place to cross the street. If a pedestrian activated crossing light is available, the assessor would note if the person uses it. If an automatic pedestrian walk light is present, the assessor would note if the applicant waits and initiates the crossing at the appropriate time. If no controls are present, the assessor would note whether the person uses safe street crossing skills in checking for oncoming traffic and crossing only when it is safe.

Particular attention would be given to the person's general level of comfort with crossing the street. Note if they become confused, disoriented, or overly agitated or nervous. Note if their gait changes as they cross the street or if there are signs of distress that would indicate they do not feel confident and in control of their environment.

If an indoor assessment becomes necessary, the assessment center would include a simulated street and traffic controls. This might include a traffic signal and pedestrian walk light with activation button and lights. An effort would be made to simulate conditions that might require particular focus and an accelerated pace. This might include a taped recording of traffic and other street noise. Observations would then be made of their use of the pedestrian activated walk button, recognition of the correct signal and time to cross, and walking speed as they cross the "street."

Equipment/Props Needed: Identify at least two street crossings on the outdoor travel route. Measure the exact width of each crossing. For back-up use, build a mock four-way intersection with traffic controls and pedestrian walk lights at the assessment center. Street edges, lanes, and crosswalks would be appropriately marked on the floor.

STEP 9 Assessing Ability to Wait for a Fixed Route Vehicle

The applicant's ability to wait at a bus stop or rail station for a vehicle to arrive would be determined. It is suggested that the applicant's ability to wait unassisted for at least 10 minutes be assessed.

Note that individuals do not need to be able to stand in a static position for this length of time. Typically, people will pace back-and-forth, or shift their weight periodically, while waiting for an extended period of time. It is important to determine, though, if the applicant is able to wait in a set location that may not have a bench or place to sit for at least 10 minutes without losing their balance or becoming unreasonably stressed.

If the assessment includes use of the Tinetti Balance Test (which is optional), observations from that standardized test could be used to help make this determination. Observations of strength and endurance made during other parts of the assessment (traveling a set route, crossing a street) will also be helpful in making this determination.

It is also suggested that, at some point in the assessment, the assessor engage the applicant in conversation for a few minutes (a minimum of two minutes is recommended) and observe if the person is able to stand comfortably for this extended period. This might be done at the beginning of the assessment when “General Information” and “Background Information” questions are being asked. It might also be done at some point along the route to and from a bus stop where the assessor might ask additional questions about travel issues or current methods of travel.

The assessor would look for signs of distress (see “Assessing Endurance/Travel Distance” section above) while the applicant is waiting. This could include visual observations of physical distress or statements by the applicant that they need to sit down and rest.

Using the various points of information noted above, the assessor would then indicate on the form whether the applicant can be reasonably expected to wait for at least 10 minutes at a bus stop or rail station that does not have a bench or place to sit.

Equipment/Props Needed: None.

STEP 10 Assessing Ability to Navigate Flights of Stairs (If Applicable)

If the transit system includes older rail stations that are not yet accessible and which require passengers to navigate flights of stairs to get to and from platforms, it will be necessary to consider applicants’ abilities to climb and descend flights of stairs. Start by surveying transit stations to determine how stairs are typically configured. Determine:

- How many stairs might riders be required to negotiate?
- What is the height and depth of stairs?
- Do the stairs typically have “nosings” (step tread overhangs)? How much of a nosing is typical?
- How are handrails configured?

This information should then be considered when making a determination of abilities to navigate stairs.

This determination might be made based on observations from other parts of the assessment. This might include observations of abilities to climb and descend bus steps (STEP 12), stepping up and down a curb (STEP 6), and general endurance/travel distance observations (STEP 5).

Alternately, applicants might be asked to both climb and descend stairs available at the assessment center or on the outdoor route. As with other portions of the assessment that require significant exertion, the assessor would first determine, from prior observations of the applicant, whether it is reasonable to ask the applicant to perform this task. During the observation, the assessor would be positioned behind the applicant when climbing the stairs and in front of the applicant when descending stairs so that appropriate assistance can be provided if needed.

As the applicant is climbing and descending the stairs, the assessor would watch for signs of distress and would observe how much effort is required. Particular attention would be given to whether the applicant appears to be in control as they perform these tasks or if there appear to be risks due to lack of strength, balance, or other factors. The assessor would also record how long it took for the applicant to climb and descend the stairs. Observations of effort and time would then be used to determine if it is reasonable to expect the applicant to climb stairs to get into and out of transit stations. The assessor would record in this portion of the *Physical Functional Abilities Assessment Form* whether the applicant was able to reasonably complete these tasks; if they were able to climb and descend the stairs but, due to the level of effort, risk factors, or time required they should not be expected to do this to use the system; or if they were unable to complete these tasks.

Equipment/Props Needed: If available, a flight of stairs at the assessment center or on the outdoor route would be identified. The stairs would replicate real-life transit station stairs to the greatest extent possible. Ideally, the assessment center would be located within a short walk of a transit station with stairs and applicants would be asked to walk to, enter and exit this station as part of the assessment. Even if this is possible, though, props at the assessment center will be needed for times when outdoor travel is not appropriate. In these cases, a flight of stairs at the assessment center may need to be used.

A watch will also be needed to record the time required by the applicant to climb and descend the stairs.

STEP 11 Assessing Ability to Use Elevators (If Applicable)

In transit systems with rail stations that include elevators, it is also suggested that the assessment consider applicants' abilities to use elevators.

The primary skills considered would be:

- Spatial orientation in a complex transit setting;
- Coordination and range of motion (to be able to activate the elevator controls and operate the elevator); and
- Ability to maneuver a mobility aid in a tight space (e.g., backing onto the elevator or turning to be able to activate the controls inside the elevator cab.

Observations of these skills might be made in other parts of the assessment. Alternately, applicants might be observed entering, using and exiting an elevator if one exists at the assessment center. The assessor would observe whether the applicant is able to use the elevator

controls both outside and then inside the elevator. This will require a certain range of motion and might require backing onto the elevator to be able to activate controls inside the elevator cab.

Equipment/Props Needed: An elevator at the assessment center (if available).

STEP 12 Assessing Ability to Navigate Bus Steps

If any of the fixed route buses used by the transit agency is not accessible (equipped with a lift or a ramp), it will be necessary to determine if applicants are able to negotiate bus steps. If all fixed route vehicles in the system are accessible, this portion of the assessment does not need to be included. **Note:** If all buses are accessible and this portion of the assessment is not used, it is recommended that the assessor inform applicants, including applicants who do not use wheelchairs, that they can request to ride up on the lift if they are not able to use the stairs.

Ideally, a retired bus can be parked in or just outside the assessment center and this observation can be made using this vehicle. In some programs, the front stepwell of a retired bus, or “half a bus” (including the front entrance the lift and the securement area) have been located within the assessment center. In other systems, a mock-up of a bus, including the front entrance, have been built. If a mock-up is built, it is important that the step heights, widths, and depth be duplicated exactly. Also, the entrance area should include hand-rails and grab-bars similar to those on actual buses.

Observations of strength and balance from earlier assessment tasks would be used to determine if it is appropriate to request that the applicant demonstrate their abilities to use bus steps. If the applicant is unable to negotiate curbs, does not appear to have the lower and upper-body strength to climb high steps, or scores low on the optional Tinetti Balance Test, this portion of the assessment may not be appropriate and a determination that the applicant will need buses with lifts might be made. The assessor should also pay particular attention to how the applicant manages the first (highest) step, and should discontinue the test if the applicant shows problems with this initial task.

Applicants would first be observed negotiating the bus steps from street level. If they are able to negotiate the 12-14” first step, it can be assumed that they would also be negotiate the steps from a 6” curb. If they are not able to negotiate the first step from street level, the assessor would then observe ability to use the steps from a 6” curb. This could be done using a platform to simulate a curb.

Separate observations would be made of the applicant’s ability to climb up the steps as well as descend the steps. The assessor would carefully observe the level of effort that is required and any signs of distress. Particular attention would be given to balance or strength issues that might put the applicant at risk of falling. Consideration should also be given to the applicant’s ability to manage this task in various types of weather (e.g., stepping down onto a snow-covered, wet, or slippery street).

The assessor should be in a position at the bottom of the stepwell where assistance can be provided if needed.

The assessor would determine whether it is reasonable to expect the applicant to use the steps to enter buses. This determination would consider not only the ability to complete the task, but the level of effort required and potential risks and safety considerations. The assessor would then indicate in this section of the *Physical Functional Abilities Assessment Form* whether the applicant can be expected to use the steps, if they were able to climb and descend the steps but use of the steps is not recommended, or if they were unable to perform this task.

Equipment/Props Needed: Actual or mock-up of bus entrance stepwell. If a mock-up is made, it should be built to actual bus dimensions and should have the same handrails and grab-bars that are provided on buses.

Consideration: If buses are equipped with kneelers, separate observations of ability to use the steps of a bus with the bus “Kneel” and at full step height might also be considered. It is also possible that when “kneel” the first step height would be similar to using the steps from a 6” curb, in which case the kneeler feature could be used to simulate boarding and exiting from a curb.

Figure 5-6. Mock-Up of Bus Stepwell Used at Assessment Center in Seattle



STEP 13 Assessing Ability to Use Bus Lifts

Applicants who use wheelchairs or who are otherwise unable to use the bus steps would be assessed for their ability to use bus lifts. The assessor would note in this section of the *Physical Functional Abilities Assessment Form* whether the applicant used the lift with a wheelchair or as a standee.

An applicant's ability to use a bus lift independently or with reasonable assistance from a driver should be assessed. Section 37.165(f) of the USDOT's ADA regulations states that "Where necessary or upon request, the entity's personnel shall assist individuals with disabilities with the use of securement systems, ramps, and lifts. If it is necessary for the personnel to leave their seats to provide this assistance, they shall do so." Use of lifts with a reasonable level of driver assistance should therefore be considered as part of the assessment.

The assessor should first ask the applicant if they have ever used a bus lift. If they have not, the assessor should first demonstrate how the lift works and explain how it should be used. This might include how to position oneself on the platform, engaging wheelchair brakes if applicable, and using the handrails for balance.

For applicants who use wheelchairs, the assessor would observe whether they are able (with or without assistance) to maneuver onto the lift from the street and whether they are able to maneuver onto the lift from inside the bus (for deboarding).

For applicants who are ambulatory, the assessor would first determine if attempting to use the lift is safe and reasonable. If prior observations indicate a lack of the balance or strength needed to perform this task, the assessor might consider not administering this part of the assessment. If the applicant is asked to use the lift as a standee, the assessor would observe their ability to step onto the lift both from the ground and from the interior of the bus. The assessor would also observe whether the applicant appears to be able to maintain their balance and ride up and down on the lift safely. Remind individuals using the lift standing to watch their heads when entering the bus, as the bus operator would.

In order to provide assistance if needed, the assessor should remain at "street-level" while the applicant rides up and down on the lift. The assessor should not stand on the lift with the applicant.

Equipment/Props Needed: Ideally, a functioning ADA-compliant wheelchair lift should be available at the assessment center. This can be accomplished by parking a retired or spare bus at the center, by installing a portion of a retired bus within the center, or by extracting a lift from a retired vehicle and mounting it on the side of a platform to simulate entering a bus via the lift. The photos below show examples of these latter options.

A lift that meets all of the requirements of the ADAAG would be used. If a variety of different types of bus lifts exist in the fixed route fleet, the most common ADA-compliant lift in the fleet would be used or simulated.

To allow the assessor to remain at "street-level" outside the bus, it may be necessary to equip the full bus or portion of a bus installed at the assessment center with external lift controls.

As an alternative to a real bus or a working mock-up, note that some systems use a “static” lift platform to determine if applicants are able to get on and off of the lift platform. Observations of balance made in other parts of the assessment are then used to determine if the applicant can safely ride up and down on the lift.

Training: In order to be able to properly and safely conduct this portion of the assessment, the assessor should be fully trained by the transit agency to operate the wheelchair lift that is used and to assist riders in using the lift.

Figure 5-7. Assessment Center in Dallas Showing Full Bus with Functioning Lift



STEP 14 Assessing Ability to Use Low-Floor Bus Ramp

If low-floor buses are used in the transit system, it will also be necessary to assess the applicant’s ability to use a ramp to enter this type of vehicle. This observation should be made both for applicants who use wheelchairs as well as for applicants who are ambulatory but who are determined unable to step up onto the bus.

Again, in keeping with Section 37.165(f) of the USDOT’s ADA regulations, an applicant’s ability to use a low-floor bus ramp independently or with reasonable driver assistance should be considered.

This observation can be made using a spare low-floor bus or a mock-up of the entrance and ramp of a low-floor bus. In designing this part of the assessment, the ability to make observations of applicants entering from street level as well as from a 6” curb should be considered. Also, if it is standard practice to activate the vehicle “kneeler” when using the ramp (to lessen the ramp slope), this should be considered in the design of any mock-ups or in the use of an actual bus.

Observations would be made of applicants using the ramp to enter the vehicle both from a 6” curb as well as from street-level (with the kneeler activated if this is common practice). Both of these conditions should be considered since it is likely that there will be some stops without sidewalks and curbs and that there may be times when buses will not be able to pull to the curb.

Figure 5-8. Low-Floor Bus Ramp Deployed to Street Level



Using prior observations, the assessor would first determine if it is reasonable to ask the applicant to attempt to use the ramp. Particular attention should be given to whether the applicant is able to use the ramp when it is deployed to street-level (even with assistance).⁶

If the applicant has never used a ramp-equipped low-floor bus, the assessor would provide instructions for the safe use of the ramp. The assessor would record in this section of the

⁶ The slope of a typical low-floor bus ramp when deployed to a 6” curb is moderate (perhaps 1:6). The slope of a ramp when deployed to street level is more severe (typically 1:4) and it may not be safe for some applicants to attempt to use a ramp of this slope even with assistance.

Physical Functional Abilities Assessment Form whether the applicant is able to negotiate both up and down the ramp and whether the applicant is able to do this independently or with assistance.

If prior observations of the applicant's abilities indicate that they should not attempt to use the ramp independently, the assessor would provide the assistance that would be provided by a bus operator. If it is determined that the applicant requires assistance using the ramp, the assessor would inform applicants that this assistance can be requested when using the system.

Equipment/Props Needed: If practical, a spare low-floor bus (or the front portion of a bus) can be located at the assessment center. It would be sufficient, though, to build a mock-up of the ramp and entrance. If a mock-up is used, it is suggested that a spare ramp be used in the construction in order to replicate the exact dimensions and surface of actual ramps in service. The mock-up would also include a front entrance door with the same handrails, farebox set-up, and wheelwell configuration that is present on low-floor buses. As noted above, the set-up would allow for the ramp to be deployed at street level as well as to a 6" curb. This can be done by having one ramp area (i.e., the ramp deployed to a 6" curb) with the full front entrance mock-up, and then a second ramp test area that simply is a ramp with the slope that would simulate deployment at street level with handrails and a bus floor landing area. The complete bus front mock-up would be used to assess ability to navigate onto the bus and the separate ramp area would simply assess ability to navigate a steeper ramp.

Training Considerations: In order to be able to properly and safely conduct this portion of the assessment, the assessor would be fully trained by the transit agency to operate the wheelchair ramp that is used and to assist riders in using the ramp.

STEP 15 Assessing Ability to Pay Fixed Route Fares (If Applicable)

When designing an appropriate assessment process, consideration would be given to the various methods available for paying required fares and to the physical skills that might be required to perform this task. For example, it might be possible to easily obtain tickets that can be used in lieu of change or bills. Consideration would also be given to transit system policy regarding operator assistance with fare payment. For example, in some rail systems, station attendants might be available at all stations to provide assistance with the purchase and payment of fares. In other systems, however, staff might not be available to assist with these required tasks. Also, in some systems, bus operators might be required to assist passengers with fare payment as long as this does not require them to go into a person's purse, wallet, or backpack. For example, it may be possible for riders with disabilities to attach an envelope with the correct fare to their mobility device or to their clothing and request the bus operator to deposit the fare for them.⁷

If alternate fare media are available or types of operators/staff assistance are such that it is determined that riders with disabilities should always be able to pay the fare, an assessment of abilities to pay fares will not be needed. If, however, policies and media do not address certain rider limitations, an assessment that simulates problems that riders with disabilities might

⁷ Guidance issued by the Federal Transit Administration indicates that transit systems should set policies that provide reasonable assistance with fare payment. Modification of policies and procedures to provide "program accessibility" is required by Sections 35.149-35.150 of 28 CFR Part 35 (Department of Justice regulations implementing Title II of the ADA).

encounter might be needed. For example, riders might be required to locate and use fare payment or validation machines at transit stations where attendants are not available. *The specific situation of the transit system regarding fare payment issues should be discussed with consumers as part of the design of the local assessment process.*

If ability to pay fares is considered, the assessment center can be equipped with a real or mock farebox and the applicant can be asked to deposit the correct fare in the box. Or, if automated fare equipment is used at rail stations that are not staffed, similar equipment can be located at the assessment center and the applicant can be asked to select the appropriate amount needed for a mock trip and use the equipment to obtain the required ticket (and then validate and/or feed the ticket into entrance/exit gates as needed).

Equipment/Props Needed: Actual equipment or mock-ups of fare acquisition and payment equipment as appropriate to the local system.

STEP 16 Assessing Ability to Get to and from Seats and Securement Areas

A determination would be made as part of the physical functional assessment of applicants' abilities to get to and from seats or securement areas once on buses or trains. For applicants who do not use wheelchairs, this will involve determining if they are able to negotiate down an aisle to available seating and sit and stand using handrails/stanchions that are typically available. For applicants who use wheelchairs, this will involve observing whether they are able to maneuver and control their wheelchairs sufficiently to properly locate themselves in a securement area (to allow for proper securement by operators).

The most thorough way to make this assessment is to have a spare/retired bus on site and to observe the applicant navigating on-board this bus. In lieu of a full bus, a mock-up of a bus interior can be built at the assessment center. This can be done by having a "half-bus," with the portion including the lift and ambulatory entrance and the pathway to the securement area and first few rows of seats, assembled at the assessment center. Or, careful measurements of a bus interior and layout can be made and a mock-up of a bus interior can be constructed (see figures below).

It is also possible (although not as thorough) to make a determination of abilities to maneuver on-board a bus by using observations of other tasks performed as part of the assessment. For example, the ability to sit and then stand from a seated position might be made as part of the optional Tinetti Balance Test (see below) using simple props. Also, ability to maneuver a wheelchair in tight spaces might be generally observed throughout the assessment as the applicant is asked to navigate up and down curb-cuts or along an inside or outdoor route.

If low-floor buses are used in the system, it will be important to simulate the interiors of these buses. The stepwell configurations in these types of buses can limit the space available to maneuver a wheelchair from the ramp entrance to the securement area.

The assessor would determine during the observation whether the applicant has used fixed route buses with their current mobility aids. This information will be important for determining if any problems maneuvering inside the vehicle are due to a lack of abilities or simply a lack of experience riding fixed route buses. If the applicant has never used fixed route service, the

assessor would provide guidance on the best way to maneuver to the securement location inside the bus.

In addition to observing basic abilities to get to and from a securement area, the assessor would record the amount of time required to perform this task. The local transit system may want to establish a general guideline for a reasonable period of time that will be allowed. Paratransit eligibility might be granted if applicants have extreme difficulty maneuvering on and off of vehicles even with instruction.

Equipment/Props Needed: Actual spare bus on-site; “half-bus” including the entrance and securement areas; or a mock-up of a bus interior including the entrance area, fare payment area, aisles to the securement location, and the securement area. A watch will also be needed to record the time required to get to and from the securement area.

Figure 5-9. Mock-Up of Bus Entrance and Interior at Assessment Center in Seattle



STEP 17 Assessing Ability to Stand on a Moving Vehicle (If Applicable)

The assessment process would consider that fixed route riders might be required to stand on a moving vehicle. ADA regulations require that bus operators request that passengers seated in priority seating areas make the seats available to persons with disabilities who ask to use those seats. However, the regulations do not require bus operators to make passengers relinquish these seats. Local transit systems can, however, establish policies that exceed the minimum regulatory requirements to ensure that riders with disabilities who request a seat are accommodated before

the bus moves. For example, bus operators might be required to ask passengers in other areas to offer their seat if passengers in the priority seating area are not responsive. And, if in the unlikely event that no seat is made available, operators might be instructed to not move the vehicle with a person who has indicated that they need a seat to safely ride the bus.

If local policies and procedures are such that all riders who need a seat will be accommodated, this portion of the assessment might be omitted. ***This issue should be discussed with consumers as part of the final design of the assessment process.***

If it is not possible to ensure that all riders who require seats to safely use the system will receive them in actual operation, a determination of the ability to stand on a moving vehicle would be made by the assessor. Since it might be impractical to include a real trip on a bus as part of the assessment, this determination could be made based on the following:

- General observations of strength and balance made in other portions of the assessment; or
- Results of the optional Tinetti Balance and Gait Tests.

Equipment/Props Needed: See description of set-up for Tinetti Balance and Gait Test at the end of this section.

STEP 18 Assessing Ability to Signal for Destination (If Applicable)

The assessment would consider whether applicants will be able to signal bus operators that they would like to disembark at an upcoming stop. This would include assessing whether the applicant is able to pull the signal cord or press the signal strip (depending upon what is provided on local vehicles).

In designing the assessment process, consideration might also be given to policies and procedures that exist to assist riders in signaling or indicating a desire to disembark. This might include providing the bus operator with a “destination card” or otherwise indicating a desired departure point when boarding the vehicle. If it is felt that policies and procedures are such that all persons should be able to be accommodated, this portion of the assessment might be omitted. If, however, it is determined that some individuals with disabilities may not be able to indicate when they need to disembark, this task would be assessed. ***The need to include this portion of the assessment should be discussed with a consumer advisory committee or with local consumers through another appropriate forum.***

If a full bus or a portion of a bus is available at the assessment center, the performance of this task can be observed using equipment on-board. If a mock-up of a bus interior is used, the stop signaling equipment can be included to allow for this observation. Or, the assessor might simply observe general upper-body range of motion and strength and make a determination of ability to perform this task. If this latter approach is used, it is important that the assessor have a thorough understanding of the location of stop signaling systems and the range of motion and strength needed to activate the system.

Equipment/Props Needed: Actual or mock-up of stop signaling system.

Recommended Core Competencies for Persons Conducting Physical Functional Assessments for ADA Paratransit Eligibility

Introduction

This section provides information regarding the core competencies required by personnel who conduct physical functional assessments as part of an ADA eligibility determination process. To ensure that fair and accurate determinations are made, it is important that 1) a comprehensive assessment process that is representative of conditions that prevail in the jurisdiction be developed and followed consistently, and 2) that skilled and appropriately trained personnel conduct the evaluations in a manner that will produce valid (accurate) and reliable (repeatable or representative) results.

Conducting the eligibility determinations according to the designed protocol is a routine procedure for the evaluator once the series of assessment tasks is learned. The difficulty in conducting valid evaluations lies in the ability of the evaluator to interpret a wide range of behaviors and performance skills, and to respond to unexpected circumstances. The judgment required to discern between genuine inability and apparent inability that arises from other sources (fear, uncertainty, poor comprehension, secondary gain, etc.) is gained through formal education, job-specific training, and clinical experience with a wide range of disabilities.

Evaluators should possess background training and education that support the competencies listed in the next section. Examples of the types of professionals who *typically* possess the background knowledge to perform functional assessments of this type are:

- occupational therapists
- physical therapists
- clinical kinesiologists
- exercise physiologists who have worked with disabled or injured populations.

Other professionals who *may possess* related knowledge are:

- nurses who have worked in rehabilitation or occupational health settings
- recreation therapists who have received training in functional assessment
- athletic trainers who have worked with disabled populations.

Transit authorities may also identify persons on an individual basis who by virtue of work experience and training possess skills relevant to functional physical assessment. Prior experience in observation and evaluation of *functional aspects* of disability is a necessary prerequisite for one to acquire the clinical reasoning skills needed to make skilled interpretations of performance. All evaluators will require training and initial supervision in order to perform this specialized type of functional assessment.

Transit authorities should also be aware of licensing regulations in the state in question when assigning professionals to conduct evaluations. For example, in most states, occupational and physical therapy assistants are not licensed to independently perform and document evaluations,

and thus would be unable to perform evaluations under their professional title without violating the jurisdiction's practice act.

Core Competencies

The following list of competencies will serve as a guide for those who are selecting personnel to conduct physical functional assessments. Listed with each competency is the critical performance level necessary for competent performance relative to this type of assessment, as well as examples of where the competency would be used during the assessment process.

Competency	Criterion/Performance Requirements	Relevant Areas of Functional Assessment
Provide information and instructions to the applicant	<ul style="list-style-type: none"> - Effectively describe evaluation requirements - Effectively interpret the meaning and intention behind applicant questions and statements - Modify instructions appropriately to match the learning style and cognitive level of the applicant. - Rephrase and repeat information to ensure applicant has correctly interpreted instructions when unexpected response results - Effectively instruct applicant to ensure safe and efficient performance. 	<ul style="list-style-type: none"> - Orientation of applicant to purpose of evaluation - Introduction and explanation of evaluation tasks - Providing guidance and encouragement to applicant during evaluation.
Receive and interpret information from the applicant	<ul style="list-style-type: none"> - Obtain complete information from the applicant - Respond appropriately and effectively to applicant questions, concerns or task performance refusals 	<ul style="list-style-type: none"> - Soliciting information relevant to an understanding of applicant functional performance and medical restrictions prior to assessment - Interacting with applicant before and during the assessment.
Communicate verbally with other professionals	<ul style="list-style-type: none"> - Request relevant information central to understanding applicant limitations and abilities from community health professionals - Accurately interpret the meaning and relevance of information received from collateral sources - Verbally provide a clear analysis of performance issues and limitations to transit authority decision makers 	<ul style="list-style-type: none"> - Placing calls to outside professionals for collateral information prior to or following an assessment. - Discussing the results of evaluation or concerns with eligibility determination makers - Presenting results of assessment before an appeal board.

Communicate in writing with other professionals	<ul style="list-style-type: none"> - Accurately interpret the meaning and relevance of written reports received from collateral sources - Provide clear and defensible written summary of applicant performance 	<ul style="list-style-type: none"> - Assisting transit authority personnel in interpreting supporting information from collateral sources - Producing written summary of assessment results
Develop interpersonal rapport	<ul style="list-style-type: none"> - Create a positive environment conducive to eliciting valid performance - Build an environment of mutual respect - Encourage appropriate applicant sharing of relevant information to assist in interpretation of observed performance 	<ul style="list-style-type: none"> - Greeting the applicant and explaining one's role and background as evaluator - Throughout the functional assessment
Observe and evaluate applicant performance	<ul style="list-style-type: none"> - Make accurate observations of performance through visual observation, measurement, and calculations - Correctly interpret physiological response to testing through observation of overt signs (e.g. rate of breathing, changes in gait pattern, skin color, etc.) and formal testing methods (e.g. blood pressure test, pulse rate, etc.) 	<ul style="list-style-type: none"> - Determining level of effort expended by the applicant in performing required tasks - Evaluating applicant performance ability throughout physical assessment, including rate and quality of performance, changes in rate and quality of performance - Performing assessments of physiological response to testing if included in test protocol
Supervise performance for applicant safety	<ul style="list-style-type: none"> - Be aware of risks and appropriate precautions associated with a disability or medical condition. - Accurately determine situational risk factors based on observed quality of performance in areas such as static balance, dynamic stability, proximal and distal stabilization, correct response to commands, speed of response to environmental barriers and cues, etc. - Use clinical judgment to make determination as to level of risk. - Intervene in an appropriate manner to terminate a section of the evaluation when the applicant is determined to be unsafe. 	<ul style="list-style-type: none"> - Observing applicant performance on test items, especially negotiating ramps, climbing steps and curbs, ambulation over rough ground, navigating power wheelchair over course and on lift, ramps, and cross slopes, completing street crossings, etc.

<p>Record assessment findings and impressions during functional assessment</p>	<ul style="list-style-type: none"> - Accurately record performance as it occurs - Accurately record behavioral observations - Interpret and accurately record information shared by applicant as to “typical” performance and personal disability anomalies 	<ul style="list-style-type: none"> - Measurement (i.e. with stop watch) and recording of street crossing speed, time required to complete distance course, number of rest breaks, frequency of rest breaks, and heart rate (if included in test). - Concurrent recording of information provided while walking with the applicant, and during other aspects of the evaluation. - Notetaking during testing to record behavioral signs, variations in performance, etc.
<p>Interpret and extrapolate from observed performance</p>	<ul style="list-style-type: none"> - Accurately compare observed performance with acceptable and safe levels of performance (based on past experience and normative or criterion data. - Use clinical judgment to evaluate quality of response - Use clinical judgment to determine potential areas of concern based on level of observed performance 	<ul style="list-style-type: none"> - Evaluation of balance skills in a standardized screening test. - Comparison of measured walking rate with transit authority standards. - Evaluation of dynamic balance in functional test on short ramps and cross slopes, distance test, 6” curbs, etc. and predicting potential performance in a wider range of community situations (e.g. longer distances, steeper slopes, higher curbs)
<p>Demonstrate professionalism</p>	<ul style="list-style-type: none"> - Treat applicants with respect. - Effectively manage conflict without defensiveness. - Maintain confidentiality of applicant information. - Ensure the accuracy and fairness of assessment and reporting in the face of potentially conflicting applicant and transit authority interests. 	<ul style="list-style-type: none"> - Greeting and orienting the applicant to the assessment - Discussing cases with eligibility determination personnel - Presenting results accurately and objectively in an appeal hearing

Manage time and situational demands	<ul style="list-style-type: none"> - Effectively manage time and responsibilities to minimize applicant wait time. - Effectively prioritize multiple demands. - Complete evaluations and associated paperwork in a complete yet timely manner. - Respond calmly yet effectively to emergency situations. 	<ul style="list-style-type: none"> - Managing multiple evaluations in back-logged situations, particularly when faced with “slow” performers. - Supplying reports on day of evaluation to ensure accuracy and compliance with ADA response time requirements. - Dealing with falls or other physical response crises.
Assume responsibility for personal learning and maintaining a current knowledge base	<ul style="list-style-type: none"> - Actively pursue recent information concerning medical and disabling conditions - Demonstrate the ability to effectively search for and interpret information concerning rare conditions using print and electronic sources. 	<ul style="list-style-type: none"> - Maintaining a current knowledge base as part of professional practice. - Finding information regarding risk and medical course relative to conditions that are unfamiliar or rare.

Summary

The goal of functional assessment as part of the eligibility determination process is to obtain results that represent the true and customary performance levels of an individual applicant. Use of skilled professionals to conduct these evaluations is one step towards enhancing the fairness and defensibility of determinations that are made. While all the competencies listed above are important for ensuring valid and reliable assessment results, the most critical factors are those that relate to the ability of the evaluator to solicit maximal performance, to critically analyze performance, and to recognize when to modify or terminate assessment procedures. These abilities require persons with a combination of knowledge of disability and medical disorders, appropriate training, and the clinical judgment skills that result from experience in conducting functional assessments.

Physical Functional Abilities Assessment Form

Date of Assessment: _____

Assessor: _____

Assessment Site Location: _____

Temperature and Weather Conditions: _____

General Information:

Applicant's Name: _____

Applicant's Date of Birth: _____

New Applicant

Recertification

If Recertification, current paratransit ID#: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Male:

Female:

Background Information:

Primary Disability/Medical Condition: _____

Secondary Disabilities/Medical Conditions: _____

Dates of Onset: _____

Currently Receiving Any Treatment?: _____

Prognosis: _____

Currently Taking Medications?: _____

Medication Taken Today?: Yes No

Medication Side Effects Reported by Applicant: _____

Are Effects of Disability Variable?: Yes No

On a Scale of 1-10, How Are You Feeling Today?: _____

Temperature Sensitivity?: Yes (Heat>_____ Cold<_____)

No

Applicant's Primary Issues With Using Fixed Route Service: _____

Applicant's Name: _____
 Assessor: _____ Date of Assessment: _____

Vital Signs (Optional):

	<i>Before Mobility</i>	<i>During Mobility</i>	<i>After Mobility</i>
Blood Pressure (mmHg)	_____	_____	_____
Pulse (bpm)	_____	_____	_____
Respirations (bpm)	_____	_____	_____

Distance/Endurance:

<u>Distance</u>	<u>Time</u>	<u>Rests (Duration, Stand/Sit/Position)</u>
_____ feet	_____	_____
330 feet	_____	_____
660 feet	_____	_____
990 feet	_____	_____
1320 feet	_____	_____
1650 feet	_____	_____
1980 feet	_____	_____
2310 feet	_____	_____
2640 feet	_____	_____

Observed signs of distress: _____

- Able to travel 1320 feet in 16 minutes or less? Yes No
 Able to travel 2640 feet in 32 minutes or less? Yes No

Maximum reasonable travel distance on level ground: _____

- Able to follow directions along route? Yes No
 Able to find way along route? Yes No
 Able to navigate around large obstacles (trees, fire hydrants)? Yes No
 Able to navigate around small objects (raised utility boxes/pipes)? Yes No

Observation Notes: _____

Navigating Curbs/Curb-Cuts:

At beginning of route:

- Independently locate curb/curb-cut? Yes No
 Independently step up 6" curb? Yes No
 Independently step down 6" curb? Yes No

Applicant's Name: _____

Assessor: _____ Date of Assessment: _____

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Independently maneuver up curb-cut? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Independently maneuver down curb-cut? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

At end of route:

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Independently locate curb/curb-cut? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Independently step up 6" curb? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Independently step down 6" curb? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Independently maneuver up curb-cut? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Independently maneuver down curb-cut? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Observation Notes: _____

Navigating a Variety of Surfaces/Slopes:

- | | | |
|---|------------------------------|-----------------------------|
| Able to negotiate sidewalk that is in good condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate on broken pavement/surfaces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate on uneven/grassy surfaces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate on gravel surfaces | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate on loose dirt/sand surfaces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate up 30' ramp of 1:16 slope? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate down 30' ramp of 1:16 slope? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate up 30' ramp of 1:12 slope? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate down 30' ramp of 1:12 slope? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate up 16' ramp of 1:8 slope? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate down 16' ramp of 1:8 slope? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Able to negotiate cross-slope of 1:20 (5%)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Observation Notes: _____

Applicant's Name: _____
Assessor: _____ Date of Assessment: _____

Street Crossing:

Crossing #1:

Number of lanes? _____

Crosswalk? Yes No

Signal controlled? Traffic lights Pedestrian lights No

Able to locate crosswalk/safe place to cross? Yes No

Able to independently activate "Walk" light? Yes No NA

Safely initiated crossing from curb/curb-cut? Yes No

Crossed _____ foot street in _____ seconds (Rate of _____ feet/second)
(Minimum goal is 3-4 feet per second)

Observed signs of distress, lack of confidence, or changes in gait: _____

Crossing #2:

Number of lanes? _____

Crosswalk? Yes No

Signal controlled? Traffic lights Pedestrian lights No

Able to locate crosswalk/safe place to cross? Yes No

Able to independently activate "Walk" light? Yes No NA

Safely initiated crossing from curb/curb-cut? Yes No

Crossed _____ foot street in _____ seconds (Rate of _____ feet/second)
(Minimum goal is 3-4 feet per second)

Observed signs of distress, lack of confidence, or changes in gait: _____

Observation Notes: _____

Applicant's Name: _____
Assessor: _____ Date of Assessment: _____

Standing at a Stop:

Observations of standing balance (observe "waiting" for a period of at least two minutes during route or at other times of assessment): _____

Able to wait without a bench at bus stop for 10 minutes? Yes No Not Sure

Flights of Steps (if Applicable):

Observed? Yes No

IF YES:

Able to negotiate down _____ steps? Yes Yes, but not recommended No

Time to go down steps: _____

Able to negotiate up _____ steps? Yes Yes, but not recommended No

Time to go up steps: _____

Note rests required/signs of distress: _____

IF NO:

Based on other observations, can applicant safely negotiate flights of stairs?

Yes No Not Sure

Other Observation Notes: _____

Use of Elevators (if Applicable):

Observed? Yes No

IF YES:

Able to locate elevator? Yes No

Able to activate elevator? Yes No

Able to select desired level? Yes No

Able to enter and exit elevator? Yes No

IF NO:

Based on other observations, can applicant use elevators?

Yes No Not Sure

Observation Notes: _____

Applicant's Name: _____

Assessor: _____ Date of Assessment: _____

Navigating Bus Steps (if Applicable):

Observed? Yes No

Able to climb bus steps from street level without curb?
 Yes Yes, but not recommended No

Able to descend bus steps when bus is stopped at 6" curb?
 Yes Yes, but not recommended No

Able to climb bus steps from a 6" curb?
 Yes Yes, but not recommended No

Able to descend bus steps when bus is stopped at 6" curb?
 Yes Yes, but not recommended No

Observation Notes: _____

Navigating Bus Lift:

Assessed: Using wheelchair/scooter As standee
Able to maneuver onto lift platform? Yes, independent Yes, with assist No
Appears safe riding up and down on lift? Yes No

Observation Notes: _____

Navigating Low-Floor Bus Ramp (if Applicable):

Observed? Yes No

Able to negotiate up ramp from 6" curb? Yes, independent Yes, with assist No
Able to negotiate down ramp from 6" curb? Yes, independent Yes, with assist No
Able to negotiate up ramp from street level? Yes, independent Yes, with assist No
Able to negotiate down ramp from street level? Yes, independent Yes, with assist No

Observation Notes: _____

Applicant's Name: _____

Assessor: _____ Date of Assessment: _____

Paying Fare (if Applicable):

Observed? Yes No

Able to place fare in farebox? Yes No

Able to use fare machines? Yes No

Able to handle tickets? Yes No

Observation Notes: _____

Maneuvering to Securement Area:

Able to independently maneuver to securement area? Yes No

Time required to maneuver to securement area from lift/ramp? _____

Observation Notes: _____

Standing on a Moving Vehicle:

Able to safely stand on a moving vehicle? Yes No Not Sure

Observation Notes: _____

Signaling for Destination (if Applicable):

Observed? Yes No

Able to use stop calling system? Yes No

Observation Notes: _____

Other Observations (Response to questions; assistance needed to complete process; vision issues; behavioral issues; etc.): _____

Optional Assessment of Risk for Falling: The Tinetti Balance and Gait Test

Observations of balance and gait can be made in several parts of the assessment – particularly in STEP 5 (Assessing Endurance/Travel Distance). These might be considered sufficient to make a determination of balance and gait. As an option, systems might consider supplementing these general observations with the Tinetti Balance and Gait Test by administering this standardized test at some point in the assessment process. In particular, systems might consider using this optional assessment if inter-rater reliability and consistency of observations of balance among several different assessors is considered a potential issue.

Information from this test is typically used to determine if an individual might be at risk of falling. This information might assist in determining whether it is reasonable to ask an applicant to attempt to use ramps, board buses as a standee on a lift, climb and descend stairs, or perform other parts of the assessment. Information from this test might also be used along with other assessment observations to determine if applicants can stand and wait at a transit stop that does not have a bench/seat; step up and down curbs; stand on a moving vehicle, etc. In general, the results of this standardized test would be used to supplement observations throughout the assessment of applicants performing transit-specific tasks.

Nine items related to balance and seven items related to gait are scored as part of the Tinetti Balance and Gait Test. For each task/observation, a score of 0, 1, or 2 is given with a 0 representing the greatest level of impairment. The sixteen individual task/observation scores are then combined to form three measures: an overall balance assessment score, an overall gait assessment score, and a total balance and gait score.

Balance Test

The assessment begins with the applicant seated in a hard, armless chair. The assessor would first observe if the applicant is steady and safe when seated or if the individual leans or slides in the chair. If the applicant has steady and safe seated balance, the assessor would give a score of 1 for that observation. If the applicant leans or slides in the chair, a score of 0 would be given.

Next, the applicant would be asked to stand without using their arms to push up. A score of 2 is given if they are able to stand without using their arms to help. A score of 1 is given if they can stand, but only by using their arms to push up. A score of 0 is given if the person is unable to stand even using their arms.

A third observation is made of the number of attempts needed to be able to stand from a seated position. If the person is able to stand in one attempt, a 2 is scored. If the person requires more than one attempt, a 1 is given. A 0 is scored if the person is not able to arise.

Immediate standing balance (in the first 5 seconds after standing) is then observed. If the person is steady without using any support, a 2 is scored. If the person is steady but requires a support, a 1 is scored. If the person is unsteady (meaning they swagger, need to move their feet to stay balanced, or exhibit trunk sway) a 0 is given.

General standing balance is then scored. If the applicant has a narrow stance and stands without support, a 2 is given. If the applicant is steady but has a wide stance (heels more than 4" apart) a 1 is given. If the applicant is unsteady, a 0 is given.

With the applicant standing and with feet close together, the assessor should lightly nudge them in the sternum three times. If the applicant remains standing steady, a 2 is given. If the applicant staggers and reaches out to catch themselves, a 1 is given. A 0 is given if the applicant begins to fall.

The applicant is then asked to close their eyes while standing. If they remain steady, a 1 is scored. If they appear unsteady, a 0 is given.

The applicant would then be asked to turn in a complete circle. A 1 is given if they do this with continuous steps. A 0 is given if steps are discontinuous. Also, a 1 is given if the applicant appears steady while doing this and a 0 is given if they appear unsteady.

Finally, the applicant is asked to be seated again. If they can seat themselves in a safe, smooth motion, a 2 is given. If they must use their arms to help or do not sit in a smooth motion, a 1 is scored. If they appear unsafe (misjudge the distance or fall into the chair) a 0 is given.

Gait Test

Using any usual walking aids, the applicant would be asked to walk across a room or down a hall at a “usual” pace. They would then be asked to walk back at a “rapid, but safe” pace. Several observations are made as this is done.

Initiation of gait would first be assessed. If the person hesitates or requires multiple attempts to start, a 0 is scored. If there is no hesitancy, a 1 is given.

Four separate observations of step length and height are made. If the right swing foot does not pass the left stance foot, a 0 is given. A 1 is given if it does. If the right foot does not clear the floor completely when stepping, a 0 is given. A 1 is given if it does. The same two observations are then made regarding the left foot.

Next, step symmetry is observed. If the right and left steps are about of equal distance, a 1 is scored. If they are not, a 0 is given.

Next, step continuity is observed. If steps appear continuous, a 1 is given. If not, a 0 is scored.

Deviations from the walking path would also be observed. This observation can best be made if the floor has 12” tiles. If not, it may be helpful to mark the floor with a centerline and two lines on each side (each 12” from the centerline. Excursion of 12” over a 10-foot portion of the path would be noted. If there is marked deviation, a 0 is scored. If there is mild or moderate deviation, or if the applicant requires a walking aid to keep a straight path, a 1 is scored. If the applicant is able to walk straight without a walking aid, a 2 is given.

Trunk sway is also observed and scored as follows: 2 if there is no sway, no flexion, no use of arms to balance, and no use of walking aids; 1 if there is no sway but there is flexion of the knees or back, or spreading of the arms while walking; 0 if there is marked sway or if a walking aid must be used.

Finally, walking stance is scored. A 1 is given if the heels almost touch while walking. A 0 is given if the applicant’s walks with a wide stance (heels apart).

Scoring and Conclusions

The maximum scoring for the balance test is 16 points. The maximum score for the gait test is 12 points. Maximum score for both is therefore 28 points.

If the applicant scores below 19 points, the test says they are at high risk of falling. A score of 19-24 indicates a risk for falls.

Equipment/Props Needed: An armless chair. A walking path across a room or down a hall that is marked by 12” tiles or with special 12” markings.

Training Considerations: Assessors should be trained to safely and properly administer the Tinetti Balance Test. If assessors are required to be licensed physical or occupational therapists, they should have the training and expertise to perform this test. If other professionals are used, training might be provided by an appropriate professional. The trainee should be observed to be able to properly and safely administer the test, and the satisfactory completion of training should be documented.

Applicant's Name: _____

Assessor: _____ Date of Assessment: _____

Balance (Tinetti Balance Test): Applicant to begin test in an armless chair.

List assistive device that applicant is using today: _____

Sitting balance	0 – Leans or slides in chair 1 – Steady, safe
Arises	0 – Unable without help 1 – Able, but uses arms to help 2 – Able without using arms
Attempts to rise	0 – Unable without help 1 – Able, requires more than one attempt 2 – Able to rise, one attempt
Immediate standing balance (first 5 seconds)	0 – Unsteady (swaggers, moves feet) 1 – Steady but uses walker or other support 2 – Steady without walker or other support
Standing balance	0 – Unsteady 1 – Steady but with wide stance (heels more than 4 inches apart or use of other support) 2 – Steady without walker or other support
Nudged(with feet close together, push on sternum three times)	0 – Begins to fall 1 – Stagger, grabs, catches self 2 – Steady
Eyes closed (same position)	0 – Unsteady 1 – Steady
Turning 360 degrees	0 – Discontinuous steps 1 – Continuous 0 – Unsteady (grabs, swaggers) 1 - Steady
Sitting down	0 – Unsafe (misjudged distance; falls into chair) 1 – Uses arms or not a smooth motion 2 – Safe, smooth motion

Balance Score: _____ out of 16

Applicant's Name: _____

Assessor: _____ Date of Assessment: _____

Gait (Tinetti Gait Test): Applicant, while walking with assessor, walks across the room first at "usual" pace, then back at a "rapid but safe" pace. Uses regular walking aids.

Initiation of Gait	0 – Hesitates to start 1 – Starts smoothly
Right foot	0 – Does not pass left stance foot with step 1 – Passes left stance foot
	0 – Right foot does not clear the floor 1 – Right foot clears the floor
Left foot	0 – Does not pass right stance foot with step 1 – Passes right stance foot
	0 – Left foot does not clear the floor 1 – Left foot clears the floor
Step Symmetry	0 – Right and left steps are not of equal length 1 – Right and left steps appear equal
Step continuity	0 – Stopping or discontinuity between steps 1 – Steps appear continuous
Path (observe excursion of 1 foot over 10 foot course)	0 – Marked deviation 1 – Mild/moderate deviation 2 – Straight without error
Trunk	0 – Marked sway or uses walking aid 1 – No sway, but flexion of knees or back or spread arms when walking 2 – No sway, no flexion, no use of arms and no use of aid
Walking stance	0 – Heels apart 1 – Heels almost touching while walking

Gait Score: _____ out of possible 12

Balance Score + Gait Score: _____ out of possible 28

Risk for fall:
< 19 - High Risk
19-24 - Medium Risk
> 24 - Low Risk

Instructions for Using CD-ROM

The CD-ROM provided at the end of this section (titled **Guidance for Conducting Physical Functional Assessments for ADA Paratransit Eligibility - CD 3**) shows key elements of a physical functional assessment. It is intended for use in training staff who will be conducting assessments. Following are instructions for playing the CD.

NOTE: In order to watch CD 3, your computer must have any of the following versions of Windows: '98, NT4, 2000 or XP. You must have at least 32MB RAM, 4x CD-ROM and Adobe Acrobat installed on your computer. If you do not have Adobe Acrobat on your computer, you can download it free by going to www.adobe.com, clicking on the icon labeled "Get Adobe Reader," and following the instructions to download and install the program. The CDs will not play on a Macintosh.

- The CD with **OC** on the label is the Open Captioned version. The other copy of CD 3 has no captions. Use the version that you find works best for you. The content is the same on both.
- Insert the CD label side up in the CD drive of your computer.
- Make sure your computer's speakers are turned on, and the volume level is set properly.
- When you close the CD drive, the CD should start automatically. It may take a moment. If not, you may need to select the CD drive using Windows Explorer.

If you are using a computer that is older or does not have high speed, the video portions of the CD may appear choppy.

A brief introduction will play automatically. After this introduction, review each component of an ADA eligibility determination by selecting sections one at a time from the bar at the bottom of the screen. Selecting a button will enable you to play only that portion of the CD and is designed to help you review one section at a time, without having to repeat the entire CD. After you have selected from between the major topic areas, buttons for each of the sections of that topic area appear on the left side of the screen. When you select a single topic button, that topic will play.

The sections are:

- The ADA and Eligibility
- Principles of Assessment
- Preparation
- Observation and Recording
- Model Forms

The Model Forms tab provides the "Physical Functional Abilities Assessment Form," instructions for the optional Tinetti Balance and Gait Test, and Tinetti Scoring forms in a Word

format. This will allow you to print the forms and to customize them for your own transit system.

Other buttons on the CD function as follows:

- The right facing arrow starts the CD
- The vertical parallel bars pause the CD
- The X stops the CD
- There is a volume adjustment bar on the far right side
- The exit button closes the CD

SECTION 6

Instructions and Training Material for Administering the Functional Assessment of Cognitive Transit Skills (FACTS)

Introduction

In determining ADA paratransit eligibility for an applicant with a cognitive disability, transit agencies should review information provided by the applicant in the application form and the in-person interview. Information provided by appropriate professional familiar with the applicant should also be reviewed if this is provided. Follow-up with professionals might also be pursued, as needed, to obtain more specific information about the applicant's disability and functional abilities. Guidance provided in Section 4 of this workbook can be used to prepare for an in-person interview and to pursue additional information from appropriate professionals.

If information from applicants and professionals is not sufficient to make a thorough determination, transit systems may choose to ask applicants to participate in a functional assessment. The recommended tool for such an assessment is the **Functional Assessment of Cognitive Transit Skills (FACTS)** developed in 1996 for Easter Seals Project ACTION by Susan Chase from The Center for Applied Neuropsychology, Graham Ratcliff from Harmarville Rehabilitation Center and Karen Hoesch from ACCESS Transportation Systems, Inc. FACTS is the only assessment tool developed and validated to specifically predict the abilities of persons with cognitive disabilities to use fixed route public transit services. FACTS is also cost-effective in that it can be administered by a trained nonprofessional and information for setting-up and administering FACTS are available free of charge from Easter Seals Project ACTION.

This section of the workbook provides information about FACTS, instructions for downloading the FACTS documents from Easter Seals Project ACTION, and materials that can be used to train staff to properly administer the assessment. Included are:

- An overview of FACTS, including a discussion of appropriate uses and limitations.
- Detailed instructions, titled "Getting Started," for obtaining FACTS materials, and selecting and training staff to administer the assessment.
- "Helpful Tips for FACTS Administration."
- Two sets of training CDs – one set open captioned and one set without captions. The first CD, titled "An Introduction to FACTS Administration," provides instruction on how to properly administer each section of FACTS. The second CD, titled "Assessment and Scoring Exercise," contains an exercise that can be used in the training of staff who will be administering FACTS. Also included on CD 2 are blank response and score sheets provided as Word documents, and sample diagrams to assist you in correctly setting up posters used in one part of the assessment.

After reading the "Overview of FACTS," follow the step-by step instructions in "Getting Started" to obtain FACTS materials and to use the enclosed CDs to train selected staff.

Overview of FACTS

FACTS was developed and validated in 1996 in response to the need to evaluate, in a practical manner and with a reasonable degree of certainty, whether applicants for ADA paratransit possessed the relevant mobility skills to use fixed route transit independently, or under some conditions. An extensive review of the literature at the time indicated that no single functional test existed that was known to be a valid predictor of functional ability for individuals with disabilities that were primarily cognitive in nature.

In an ideal situation, a complete and thorough mobility assessment would be conducted in the natural environment by trained, qualified professionals such as travel instructors or Orientation and Mobility Specialists. This type of evaluation requires a competent, qualified travel instructor. Such professionals are not readily available in every community and this sort of real world assessment is time consuming and expensive. FACTS was designed as a practical, yet accurate alternative for predicting with a high level of accuracy how a qualified travel instructor would rate an individual's current independent transit skills. The rating of the travel instructor was considered the "gold standard" against which the results of FACTS were evaluated.

Reliability and validity of FACTS was determined by administering the test to 85 individuals with developmental cognitive disabilities, specifically mental retardation, whose current independent community mobility was independently determined by a professional on the basis of a full mobility evaluation conducted in the community specifically for this purpose.

For whom is FACTS Intended?

FACTS was normed with individuals with developmental cognitive disabilities – specifically mental retardation.

The term developmental disability functionally describes a condition of someone who has had one or more physical or mental impairments from an early age that are likely to continue indefinitely.

Mental retardation is the most common developmental disability. It involves substantial functional limitations in the areas of intellectual function and adaptive skill that are manifested before age 18. The American Psychiatric Association defines an individual with an IQ of 70 or less, using the Weschler Scales, as mentally retarded.

There has been no equivalent reliability and validation study to determine whether FACTS accurately reflects functional skill in individuals whose disabilities are not cognitive in nature (such as individuals with head injuries or those who have had strokes.) If used very conservatively, as one part of an overall assessment, considering FACTS scores could be appropriate if the results are used only to support the decision to screen an individual into paratransit service.

For example, an individual with a recently acquired head injury may have relatively intact intellectual functioning, but may not be able to control his impulses, and may have substantial short term memory limitations. Such an individual would be expected to score well on the community safety and skills portions of FACTS, but would have difficulty with the items that are taught and tested after delay, such as chaining together the simple trip and learning the route. Failure to perform these items would be consistent with the individual's disability, and performance on FACTS could support this conclusion. However, if someone with a head injury takes FACTS and scores in the range of an independent transit user (typically over 140 points) these results should not be used to deny eligibility to the applicant, and no conclusion should be drawn from the score.

Scoring Guidelines

If you are using FACTS as part of an ADA eligibility decision process, be sure to carefully read the document *Development and Validation of a Functional Cognitive Test*.

FACTS is not, by itself, intended to determine eligibility for ADA paratransit services. It is one element of a thorough process that includes information from the applicant, and from professionals and others who know and have worked with the individual.

In the validation study, individuals who scored 78 or fewer total points were always judged not currently able to independently use fixed route transit, and almost certainly not able to learn, even after travel instruction.

To ensure maximum sensitivity to the applicant and to ensure that an individual is never denied a level of eligibility to which he is entitled, it is recommended that the cut off scores be set higher as follows:

Unconditional eligibility

0-90 points

This is not to say that, after the complete review of an application, an individual who scores more than 90 points might be determined to be unconditionally eligible for paratransit. It also does not mean that the individual should be denied the opportunity to be trained to use fixed route, if appropriate. It does mean that you can have a very high degree of confidence that individuals who scored 90 or less have been properly classified as unconditionally eligible for ADA paratransit.

Getting Started

Begin by obtaining copies of the following FACTS documents:

- *FACTS – Development and Validation of a Functional Cognitive Test*
- *FACTS – Guidelines for Production, Administration and Scoring*

Both documents are available from Project ACTION and may be downloaded from the Project ACTION web site: www.projectaction.org.

As these documents explain, FACTS is administered using several slides and photographs. A complete set of the original slides taken in Pittsburgh, PA are available on a CD-ROM from Easter Seals Project ACTION. You can use these slides in your FACTS set-up or produce a set of slides and photographs specific to your area and system. If you decide to customize the photos for your own transit system and community, you should use the original set as an example to ensure that your photos are of similar quality and clarity. To obtain a copy of the CD-ROM with the original set of slides, call Easter Seals Project ACTION at 202-347-3066.

Development and Validation

Individuals who will be administering FACTS, as well as other transit managers associated with the ADA paratransit eligibility process should begin by reading “FACTS - Development and Validation of a Functional Cognitive Test.” This document provides a better understand of the key features of FACTS, the methods used to design FACTS, and the process used to determine that FACTS is a reliable and valid predictor. It also explains how results from the assessment are to be treated along with other information from applicants and professionals in making a determination of ADA paratransit eligibility.

Production, Administration and Scoring

Next, trainees and other staff should read “FACTS – Guidelines for Production, Administration and Scoring.” Managers should review the qualifications for potential administrators of FACTS outlined in this document and use this information to select individuals with appropriate qualifications to be administrators of the assessment.

Become thoroughly familiar with the guidelines for production, administration and scoring. Because FACTS is designed to be administered according to standardized protocol, it is essential that examiners adhere to the script and procedures in a scrupulous fashion.

The “Guidelines for Administration, Production and Scoring” document provides an inventory of materials and props necessary for FACTS. They are minimal, and the photos are the biggest

investment. If you produce the slides on a CD, you can administer FACTS using a PC or laptop in your office. You should be able to produce a customized version of FACTS for less than \$400. Guidelines are also provided for customizing the photos in FACTS for your transit system.

Finally, read, learn and practice the script. Although the response sheets provide a few cues, you must be able to accurately administer FACTS from memory. You will have to practice FACTS many times on co-workers and friends without disabilities before you are comfortable with the script and procedures. In addition to the script, you are responsible for making detailed behavioral observations, paying attention to and encouraging the applicant, thoroughly documenting responses and knowing when to discontinue FACTS. These multiple tasks can be challenging and require that you begin with a full command of the script.

*** * * * *** **Now you are ready to begin with CD 1.** *** * * * ***

Installing CD 1

NOTE: In order to watch CD 1 and CD 2, your computer must have any of the following versions of Windows: '98, NT4, 2000 or XP. You must have at least 32MB RAM, 4x CD-ROM and Adobe Acrobat installed on your computer. If you do not have this program on your computer, you can download it free by going to www.adobe.com, clicking on the icon labeled "Get Adobe Reader," and following the instructions to download and install the program. The CDs will not play on a Macintosh.

- The CD with **OC** on the label is the Open Captioned version. The other copy of CD 1 has no captions. Use the version that you find works best for you. The content is the same on both.
- Insert the CD label side up in the CD drive of your computer.
- Make sure your computer's speakers are turned on, and the volume level is set properly.
- When you close the CD drive, the CD should start automatically. If not, you may need to select the CD drive using Windows Explorer.

If you are using a computer that is older or does not have high speed, the video portions of the CD may appear choppy.

FACTS CD 1

A brief introduction to FACTS and the CD will play automatically. After this introduction, review each part of the FACTS assessment by clicking on the buttons on the left side of the opening screen. These buttons represent the main scorable sections of FACTS. Selecting a button will enable you to play only that portion of the CD and is designed to help you practice one section at a time, or review administration and scoring procedures for one section of FACTS, without having to repeat the entire assessment.

The sections are:

- Orientation Items (part one and two)
- Simple Trip
- Simple Trip Sequence
- Travel (Community Safety) Skills
- Complex Trip
- Complex Trip Sequence

An additional button with “FACTS Best Practices” is included to remind you of critical elements of proper administration and scoring of FACTS.

The FACTS Setup feature provides detailed instructions and 2 diagrams, included as Word documents, which you can print and use for proper set up of the posters used for the route. When setting up the posters for the route on FACTS, print these diagrams and use them as a “map” to set up the posters properly. Making sure that the posters are set up correctly is just as critical to the standardization of FACTS as adherence to the script.

Other buttons on the CD function as follows:

- The right facing arrow starts the CD
- The vertical parallel bars pause the CD
- The small circle under the video screen allows you to advance or go backward. Drag this using your mouse.
- The X stops the CD
- There is a volume adjustment bar on the far right side

FACTS CD 2

This CD provides an opportunity to view an entire FACTS assessment being administered correctly, and to participate by using the response sheet to record the applicant’s performance on each item.

The opening screen on CD 2 prompts you to print forms for the scoring exercise. Clicking on the “Print forms for scoring exercise” will start Adobe Acrobat (remember you need to have

Adobe Acrobat installed on your computer to read these forms). After your have printed the scoring forms, you can close Adobe Acrobat and return to the opening screen.

Click on “Continue” to see the full FACTS assessment. Using the “FACTS Response Sheet,” record the applicants responses in each part of the assessment. Note that there are a few sections of the assessment where you are not able to see the photos being selected by the applicant. For this reason, these sections of the Response Sheet are already filled out for you. After you have viewed the entire assessment and recorded the applicants responses, use your recorded responses to complete the “FACTS Score Sheet.”

After scoring the full assessment, the CD will prompt you to print a correctly completed Response Sheet and Score Sheet to compare to your sheets. Clicking on “Print Completed Forms” will again start Adobe Acrobat to allow you to print the completed forms. The system will not permit you to print the final, completed forms until you have watched the entire video on CD 2.

Finally, review your recording of responses and scoring of the assessment with your instructor. Discuss any differences between your responses and scoring and the completed forms provided on the CD.

Recording Behavioral Observations

During the administration of FACTS, an equally important component of the evaluation is the thorough and accurate documentation of the applicant’s behavior. An individual may perform very well and achieve a near-perfect score on FACTS, but may persist in inappropriate actions throughout the evaluation, such as touching the examiner repeatedly or inappropriately, even after being asked to stop. An individual with such problem behaviors would clearly not currently be able to use fixed route transit independently.

The task of documenting behavioral observations is equally critical to the correct administration of FACTS as proper administration and scoring. FACTS presents a unique opportunity to observe behavior in the context of learning and demonstrating new tasks.

Instructor’s Guide

The instructor’s guide portion of this workbook provides a thorough explanation for why each item was recorded and scored as shown on CD 2. As part of the training, each administrator should be able to explain the key considerations for the score assigned to each item. S/he should also be able to write a report including behavioral observations of the applicant that could be critical in the eligibility determination.

Following the completed training provided on both CD’s, staff should be able to accurately administer FACTS, record responses, determine the correct score, and write a final report including behavioral observations.

If you intend to have several individuals administer FACTS, it is important that they all be trained to proficiency to ensure inter-rater reliability. They must consistently demonstrate both:

- Reliability with each other
- Reliability with the correct answer

There should not be a variance of more than three points between assessors.

Helpful Tips for FACTS Administration

Before Greeting the Applicant:

- Set up the testing area. Make sure the slides are set to start at the beginning, the posters are arranged properly and that you have all of the materials on hand (bell, clock, post it notes for time, bus pass in holder, blank ID card, audio noise tape, photo album, pen, clip board and response sheet.)
- Record the applicant's name on the score sheet, along with the date and weather conditions. You'll need to know the weather if you ever have to refer to the accuracy of his response to the questions about the best clothing selection for "a day like today."
- If the FACTS assessment room is one that others use occasionally, post a note on the door advising that an assessment is in progress so you are not interrupted.

When Greeting the Applicant:

- Ask the person who accompanied the applicant not to respond to questions unless asked, in order for you to correctly evaluate the applicant's ability to provide information and respond to questions.
- If the applicant is unable to make eye contact or respond to your greeting, you should still ask him to accompany you to the testing area. If he remains unresponsive or is highly agitated and distracted, and requires physical prompts to get to the testing area or be seated, it is unlikely that he will be able to participate in FACTS.

You could discontinue FACTS at this point, but to show respect to the applicant, it may be appropriate to introduce the assessment and attempt to teach him to identify the bus stop. If he is still unresponsive or if you are unable to get and maintain his attention, you should thank him for trying his best, and discontinue FACTS at this point. Direct him back to the waiting area and thank him for coming.

Good FACTS Testing Skills Include:

- Have the script completely memorized before you test applicants. Do not attempt to read from the script while administering FACTS.
- Do not deviate from the script or procedures. FACTS is a standardized assessment and as such, is not valid if testing protocol is not consistently observed.
- Record responses and observations at the time – practice making marginal notes that will be an essential part of accurate scoring and your final report. Using the response sheet, complete the score sheet *after* administering FACTS – not during.
- Pay particular attention to behavioral observations. These are elements of the individual's performance not reflected in the FACTS score and can be an important part of the final determination.
- FACTS is designed to be engaging, and is discontinued when the competency of the applicant is exceeded. Be sure you discontinue FACTS when indicated in the script.
- Regardless of performance, treat the applicant with dignity and respect.

SECTION 7

Determining ADA Paratransit Eligibility for Persons with Vision Disabilities.

Introduction

This section contains the following materials:

- A summary of “How People Who Area Visually-Impaired or Blind Travel.” This discussion presents some of the issues and complexities involved in assessing the abilities of persons with vision disabilities to use fixed route services;
- A summary of travel issues for persons who have low vision titled “Low Vision and Mobility;”
- A brief test to ensure your understanding of some of the issues addressed in the initial discussion papers;
- The “Suggested Process for Determining ADA Paratransit Eligibility for Individuals Who Are Blind or Visually-Impaired;” and
- Several attachments that provide forms to be used in implementing the suggested process.

For the purpose of this document, the term “vision disability” refers to an individual who has any level of visual impairment. Individuals with some vision and who meet the minimum legal criteria for legal blindness are considered to have “low vision.” Individuals who cannot see at all, or who have only light perception are considered “blind.”

Trainees should first read the initial guidance on travel by persons with vision disabilities and take the brief test to ensure that they have an understanding of the types of issues and barriers faced by travelers with vision disabilities. This basic knowledge of issues and barriers is important for then understanding the suggested process for determining ADA paratransit eligibility for persons with vision disabilities.

It is also highly recommended that you order the video “Touch ‘N’ Go” produced by the Braille Institute. This video provides an excellent overview of how people with visual disabilities travel. Single copies are free, and can be ordered by calling the Braille Institute at 1-800-BRAILLE (272-4553) or at their web site: www.brailleinstutute.org.

Other good sources of information include national service and advocacy organizations including:

- The American Council of the Blind www.acb.org
- The American Foundation for the Blind www.afb.org
- The National Federation of the Blind www.nfb.org

How People Who are Visually Impaired or Blind Travel

The following provides information about the types of travel issues faced by persons with vision disabilities and the various techniques used by these individuals when traveling in the community and using fixed route transit services. It is intended to provide a general understanding of these issues to persons who are involved in determining ADA paratransit eligibility for individuals with vision disabilities. A summary of the types of mobility aids used is first presented. A discussion of the types of travel barriers that affect people with vision disabilities is then provided. Finally, information about Orientation and Mobility (O&M) training and O&M Specialists is provided.

Several Choices

People who are blind or visually impaired have choices when it comes to traveling within the community. At any time, they can travel using any of these:

- A human guide (called sighted guide)
- A long, white cane to identify and avoid obstacles
- A dog guide
- Special optical or electronic aids, or
- Not using a travel tool or aid.

The choice of tools depends on the extent and nature of visual impairment, personal preference, lighting, and familiarity with the area.

In order to travel independently, people with visual impairments use whatever vision they have, auditory and tactual clues, and other information they know about an area to keep track of their location and to make travel decisions. Many persons receive mobility instruction from an Orientation and Mobility (O&M) Specialist.

Travel Using a Sighted Guide

At one time or another, most blind people will use a sighted (human) guide to assist with travel. A sighted person serves as a guide to a person who is blind, leading him or her around obstacles and informing them of the presence of steps, curbs, etc. The person who is blind holds onto the guide's arm, following the movements of the guide's body.

There are specific sighted guide techniques for negotiating steps, curbs, narrow spaces, and closed doors. Sometimes a pedestrian who is blind will ask for assistance to cross streets at unfamiliar intersections or at difficult or dangerous intersections.

Long White Cane

By law, a cane that is white with a red tip signifies that the user is blind or visually impaired. The cane is longer than a support cane, hence, it is called a long white cane. In the most common technique, the cane is extended and swung back and forth on the ground across the user's body width in rhythm with the user's steps. The long white cane is used for 3 purposes:

1. to protect the user from bumping into obstacles and to locate steps, curbs, and other drop-offs;
2. to provide tactual information about walking surface; and
3. to make drivers and other pedestrians aware of the user's visual disability.

Protection

If used properly, the cane finds obstacles in the pedestrian's path of travel. The user will feel the shaft or body of the cane contact an obstacle such as a pole or trash can. She must then decide whether to find a clear path around the obstacle or to explore the obstacle in order to identify it. Pedestrians can figure out the type of obstacle the cane touches by exploring the obstacle with either their cane, their hand, or both. The sound made when the cane contacts the obstacle also gives the user cues as to what material the object is made from (i.e., metal, wood, glass, fabric, etc).

The cane tip contacts the ground in order to detect changes in the level of the sidewalk or other walking surface. The user will feel the hand that is grasping the cane drop when the cane tip falls off a curb or step. The cane also finds cracks in the sidewalk or slabs of concrete that are raised due to tree roots. This decreases the user's chances of tripping.

The cane protects the user from the waist down to the ground. Thus, obstacles that are high off the ground, such as telephones mounted on poles, traffic control boxes, tree branches, and some signs will not be detected with a cane. The cane will go underneath high objects and the user may bump into the object with his/her upper body or face.

Information

The cane, in conjunction with the feet, can help the user to identify the type of walking surface (sidewalk, grass, gravel, dirt, brick, etc). This helps the cane user to walk straight down the sidewalk. When the cane touches the grass to the right of the pedestrian, the person will turn or move slightly to his left in order to stay on the sidewalk. Some people follow along the edge of texture changes - for example the "lip" or seam between a sidewalk and a parking lot - in order to maintain a straight line of travel across an open area. Pedestrians use a cane technique called shorelining to find intersecting sidewalks.

Orientation and Mobility (O&M) Specialists teach persons who are blind how to travel with a long cane.

Identification

A white cane with a red tip signifies that the user is visually impaired or blind. Although drivers MAY be more cautious when they see a pedestrian with a long white cane, pedestrians who are blind should not expect special treatment when crossing streets.

Dog Guides

Dog guides have been assisting pedestrians who are blind in travel tasks for over 70 years. Dog guides lead persons around obstacles in the path of travel and stop or hesitate at level changes. Less than 10% of persons who are blind use dog guides.

Dog guide instructors prepare dogs to work as guides and teach persons who are blind how to travel with a dog guide. A person who is blind attends a 3-4 week long training sessions or classes at a dog guide school. The individual, or “handler”, lives at the school during this time. Most dog guide schools set a minimum age of 16-18 years of age for handlers.

The Working Team

A dog guide is a working dog that has been carefully trained to guide its owner safely to his or her destination. The owner, a pedestrian who is blind, is referred to as the handler. Dog guides do not make decisions about where to go and when to cross the street. Dogs follow the commands given by the handler.

It is the responsibility of the person who is blind (handler) to:

- Maintain orientation, knowing where s/he wants to go and how to get there;
- Give commands and directions to the dog (such as forward, left, right, go faster, or halt);
- Make street crossing decisions; and
- Use consistent handling techniques for commands, praise and correction.

The dog guide will:

- Negotiate the handler around obstacles in the directed path safely, stopping or pausing at all level changes along the travel path;
- Refuse commands (intelligent disobedience) that place the dog and its handler in danger.

In familiar areas the handler directs the dogs wherever s/he wants to go. In a new location, pedestrians who are blind, like sighted people, ask for directions. Then they communicate these to the dog by using the proper commands.

Remember, dog guides move only in response to directions from their handlers, who must know where they're going and make decisions about the proper time to begin a street crossing.

Street Crossing Procedures Using a Dog Guide

A dog guide does not watch traffic lights when it crosses streets. The handler learns to judge the movement of traffic by its sounds. At the appropriate time, he or she will command the dog "forward." The dog will disobey a command that puts its handler in danger. This does NOT mean the dog keeps its handler safe at all times. Handlers who make poor decisions frequently will confuse their dog guides. This may cause serious problems for the working team.

The handler must align himself and the dog prior to crossing. Although the dog walks generally straight to the destination corner, pedestrians who use dog guides may still have veering problems. While a good dog guide should be able to compensate somewhat for slightly incorrect alignment, very few dogs will compensate for gross alignment errors. The likelihood of veering increases when the handler is uncertain about the direction of the destination corner.

Low Vision Aids

Persons with some usable vision may use:

- Sunglasses and visors to reduce glare;
- Telescopes to magnify signage and other information viewed from distances; or
- Hand-held lights, and other low vision aids for outdoor travel purposes.

No Aid or Travel Tool

Not all persons who are legally blind use a long white cane, dog guide or low vision aid. People with low vision often rely on their remaining sight and auditory and tactile cues in their surroundings for orientation and travel.

How Does a Person Who is Blind Find His Way?

Like all pedestrians, pedestrians who are blind memorize a sequence of landmarks and turns along travel paths to destinations. The difference is that pedestrians who are blind cannot read street signs or rely on visual landmarks. Landmarks must be able to be heard or felt with a cane or one's foot. Fewer times, smells linked to certain places can be used as landmarks.

Pedestrians who are blind count blocks and may use the sun to keep track of which compass direction they are walking. They use cues such as the sound of traffic to help them stay oriented. They walk parallel to the sound of traffic on the street next to them to assist them in walking straight down the block and in walking straight across the street.

Environmental Barriers

Much has been written about environmental barriers which prevent a blind pedestrian from using fixed route transit. Basically, the main reasons pedestrians who are blind and who have learned to travel independently under most conditions request paratransit services are unsafe travel paths, crossing at complex or dangerous intersections, unfamiliarity with a route or area, and snow/ice on the sidewalks. Following is a discussion of each of these common travel barriers.

Street Crossings

The nature of street crossings is highly variable. Traffic volumes and movement patterns vary, the signal phases of the traffic light may vary, the presence of nearby pedestrians varies, and environmental conditions such as wind and lighting change. Thus, some pedestrians who are blind may cross a particular street with confidence, safety, and ease at one time of the day only to have problems crossing the same street later in the day, when the traffic volume is much greater or lesser. At some intersections, one street crossing may be accessible, but a different street crossing at the same intersection may not be accessible.

The best professional to evaluate a pedestrian who is blind's ability to cross streets at an intersection is an Orientation or Mobility Specialist. Due to the variability in traffic, the need to auditorily track movements of vehicles, the intersection geometry, and environmental factors such as rain and wind (which effect one's ability to interpret auditory cues), developing a complete simulation of a street crossing would be extremely difficult.

How People with Visual Impairments Cross Streets

Techniques and cues used in crossing streets are diverse and vary by the type of location and by the individual and his or her level of vision and travel aid. In general, pedestrians who are unable to see the crosswalk lines, pedestrian signal heads (WALK, DON'T WALK), traffic lights, and vehicles rely on traffic sounds to make street crossing decisions.

All pedestrians must locate the street, wait in a safe place to cross, determine when it is time to cross, and move into the street, across it, and back onto the sidewalk at the destination corner in a timely manner. Without sight, most of these tasks must be done through interpretation of traffic sounds. Signalized intersections have become more complex as traffic signal phases become more varied.

In general, the most accessible intersection for pedestrians who are blind have:

- Two streets (+ shaped) that meet at perpendicular angles;
- Curbs or curb ramps with steep slopes;
- Fixed time traffic signals;
- A steady vehicular flow on the street parallel to the pedestrian; and
- Quiet, narrow streets with stop signs.

Below is a list of common strategies utilized by pedestrians who are blind to cross streets. Challenges for each crossing task are noted. For some pedestrians, these challenges can be overcome. For others, they are barriers that prevent safe, independent street crossings.

Detecting the Street

Strategies Used

Pedestrians who are blind use a combination of cues to recognize the street edge, including:

- Curb or slope of curb ramp
- End of the building line and “open” sound of the intersection
- Sound of traffic stopping on the street beside them (parallel street)
- Sound of traffic on the street they are approaching (perpendicular street)
- Presence of pedestrians waiting at the street corner

Challenges

Sometimes blind pedestrians cannot detect the street when the curb ramp is gradual or sidewalk blends into street. They may unknowingly walk into the street.

Analyzing Intersection Geometry

Strategies Used

Pedestrians who are blind listen to traffic sounds to answer the following questions:

- Is my destination curb straight in front of me, or must I angle to the left or to the right to reach it?
- How many streets intersect at this intersection?
- Is this a four-way (plus shaped) or T shaped intersection? If not, what is the shape?
- How wide is the street I will cross?
- Will I encounter any islands or medians as I cross this street?
- Am I standing within the crosswalk?

Challenges

It is often impossible to detect islands or medians while standing at the corner analyzing the traffic sounds. Finding an unexpected island or median sometimes confuses persons. Some pedestrians unknowingly walk through refuge islands, continuing to cross. Often the pedestrian phase ends and the light turns green on the street being crossed. These islands were designed to enable pedestrians to cross part of the street, and wait for the next light cycle to complete the crossing.

Another challenge is offset intersections. This means the destination corner is not in a straight line with the sidewalk that approaches the departure corner. In some instances, the crosswalk does not run parallel to the traffic on the street parallel to the pedestrian. Thus, pedestrians do not cross directly to the opposite corner. It may take awhile to find the desired corner, which means the pedestrian who is blind is in the street too long, often after the traffic light has changed.

Analyzing the Traffic Control System

Strategies Used

Pedestrians who are blind listen to traffic sounds and search the sidewalk area for poles with pushbuttons to answer the following questions:

- What controls traffic movements at this intersection (traffic signal, stop sign)?
- Do I need to push a button to actuate the WALK interval? If yes, where is the button for this crosswalk?
- During the pedestrian phase, does the signal stop traffic on one street or all streets (exclusive pedestrian phase)?
- Do cars still turn during the WALK interval? If yes, can they turn left or right or both ways to enter the crosswalk while I am crossing?
- Will there be a surge of parallel traffic to tell me the WALK interval has begun? Will I be able to hear it reliably over other traffic sounds?

Challenges

Traffic signal phases have become quite complex. If the traffic signal is actuated by the number of vehicles in turning lanes or straight through lanes, the pattern of traffic movement may change. At some intersections the WALK sign does not light unless a pedestrian pushes a button to activate a pedestrian phase. If the pedestrian does not realize there is a pushbutton, he may cross with parallel traffic surge, thinking this is the WALK interval, when it is not. If the pushbutton is not used, depending upon the number of vehicles on the parallel street, the light may change to green on the street being crossed just a few seconds after the pedestrian has stepped into the street. This results in the pedestrian being in the crosswalk at an unsafe time, with cars approaching him. If the pushbutton can be located and utilized, many pedestrian phases are timed such that the WALK and flashing DON'T WALK are lit for a long enough time to allow the pedestrian to cross the street at the rate of 4 feet per second.

At some intersections, it is difficult and sometimes impossible to detect the appropriate time to initiate crossing. As intersection signal timing plans become more complex, this problem is increasing.

Using Pedestrian Pushbuttons

Strategies

Pedestrians who are blind search the corner area for poles with pushbuttons, starting near the street edge and crosswalk area, moving progressively further away. After finding the pushbutton, the next step is to identify which crosswalk it serves. Then the pedestrian must push the button and return to the crosswalk area to align self to cross the street.

Challenges

The major challenges to finding and using pedestrian pushbutton include:

- Can't tell if they need to push a button;
- Unable to find pushbuttons in atypical locations;
- Can't tell which button serves which crosswalk;
- Knowing if the button was pushed;
- Having enough time to get back to the street edge and realign self before WALK signal lights up; and
- Traveling between pushbutton and crosswalk throws off alignment.

Aligning Self to Cross Street

Strategies Used

Cues that help blind travelers align themselves to face directly toward the destination corner include:

- Sounds of traffic movements on the parallel street;
- Tactile cues on the walking surface; and
- Mental projection of continuation of straight line of travel that was used to walk down the block.

It is easier to establish a heading toward the destination corner under the following conditions:

- Intersection has 2 streets that cross in perpendicular angles;
- Crosswalk is parallel to the street beside the pedestrian;
- Steady flow of through traffic on the street parallel to the pedestrian; and
- Single curb ramp oriented directly toward the crosswalk.

Challenges

Offset intersections may cause pedestrians to veer (walk outside the crosswalk lines). Again, this places the pedestrian in the street for a longer time, which increases safety risks.

Crossing the top part (usually the busier street) at a T shaped intersection may be difficult, as all cars must turn from the minor street (stem of the T) onto the major through street. Thus, there is no through traffic on the street beside or parallel to the pedestrian as she crosses and many cars turning and moving through the crosswalk at the same time the pedestrian is crossing. T intersections may look easy to cross but they often pose significant problems for pedestrians who cannot see the WALK signals or traffic lights.

Identifying the WALK Interval

Strategies Used

After analyzing the intersection, many pedestrians focus their attention on the stopped cars on the parallel street. They begin to cross the street when there is a surge of traffic moving straight on the street parallel to their direction of travel. Pedestrians must wait until the first vehicles begin to move straight through the intersection to insure the traffic signal changed to green. The through traffic confirms that vehicles are not turning right on red.

It is often easier to detect the WALK interval under the following conditions:

- Steady flow of traffic on the parallel street;
- High volumes of vehicles moving straight through the intersection, especially those moving in the same direction as the pedestrian;
- Intersections with NO right turn on red; or
- Fixed time intersections (pre-timed for specified length that does not vary).

Challenges

It is difficult to know when to begin crossing when:

The surge of traffic is masked by free flow or high volumes of right turning traffic;
Intersections is too noisy;
Parallel traffic flow is intermittent; or
The surge of traffic is too far away – wider streets.

Maintaining Crossing Alignment

Strategies Used

Pedestrians must continue to monitor traffic and to mentally project a straight line of travel to the destination curb. Traffic moving straight through the intersection on the parallel street provides helpful auditory guidance. Stopped traffic on the street being crossed may be helpful.

Challenges

Some pedestrians, despite mobility instruction, continue to have problems with veering. Veering means that a person walks to the left or the right (outside) of the marked crosswalk area.

It is more difficult to walk straight under these conditions:

- High volumes of turning vehicles;
- Little or no traffic on the parallel street;
- Wide streets; or
- Offset intersections.

Stop Sign Controlled Intersections

Strategies Used

It is easiest if there is a stop sign for the street the pedestrian will cross. In most instances, it is easier to cross at intersections with four stop signs or to cross the side street that has a stop sign along a busy road that has no traffic signal or stop sign.

Depending upon the volume of traffic, some pedestrians will cross when there are no vehicles approaching the intersection on the street they will cross. Some pedestrians cross when a vehicle on the parallel street begins to move straight through the intersection at a 4 way stop. Persons cross quieter side streets at T intersections when there is a steady flow of traffic on the busy street. They know cars cannot pull out from the side street but still have to listen for cars turning off the busy street onto the side street. Being assertive is a must when crossing the street.

Challenges

It is most difficult to cross at intersections that do not have a stop sign for all approaches. At busy intersections, it is difficult to cross a street for which traffic never stops.

Mid-Block Crossings – No Traffic Control

Strategies Used

Pedestrians who are blind listen for traffic from both directions and cross when there are no vehicles nearby approaching the crosswalk.

Challenges

It is more difficult or impossible to cross streets that have no traffic control, under the following conditions:

- Wide streets with heavy traffic volumes;
- Curve in the roadway or hills reducing driver's ability to see pedestrians from safe stopping distance; or
- Higher speed limits.

Roundabouts

Strategies Used

Pedestrians who are blind listen for gaps in traffic, then cross when there are no cars close to the crosswalk.

Challenges

Roundabouts cause access problems because they are unsignalized, the crosswalks are not in “standardized” locations, and they require pedestrians to make judgments about traffic speeds and movements in a circular roadway. The crosswalks are hard to find and not parallel to the flow of traffic. These problems are more pronounced during heavy traffic times. Heavy traffic flows in roundabouts cause greater problems because the blind traveler is likely to experience delays in detecting gaps in traffic and will miss gaps more often than sighted pedestrians.

Finding the Bus Stop

When looking for bus stops it is important to know the directional corner at which the bus stop is located and the direction of travel of the bus. For example, if a person is looking for a bus that is heading North, the bus stop would typically be on the SE corner of the intersection since busses typically stop before the intersection. A cane user would walk to the curb or ramp at the end of the block, then turn around and walk back a little, using his cane to find the pole for the bus sign. If there is a tactual landmark, such as a texture change or bump in the sidewalk near to the bus stop, a cane user can learn the distance between that landmark and the shelter so she knows when to move closer to the curb line to look for the bus stop pole with her cane. The nearby landmark eliminates the need for persons to walk all the way to the corner and backtrack.

Bus shelters are easier to find because they are bigger and can be detected by touch or by the sound of echoes. Also, when a blind pedestrian walks behind the bus shelter, he can hear the sound of vehicles being masked by the shelter. Dog guide users who use the same shelters frequently can train the dog to lead them to the bus stop area or shelter.

Using a Bus – Boarding, Paying the Fare, and Seat Selection

A blind pedestrian must perform the same tasks to board and exit a bus as a sighted person. It is typically the path getting to the stop or the physical constraints of the stop itself that prevent a person who is blind from riding the bus, not the procedures involved in boarding, fare paying, seat selection, and disembarking.

In regards to paying the fare, people who are blind have the same options as all bus riders. The fare box can be located by moving one's hand up the steps along the railing to tactually locate the fare box. Pedestrians who are blind can count the exact fare prior to boarding. Bus passes can be marked so the person shows the front side of the pass to the driver.

Most busses have some seats in the front of the bus designated for use by riders with disabilities. Many blind persons opt to sit close to the driver on the same side as the door for the following reasons: (1) they can hear the driver call out their stop; (2) each time the driver looks toward the door, he sees the visually impaired rider, which may increase likelihood that driver will remember to announce the requested stop; and (3) less movement is required within the bus before sitting.

Finding the Correct Bus

Many legally blind pedestrians are not able to read the bus route name/number on the header. They need assistance in order to locate their bus. An applicant's claim that s/he cannot find the correct bus without help might not, however, warrant paratransit

eligibility. The USDOT's ADA regulations require that "where vehicles or other conveyances for more than one route serve the same stop, (transit systems) shall provide a means by which an individual with a visual impairment or other disability can identify the proper vehicle to enter or be identified to the vehicle operator as a person seeking to ride on the particular route" (Section 37.167(c)). Many transit systems require that operators make external route announcements at stops that are served by multiple routes. Traveling with a long white cane or dog guide does help drivers know that the rider has a visual impairment. Drivers should not assume, however, that because waiting passengers do not have a long cane or dog guide that they do not have a vision impairment.

It is easy to find the correct bus if a particular bus stop only serves one route. At bus stops or transfer points that serve many routes, it is difficult or impossible for pedestrians who are legally blind to move between various busses stacked at the bus stop in order to hear all of the route announcements. This is why it is important for each driver to pull up to a designated stop area, open the door, and announce the route. Blind pedestrians may also ask for assistance from other persons waiting at the stop, but this does not relieve the transit agency from having some other system in place to allow for correct bus identification.

Finding the correct bus can also be a significant problem in systems that employ "flag stops." In these systems, bus operators may be waiting for a signal from the rider who is waiting at a stop. If the individual does not "flag" the bus, the driver may not pull over.

Even in systems that do not use "flag stops," operators may sometimes assume that riders waiting at a stop will be able to recognize the approaching bus and will signal if it is the bus they need to use. Without a signal, operators some times slow down but fail to pull over and stop at the stop. Such operating policies and practices create significant problems for riders who are blind or visually impaired.

Finding the Exit Stop

The USDOT's ADA regulations require transit operators to announce stops at least at transfer points, major intersections, and destination points as well as at intervals along the route sufficient to allow riders with vision disabilities to be oriented to their location. Operators must also announce other stops if requested by riders with disabilities. On some routes, there may be a discernable landmark close to the exit stop, such as railroad tracks or a right or left turn after the bus has headed in the same direction for quite awhile. On other routes it may be impossible for the individual to know when the driver is approaching the desired stop.

Orientation and Mobility (O&M) Instruction

Many visually impaired pedestrians have received Orientation and Mobility (O&M) instruction, provided by an Orientation and Mobility (O&M) Specialist. O&M Specialists usually have an undergraduate or graduate degree in teaching travel skills to persons who have visual impairments.

“Orientation” is the ability to understand where one is located in space and “Mobility” is being able to travel thorough that space safely. The goal of most O&M training is to prepare a person who is visually impaired to travel in a variety of environments. Individuals are taught strategies used to assess new intersections and to travel unfamiliar routes. Instruction is individualized and geared toward each person’s abilities and travel needs.

Orientation is not provided to blind people for every travel path or transit route they need to travel. Many people who are legally blind have not received O&M instruction because they do not know this instruction exists, they may not understand the benefits of O&M instruction, or there may not be an O&M Specialist in their area due to the shortage of O&M personnel.

O&M Specialists may work with pedestrians who use dog guides. They may orient these dog guide handlers to a new route, intersection, or area. However, O&M Specialists do NOT teach persons who are blind and visually impaired how to use a dog guide. This instruction is taught by Dog Guide Instructors. A small number of Dog Guide Instructors are also trained as O&M Specialists.

Working with O&M Specialists

Paratransit staff are encouraged to work with O&M specialists in their area to learn more about the travel needs of persons with visual impairments and blindness. There are several organizations that can assist in locating certified O&M Specialists. These include the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER), a professional membership organization. AER can be contacted at www.aerbvi.org or (703) 823-9690. The Orientation and Mobility (O&M) Division of AER has an Environmental Access Committee (EAC). EAC members are O&M Specialists with interest and specialized training in APS and other environmental access areas.

The Academy for Certification of Vision Rehabilitation Professionals (ACVREP) maintains a directory of Certified O&M Specialists (COMS). ACVREP can be contacted at www.acvrep.org.

Also, Dr. Ron Ferguson, Chairman of the National Blindness Professional Certification Board (at ferguson@lcb-ruston.com) can be contacted for a list of persons who have National Orientation and Mobility Certification (NOMC).

Low Vision and Mobility

The term low vision has many definitions, all of which depend on the purpose for which the definition was developed: legal, clinical, or educational. This document uses the term “low vision” to refer to persons who are at least legally blind.

Visual impairments can be caused by damage or disease in the eye, optic nerve, or visual processing center in the brain. The functional implications for people who are legally blind can be quite different. Whether or not a person has problems reading the newspaper or seeing a bump in the sidewalk often depends upon which type of eye disease the person has. Some people can read the newspaper or find telephone numbers in the phone directory, yet fall off a curb or bump into a parking meter. For persons not familiar with the issues of low vision, this can seem inconsistent as the legally blind person can see very small things but not larger things. Other people who are legally blind walk around outdoors and see steps, other pedestrians, and traffic signals, but cannot read large print. Basically, the functional implications of a person’s vision loss depend upon the diagnosis, or type of eye disease or condition.

Persons with low vision must decide when visual information is reliable and when a combination of visual, auditory, and tactile information is the best way to make safe decisions for travel tasks.

It must be noted that vision is not a requirement for safe, independent mobility within the community. Significant differences exist in the way information is obtained by those who are sighted, partially sighted, or blind. In a mobility context, it is important to understand the techniques and strategies used to collect information to make mobility decisions. People who are sighted use a different style of travel from people who are blind. One style is not necessarily better than the other, they are just different.

Legal Blindness

Legal blindness is a level of visual impairment that has been defined by law to determine eligibility for certain benefits. Vision correctable to 20/20 acuity with at least a 180-degree field is considered “normal”. Legal blindness is defined as

- Central visual acuity loss of 20/200 or less in the better eye with the best possible correction (as measured on a Snellen vision chart); OR
- A visual field of 20 degrees or less

Acuity - A person with 20/200 acuity sees at approximately 20 feet what a person with normal vision sees at 200 feet or more. Thus, a person who is legally blind must be much closer to see objects than a person with normal vision.

Visual Field -A person who meets the field limitation for legal blindness sees no more than a 20-degree field without scanning.

A pedestrian with low vision could have a reduced visual acuity, restricted visual field, or both. Different types of vision loss have different mobility implications.

There is a wide range of visual functioning within the population of persons who are legally blind. Some persons who are legally blind may travel without a long white cane, relying mostly on visual cues to direct their travel. Others may use a cane only at night or in other situations with low lighting. Some persons rely upon a long cane, in combination with tactile and auditory cues to direct their travel. It is important to remember that pedestrians who are legally blind are a diverse group in regards to their ability to see crosswalks, traffic signals, vehicles, and signage.

General Types of Vision Loss

General types of vision loss include:

- Total blindness or light perception
- Reduced acuity; and
- Restricted fields (central or peripheral)

Some eye diseases or conditions cause both a reduced acuity loss and a restricted field. Following is a discussion of each of these types of vision loss.

Total Blindness or Light Perception

Individuals who are considered totally blind usually cannot see any difference in light and dark. Individuals who have light perception may be able to tell if it is dark or light and the direction of the light source, but do not have vision that is usable for discerning objects or the travel path. These persons use auditory and tactile cues to identify a street and to make street crossing decisions.

Reduced Acuity

Some people have full visual fields. However, they have a problem with the clarity of vision such that they cannot see certain sized objects at various distances. They may be able to see and even identify an object from certain distances but they cannot see the details on the object. Each time someone goes to the eye doctor, his or her visual acuity is measured. Near acuity relates to reading or seeing things close to one's eyes. Distance acuity relates to seeing objects beyond arm's reach and is measured across the room with an eye chart on the wall. Mobility tasks are mainly related to distance visual acuity.

Reduced acuity can refer to a large range of functional vision from vision tested as less than 20/20 to totally blind. Lighting and contrast affect functional vision and are not reflected in clinical measurements. Remember, visual acuity refers to the clarity of vision and the ability to see/identify different size objects at various distances. Clinical acuity measurements are obtained indoors in a setting with controlled lighting. Ability to

see outdoor travel paths and objects in that path is, however, affected by lighting and contrast.

The ability to see and to recognize objects such as the curb, crosswalk lines, pedestrian signals, vehicles, etc for travel tasks, is highly dependent upon several factors, including:

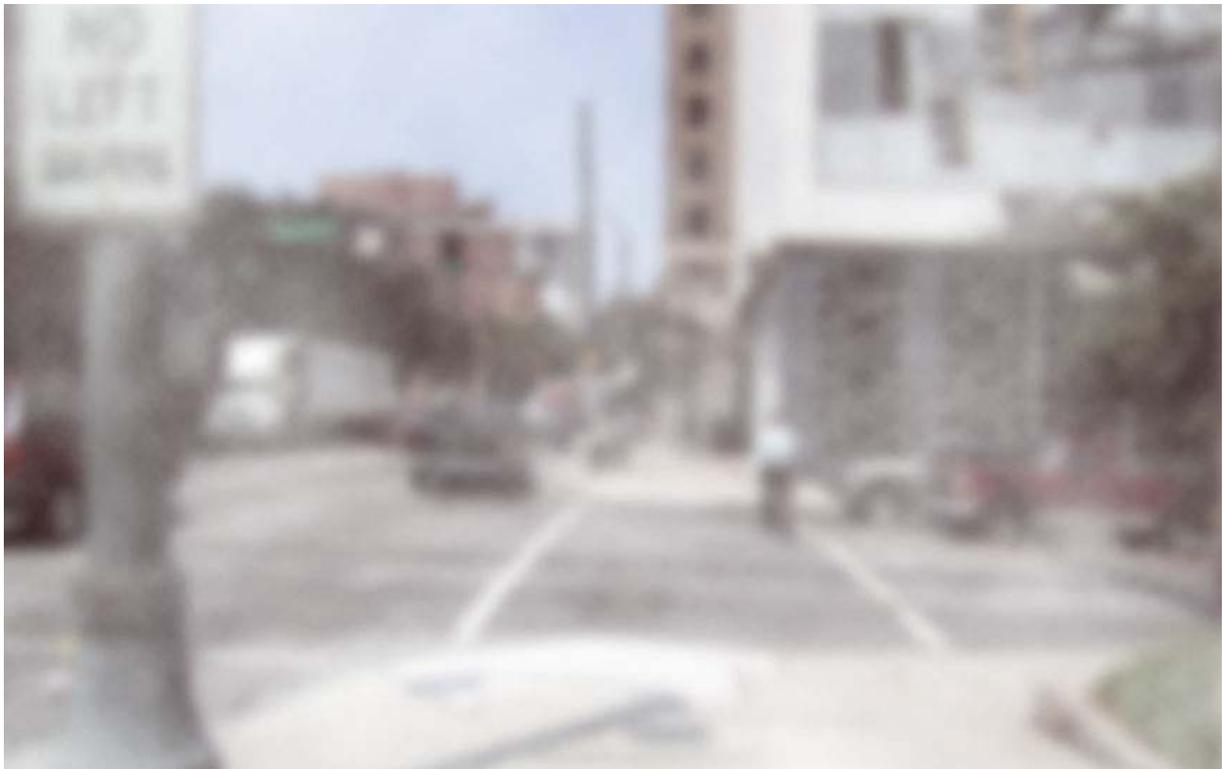
- Size of the object being viewed and its distance from the person;
- Amount, type, and position of lighting;
- Contrast between the object being viewed and its background; and
- Glare.

One equation used to describe this is:

$$\text{Visibility} = \text{size \& distance} + \text{illumination} + \text{contrast} - \text{glare}$$

A person with an acuity loss may be able to see a large object at a close distance, if there is sufficient lighting and good contrast. If the person is further away, if the lighting is dimmer, or if there is glare reflecting off the object, they may not be able to identify that same object.

Figure 7-1. Street crossing as a person with general reduced visual acuity might see it. (from Barlow, Bentzen, and Tabor, *APS Synthesis & Guide to Best Practice*, 2002)



Persons with visual impairments may experience an increased level of variability in their ability to see objects in the outdoor environment due to implications of their eye disease, fatigue, and other factors. An overall loss of acuity, increased sensitivity to glare, and loss of contrast sensitivity is common in the elderly population.

A person with a visual acuity loss also may function quite differently on sunny days versus cloudy days or in well lit versus dimly lit areas. For example:

- A person with a 20/600 acuity looking at a pedestrian signal head with the sun behind it may not be able to identify WALK under these conditions, but can identify WALK on cloudy days or at night
- A curb that is painted bright yellow would be easier to see than a curb that is the same color as the sidewalk, as the painted curb has increased contrast

Restricted Fields

The general category of restricted fields can be further divided into

- Central field loss – unable to see things directly in front;
- Peripheral field loss – problems seeing things off to the side, above, and/or below; and
- Hemianopia – inability to see in one-half of the field of vision in one or both eyes.

Central Field Loss

A central field loss is caused by damage to the central part of the retina. This part of the retina is responsible for detailed vision at close distances (i.e. reading, sewing). People with a central field loss probably cannot read a bus schedule or identify numbers on bills.

A common type of age related vision loss is macular degeneration, the leading cause of blindness in those over age 60. This disease causes a central field loss. This means the central part of the retina is damaged, causing blind spots right in the center of a person's vision. Many people with advanced macular degeneration cannot see print so they can no longer read. However, they may be able to see the sidewalk, people, traffic signals, and objects in their path of travel, even from a distance. Some people with macular degeneration carry a cane to identify themselves as a person with a visual impairment. They may also use their canes to check the height of curbs and steps. However, macular degeneration and other types of diseases that cause a central field loss are not generally the types of vision loss that cause significant mobility problems.

Figure 7-2. The photograph below represents the same street crossing as a person with a central field loss might see it
(from Barlow, Bentzen, and Tabor, *APS Synthesis & Guide to Best Practice*, 2002).



Peripheral Field Loss

Peripheral field losses cause significant mobility problems. Individuals with peripheral field loss, sometimes referred to as tunnel vision, may see objects and details of things directly in front of them clearly, but have difficulty seeing objects and signs off to the side. In addition, depth perception, or the ability to see changes in the level of the walking surface, is often impaired. Thus the person may not see steps, curbs or drop-offs both in front of them and beside them.

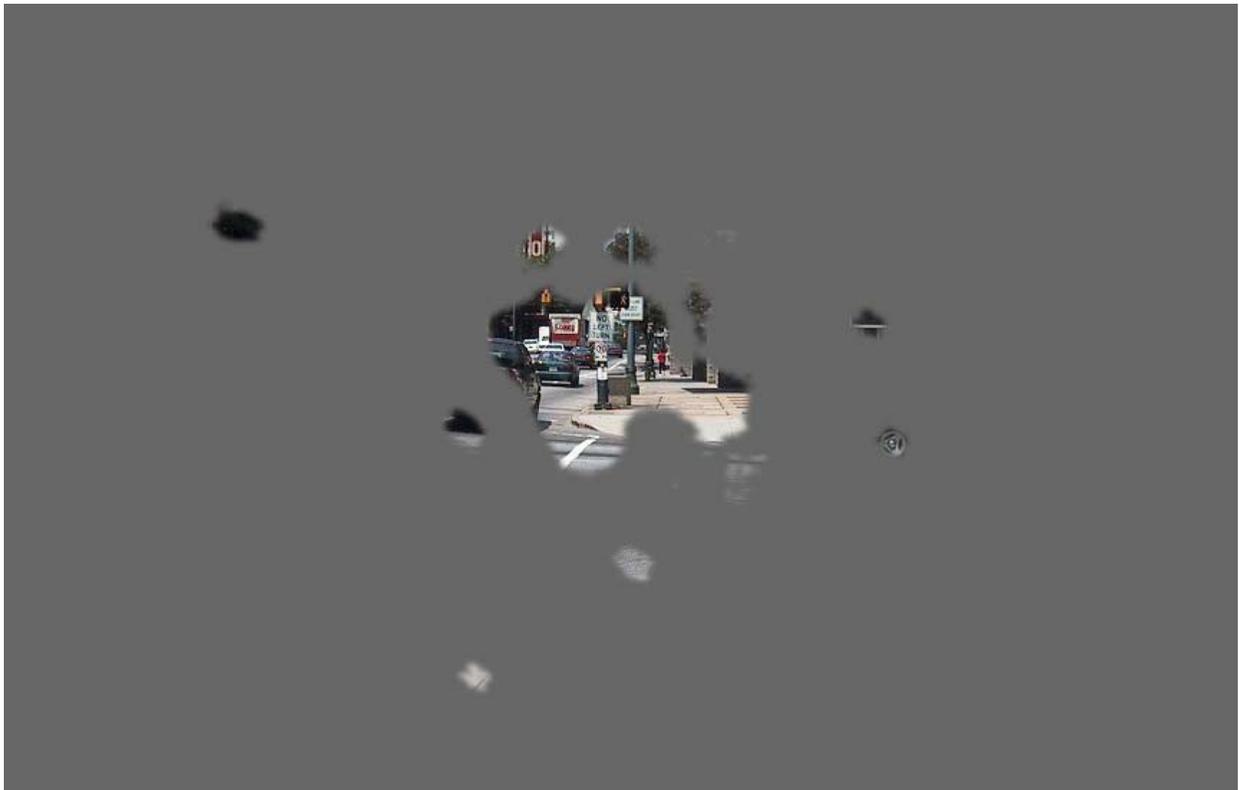
One way to get an idea of a peripheral field loss is to close one eye, then look through a funnel or a paper towel roll with the other eye. The narrower the visual field, the more difficult it is to see things that are not directly in front of you and below or above eye level.

A peripheral field loss involves damage to the peripheral retina. This part of the retina is responsible for seeing movements, large objects at distances, and movements and larger objects in dim lighting.

One example of a disease that causes a peripheral field loss is Retinitis Pigmentosa (RP). People with RP see much worse when the lighting is low so travel at night or on overcast days is much different than walking outdoors in the daytime. A person with RP may be able to walk outdoors, cross streets, take the bus, shop, etc by using their limited vision in the daytime. They might compensate for their peripheral field loss by turning their heads frequently in an organized manner in order to see things from the side. After the sun goes down, this same person may use a cane to find curbs, steps, bumps in the sidewalk and other objects. Things he could see on a sunny day cannot be seen at night. Others do not use a cane. Some people with low vision have learned to compensate for reduced visual input by focusing and relying on auditory and tactile information when necessary. Others have not learned effective compensatory strategies, requiring assistance for those situations in which their vision is not reliable for mobility tasks.

Glaucoma and Retinitis Pigmentosa (RP) are the main causes of peripheral field loss.

Figure 7-3. The photograph below represents the same street crossing as a person with a peripheral field loss might see it.
(from Barlow, Bentzen, and Tabor, *APS Synthesis & Guide to Best Practice*, 2002).



Concomitant Disabilities

Some persons with visual impairments have other physical, cognitive, emotional, or sensory impairments. Again, there is a great deal of variability in the degree of hearing loss, cognitive impairment, or other type of disability. Consequently, it is difficult to talk about them as a “group” of persons as each person is an individual with his or her own abilities or limitations in regards to independent travel in the community. However, it is safe to say that the potential exists for independence to be limited more due to the concomitant disability.

Some common examples of concomitant disabilities and the possible travel issues include the following:

- Concomitant disabilities may affect the individual’s ability to travel outdoors and to cross streets at signalized intersections independently. Persons with hearing loss who cannot see vehicles or localize traffic sounds require assistance to cross busy streets.
- The largest population of persons with visual impairments is persons age 65 and older. Many of these individuals have other impairments such as age-related upper frequency hearing loss, or physical limitations.
- Persons with low vision who have cognitive disabilities may be able to learn one or a few simple transit routes if given much instruction by an O&M specialist. Strategies for problem solving when atypical situations arise are often limited.
- For some persons, the combination of a cognitive disability and blindness may prevent any independent travel within the community.
- Some low vision or blind persons with psychiatric disabilities indicate they are very anxious traveling on crowded busses, traveling in unfamiliar areas, or handling unforeseen situations.
- Persons with low vision who use ambulatory devices are at risk of not seeing a crack in the sidewalk or level change such as steps or curbs. Missing these have potential to cause great harm to the individual. If these individuals cannot see far enough away to negotiate around obstacles, maintain their balance, and stop at level changes, they probably cannot travel alone safely within the community.

To fully understand travel abilities and limitations, detailed information about concomitant disabilities and their effects must be obtained in addition to information about visual impairments. In these circumstances, professional verification from therapists, teachers, caseworkers, or others familiar with the person and his or her functional abilities is often very helpful.

Travel Abilities Vary

Some pedestrians with visual impairments travel independently along familiar routes they have memorized through instruction and repeated practice along these specific routes. Other pedestrians travel to new neighborhoods and cities throughout their region and beyond. They expect the same freedom of movement that pedestrians without disabilities have. It is important to note that many persons with visual impairments do NOT receive Orientation and Mobility instruction at all intersections they use.

Vision Can Fluctuate

Persons with low vision typically experience fluctuations in the quality and clarity of what they see. Examples of changes in vision caused by internal factors include diseases such as diabetes or retinitis pigmentosa, visual fatigue caused by continuous visual demands, and side effects from ocular or systemic medications. External factors resulting in visual changes include changes in lighting, glare, and contrast.

Functional Low Vision Mobility Problems

Pedestrians who are totally blind and pedestrians with low vision do experience some of the same mobility problems. Major challenges for both groups include detecting changes in terrain and depth, avoiding bumping into objects, negotiating street crossings, and having insufficient sensory information for decision making. One unique problem area for pedestrians with low vision is dealing with the effects of changing lighting conditions and glare.

Lighting Conditions and Glare

The most frequently reported and highest rated mobility problem area for pedestrians with low vision is lighting. Lighting includes glare, light adaptation from indoors to outdoors and vice versa, dim and night lighting, and frequent changes in lighting while moving through the same or within different environments. Glare and dim lighting conditions have negative effects on mobility for many persons with low vision. It takes pedestrians with low vision significantly longer than those with normal vision to adapt to a change in the level of light. Some eye diseases, such as retinitis pigmentosa (RP) and glaucoma, result in decreased visual functioning to total blindness, depending upon the level of lighting and the extent of their pathology. Some persons with RP can travel independently, using systematic scanning to compensate for their restricted visual field, in daylight. At nighttime or in low lighting situations, this person may use a cane and make the majority of travel decisions based on auditory and tactile information. Thus, evaluating the functional travel vision of persons with RP requires getting information about travel in the daytime as well as at night.

Conversely, some eye diseases, such as ocular albinism or cataracts, are adversely affected by sunny or brightly-lit conditions. Pedestrians who have problems with bright lighting can wear sunglasses, hats, and/or visors to reduce the amount of light entering the eye. However, often they cannot eliminate problems with glare entirely.

Daylight examples of glare include light reflection from a shiny floor or metal object and walking while facing in the direction of the late afternoon sun. Nighttime examples include glare from oncoming headlights or streetlight reflecting off storefront windows. Typically, conditions of dim lighting have a greater impact on mobility than conditions of bright lighting.

Too much or too little light or frequently or quickly changing light can be disabling. Thus, a mobility evaluation for persons with low vision needs to consider the person's travel under various lighting conditions.

Changes in Terrain or Depth

Pedestrians with low vision frequently report problems detecting and negotiating a change in depth, such as stairs, curbs, or uneven terrain. Sometimes pedestrians with low vision report that steps and curbs sometimes appear as flat surfaces and other times appear as blended ramps. Persons with low vision also can have problems identifying raised slabs of sidewalk and may have difficulty interpreting puddles, shadows, and terrain changes. Persons with lower visual field losses find low lying objects and changes in the level of the walking surface particularly hazardous. Misjudging depth and missing level changes can result in falls.

Bumping into Objects

Bumping into objects is a frequently reported mobility problem for those who are totally blind and for those with low vision. This problem increases when walking in crowded or when the area being traveled is cluttered. Studies of low vision mobility indicate both head-height and low-lying objects cause the greatest difficulty. Both can result in bodily injury.

Street Crossings

Determining when to cross the street, directing one's body toward the destination corner, and getting across within the time allotted for the pedestrian phase are the primary tasks all persons must complete to cross a street. People who are totally blind gather information by listening to the movements of traffic, in conjunction with other auditory and tactile cues. Sometimes, there is sufficient and reliable information without visual input. Sometimes it is difficult or impossible for persons who are blind to cross the street due to the lack of environmental information. Crossing streets that do not have traffic control devices involves making judgments about the speed and distance of moving vehicles.

Some persons with low vision can rely on vision to see the traffic lights and pedestrian signals under some conditions, (e.g. on a cloudy day), while at other times they are not able to distinguish the color (e.g. when they are facing toward the sun) or to see the level change of the curb at all. The ability to visually identify the crosswalk lines and to see the opposite corner depends upon the quality of the lines and contrast with the street and the width of the street. Persons need to know how to interpret the traffic sounds and tactile clues for those times and places when their vision is insufficient to collect street crossing information.

Section 7 Test

Understanding How People Who are Visually Impaired Travel

Indicate whether each of the statements below is true or false, and why.

1. Someone who has had orientation and mobility instruction will never seek out the assistance of another person when traveling
2. A long white cane is used to detect obstacles in the path of travel which are then explored by the person using the cane – never their hand.
3. Long white cane users can always cross the street with confidence, since motorists can tell by their canes that they are blind or visually impaired and will yield to them.
4. To walk in a straight line of travel through an open area, some people will use their cane to follow along the edge of texture changes, like grass and pavement.
5. Most people who are blind use a dog guide.
6. Dog guides are trained to know when it is safe to cross the street.
7. When crossing the street, the dog guide is trained to keep it's handler safe at all times.
8. Even with a dog guide, a traveler who is blind may have problems veering if they are not properly aligned for a street crossing.
9. Someone who is legally blind has either a reduced visual acuity or reduced vision field but not necessarily both.
10. Clinical visual acuity measures all vision issues.
11. Someone who travels outdoors but never uses a long white cane or a dog guide would not be considered blind or visually impaired.
12. Pedestrians who are blind cannot travel by using landmarks.
13. The sound of traffic is distracting to the traveler who is blind – quiet is needed to know when it is safe to cross.
14. High curbs and curb ramps with steep slopes can be helpful to the pedestrian who is blind.
15. Intersections with pedestrian push buttons are always safe and can be crossed by anyone.

16. Evaluating a four-way intersection (a “+” intersection) involves looking at eight different crossing possibilities.
17. Transit systems that use “flag stops” can be easier for travelers with vision disabilities to use since they do not have to locate an exact stop.
18. It is possible to be able to read the newspaper and be legally blind.
19. People with low vision can eliminate the effect of glare with the use of sunglasses or a hat.
20. A person with 20/400 acuity sees at 20 feet what a person with normal vision sees at 2 feet.

Please answer the following questions and then discuss your answers with the instructor.

Describe the types of travel issues that would likely be experienced by someone with macular degeneration.

What would be some of the contingency issues of a traveler who uses a wheelchair and has peripheral field loss?

Describe the effects that changes in lighting and glare can have on a individual with Retinitis Pigmentosa.

Suggested Process for Determining ADA Paratransit Eligibility for Individuals Who Are Blind or Visually-Impaired

Assessing the abilities of applicants with vision disabilities to use fixed route public transit services poses significant challenges. There currently are no known assessment tools that have been validated to accurately predict the fixed route travel abilities of persons with vision disabilities. Further, while the success or failure of an applicant with a vision disability to perform certain tasks in a simulation of a bus trip might be observed, this might not accurately reflect a person's abilities to travel under other conditions and circumstances. As detailed in the previous guidance material in this section of the workbook, travel abilities depend on many factors that will vary by day and time. This can include changes in lighting, changes in weather, and changes in traffic volumes.

For these reasons, if persons who are blind are asked to participate in an in-person functional assessment, it is recommended that the assessment only be conducted by an Orientation and Mobility (O&M) Specialist. For persons who are legally blind (but not totally blind) in-person functional assessments should be conducted by O&M Specialists or other qualified professionals as described in the competencies section below. If transit systems do not have access to these professionals, an alternative process that relies on input from the applicant and professionals familiar with the functional travel abilities of the applicant be used instead.

It may, however, be appropriate to ask individuals who indicate issues with vision but who are not legally or totally blind to participate in an assessment similar to the one described in Section 5 of this workbook. This would also be appropriate if applicants who note problems with vision (but who are not legally or totally blind) also have other physical disabilities or health conditions. Observation related to vision could then be made as part of the overall simulation of making a trip on the fixed route service.

Following is a discussion of alternative approaches for assessing the travel abilities of persons with vision disabilities.

Option 1: In-Person Functional Assessment

Two possible approaches for determining the travel abilities of applicants with vision disabilities are proposed. The first approach would involve having an O&M Specialist or other qualified professional conduct an individual assessment of the applicant.

Prior to the in-person assessment, the professional would obtain and review the information provided by the applicant in the paper application. Because travel issues for persons with vision disabilities are significantly different from those for persons with

other types of disabilities, a separate paper application form for applicants with vision disabilities is recommended. A sample application form is provided in Section 3 of this workbook. When individuals call to request information about eligibility for ADA paratransit services, staff should inquire in general terms about their disability and travel issues. Persons who indicate that their most limiting condition or only disability is blindness or legal blindness would be sent this specific application form.

It is also recommended that a visual acuity statement be obtained to verify the degree of vision impairment. This can be provided as part of the application form or obtained through follow-up with a professional identified by the applicant. The person conducting the assessment should review the results of this clinical examination.

A comprehensive mobility assessment would then be conducted. This assessment should be conducted in the real environment as appropriate and should thoroughly consider all of the travel issues noted previously in this section. The assessment should involve observation of a person traveling in:

- both familiar and unfamiliar environments;
- indoor and outdoor settings;
- varying lighting conditions;
- along routes with different terrain; and
- at various types of intersections.

Because the assessment would be an observation of abilities in a specific set of environmental conditions, the O&M Specialist would then need to consider how the person might perform at other times of day or in other environmental conditions.

Follow-up with other professionals who have worked with the applicant or are familiar with the applicant should then be conducted. An eligibility recommendation should then be made based on all of the information collected – information provided by the applicant, information from other professionals, and observations made during the assessment.

Competencies of Persons Conducting Functional Assessments

O&M Specialists are the best professionals to conduct a functional mobility assessment for persons who are totally blind or legally blind. If O&M Specialists are available in the area, it is strongly recommended that they be used to conduct these assessments. O&M Specialists are the only professionals who possess the competency to evaluate the functional community mobility of an individual who is blind. If other professionals are used to evaluate the ability of applicants with low vision due to a lack of availability of O&M Specialists, it is strongly recommended that they possess the following competencies, at a minimum:

Knowledge of:

- Basic anatomy and pathology of the eye
- Functional mobility problems associated with each pathology.
- Implications of reduced visual acuity on mobility tasks
- Implications of reduced visual field on mobility tasks
- Effects of lighting conditions and glare on person's ability to see visual stimuli
- Effects of low lighting, and abrupt changes in lighting
- How visibility of an object or area is effected by contrast, size, distance and lighting.
- Techniques used by persons with low vision to cross streets at intersections with stop signs, traffic lights, or at crossing with no traffic control
- Strategies used for public transportation

Ability to:

- Interpret clinical eye report
- Interpret written information on application regarding applicant's functional vision
- Monitor a person's safety without interfering with their ability to complete the assessment tasks

Option 2: Identification of Eligibility Conditions Using Information Provided by the Applicant and Appropriate Professionals

In some transit systems, it may not be feasible to have certified O&M Specialists or other qualified professionals conduct functional assessments of applicants who are blind or legally blind. This may be the case due to the lack of availability of O&M Specialists in the area. It may also be too expensive to conduct assessments that might take several hours and involve observations in a wide variety of conditions.

The following alternate process for determining ADA paratransit eligibility is therefore recommended. This alternate process would involve granting a minimum level of conditional eligibility to applicants who are blind or legally blind. Providing at least conditional eligibility for applicants who document a level of vision disability that at least meets the federal definition of legal blindness is based on the notion of "most limiting conditions." It suggests that virtually every blind or legally blind traveler, regardless of his or her personal skill level, would be prevented from safely navigating to and from transit stops under some conditions. In this situation, as when determining eligibility for applicants with other disabilities, it is important to ensure that any individual is not denied a level of eligibility to which he or she may be entitled, even if it is minimal. This process would then use information from the applicant and professionals familiar with the applicant to identify the specific barriers that would limit that person's travel.

Following is an outline of the steps that would be involved in this approach.

STEP 1: Obtain and Review Information from Applicants

When individuals call and request application materials, determine if their primary disability is a vision disability. If so, send them an application form designed to address the travel issues of persons with vision disabilities. Use the sample application for persons with vision disabilities provided in Section 3 of this workbook to develop a similar application that is tested and appropriate for your area.

Have each applicant participate in an in-person interview. Ask follow-up questions as appropriate. Suggestions of follow-up questions are provided in Section 4 of this workbook.

Be sure to obtain information about all concomitant disabilities and health conditions and the impacts of these on travel.

STEP 2: Obtain and Review Information from Professionals

Obtain verification of disability. A visual acuity statement as well as other appropriate documentation is recommended. This documentation could be requested as part of the application form. If not, it should be requested as part of follow-up with named professionals.

If the applicant notes that she has worked with an O&M Specialist, obtain input from that professional. An "Orientation & Mobility Instruction History" form is provided as Attachment A at the end of this section of the workbook. If the applicant has not worked with an O&M Specialist, it might still be helpful to send this form to another named professional.

When obtaining information from other professionals, it is first necessary to obtain a Release of Information from the applicant. Be sure to ask the professional about all concomitant disabilities and health conditions and the impacts of these on travel.

STEP 3: Have Applicants Participate in a Physical Functional Assessment (if appropriate)

If information from applicants and/or professionals indicates some level of vision impairment but the impairment does not meet the federal definition of legal blindness, determine if the applicant has other physical disabilities or health conditions. This information might be obtained from the paper application, from other professionals, or might be based on information collected in the in-person interview. If another health condition or physical disability is noted or observed, it may be appropriate to have the applicant participate in a physical functional assessment similar to the one detailed in

Section 5 of this workbook. As part of that assessment, general observations of issues related to the noted vision disability can be observed and evaluated.

Again, use of a general physical functional assessment such as the one in Section 5 of this workbook that is conducted by professionals such as physical therapists and occupational therapists is recommended only for persons with vision disabilities that do not meet the criteria of legal blindness. For example, many elderly applicants may have some vision loss in addition to one or more health conditions or physical disabilities. It would be appropriate to have these individuals participate in the physical functional assessment, where the professional would carefully document how vision loss affected the applicant's overall ability to navigate the environment.

In-person functional assessments for people who are legally or totally blind would be excluded in this model, unless they were to the standard described in Option 1.

STEP 4: Make the Determination

Consider all information collected. For applicants with some vision impairment but who are not blind or legally blind (and who may have other health conditions or disabilities), the decision would consider information provided in the application form, information obtained from the in-person interview, information from other professionals, and observations made in any functional assessments that might be appropriate. An appropriate level of eligibility – conditional, unconditional, or temporary should then be considered.

Barring the level of functional assessment described in Option 1, applicants who are blind or legally blind would be granted a minimum level of conditional eligibility. These conditions would include eligibility for trips that involve:

- crossing the street at intersections that are not accessible either due to signalization barriers, lack of reliable auditory cues, lack of traffic control or intersection geometry barriers (see “Features of an Accessible Intersection” provided as Attachment B at the end of this section).
- having to wait for buses at stops that are not on a sidewalk and less than three feet from moving traffic along a busy roadway.
- having to walk to or from stops or stations along a path with no sidewalk that is less than three feet from moving traffic. This path can be the shoulder of a busy roadway or a large parking lot with no detectable path of travel.

For applicants who are blind or legally blind, conditions of eligibility beyond the minimum would be established based on input from the individual regarding his or her mobility skills and challenges, knowledge of the particular eye condition, and

professional verification of any training that the individual has received. For example, this might include eligibility from dusk to dawn for someone with night blindness.

Additional conditions of eligibility should also consider the actual orientation and travel skills of the applicant and any issues related to concomitant disabilities. It might, for example include eligibility for unfamiliar trips for which travel instruction has not been provided if the applicant has limited general orientation and wayfinding skills. Or, it may include eligibility when streets of more than two lanes must be crossed if the applicant's walking speed is very slow due to the combination of vision and other disabilities.

Attachment A

Sample Form for Collecting Information About Orientation and Mobility Instruction History

Name of Applicant has applied for eligibility to use the ADA paratransit (van/taxi) services provided by Name of Transit System and has indicated that they received Orientation and Mobility Instruction from you or your agency. To assist us in determining this person's eligibility for ADA paratransit services, please provide the following information about the instruction that was provided.

Agency _____

Instruction was provided from _____ to _____

Approximate total hours of training _____

O&M Instructor _____

BUS TRAVEL

1. Did you teach individual to use the bus system? Yes No

If NO, skip to question #2

If YES, answer the following questions:

a. Was the training route specific? Yes No

b. Was the training successful? Yes No

If NO, skip to question #2

c. Which routes/destinations were mastered?

Bus Route Number

Destination

1.

2.

3.

d. Note any concerns you have regarding independent travel on buses by this person.

2. Why was training in use of bus service not provided? (check all that apply)

- Individual did not want to learn to ride a bus
 - Individual's family/staff did not want him/her to ride a bus
 - Individual lacked prerequisite skills
 - Environmental barriers along intended route
(explain in question #5 below)
 - Other. Please explain _____
-
-

3. At this time, I feel the individual's travel abilities (with training) in regard to use of fixed route bus service best fit into the following category: (check only one)

- Community mobile (able to use all bus routes under all conditions)
- Can manage several bus route transfers
- Can manage one specific bus route transfer
- Can manage several simple bus routes (no transfers)
- Can manage one specific simple bus route
- Cannot ride independently on any bus route

4. What modifications (by the bus system) would be required in order for this individual to be able to ride the bus alone?

5. Note environmental barriers between bus stops/home/destination entrance that would prevent the individual from safely traveling a route alone? (no sidewalks, complex intersections, crossing parking lots, etc.) Please note bus route number if these barriers prevent travel on a particular route.

6. Note personal barriers (poor balance in inclement weather, problems with attention to long routes, slow speed of travel, etc.) which would prevent the individual from traveling a route safely.

7. Describe street crossing skills (at stop signs, traffic lights, etc.)

8. Other comments?

Mailing Address _____

Phone _____ Fax _____

Completed by _____ Date _____

Attachment B

Features of an Accessible Intersection

For paratransit eligibility purposes, one should not assume that all pedestrians who are blind are able to cross streets at intersections that have these accessibility features. This list simply describes those intersection features that have proven to be less problematic. Intersections that do NOT have these accessible features may be considered barriers.

Reference Information

“ADA Public Rights of Way (PROW) Draft Guidelines,” released by U.S. Access Board on June 17, 2002.

“Building a True Community: Final Report of the Public Rights-of-Way Access Advisory Committee,” U.S. Access Board. January 2001.

STREET/SIDEWALK TRANSITIONS

Curb Ramps

Maximum slope of 1:12

Aligned to hit street at a perpendicular angle or with minimum amount of warping

Aligned with sidewalk and crosswalk intended for its use

Must have a level landing

Surface must be clear of obstructions/grates/doors

Detectable warnings required

Two separate curb ramps preferred (instead of single ramp that opens diagonally onto an intersection)

Medians and Pedestrian Refuge Islands

Compliant cut-throughs or curb ramps are required

Detectable warnings required.

Detectable Warnings

On all curb ramps, alleys, and blended transitions (where ramp is 1:15 or less)

At cut-through medians and islands

Full width of ramp and 24 inches deep at the edge where the ramp, landing, or blended transition connects to a crosswalk.

CROSSWALKS & CROSSING TIME

Crosswalks

Cross slope (road grade) shall be a maximum of 1:48
Crosswalk running grade (road crown) maximum of 5 percent.
High contrast crosswalk markings required at signalized intersections
Minimum crosswalk width is 8 feet.

Pedestrian Phase Timing

Calculated with 3.5 feet per second pedestrian walk speed.
Crossing distances, when calculating timing, shall include the length of the crosswalk and one curb ramp.

ACCESSIBLE PEDESTRIAN SIGNALS (APS)

An APS is a device that communicates information about pedestrian signal timing in non-visual format, through the use of audible tones, or verbal messages, and vibrating surfaces.

APS required at intersections with:

- Leading pedestrian intervals
- Pedestrian phase timing is pedestrian actuated (by pushbutton)
- Pretimed signal with pedestrian signal heads (WALK, DON'T WALK)

APS Requirements

Indicate unambiguous directionality in audible & vibrotactile format
Locator tone (if pedestrian activated)
Audible from beginning of WALK interval
2-5 dB greater than ambient noise
Not limited in operational hours

Refer to pedestrian pushbutton requirements on the next page.

PEDESTRIAN PUSHBUTTONS

Pushbutton Operation and Features

Operate with a closed fist
Size – 2 inch minimum across
Maximum needed force – 3.5 pounds
Emit a locator tone
Visual contrast from the body of the unit
Give visual and audible indication button has been pressed

Pushbutton Location

On smooth, clear level surface
Adjacent to the landing of curb ramp
Control face should be parallel with the crosswalk
Mounting height – 42 inches maximum
Within 5 feet of the crosswalk lines extended
Within 10 feet of the curb edge
Minimum of 10 foot separation from another pushbutton OR speech messaging if 2 buttons are on the same pole.

Pushbutton Signage

Tactile arrows oriented parallel to the crosswalk controlled by the button (to indicate directionality)
Tactile symbol on the button to indicate that it controls an accessible signal
Raised print and Braille sign with street name
Optional – tactile crosswalk map

Turn Lanes at Intersections

Cue provided to locate the pedestrian crosswalk
Pedestrian activate traffic signal must be provided at pedestrian crossings

Roundabouts

Physical separation between walk and street with landscaping, fences, or guide rails to direct the pedestrian flow
Pedestrian actuated signals at crosswalks – should be APS with locator tone

SECTION 8

A Framework for Making “Difficult Determinations”

Introduction

Functional assessments, combined with interviews and information from applicants are valuable tools as part of the ADA eligibility determination process, but do have some limitations. Although when conducted by the correct professional and according to the highest standards they are reasonably valid predictors of ability, they are a one-time sample of ability in a given time and place. The functional assessments described in this workbook will not provide sufficient or relevant information for individuals with all types of disabilities. Keep in mind that the functional assessment tools described in this workbook must be used in the manner in which they were designed. Especially in the case of assessments that have been validated for certain populations, such as FACTS, great care must be taken to avoid inferring meaning to other populations. For example, epilepsy, many psychiatric disabilities and some other health conditions result in functional limitations which cannot always be adequately evaluated using the physical functional evaluation, or FACTS. These types of disabilities typically present the greatest challenges in making accurate eligibility decisions.

It may be difficult for the applicant to adequately explain the functional reasons that his disability prevents him from using fixed route transit. Lacking the objective measure of a functional assessment, the best source of information about travel abilities may be to get information from the applicant combined with information from professionals who are familiar with the applicant's disability and functional abilities. The following process is offered as a framework for collecting information that will help with the most difficult eligibility determinations.

Suggested Framework

Begin the process of collecting information by making sure that you are clear about what you want to know. The process starts with verifying the existence of a disability, and then determining how the disability affects the applicant's functional ability to use transit. A systematic approach to determine the what, who, how, when and why of whether the individual is prevented from using fixed route transit will yield the most relevant information.

WHAT?

The "what" question is "what is the diagnosis?" As discussed in chapter two, knowing the specific diagnosis provides you with a starting place to better understand the basic characteristics of the disability and what types of the specific functional limitations you might expect an individual to have.

Along with diagnosis, you should confirm the following additional information:

- **Date of onset.** This, combined with the diagnosis, could provide some insight into whether the individual’s ability might improve. For example, someone who has had a stroke in the last three months may experience improvement over the course of the next six to nine months. However, if the stroke occurred several years ago, the individual has probably achieved the highest ability level that can be expected.
- **Extent of disability.** Two individuals with the same condition will not necessarily have the same level of functional ability. There can be a wide range of capacity within the same disability. Some diagnoses will include the extent (mild, moderate, severe, in remission, etc.) Asking to what extent the individual is affected by the condition will help to further clarify what functional limitations might be expected as a result.
- **Prognosis.** Prognosis is the professional’s best estimate of the future course of the individual’s condition. *The Merck Manual* usually provides a general prognosis for each condition described, which will help you understand the typical course of the condition. You can then ask the professional for the prognosis for the individual. People diagnosed with psychiatric disabilities usually have a prognosis as part of the diagnosis.
- **Medication.** Information about medications the individual takes should only be collected on a “need to know” basis. It is not typically relevant or useful in understanding functional ability, but in some cases may provide additional insight as to side effects or the potential to control a condition and improve functional ability.

WHO?

The “who question” is “Who is the right professional to ask about this individual’s disability?” The right professional should be, at a minimum:

- Someone who is currently or who has very recently treated or worked with the individual regarding this particular disability, *OR*
- Someone who has access to the individual’s medical information and history, if they have not seen or worked with a professional recently, *OR*
- Someone who knows what the course of the individual’s condition has been over the past year

Someone who has sufficient knowledge of the individual and the condition will be able to comment on specific functional abilities, and perhaps identify conditions that trigger the condition (when appropriate).

The “right professional” is not always a physician. For someone with a psychiatric disability, it could be a psychiatrist or psychologist, but it could also be an Intensive Case Manager who has been working with the individual to improve his functioning in the community. A job coach may be able to provide valuable insight into how the individual learns new skills, and whether he can perform them independently and with consistency. For someone with epilepsy, the “right professional” is probably his or her neurologist. Confining your search to a “list” of only certain professionals limits your ability to identify and talk with a range of professionals that can provide valuable insight into how the individual functions on a day in and day out basis.

HOW?

The “How” question is the heart of the matter: “How does the individual’s disability prevent him from completing each of the tasks necessary to independently use fixed route transit?”

In order for the professional to provide the specific functional information necessary for the eligibility determination, it is important to ask the right questions. You can help the professional better understand the functional capacities necessary for the independent use of transit if you describe them as a sort of task list. You should be able to create a “task analysis” that includes all of the physical, cognitive and sensory tasks involved in getting to and from the bus and riding the bus. You can then examine each task and evaluate what skills and level of functional ability are necessary in order to complete the task.

Section 5 of this workbook and the subsequent physical functional assessment included in that section describe the physical functional tasks involved in using fixed route. The same tasks can have physical, cognitive and sensory components.

For example, getting to the bus stop one block away involves, among other things:

- the ***physical task*** of walking or pushing a wheelchair a defined distance under existing conditions (for example, is it one level block, or is there is a hill or snow, how hot or cold is it);
- the ***cognitive task*** of memory (whether you have learned the way or have just asked for directions, you must be able to remember which way to turn when you exit the building);
- the ***cognitive task*** of attention to task (you must sustain attention as you move along the sidewalk and not be distracted);
- the ***sensory and physical tasks*** of identifying and avoiding obstacles in your path; and

- the *cognitive and sensory tasks* of being able to identify the stop when you reach it (you know this is the stop, and you have a way of identifying that you are in the right place).

Once you have established the tasks that may be difficult for the individual based on what you know about the disability and what the individual has told you, you can ask specific, directed follow-up questions to establish how the individual might be prevented from accomplishing each of the tasks you have defined.

It may be appropriate to occasionally ask questions about an individual's ability in a related, but different activity of daily living. For example, if someone has a serious cardiac condition, they will almost certainly be restricted from completing more strenuous household chores such as pushing a vacuum sweeper. While these questions may provide some insight, they can also be intrusive and viewed as irrelevant. If it is necessary to ask these types of questions, they should be kept to a minimum, have a clear relationship to a functional outcome and not require the individual divulge and private or personal information.

WHEN?

The “when” question will help you establish if there are any reasonable conditions when the individual can use fixed route transit. It is important to help the professional understand that ADA paratransit eligibility is not an “in or out” process, but should reflect the range of abilities an individual has under a variety of conditions. If the person is sometimes able to complete the necessary tasks with a reasonable level of effort, the professional may be able to assist you in defining those conditions. For example,

- The individual can walk up to three blocks on a level, paved surface, but cannot negotiate any slopes.
- The individual becomes increasingly fatigued throughout the day. Her functional ability is very good until mid-day, at which time she starts to experience significant fatigue.
- The individual can find his way to and from a location if he goes there on a routine basis, but could not manage to find his way to and from a location that he will visit only occasionally.

It is often useful to leave “the bus” out of the questions, and simply concentrate on the tasks.

If the professional indicates that the individual is not able to use fixed route under any reasonable circumstances, it is appropriate to ask follow up questions about what s/he believes to be the individual's most limiting condition and what the risks are, as s/he sees them. Follow up questions can be asked in such a way that they do not challenge the professional's opinion, but help you to better understand the individual's ability.

You should also ask the professional if the applicant has the potential to improve his skills with training. Although training cannot be required as part of the ADA eligibility process, it is helpful to know which individuals might improve their ability, and what kinds of training would be most beneficial. Having the professional concur that training could be a benefit provides additional encouragement from an independent source. In a strength based model of eligibility, the goal should be to discuss with people their ability and potential, and perhaps help them understand that they have abilities they may not have realized.

WHY?

The “why” question will help to focus on why paratransit is a more suitable form of transportation for the individual. If there are any doubts about whether the professional and applicant understand the nature of public transportation and the difference between the modes, the “why” question will help to determine this.

- Why is the individual able to travel on paratransit independently, but not on fixed route?
- What is different about paratransit that make travel possible for this individual?

For individuals with severe behavioral problems, complicated medical conditions and extreme frailty, it might be appropriate to explore whether either form of public transportation is appropriate for the individual. If someone cannot tolerate a ride time that is more than 20 minutes, cannot control his aggressive behaviors, or must have a medical condition monitored during the course of the ride, the individual may require a higher level of service than either fixed route transit, or even paratransit provides.

INSTRUCTOR'S GUIDE

This section contains additional information and guidance for persons who are using the materials in this workbook to train others in how to make ADA paratransit eligibility determinations and how to conduct interviews and functional assessments. This includes guidance on how to use the materials contained in each previous section, answers to tests and exercises contained in previous sections, and additional discussion materials that can be used as part of a training program. Instructor information is provided for sections of this workbook that include exercises, tests, or CDs that are to be used in training.

In addition to reading and having a comprehensive knowledge of all of the information in this workbook, it is highly recommended that instructors using this material also attend national trainings on ADA paratransit eligibility determination. For more information about available training, contact the Registrar of the National Transit Institute at the following location:

National Transit Institute
Rutgers, The State University of New Jersey
120 Albany Street
Suite 250, Tower Two
New Brunswick, New Jersey 08901-2126

Phone: 732-932-1700
NTI Online: <http://policy.rutgers.edu/nti>

Instructor Guidance and Information for Section 1

Section 1 provides an overview of the regulatory requirements for ADA complementary paratransit service and the criteria for ADA paratransit eligibility. Trainees should be asked to read the overview and then complete the “Section 1 Test” provided at the end of that section. It is assumed that this training would be one-on-one or in small groups. Once the trainees have completed the test, the instructor should discuss their answers to each question. In addition to giving the answers, instructors should discuss the key concepts and issues underlying each question. Following are answers to the questions in the “Section 1 Test” as well as a discussion of key underlying concepts.

Part 1. True/False Questions:

- 1. Public entities which provide ADA complementary paratransit service are required to have a process for determining who is ADA paratransit eligible.**

True. Having an eligibility process is necessary for determining who qualifies for this required service.

- 2. Only persons who meet the regulatory criteria for ADA paratransit eligibility should be issued documentation indicating that they are “ADA paratransit eligible.”**

True. As described on pages 12-13 of the Overview, the regulations intend ADA paratransit eligibility to be strictly limited to persons who meet the criteria for eligibility contained in §37.123 (one or more of the three “categories” of eligibility).

Be sure that trainees understand the importance of strictly limiting eligibility to those who meet the regulatory criteria. Note that eligibility determination should be about identifying abilities to use fixed route service and that the process should support the broader goal of the ADA to encourage access to and use of mainline fixed route services. Note also that strictly limiting eligibility is important in order to ensure that adequate resources and paratransit service can then be provided to persons who are ADA paratransit eligible and who can't use fixed route services.

- 3. Public transit agencies can only provide paratransit service to persons who are determined to be ADA paratransit eligible.**

False. The ADA does not prohibit public entities from providing paratransit services to others, including seniors, low-income persons, or others needing transportation. It is important that trainees understand, though, that if other groups are served, they should be identified as being eligible under those programs – not as “ADA paratransit eligible.”

4. A person with a disability who lives outside of the designated ADA complementary paratransit service area cannot apply for ADA paratransit eligibility.

False. Individuals who live outside of the ADA complementary paratransit service area, or even outside of the transit agency's jurisdiction, can still apply for ADA paratransit eligibility. Their applications should be accepted and considered. This includes persons visiting from other transit districts as well as persons who live just beyond the borders of the transit agency or in other areas where no public transit service is provided. These persons may be able to get to the ADA paratransit service area on their own and would then be able to ask for paratransit service.

It should be made clear that while these individuals may apply for and be determined ADA paratransit eligible, they do not have to actually be provided ADA complementary paratransit service unless they are traveling in the defined paratransit service area (both the origin and destination are in the area). It may be important to explain this to people who are applying and who live outside the paratransit service area. This might be done in the in-person interview or as part of the determination letter sent to them.

This is also a good point at which to discuss the "visitor" requirements described on pages 10 and 11 of the Overview. Trainees should understand that persons from outside the area may be served as visitors for a period of time and then could apply for ADA paratransit eligibility locally.

5. Public transit agencies are not required to provide service to someone who uses a wheelchair that exceeds the size or weight limits of a "common wheelchair."

True. As explained on page 4 of the Overview, the regulations define a "common wheelchair." This is a "wheelchair" which does not exceed 30 inches in width and 48 inches in length (measured two inches above the ground) and which does not weigh more than 600 pounds when occupied. A "wheelchair" is defined as any mobility aid belonging to any class of three or four-wheeled devices, usable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered. Transit agencies are not required to provide either fixed route or paratransit service to someone using a wheelchair that exceeds any of these limits.

It may be appropriate at this point to describe the local transit agency's policy regarding accommodating mobility aids since the ADA does not prohibit transit agencies from serving persons using wheelchairs that exceed the standards of a "common wheelchair."

- 6. If a transit agency makes a “reasonable” percentage of buses on a route accessible (e.g., every other bus), persons with disabilities can be asked to use the accessible buses and trips in that corridor are not ADA paratransit eligible.**

False. Unless a fixed bus route is fully-accessible (meaning that all buses on the route have lifts or ramps and other features that meet the ADA standards for an “accessible bus”) trips in that corridor by persons who need accessible vehicles are ADA paratransit eligible. This is explained on page 5 of the Overview.

- 7. Transit agencies are required to allow persons with disabilities other than those who use wheelchairs (e.g., persons who use walkers, crutches, etc.) to enter and exit vehicles by standing on the lift.**

True. This is explained on pages 4-5 of the Overview. For eligibility determination, this means that even if a person is unable to enter a bus using the stairs, they may still be able to use the fixed route service by entering and exiting vehicles using the lift. This should be reflected in determination decisions.

- 8. ADA paratransit eligibility is based on functional ability to use fixed route bus and rail services.**

True. This is a basic and important underlying concept. Trainees should understand that ADA paratransit eligibility is based on functional ability to use fixed route service, not on any particular diagnosis of disability, type of mobility aid, age, or other factors. It should be noted that the effects of a particular type of disability on functional ability to travel by fixed route can vary from individual to individual.

- 9. To be able to use fixed route service, individuals with disabilities who use wheelchairs must be able to independently get on and off lifts (or up and down the ramps of low-floor buses).**

False. As explained on page 4 of the Overview, operator assistance with using lifts, ramps, and securement systems is required by the ADA regulations. This assistance should be considered available when making eligibility determinations.

As a related matter, it might be noted that other than operator assistance required by the regulations, ADA paratransit eligibility should be based on the abilities of the applicant to independently perform all of the tasks necessary for using the fixed route system. Eligibility determinations should not assume the assistance of an attendant or other companion – only the assistance that is required to be provided by transit operators.

10. Individuals with disabilities cannot be required to participate in travel training programs, even if it is determined that such training might enable them to use fixed route services.

True. A person's "potential ability" to use fixed route service cannot be used as a reason to deny ADA paratransit eligibility. Current functional abilities – as determined at the time the person is applying for eligibility – should be considered.

If the local transit system has a travel training program, it may be appropriate to note that identifying the potential for travel training might be important so that applicants can be offered travel training.

11. A person who is able to get to the bus stop nearest her home and board and ride buses from that location would not be ADA paratransit eligible.

False. Even though it is known that the person can get to the nearest bus stop to their home, they may not be able to get from the stop where they exit the bus to their final destination. The distance to the destination might be farther than the person can manage or there might be other barrier between the existing bus stop and the final destination. Similarly, not all of the person's trips will originate at their home and they may not be able to get to bus stops from other locations. The person's ADA paratransit eligibility needs to consider ability to travel to and from any location in the defined ADA paratransit service area.

12. ADA paratransit eligibility is considered a civil right.

True. Persons with disabilities who cannot use fixed route services and who meet one or more of the regulatory criteria of eligibility have a right to ADA paratransit eligibility and complementary paratransit service. It is important for trainees to understand that they are making decisions about people's rights. Carefully following the eligibility process requirements and careful consideration of travel abilities and issues are therefore important.

Part 2. Eligibility Scenarios:

General note to instructors: These scenarios are intended to illustrate specific factors that can make certain trips ADA paratransit eligible. They also illustrate the "trip-by-trip" nature of ADA paratransit eligibility. In several scenarios, the riders described may be ADA paratransit eligible but the particular trip they are seeking may not be eligible. It will be important to focus the discussion of the specific issue being described.

It should also be noted that these scenarios are intended to generate more general discussion. In some cases, limited information is provided. Trainees may note that other factors may apply and

additional information would be needed before a decision could be made. Again, begin by focusing on the facts given, but then allow the discussion to raise other related factors.

- 1. A woman with paraplegia, who uses a wheelchair, reports that she has been "hassled" by youths in her neighborhood. She fears for her safety and so has requested paratransit service.**

The reason cited by this woman – fear of crime – would not be a factor in considering her eligibility for ADA paratransit service. Crime is a broader public safety issue and is an environmental factor not under the control of the public entity that provides ADA complementary paratransit service. Fear of crime is listed as one of the factor that would not confer eligibility in Figure 1-1 on page 9 of the Overview.

In this scenario, since it is noted that the woman uses a wheelchair, it is possible that she is ADA paratransit eligible due to other applicable factors. For example, her trips would be eligible if traveling in a fixed route corridor that is not 100% accessible. She would also be eligible if travel was prevented by barriers such as the lack of a safe and accessible path of travel or when the presence of snow prevented travel. Other factors as well might apply (such as distance to/from stops and steep terrain if she uses a manual wheelchair). Again, though, the specific issue being considered - her fear of crime – would not be a factor.

It should be noted that if the scenario described a person with a psychiatric disability that resulted in an irrational fear of crime (which was severe enough to keep the person from using fixed route service), the person might be eligible. The case presented, though (a woman with paraplegia) does not suggest this is the case.

- 2. A Chicago man with cardiac disease is described in his application by his doctor as being "at special risk when exercising in hot weather." For the trip requested, the bus stops are nearby, but the current summer weather is severe.**

In this scenario, more information would be needed to determine if the person was "prevented" from getting to and using the fixed route system. Specifically, it would be helpful to know what the doctor means by "exercising" and what kind of weather is considered "hot." Follow-up with the professional to determine if walking to and from bus stops would pose a risk and what degree of heat would make walking to and from bus stops a risk.

- 3. A blind woman can get to and from her home to the bus stop. At her downtown destination, however, a busy intersection - where right turns on red are permitted - prevents her from getting to her office.**

This scenario implies that the intersection in question is a busy one (i.e., where cars are constantly turning in front of the traveler) and that the situation “prevents” her from crossing the street and getting to her final destination.

It will be helpful to note that persons who are blind listen for the surge of parallel traffic and use this as a cue to know when it is safe to initiate a street crossing. Since traffic is constantly turning in front of this woman, she would not be able to use this cue.

Trainees may note that traffic laws give pedestrians the right of way in these cases. While this may be so, sighted pedestrians know when to initiate a crossing and to exercise this right by looking left to see if there is a car waiting to turn right on red. Our blind traveler would not be able to do this.

Finally, as a related matter, it might be informative to note a blind persons traveling with a service animal would still face the same issues. It should be pointed out that a service animal follows the instructions of the handler and does not possess the judgment to know when to initiate a street crossing.

- 4. A man with AIDS needs to get medical treatment on a daily basis. On most days, he is well enough to travel using the subway, but on other days he is prevented from doing so by severe fatigue. He seeks subscription trips for daily transportation to a clinic.**

***Note:** It may be necessary to explain what is meant by “subscription service.” Subscription service allows riders to be automatically scheduled for repeat, ongoing trips without having to call to book each trip. It is sometimes referred to as “standing order” service.*

This man would be eligible for ADA paratransit service at times when severe fatigue related to his health condition prevents him from using the fixed route service. Since the scenario notes that on most days he is well enough to travel, it is implied that he would not always be prevented from using fixed route service.

While all of his trips would not be ADA paratransit eligible, the decision to grant “subscription service” is an operational one. If the paratransit service policy requires riders to book trips on a “next day” basis, this person may not know how he will be feeling on the day of service. Allowing subscription service might then be appropriate (maybe combined with the understanding that he will cancel the paratransit ride if he is well enough to use fixed route service and will not be penalized for these same day cancellations). Another option might be to allow this rider and others with similar issues to request service on a same-day basis if they are not well enough to use the fixed route service.

- 5. On occasion, a woman with a mobility impairment, who uses a walker, has made the trip to a bus stop to get to the doctor's office. The three-block walk to the bus stop takes her more than half an hour. She has just qualified for ADA paratransit, however, and seeks to make the trip to the doctor using that service instead.**

Even though this woman has made this trip by fixed route in the past – possibly because it was vital and no other travel options were available – this scenario suggests that making the trip by fixed route requires an unreasonable effort. An individual without a disability who walks at a 20-minute mile pace would make the walk to the bus stop in about five minutes. Expecting this woman to take 30 minutes could be considered unreasonable.

This scenario is intended to illustrate how “prevented from getting to and from bus stops” is to be interpreted. As explained on page 7 of the Overview, a person could be considered prevented from getting to or from a bus stop if the effort involved was unreasonable.

- 6. A 6-year old child with spina bifida, who uses a wheelchair, needs to get to day-care. His mother seeks paratransit trips for the child.**

*Whether these trips would be ADA paratransit eligible depends on policies that the transit agency has for use of the fixed route service. If the transit agency does not have a minimum age policy – below which children using the fixed route system must be accompanied by a parent or guardian, then the ADA paratransit eligibility process would have to consider this six year old's **independent** ability to use the fixed route system (and it is likely the child would have at least conditional ADA paratransit eligibility). If, on the other hand, the policy for use of the fixed route system is that children under the age of seven (as an example) must be accompanied by an adult, then the ADA paratransit eligibility process would consider whether this six year old, with the assistance of an adult, would be able to use the fixed route system. It is possible that there may then still be some level of eligibility, but it is likely that the child with an adult would be able to use fixed route service more often.*

The ADA paratransit eligibility process can consider the abilities of the “team” (child and accompanying adult) when determining eligibility because the child would also be required to be accompanied by an adult when using fixed route service. In most other cases, the ADA regulations do not allow transit systems to require that riders be accompanied by attendants, but in this case, the attendant is being required because of age not disability.

It might be interesting to note that if the child and an accompanying adult were determined eligible for this trips (because the route service the day care was not yet 100% accessible, for example), the transit system would not have any obligations to transport the mother or accompanying adult after a drop-off was made at the day care center

- 7. The lack of curb cuts in a downtown area of Philadelphia forces a man using a wheelchair to travel in busy downtown streets to get to the office from the bus stop.**

The regulations indicate that the lack of curb-cuts, per se, does not mean that a person cannot get to and from fixed route stops or stations. If a reasonable alternative path of travel exists to get around the uncut curb, the person can be expected to use this alternative path (see the excerpt from Appendix D to the regulations on page 7 of the “Overview”). However, in this case, the alternative path is not along another sidewalk or safe path, but out into a busy street in a downtown urban area. While this is possible, it is not reasonable to expect people to do this. This would present an unreasonable risk – particularly for someone using a wheelchair who might be at a lower height and less visible to drivers. Because the scenario implies that this is the only reasonable alternative path, this trip would be ADA paratransit eligible.

- 8. All the buses operated by the New York Transit Authority are accessible, but some key stations in the subway system have not yet been made accessible. Residents of the Bronx (at the north side of the City) can get to the mid-town office district by buses or by subway. A Bronx man with a mobility impairment cannot climb a flight of stairs. He can board a bus but the subway stations have no elevators. Because the bus trip involves two transfers and takes 2 hours, versus 30 minutes on the train, he has requested paratransit service.**

This scenario is meant to illustrate eligibility issues when more than one mode of fixed route service can serve a particular trip. In these cases, the eligibility decision should be based on use of the fixed route mode that would typically be used by the public. Even though bus service could be used for this trip, very few if any riders in New York would take the 2 ½ hour bus ride to get to downtown – they would use the subway. Therefore, this rider’s ability to use the subway must be considered. Because the scenario indicates that this person cannot get into the subway station, this trip would be eligible.

An interesting related discussion is that even if paratransit service is provided, this rider might face a long ride on surface streets into the city. Ask trainees if they can think of a good alternative program that might better serve this person. One option would be to give this person “feeder service” (take him to the nearest accessible subway station on a paratransit vehicle).

- 9. A man from the western suburbs of Boston who uses a wheelchair can drive to the park-and-ride lot, but the Green line trains that stop there are not accessible. He seeks paratransit to get into the City.**

This scenario is meant to illustrate two key eligibility issues: First, that the fact that someone drives a private vehicle has no bearing on their ADA paratransit eligibility. Second, that ability to use the fixed route service should be based on using the service at the station/stop that the person wants to use. In this case it would not be acceptable to say that the person can drive and therefore is not ADA paratransit eligible. And, it is also not

appropriate to ask the person to drive to a different light rail or subway station that is accessible. Because the station at the park-and-ride lot that this person wants to use is not accessible, the trip would be ADA paratransit eligible.

- 10. During the long winters, snow piles up on the curbsides of Pittsburgh streets. This often prevents the operation of the lift that a man needs to utilize the bus. He therefore requests "seasonal eligibility" permitting all trips during the winter to be made on paratransit.**

First, this scenario assumes that snow at the bus stops is the only barrier preventing use of the fixed route system (whether this is a reasonable situation might make a good discussion with trainees as the presence of snow would likely impact travel to and from bus stops as well). Assuming this is the case, this person's trips would technically only be ADA paratransit eligible at times when snow is actually present and the trip is prevented. Providing "seasonal eligibility" is an operational matter (similar to scenario 4 above). As in scenario 4, if this rider is required to book rides a day in advance, and because this person may not know if snow will be present at the stop, and if the transit system does not feel they can predict when this might occur, the offering "seasonal eligibility" during times of the year when it might snow might be a reasonable solution. Ask trainees if they can think of other ways to do this, though, so that paratransit service does not have to be provided during winter months when there is no snow. One alternative might be to use the weather forecast (and then provide same day service if an unexpected storm arrives). Another might be to provide same-day service to this group of riders.

- 11. A woman requests trips to and from her dialysis treatments, which leave her "too exhausted" to use the bus.**

Taking this scenario literally, it says that the ride is too exhausted to use fixed route service after dialysis treatments. Technically then, only trips after dialysis treatment – when the person is experiencing fatigue - would be ADA paratransit eligible. It might be important to note, though, that in reality many people who are undergoing dialysis treatments experience fatigue at other times. This might include times before treatment or might be even more often. It is important that trainees not feel that people are typically only fatigued after dialysis treatment. This is a good illustration of the fact that people with the same health conditions or disabilities can have very different functional abilities and it is therefore important to determine the extent of the disability and the exact functional ability of each applicant and not rely on diagnosis or type of disability in making ADA paratransit eligibility determinations.

- 12. A woman with moderate mental retardation has traveled with her parents on the bus since she was a child. She cannot travel alone without becoming lost, however, even when using paratransit service. Her parents are seeking paratransit service for the woman and an attendant.**

This person would likely be unconditionally ADA paratransit eligible and all her trips would be eligible since the scenario implies that she cannot travel independently. This scenario is meant to illustrate the regulatory prohibition against requiring riders to travel with

*attendants or considering ADA paratransit eligibility based on assistance of an attendant or companion. The regulatory requirement that **independent** ability to use the fixed route service must be considered in determining ADA paratransit eligibility is explained on page 4 of the Overview. Even in this situation, where the parents are indicating that their daughter always travels with someone – even on paratransit – the eligibility determination must be based on the applicant’s independent abilities to use fixed route service.*

An interesting related discussion with trainees might be the operational issues that might arise in this case. Information from the eligibility determination process indicates that this person needs to be accompanied while traveling – even on paratransit. Yet, the transit system cannot require that the person be accompanied by an attendant when using the paratransit service. In these cases, transit agencies may want to develop a clear understanding with parents or guardians about the level and type of paratransit service that will be provided. If the parents or guardians are not going to have someone riding with the person on the paratransit system, they may be expected to always have someone meet the person at the destination.

Instructor Guidance and Information for Section 4

Before training staff in how to conduct interviews and collect follow-up information from professionals, make sure they have reviewed Sections 1 and 2 of this workbook and have completed the exercises and the tests included in these sections. It is important that they have a thorough and correct understanding of ADA paratransit eligibility before receiving instruction on interviewing and collecting follow-up information.

If training staff in how to conduct successful interviews, first have them read the “Guidance for Conducting In-Person Interviews” document in Section 3. The following role-play can then be used to illustrate the key points made in this document about conducting interviews.

Interviewing Role-Play

Make copies of the interviewing scenarios provided on the following pages. Have one trainee assist you with this role-play. You (the trainer) should play the part of the Eligibility Coordinator and the trainee should play the applicant in each scenario. Have two chairs and a small table arranged to simulate an interview room. Following are instructions for conducting each of the role-play scenarios.

“Greeting” Role-Play

Have the trainee stand outside the “interview room” (the table and chair area). Walk up to the trainee as if you were meeting and greeting an applicant waiting in a reception area. Recite the first greeting included in the “Introduction” scenario (“Hi Bob, come on in and make yourself comfortable.....”). As you are reciting this first greeting, lightly slap the trainee on the back as if you are old friends. After reciting this first greeting, ask the trainee how they felt about that greeting. Note that this greeting is too informal, that interviewers should not call people by their first name, and that it assumes that the applicant has an interest in sports.

Begin again and this time use the second greeting (“Hello Mr. Jones. How are you today?...”). Again, ask the trainee how they felt about that greeting. Note that this is a much better greeting. The interviewer has called the person by their last name and then made an effort to make the process less formal by giving their first name and asking if it is okay to use first names (note that if the applicant says no, last names should be used). A “safe” topic – the weather – is used as an icebreaker.

Begin again and use the third greeting (“Hello Mr. Jones. My name is Sam Spade...”). Ask how the trainee felt about this greeting. Note that this is much too formal. The interviewer has introduced herself using her official title and words like “protocol” are used.

“When emotions are high” Scenario

Give the trainee some time to read the part and then have him or her read it acting as an applicant who is very upset. Read each of the three responses and ask how the response made him or her feel.

The first and third responses really don't deal with the applicant's emotions. The third also inappropriately suggests that the person will get eligibility if they will just cooperate. The second response is the better response. It acknowledges the applicant's and then tries to explain why the interview is needed in a way that assists the applicant.

“Make it possible for people to talk about their concerns” Scenario

Again, give the trainee some time and then have him or her read the part of the applicant. Read each of the three responses and ask how the response made him or her feel.

The first two responses don't acknowledge the applicant's expressed concerns and problems. The fourth response jumps to the conclusion that the person is nervous and that practice will help. The third responses (“Let's talk a little more...”) is the best – it acknowledges the applicant's concerns and then requests more information about exactly what the issue is. Note that the third response also asks a “What” question, which is best for getting interviewees to explain issues.

“Willingness to listen and understand – keeping focused” Scenario

As above, have the trainee read the applicant part and then read each response and ask how the response made the trainee feel.

In this scenario, the third response is best. It acknowledges the applicant's issues, refocused on the interview without being dismissive, and makes an offer to provide assistance. Note to trainees that if they make an offer of assistance as suggested by the third response, they should be able to deliver.

The first response dismisses the applicant's concerns. The second response doesn't even acknowledge them.

“Applicant may withhold information” Scenario

In this scenario, the third scenario is best. It acknowledges the issue raised by the applicant but then explains why the information is needed. The first and second responses are almost confrontational and dismiss the issue. The second response also implies that if the person will just cooperate they will get their eligibility.

“When you don’t understand, ask for clarification” Scenario

In this scenario the third response is again the best. The first response is “cold” and asking the person to be “more specific” is not going to help. The second response jumps to conclusions.

“Don’t jump to conclusions” Scenario

In this scenario, the second response is best. The first response jumps to a conclusion – the applicant didn’t say that falling was a concern. The third response dismisses the applicant’s concerns and also jumps to the conclusion that the applicant really will be able to get to and from bus stops.

Interviewing Scenarios

“Greeting” Scenario

Instructor (greeting the applicant):

1. Hi Bob. Come on in and make yourself comfortable. Did you watch the game last night? That Sammy Sosa sure brought excitement back to the game. Do you think the Bucs have a chance this year? And how about that new stadium!”
2. Hello Mr. Jones. How are you today. My name is Sam Spade but you can call me Sam. Is it okay if I call you Bob? Haven’t we had a beautiful spring? The flowers are just beautiful this year. Please have a seat and I’ll explain a little about what we’re going to do.
3. Hello Mr. Jones. My name is Sam Spade. I am the ADA Eligibility Coordinator for the Lizard Creek Transit Authority and I will be conducting the interview today. Please sit here while I review the interview protocol.

“When emotions are high” Scenario

Trainee (as an upset applicant):

This is a bunch of crap. I can’t believe you people dragged me down here. I already sent you information from my doctor. I can’t ride the bus and you’re not going to make me. If I don’t get what I want, I’ll expose this whole scam to Channel 2

Instructor (as the interviewer):

1. This is the law. We have to do it this way. Now let’s get started.
2. I know you are angry about having to come down here today. This interview is to give you an opportunity to make sure we understand your point of view about traveling in the community.
3. You shouldn’t be upset. Everybody has to do this. We’ll be out of here in a few minutes and you’ll have your transportation soon.

“Make it possible for people to talk about their concerns” Scenario

Trainee (as applicant):

I just don't think I can ride the bus. Its just too hard with all my problems. I'm afraid of falling, I can't afford to fall. And the drivers are so rude. They won't even let you get a seat.

Instructor (as the interviewer):

1. It's not really that hard once you get used to it and you can travel whenever you want. You should give it a try.
2. You shouldn't let those stories about the drivers worry you. I think you'll find they are really nice.
3. Let's talk a little more about what makes you think you will fall.
4. You're a little nervous about trying it and it might take some practice. When was the last time you used it?

“Willingness to listen and understand – keeping focused” Scenario

Trainee (as applicant):

I really need help with getting around. I can't get out to the doctor. I can't even read anymore to pay my bills. I'm all alone in the world. It's really tough being old. I'm in constant pain. Sometimes I just don't feel like I can go on. If I have to ride the bus, I just won't go out at all.

Instructor (as the interviewer):

1. Everyone goes through ups and downs in life. Don't let that get you down. Getting out is important. Let's get back to completing this form so you can get your eligibility.
2. We really need to complete these questions if you want transportation.
3. You sound pretty down. When we are through here, I can tell you about some other programs that might be able to help you. Will that be okay?

“Applicant may withhold information” Scenario

Trainee (as applicant):

I don't want to give you that information. That's my own business.

Instructor (as the interviewer):

1. I'm sorry but it's the rules. We must have that information to complete the application process.
2. We need that information or you won't get your eligibility.
3. I know this seems like confidential information, but it will help us understand your capability.

“When you don't understand, ask for clarification” Scenario

Trainee (as applicant):

It's hard and confusing to tell you exactly how I feel and how difficult it is for me to get around. I get upset because I can't explain it right. I know you don't understand what I mean. You don't know what it's like.

Instructor (as the interviewer):

1. I know it's hard, but we will need very exact information for the eligibility form. Please try to be more specific.
2. I think I understand. Is it because you are scared, or is it a physical problem that makes it difficult for you to get around.
3. Relax, let's slow down and you explain it again in your own words.

“Don’t jump to conclusions” Scenario

Trainee (as applicant):

I’m worried about getting from my house to the bus stop and back.

Instructor (as the interviewer):

1. You must be worried about falling.
2. Could you tell me a little more about what your concerns are?
3. What do you mean? Everybody worries about these kinds of things. You will make it there alright.

Instructor Guidance and Information for Section 5

As noted in the “Recommended Core Competencies for Persons Conducting Physical Functional Assessments for ADA Paratransit Eligibility” portion of Section 5 of this workbook, it is assumed that occupational therapists, physical therapists, clinical kinesiologists, or other appropriate professional with the recommended core competencies will be conducting physical functional assessments. These individuals should have a basic knowledge of physical functioning and of proper procedures for the safe administration of functional assessments.

Ideally, instruction in conducting physical functional assessments will be provided by a person who also meets the core competencies outlined in Section 5. This qualified professional can then use the information in this workbook to instruct staff in the specific tasks that applicants will be asked to perform and the specific observations that will be made.

Before providing instruction in conducting physical functional assessments, make sure that trainees have reviewed Sections 1 and 2 of this workbook and have completed the exercises and the tests included in these sections. It is important that they have a thorough and correct understanding of ADA paratransit eligibility before receiving instruction in conducting physical functional assessments.

Trainees should then read the step-by-step instructions for conducting physical functional assessments (which should be modified to be appropriate to the local area). They should be encouraged to ask questions about any parts of the assessment that are unclear.

Next, have trainees view the CD-ROM provided at the end of Section 5 (titled “Guidance for Conducting Physical Functional Assessments for ADA Paratransit Eligibility”). The CD-ROM is set-up to allow review of the core elements of the process separately. View each part and then discuss the key points that are noted in the CD-ROM.

After all of the workbook material has been reviewed, have trainees practice conducting assessments with the assistance of other staff. Have the other staff present themselves as recent applicants with various types of disabilities. Compare the trainees’ observations with the actual forms completed for those applicants.

When trainees are deemed ready to conduct real assessments, have them do several with another experienced assessor. First, have the experienced assessor conduct several assessments and have the trainee observe. Then, have the trainee conduct the assessments with the experienced staff person observing. The trainee’s performance in each assessment should be rated. Be sure to review the thoroughness of the trainee’s documentation about observations and her attention to detail to ensure that the complete picture of the applicant is presented.

It is also recommended that a supervisor periodically observe each trained staff person as they conduct assessments. Observations made by different assessors for applicants with similar disabilities or health conditions should also be periodically compared to ensure consistency.

Weekly meetings with the assessment team also provide a good opportunity to discuss specific issues or procedures for handling unusual situations. And, encourage all staff to discuss issues or questions they have as they conduct assessments.

Finally, encourage all assessors to travel with individuals with disabilities on public transit. Even experienced professionals will benefit from accompanying individuals with disabilities on transit. Trainees will gain an understanding of the accessibility of the transit system and the challenges for the user in a real world setting.

Instructor Guidance and Information for Section 6

As noted in Section 6, begin by first obtaining FACTS documents from Easter Seals Project ACTION. You should download “FACTS – Development and Validation of a Functional Cognitive Test” and “FACTS – Guidelines for Production, Administration and Scoring” from the Easter Seals Project ACTION web site (www.projectaction.org). You may also wish to call Easter Seals Project ACTION and ask them to send the CD-ROM that contains the original set of FACTS slides.

Before you serve as an instructor, you should be proficient in administering FACTS and should be thoroughly familiar with all of the material and both of the CDs included in this workbook. Read both documents and review the sample photographs. Then follow the direction in Section 6 of this workbook and use both FACTS CDs. You should then practice administering FACTS on other staff until you feel comfortable with the protocol and the scoring. If you still have questions, you might consider contacting one of the authors of FACTS at the following e-mail addresses for assistance:

Karen Hoesch, ACCESS Transportation Systems, Inc.
khoesch@accesstransys.com

Susan Chase, Working Order
schase@workingorder.org

When training others to administer FACTS, have them first read both FACTS documents, and review the script several times. This will give them a better understanding of the tool and will familiarize them with the protocol before they use the CDs.

Next, view CD 1 with the trainees. It may also be helpful to provide each trainee with a blank FACTS Response Sheet and FACTS Scoring Sheet, which you can print as Word files from CD 2, as they are viewing CD 1. This way, they will see how each part of the assessment ties in with the forms. Make sure each trainee fully understands how each part of the assessment is to be administered. Review sections a second time if necessary. The CD is designed to allow specific sections of FACTS to be reviewed without having to review the entire assessment. The trainee should then practice with you acting as the applicant several times to develop familiarity with the various sections of FACTS.

Next, test each trainee’s understanding of how to record and score applicant responses using CD 2. Provide each trainee with a copy of the scoring sheet printed from the CD for the exercise. Review how the forms are to be completed – using check-marks to record applicant actions and putting an “0” on each line where there was no action or response. Have each trainee then view the full assessment on CD2, record applicant responses, and translate the responses into scores on the FACTS Scoring Sheet.

Once trainees have scored the sample assessment on CD 2, provide them with correctly completed response and scoring sheets, which you will print from the CD, and review their scoring. Explanations of correct responses to each section of the assessment are provided on the following pages.

Finally, have trainees practice administering FACTS many times with other staff members. Observe them doing this and provide guidance as needed. They must have the script and procedures completely memorized before testing real applicants, using only the minimal cues provided on the response sheet. It is also recommended that staff have an opportunity to practice on individuals with disabilities (outside the context of a real evaluation,) be observed, and receive specific feedback from you. The trainee should be able to demonstrate several error free demonstrations before testing a real applicant. You should also observe the tester the first few times they administer the tool on real applicants and then periodically to ensure continued proficiency and accuracy.

ANSWERS TO FACTS SCORING EXERCISE

A. ORIENTATION

1. Applicant (Nancy) responds appropriately by saying “hello.”

Score 2 points

2. Nancy initially asks the examiner (Susie) if she wants to know her mother’s name, but after clarification, readily gives her own full name.

Score 2 points

When asked where she lives, Nancy promptly provides her street number, but attempts to spell the name of her street. Her response is difficult to understand and Susie asks her the name of her street. Nancy makes several more attempts to spell it before finally saying it.

Nancy does know her address, but requires multiple cues to get her to provide the full street name.

Score 1 point

Nancy readily, and accurately provides her telephone number, contact name (her mother) and her mother’s phone number.

If necessary, the examiner can check the paratransit application form to verify the accuracy of the information provided before scoring this item.

Score 2 points each

3. Nancy responds appropriately to the instructions provided by Susie, is able to independently, without verbal or physical prompts, follow the arrows to the testing area, and sits in the correct seat as requested.

Score 2 points each

4. This item will remain blank on the response sheet at this point. It will be completed at Item 32.

B. SIMPLE TRIP

5. Nancy begins by reading the signs on the first several slides. She is reminded that she should only select the bus stop slide, which she does, but her initial responses are not distinct and do not clearly discriminate among the slides.

In order to score full credit on these items, the examiner must be certain the applicant knows the correct answer.

The first item on the simple trip is the point when it is critical to make sure that the applicant understands the instructions, and is the best time to clarify the instructions and retest. Susie provides clarification on the task and on the second try, Nancy responds correctly and without hesitation.

Score 2 points

6. Nancy selects the correct bus the first time shown.

Score 4 points

- 7a. Nancy selects the bus driver the first time shown.

Score 4 points

- 7b. When she sees the bus driver on the screen, Nancy independently and without prompting shows the bus driver her bus pass as she has been shown.

Score 4 points

- 8a. Nancy rings the bell when she sees the church, but then says “no.” Susie asks her if she was unsure about the stop, and retrains her. She performs the item correctly on retraining.

8b.

Score 2 points for the stop and 4 points for ringing the bell

9. This item begins with Susie teaching Nancy the route. You will note that gentle physical prompts are appropriate, and Susie ensures that Nancy stops at each distinct point (target) along the route. The error free trial follows with Susie having Nancy point to each target and naming it before going there. She also makes sure that Nancy pauses at each target before continuing along the route.

Nancy is then asked to demonstrate the route and does so correctly on the first trial.

Score 4 points

CHAIN

If Nancy were taking the trip in the real environment, there would be natural cues to orient her. As noted in the script, Susie provides very minimal cueing to orient Nancy to where she is along the trip, but no additional prompts or instruction.

10. Nancy picks the correct bus

Score 2 points

- 11a. Nancy picks the bus driver

Score 2 points

- 11b. Nancy shows the driver her pass

Score 2 points

- 12a. Nancy picks the correct stop

Score 2 points

- 12b. Nancy rings the bell at the correct stop

Score 2 points

13. Nancy completes the route, distinctly naming and stopping at each target

Score 2 points

C. TRAVEL SKILLS

This section teaches existing knowledge. The examiner does no teaching or instruction in this section. The script allows for minimal cueing in some sections, but it is limited and scores decrease accordingly.

- 14a. Nancy's selection is correct

Score 1 point

- 14b. Nancy's selection is correct

Score 1 point

- 14c.** There are coats piled on the only available seat in this photo. Nancy makes 5 selections of possible seats outside the line of sight in the photo and is redirected each time to make a choice within the seats visible in the photo. Nancy then says “I’d stand.” When asked specifically what she would do if she had to sit in one of the available seats, she finally provides the correct response.

Nancy is obviously trying to avoid having to ask the other passenger to move her coat, but requires multiple cues to get into the “spirit” of the problem solving question.

Score .5 – partial score

- 14d.** Nancy immediately articulates the correct response.

Score 1 point

- 15a.** Nancy’s selection is correct.

Score 1 point

- 15b.** Nancy’s selection is correct

Score 1 point

- 15c.** Nancy’s selection is correct

Score 1 point

- 15d.** Nancy’s selection is correct

Score 1 point

- 16.** Nancy immediately and without prompting or cueing knows that the woman is a stranger and indicates that she would not go with her.

Score 4 points

- 17.** It is February, and 20 degrees outside. Both of Nancy’s selections are the best choices. On the second photo, Nancy appeared hesitant. Susie merely repeated the question, but provided no prompt or additional instruction.

Score 2 points for each item

- 18.** Nancy’s selection is correct

Score 2 points

- 19a.** After receiving the instruction on the first set of pictures from Susie, Nancy begins to explain what she sees in each picture, instead of making a selection. Susie clarifies that Nancy is to make a choice of the safest time to cross from between the two photos. Nancy makes the wrong choice.

Score 0 points

- 19b.** Nancy selects the photo with the red light, instead of the green light.

Score 0 points

- 19c.** Nancy appears to be frustrated with the section of the assessment and tells Susie “she is sorry.” Susie provides reassurance to Nancy that she is doing fine and that she only need to know what Nancy thinks.

Nancy selects the crosswalk photo with the red light, instead of the green light.

Score 0 points

- 19d.** Nancy correctly selects the crosswalk photo with the green light

Score 2 points

- 19e.** Nancy initially points to the incorrect photo, reads the stop sign, then self- corrects herself with no prompting from Susie. Her final choice of the crosswalk with no cars coming is correct, and Susie is confident that despite her initial hesitation, Nancy chose the correct picture.

Score 2 points

- 19f.** Nancy correctly selects the walk sign.

Score 2 points

- 20a.** Nancy initially responds that she would ring the bell. Susie rephrases the question with no cues and gives Nancy another opportunity to respond. After considering the question, Nancy replies “Nothing.”

Nancy was not able to spontaneously explain that she did not recognize where she was and should not get off the bus. Susie now provides the cue as outlined in the script, and tells Nancy she could be lost if she got off here. They move to the second part of the item.

Score 0 points

- 20b.** Nancy points to the driver as the person she could ask for help. Her non-verbal response is correct, but she seeks reassurance from Susie, who asks a follow up question to make sure that Nancy knows who the person is she has pointed to. Nancy correctly identifies the driver. Nancy did identify the driver as the correct source of help, but required a specific cue, as outlined in the script.

Score 1 point

- 21a.** Nancy's selection is correct

Score 2 points

- 21b.** Nancy carefully considers this item, and her selection is correct

Score 2 points

- 21c.** Nancy's selection is correct

Score 2 points

- 21d.** Nancy's selection is correct

Score 2 points

- 21e.** Nancy's seems to find this selection difficult, but composes herself, carefully considers the pedestrians in the photo, makes the correct selection with confidence, and says "ask the people."

Score 2 points

- 21f.** Nancy's selection is correct

Score 2 points

- 22.** In this item, the examiner takes on the role of the "reasonable police officer." The applicant must provide sufficient information for a reasonable police officer to provide assistance.

In response to the question in the script, Nancy does not spontaneously provide enough information for the police officer to assist her with her response of "I'd ask him which bus stop I go."

Susie asks the question the "reasonable police officer" would ask at this point, "What's your name?" Nancy gives her first name, and Susie asks the follow up question the "reasonable officer" would ask, "Nancy what?" Nancy clearly responds without

hesitation and is also able to give the officer her phone number. She required no additional cueing to give the “reasonable police officer” enough information to assist her.

Score 2 points

D. COMPLEX TRIP

Nancy continues to the complex trip because she was able to learn the first sequenced trip without error. Had she failed two or more critical portions (choosing the right bus, choosing the right deboarding stop and following a route) of the first sequenced trip, or failed one of these critical items and failed it again in sequence, FACTS would be discontinued and the examiner would at this point move to item 31.

23. Nancy reads “McDonald’s” on the first slide, and Susie asks her if that where her new bus stop is. Nancy replies “no,” and Susie continues to show her the bus stop photos. Nancy does not read any more signs, and selects the correct stop confidently by pointing and saying “Right there.”

Score 2 points

24. Nancy says “no” to all the incorrect photos and selects the correct bus without hesitation.

Score 2 points

25. Susie gives Nancy instructions about selecting the correct landmark for her stop and tells her to ring the bell, but fails to demonstrate ringing the bell as called for in the script. She shows Nancy the slides.

Nancy selects the correct stop, points at it and says “right there.”

Nancy receives full credit for her response. Although the applicant is taught to ring the bell as the signal to deboard, this is not scored. Only the selection of the correct deboarding stop (by ringing the bell, pointing or verbally) is scored. *Even experienced examiners are strongly cautioned not to deviate from the script or provide additional retraining and testing not specifically called for in the script.*

When shown the slides again, Nancy chooses the correct stop by ringing the bell.

Score 2 points for the initial, correct response.

TRANSFER CHAIN

26. Nancy points to the card that says 91A, instead of pointing to the screen as she had learned earlier. *At any point during FACTS, if there is any question about the accuracy of the response provided, err on the side of caution and assign the lower points for the item.*

Nancy's response was not distinct, and was not adequate to be considered correct.

Score 0 points

27. Nancy selects the correct stop and rings the bell.

Score 4 points

28. On the route, Nancy glances at the second stop, the gas station, but does not stop there. She says "gasoline" after she has passed that target poster. She goes on to complete the route correctly.

Score 0 points

29. Nancy selects the correct stop, and although she rings the bell, her selection is not ambiguous.

Score 4 points

30. Nancy points at the 91A card when she sees the 91A on the screen. and says "no." She rings the bell when she sees the 3C, but as in the first bus item during this chain, her response is ambiguous and considered incorrect.

Score 0 points

31. Nancy correctly selects the final deboarding stop and rings the bell.

Score 4 points

32. At this point, Susie acknowledges Nancy's effort and praises her for working so hard.

She asks Nancy if they finished on time, and without consulting the clock, Nancy responds "No – don't worry about it."

As directed in the script, Susie directs Nancy's attention to the clock and asks her if they were late. Nancy responds "no" and reads the time on the clock "12:15." Susie directs her to the note that had their estimated ending time and asks Nancy to read it. She does, and although Nancy has already failed this item, Susie asks her if she thinks they were late. Nancy nods her head yes.

For full credit on this item, Nancy would have had to spontaneously remind Susie when it was 11:24, within 3 minutes. Since she did not and required cueing at the end, Nancy would have had to answer both of Susie's questions correctly to get partial credit. She was incorrect when initially asked if they were late.

Score 0 points

33. Without prompting or cueing, Nancy leads Susie back to the waiting room where they started.

Score 4 points

TOTAL SCORE – 113.5

Instructor Guidance and Information for Section 7

As noted in Section 7, Certified Orientation and Mobility Specialists (COMS) should be used if in-person assessments are conducted for applicants who are blind (Process Option #1 in Section 7). If COMS are being trained to do assessments for ADA paratransit eligibility, have them first read Sections 1 and 2 of this workbook and complete the tests and exercises contained in these sections. Next, make sure they are familiar with the application materials, professional verification information, and interview summary forms that will typically be obtained and made available to them prior to any assessments. Finally, have them read the background information contained in Section 7. COMS should have a thorough knowledge of the general issues discussed in the background information, but the information about transit use and barriers will be helpful.

If determinations of ADA paratransit eligibility will be made for applicants with vision disabilities using Option #2 in Section 7, have staff who will be involved in these determinations read Sections 1 and 2 of this workbook and complete the tests and exercises included in those sections. They should then be made familiar with all documents used in the determination process (application forms, types of professional verification obtained, and interview forms). Next, have them read Section 4 and participate in the interview role-play exercise contained in that section. Particular focus should be on the types of interview and follow-up questions that are suggested in Section 4 for applicants with vision disabilities. Provide several sample visual acuity reports to make sure that they can interpret them correctly. Finally, have them read the background information in Section 7. After reading these sections, have them complete the Section 7 Test. Answers to the test are provided on the following pages.

Following this training, arrange a time for the trainee to use transit with customers who are visually-impaired. The trainee should at this point have a good understanding of travel skills and personal and environmental barriers. The customer with a visual impairment can then provide valuable insight in a real-life setting. The trainee should also be encouraged to look for and take photographs of the types of environmental barriers described in Section 7 during these outings. Review the photographs with the trainee to be sure they are able to correctly identify the different types of environmental barriers described.

Answers to Section 7 Test

Following are answers to the True/False portion of the Section 7 Test:

- 1. Someone who has had orientation and mobility instruction will never seek out the assistance of another person when traveling**

False. O&M Instruction can teach an individual to travel using a choice of aids, including a human guide (sighted guide.) The choice of equipment will depend on issues such as personal preference, familiarity with the area, lighting and the nature and extent of the visual impairment.

At one time or other, most people who are blind will use a sighted guide to assist with travel. Sometimes, a pedestrian who is blind will ask assistance from pedestrians to cross streets at difficult or unfamiliar intersections. This may be one of the many techniques in the tool box of skills that the blind traveler has learned.

- 2. A long white cane is used to detect obstacles in the path of travel which are then explored by the person using the cane – never their hand.**

False. The person using a cane will feel the shaft of the cane contact an obstacle in the path of travel. She must then decide whether to try to find a clear path around the obstacle, or to explore the obstacle in order to identify it using the cane, her hand, or both. This decision would be made, in part, by the sound made when the cane touches the object, giving her a cue about what the object is made from.

- 3. Long white cane users can always cross the street with confidence, since motorists can tell by their canes that they are blind or visually impaired and will yield to them.**

False. A white cane with a red tip signifies that the traveler has a visual impairment. Traffic laws require motorists to yield to the pedestrian using a white cane, particularly when the traveler is in the crosswalk, pedestrians who are blind must use good judgment and skill when crossing the street – not just assuming that cars will always stop. Pedestrians who are visually impaired should not expect that all motorists will automatically yield to them.

- 4. To walk in a straight line of travel through an open area, some people will use their cane to follow along the edge of texture changes, like grass and pavement.**

True. The cane, in conjunction with the foot, can help the user to identify the type of walking surface. When the cane touches the different surface at the left edge of the sidewalk (such as grass) it serves as a cue to the traveler to move slightly to the right. This helps the traveler to walk straight down the sidewalk. Some people follow along the edge of texture changes in order to maintain a straight line of travel in an open area.

5. Most people who are blind use a dog guide.

False. Less than 10% of people who are blind use dog guides.

6. Dog guides are trained to know when it is safe to cross the street.

False. The handler must know when it is safe to cross the street, and will command the dog "forward." The dog guide does not watch traffic signals, not does it know when it is safe to cross. It responds to the commands of its handler.

7. When crossing the street, the dog guide is trained to keep it's handler safe at all times.

False. Dog guides are trained to disobey commands that will put its handler in danger, but they does not mean that the dog keeps its handler safe at all times. The handler that frequently makes poor decisions will confuse her dog guide, causing problems for the team.

8. Even with a dog guide, a traveler who is blind may have problems veering if they are not properly aligned for a street crossing.

True. The handler must make sure she is aligned to the opposite corner before she starts to cross the street. The dog guide will generally walk straight and may be able to compensate a bit if the team is slightly misaligned, it is not able to compensate for gross errors. If the handler is unsure about whether the team is properly aligned, the risk of veering increases greatly.

9. Someone who is legally blind has either a reduced visual acuity or reduced vision field but not necessarily both.

False. An individual can have reduced visual acuity, restricted visual field, or both.

10. Clinical visual acuity measures all vision issues.

False. Clinical visual acuity measurements are obtained indoors in a setting with controlled lighting, like an office. Lighting and contrast, things that can dramatically affect an individual's functional vision, are not measured in clinical visual acuity.

11. Someone who travels outdoors but never uses a long white cane or a dog guide would not be considered blind or visually impaired.

False. People with visual impairments have choices about the mobility aids they use when traveling. They can use a range including a sighted guide, a long white cane, a dog guide, no tools or travel aids at all. Their choice will depend on the extent and nature of the visual impairment, personal preference and the conditions under which they are traveling.

For example, an individual with retinitis pigmentosa may be able to travel without using a long white cane under some daytime conditions with good light, but may need to use the long white cane at night.

12. Pedestrians who are blind cannot travel by using landmarks.

False. Virtually everyone who travels outdoors does so by using a series of landmarks like buildings and street signs. People who are blind are no different in this respect – they just cannot see the landmarks and must identify them in non-visual ways.

13. The sound of traffic is distracting to the traveler who is blind – quiet is needed to know when it is safe to cross.

False. The sound of traffic moving forward on the parallel street is an important cue used by the blind pedestrian in crossing the street. It helps the person align herself to the opposite corner, walk straight, and the sound of the surge of parallel traffic is a cue that the traveler has the green light. It is often harder to cross at a street where there is very little traffic since the cues that traffic noise provides are absent.

The exception would be the presence of ambient or background noise which is so great and constant that the audible cues in the environment are obscured. Construction and even heavy wind cause ambient noise.

14. High curbs and curb ramps with steep slopes can be helpful to the pedestrian who is blind.

True. Cues like the curb or distinct slope of the curb ramp help the pedestrian who is blind know when she has reached the street edge. Curb ramps that slope gradually are harder to detect and can cause the individual to unknowingly walk into the street.

15. Intersections with pedestrian push buttons are always safe and can be crossed by anyone.

False. Pedestrian pushbuttons do not solve all of the street crossing problems encountered by the pedestrian who is blind. They are not installed in a uniform manner, so the individual may not even know whether there is a push button available at the crossing. The traveler must then locate the button, make sure she is pushing the right one for the street she wishes to cross, get back to the curb and realign herself before the walk cycle starts.

16. Evaluating a four-way intersection (a “+” intersection) involves looking at eight different crossing possibilities.

True. Depending on the direction of travel, there are two ways to cross on each street in a four way intersection, and they are not necessarily all the same.

17. Transit systems that use “flag stops” can be easier for travelers with vision disabilities to use since they do not have to locate an exact stop.

False. Flag stops allow the transit user to stand on the side of the road at any point along the bus route and signal the bus to stop. Many routes that use flag stops have few, if any designated stops. Flag stops create special problems for the blind traveler who cannot tell whether the approaching vehicle is a bus, truck, or other type of vehicle.

18. It is possible to be able to read the newspaper and be legally blind.

True. While this may appear contradictory, especially when the legally blind person can see items which are very small, what the person with low vision can see often depends on the type of eye condition the person has. The legally blind individual who can read the newspaper and use the phone book may not be able to see curbs, or bump into items in her path of travel.

19. People with low vision can eliminate the effect of glare with the use of sunglasses or a hat.

False. Glare and frequent changes in lighting levels poses a particular problem for many people with low vision, and sunglasses and hats with brims do help reduce the effect. However, it takes individuals with low vision significantly longer to adjust their vision to changes in lighting conditions than those with normal vision. While dark glasses do help some people, they do not completely mitigate the problem.

20. A person with 20/400 acuity sees at 20 feet what a person with normal vision sees at 2 feet.

False. A person with 20/400 vision sees at 20 feet what the person with normal vision sees at 400 feet or more. For example, if a person with normal vision is standing in the back of the end zone of a football field and looking at the number on a player’s football jersey in the opposite end zone (360 feet away), the person with 20/400 vision would have to stand much closer - less than 20 feet away (about at the opposite goal line) to see the number on the player’s jersey with the same degree of clarity.

Following are answers to the open question portion of the Section 7 Test:

Describe the types of travel issues that would likely be experienced by someone with macular degeneration.

Travel issues for people with macular degeneration:

- The individual has blind spots right in the middle of his vision
- Difficulty with detailed vision at close distances
 - Reading print materials
 - Reading the numbers on money
 - Reading signs and bus numbers
- May have difficulty seeing curbs and judging the height of a curb

What would be some of the contingency issues of a traveler who uses a wheelchair and has peripheral field loss?

Contingency issues of a traveler who uses a wheelchair and has peripheral field loss:

- The individual can see objects and details directly in front of him, but cannot see objects and signs off to the side
- Depth perception impaired
 - May not be able to see changes in the surface like cracks, holes or broken or uneven pavement
 - May not be able to see curbs or drop-offs
- To compensate for lack of side vision, the individual may have to turn his head from side to side to cross the street and see obstacles in the path of travel

Describe the effects that changes in lighting and glare can have on a individual with Retinitis Pigmentosa.

Effects of change in lighting and glare on an individual with Retinitis Pigmentosa

- The individual's vision is much worse when the lighting is low
 - At night
 - On cloudy days
- May be able to see somewhat in ideal lighting conditions, but be almost completely blind in low light conditions
- Will be affected by changes in lighting along a route
 - Glare will reduce vision
 - It takes longer to adjust to the difference in lighting level when moving from indoors to outdoors

- Will be affected by outdoor lighting changes –(if the day starts sunny and becomes very overcast)
 - Stops and locations that are well lit will help the individual
- May have to use different mobility techniques in low lighting conditions or at night (such as the use of the long white cane) while in the daytime may be able to travel without the cane.
- Functional ability can change dramatically based on lighting –independent daytime travel may be possible, but not at nighttime (dusk to dawn eligibility.)