Greater Cleveland Regional Transit Authority
Application for ADA Paratransit Service

What is Paratransit Service?

The Americans with Disabilities Act (ADA) of 1990 ensures that nondiscriminatory accessible transportation service is available for persons with disabilities. The law contains provisions for the acquisition of accessible vehicles by public and private entities, requirements for ADA complementary paratransit service by public entities operating a fixed-route transit system, and nondiscriminatory accessible transportation service.

Federal regulations define the ADA paratransit service area as being within 3/4 mile of a local fixed route when that route is in operation. If you have a disability that prevents you from using the regular fixed-route service, you may be eligible for Paratransit.

A Personal Care Attendant (PCA) is defined by the ADA as someone who provides the assistance in activities of daily living for a passenger. One (1) PCA is allowed to ride with the passenger if the eligibility determines it necessary. If the PCA is not authorized the person accompanying the customer is considered a companion. A maximum of one (1) PCA and one (1) Companion are permitted on any trip.

Greater Cleveland Regional Transit Authority (GCRTA) Paratransit is a “shared-ride”, origin-to-destination service available for those who, due to a functional disability or condition, are unable to use the fixed-route system. Eligibility may be unconditional, temporary, or under certain conditions.

To Apply:

1. You or your designee must fill out **PART I COMPLETELY**. Your Licensed Medical Health Professional must complete **PART II**. Please complete this application as thoroughly as possible and to the best of your ability. If there are questions that you cannot answer, or if you need assistance to complete this form, please call **ADA Registration Office at (216) 566-5124**. To be considered complete, every question on the application must be answered. If not, it will be returned to you for completion.

2. **Mail** your original application to:
   GCRTA-ADA Eligibility
   1240 West 6th Street
   Cleveland, Ohio 44113-1331

   Fax:
   216-350-5284

   Email:
   customerservice@gcrta.org

3. Once your completed application has been received, you may be scheduled for an "Eligibility & Assessment" interview. GCRTA will contact you to schedule the appointment.

4. After the completion of the "Eligibility Interview & Assessment" process, you will be notified of your ADA eligibility status within 21 calendar days; if determined eligible, you will be provided with instructions on obtaining your ADA Paratransit ID Card.

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PART I - To be completed by the applicant

PLEASE PRINT/ TYPE IN BLUE OR BLACK INK

SECTION I: Applicant Information

☐ First Time Applicant ☐ Recertification - ID#		
Name: First Middle Initial Last Name		
Street Address		
City	State	Zip
Day Phone	Evening Phone	
Date of Birth: MM/DD/YYYY	Sex ☐ Male ☐ Female	
Are you a Medicaid recipient? ☐ Yes ☐ No		
Are you a V.A. Disability Benefits recipient? ☐ Yes ☐ No		
Are you a Medicare recipient? ☐ Yes ☐ No		
Emergency Contact Person		
Day Phone	Evening Phone	
Relationship to Applicant		

SECTION II: Current Travel Information

1. Do you currently use the fixed regular bus/rail service? ☐ Yes ☐ No

2. Can you get to and from the bus/rail stop nearest to your home by yourself?
   ☐ Yes ☐ No If no, explain why not?

3. Are there sidewalks in your neighborhood? ☐ Yes ☐ No

4. Are there sidewalks at the closest bus stop? ☐ Yes ☐ No

5. How many blocks are from your residence to the nearest bus stop?
   ☐ Less than 2 blocks ☐ 2 to 4 blocks ☐ 5 to 7 blocks ☐ More than 7 blocks
   ☐ Not sure

SECTION III: Disability and Health Condition Information

1. Why are you applying for Paratransit Services?

2. What disability have you been diagnosed with?

3. Does your disability prevent you from using the regular bus or rail service?
   ☐ Yes, explain below ☐ No

4. Is your disability considered permanent? ☐ Yes ☐ No
   If no, how long do you expect to have this disability?

5. Do you require a personal care attendant? ☐ Yes ☐ No
   *personal care attendant (PCA) is defined as someone who provides the assistance in activities of daily living for a passenger

6. Do you currently use any mobility aids or specialized equipment? ☐ Yes ☐ No

If yes, please select all that apply:

☐ Manual Wheelchair	☐ Oversize Wheelchair	☐ Power Wheelchair
☐ Scooter	☐ Service Animal	☐ Cane
☐ Crutches	☐ Portable Oxygen	☐ Walker
☐ White Cane	☐ Communication Board	☐ Prosthesis
☐ Brace(s)	☐ Other (please specify):	

SECTION IV: Applicant Certification

By signing this application, I certify that I have been truthful in answering this form and that the information that I have provided is correct to the best of my knowledge. Legal Guardians must provide documentation.

Applicant Signature	Date

OR, if applicant is unable to sign:

Authorized Representative or legal Guardian Printed Name	Relationship to Applicant
Phone Number	
Authorized Representative or legal Guardian Signature	Date

(Attach proof of guardianship if applicable)

SECTION V: Applicant Authorization for Release of Medical Information

I authorize the professional(s) listed below to release to GCRTA information about my disability and health condition and its effect on my ability to travel on GCRTA buses/rail. I understand that I may revoke this authorization at any time.

All medical information, which you or your health care professional provide, will be kept confidential to the extent permitted under the law, except that the information may be shared with other professionals or agencies involved in the determination of your eligibility.

Licensed Medical Professional Information:

First Name	Last Name	Title (MD, NP, PA)
Telephone Number	Agency/Organization	
Applicant or Authorized Signature	Date	
Applicant's Printed Name		

PART II: MEDICAL VERIFICATION

To be completed by your licensed Physician or Psychiatrist

SECTION I: Patient Information

Patient Name	DOB: MM/DD/YYYY

SECTION II: Professional Information

First Name	Last Name	Title (MD, NP, PA)

License/certification number	Hospital/Agency Affiliation

Address

City	State	Zip

Office phone #	Fax #

Medical diagnosis of disability or impairment (Do not use codes)

How this disability or impairment does limits one or more major life activities affecting their ability to use fixed-route bus/rail service

Is disability/condition permanent? ☐ Yes ☐ No,	anticipated return date

Does/Can the applicant:

Give addresses and phone numbers?	☐ Yes ☐ No
Recognize a destination or landmark?	☐ Yes ☐ No
Walk 200 feet without assistance	☐ Yes ☐ No
Walk more than one (1) city block	☐ Yes ☐ No If Yes, how many
Sign his/her name?	☐ Yes ☐ No
Be left alone on a transit vehicle?	☐ Yes ☐ No
Require a personal care assistant	☐ Yes ☐ No
*(PCA) is defined as someone who provides the assistance in activities of daily living for a passenger	
History of getting lost/wondering off	☐ Yes ☐ No If Yes, how often
Does the applicant require use of a mobility device(s)? Please explain:	

SECTION III: Certification

THIS CERTIFICATION HAS BEEN COMPLETED BY A LICENSED MEDICAL PROFESSIONAL:

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

Signature	Date:

For assistance completing this form, please call the
GCRTA ADA Registration Office at (216) 566-5124.