



GOBIERNO DE PUERTO RICO
Departamento de Transportación y Obras Públicas
Autoridad Metropolitana de Autobuses

CALL AND RIDE PARATRANSIT PROGRAM (PROGRAMA LLAME Y VIAJE)

APPLICATION FORM FOR ELIGIBILITY

RESERVATIONS, CANCELLATIONS, RESERVATIONS STATUS AND WILL CALLS

787-294-0500

787-274-1032

37 Ave. De Diego, Urb. San Francisco, Río Piedras / Box 195349, San Juan, PR 00919-5349
Teléfono 787-294-0500 / Fax 787-751-0527



CALL AND RIDE PARATRANSIT PROGRAM

APPLICATION FORM FOR ELIGIBILITY

IMPORTANT INFORMATION FOR SOLICITANTS

Whitin this document, you will find all information and forms to request eligibility for our Call and Ride Paratransit Program. As stated by the *American with Disabilities Act*, (ADA), paratransit is required from all public transportation providers. However, this type of service is limited to those commuters who are unable to use our regular fixed route service, because of a physical or health related condition.

In order to be eligible for our paratransit program, each solicitor has to be properly certified. Eligibility is determined on a case basis. As provided by the ADA, eligibility is limited to those who are unable to use public fixed route service due to physical or health related conditions. A request might be partially (conditional eligibility) or fully approved (Unrestricted), depending on the case. If a determination to the effects that an applicant is able to use public fixed route service with help or by his/her means, that person will not be eligible.

In order to request eligibility, solicitor must complete the attached form. All applicants will be submitted to an evaluation, in order to determine their ability to make use of fixed route service. The following might be requested to complete such analysis:

- Telephone conference evaluation
- Personal meetings to evaluate the applicants eligibility³
- Consultations with the applicants Doctor, health provider or other professional to assess his or her physical condition

If the applicant has to make use of Braille, Big Letters, Audio Tape or Computer CDR Discs, please call 787-294-0500 ext. 1400, 1401 o 1402.

After receiving a request, it will be processed within the next 21 days. All documents and forms must be duly complemented. If necessary, the applicant must be available for a second evaluation, which might be conducted by phone, personally or by means of a medical verification.

Written notice of the acceptance or rejection of eligibility will be mailed to each applicant. If the solicitor is eligible, he or she can travel within our service zone. If eligibility is denied or only partially granted and the applicant is not satisfied with the determination, her or she a right to an appeal. Information on the appellate procedures will be included along with the determination of eligibility. Whenever a determination of eligibility takes time in excess of twenty one (21) days, the applicant will have the benefit of service until final determination is completed. The aforementioned exception will not apply whenever eligibility cannot be determined because of negligence attributable to the applicant.

Each application will be kept on our Call and Ride Paratransit Service files and will not be divulged to any third parties or persons not related to our program.

INSTRUCCIONES TO APPLICANTS

1. Please complete all the documents. Using block letters or mechanical format. Each response will assist us in making our determination. If any of the spaces are left in blank, the petition will be deemed incomplete and it will be returned to the solicitor.
2. Additional information that is not contained within the document is not required. However, any file that will assist us in assessing your eligibility can be included. ALL INFORMATION IS CONFIDENCIAL.
3. After completion of the document, make sure to sign your name in the provided spaces.
 - Applicant's Certification **(Page 10)**
 - Authorization to divulge information by a medical professional or any other health care official. **(Page 11)**
4. Please include two (2) pictures, either 1x1 or 2x2.
5. Please return the complete application to:

Autoridad Metropolitana de Autobuses

Call and Ride Program

Programa Llame y Viaje, Oficinas Centrales, Primer Piso

Ave. De Diego Núm. 37 San Juan, PR 00927

or

PO Box 195349, San Juan, Puerto Rico 00919-5349

For further assistance with the solicitation process or to know the status of your request, please call us at 787-294-0500 ext. 1400, 1401 or 1402.



PART I. General Information

Name _____ M/I _____ Last Name _____

Social Security #: _____ Sex: _____ M _____ F

Physical Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

Postal Address (if applicable): _____ : P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ TDD/TTY (Teletext): () _____ Other: _____

Date of Birth: Day: /_____/ Month: /_____/ Year: /_____/

Do you require this or any future documents in a different format?

Yes _____ No _____ (If the response is yes, please indicate your preferred format)

Diskette _____ Audio _____ Tape _____ Braille _____ Big Letter _____ Other _____

If you required help to fill out this form, please state the name of the person appointed to complete the information:

Name: _____ Phone: () _____ Relationship: _____

Please state if this individual can be contacted in case any additional information is required _____ Yes _____ No

Please provide the name and the number of a contact person, in case any of our officials are unable to communicate with the solicitant at his/her regular number:

Name: _____ Relationship: _____

Phone: () _____ Other: () _____



PART II. Please be specific when answering the following questions. ----- Your answers will determine your eligibility.

1. What physical or health related condition impedes you from using regular fixed route service? _____

a. Explain how your circumstance prevents you from making independent use of fixed route service: _____

b. Are the aforementioned conditions: permanent _____ temporary _____

c. If temporary, how long is their duration? _____.

2. What is your current transportation method? Select the applicable alternatives

Private car _____ PRMBA Fixed Route Service _____ Other Public Transportation _____

Car Pool _____ I Drive _____ Paratransit _____ Taxi _____ Other: _____

3. Are the symptoms related to your condition variant on a daily basis or in a way that they impede your ability to make use of fixed route service? _____Yes _____No

If yes, please explain: _____

In question 4 through 12, please state if you are able to perform the contained functions independently. If the answers are “no” or “sometimes”, please explain. If no detail is offered, the application will be considered incomplete.

4. Are you fully aware of the directions and information needed to make a trip possible?

_____ Yes _____ No _____ Sometimes

If your answer is “No” or “Sometimes”, please explain: _____

5. Are you able to identify the correct bus stop? ____ Yes ____ No ____ Sometimes
If your answer is "No "or "Sometimes", please explain: _____

6. Are you able to identify the correct bus number? ____ Yes ____ No ____ Sometimes
If your answer is "No "or "Sometimes", please explain: _____

7. Are you able to get to the nearest fixed route bus stop?
____ Yes ____ No ____ Sometimes
If your answer is "No "or "Sometimes", please explain: _____

Please state how many blocks are you able to travel independently: _____

8. Are you able to wait at least fifteen (15) minutes in a bus stop?
____ Yes ____ No ____ Sometimes
If your answer is "No "or "Sometimes", please explain: _____

9. Are you able to wait more than fifteen (15) minutes?
____ Yes ____ No ____ Sometimes
If the answer is "yes "or "Sometimes", how long can you wait for?: _____

10. Are you able to wait, provided there is a place to sit or a bus shelter?
____ Yes ____ No ____ Sometimes

11. Are you able to get on and off a bus without assistance?
____ Yes ____ No ____ Sometimes
If your answer is "No "or "Sometimes", please explain: _____

12. Are you able to commute in fixed route service, provided that the bus has a fully functional wheel chair lift or is a low floor vehicle?

___ Yes ___ No ___ Sometimes ___ Have never tried

If your answer is "No", "Sometimes" or "Have never tried, please explain: _____

13. Are you able to make use of Hand Rails, hold coins or vouchers while entering or exiting a bus? ___ Yes ___ No ___ Sometimes ___ Have Never Tried.

If your answer is "No" or "Sometimes", please explain: _____

14. Can you maintain balance and tolerate movement while traveling, in a seated position, in a Transit bus?

___ Yes ___ No ___ Sometimes ___ Have Never Tried.

If your answer is "No" or "Sometimes", please explain: _____

15. Have you ever received instructions or training in how to use public fixed route transportation? ___ Yes ___ No

If your answer is "yes", please give details: _____

16. Is the vehicle you require equipped with handicapped accessible?

___ Yes ___ No ___ Sometimes ___ Don't Know, Have never tried

If your answer is "No" or "Sometimes", please explain: _____

17. Please specify if you require use of the following equipment:

Manual Wheel Chair Walk Dog (Service Animal) Crutches
 Electric Wheel Chair Folding White cane Scooter
 Table Communication Personal Identification Memory Cards
 Orthopedic Apparatus Portable Oxygen Mask Prosthetic
 Walker Cane Other: _____

*Dimensions of the Wheel Chair or Scooter, Length and Width: _____

(Please provide the length and width of you equipment, two inches from the floor, including footrests. This information is needed for ADA purposes.*

18. Are you accompanied by a Personal Care Assistant (PCA) or a walk dog whenever you leave your place of residence? Yes No Sometimes

If your answer is "No "or "Sometimes", please explain: _____

Note: A personal Care Assistant is a certified health professional that accompanies client of our program in order to further assist his or her needs. Whenever a PCA is in duty with any of our clients, they travel free of charge. For purpose of the Call and Ride Program, a Service Animal is any animal that was specifically trained to assist a disabled individual. Personal pets do not fall within this category.

19. Do you currently use paratransit services or our Call and Ride Program?:

Yes No Sometimes

If your answer was "Yes "or "Sometimes", When do you use such service?

Please provide the name of your paratransit service provider:

PART III. Signature

Please complete part A. If you are minor or are mentally incapacitated, part B must be completed by the applicant's legal tutor.

A. I hereby state that the aforementioned information is truthful and correct. I fully understand that providing false information may result in a negation of the solicited services, as well as any other legal sanctions and consequences provided by law. I also am aware that the submitted information is of confidential nature and that such information may only be used for the Call and Ride Program. I further understand that it might be necessary to contact any family member or health professional that is knowledgeable of my functional capacity for eligibility purposes.

Signature: _____ Date: _____

B. I hereby understand that the purpose of this document is to determine the eligibility of an applicant for the use of the Call and Ride Program, in compliance with ADA regulations. I solemnly state that the submitted information is of confidential nature and that such information may only be used for the Call and Ride Program. I further understand and give my consent to any interview or contact to any family member or health professional that is knowledgeable of my representee's capacity for eligibility purposes, provided that I have the right to be present in such case. I fully understand that providing false information may result in a negation of the solicited services, as well as any other legal sanctions and consequences provided by law.

I understand of my right to be present in any personal interview or evaluation and hereby declare that:

(Choose one of the following)

____ I will be present

____ I designate _____ to represent me in my Legal Tutor duties

____ I hereby waive my right to be present and will not designate any person to represent me in my tutelage duties.

(Signature of Parent or Legal Tutor): _____

Date: _____

Authorization for the submission of Medical Information

(To be completed by the Applicant)

Provision of a medical notice in which a health care professional states the medical condition of the solicitant is not deemed sufficient to qualify for the benefits of the Call and Ride Paratransit Program. However, such letter might further assist our evaluating committee to determine the applicant's eligibility. Although medical verification is not a pre-requisite, whoever is knowledgeable of the applicant's condition must be able to determine his ailment provides him with an inability to make use of regular fixed route service.

Release of information

I, the applicant, understand that the medical information here provided is fo a confidential nature and that it will not be divulged or shared with any other department, government entity or third party. I hereby authorize any and all medical professionals henceforth mentioned that might help determine my eligibility to said service.

Accredited Health Care Professionals

Note: Only certified health professionals can help verify the individual capacity and eligibility of the applicant. Example: Licensed Doctors, Clinical Social Workers, Independent Life Specialists, Occupational Therapists, Physical Therapists, Psychiatrist, Psychologists, Ophthalmology Specialists, Certified Rehabilitation Counselor (CRC), Orientation and Mobility Specialists (O&M), Certified Nurses, among others.

Name of Health Care Professional: _____ **Title:** _____

License Number: _____

Postal Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: () _____ Other: _____

Name of Applicant (use block letters): _____

Signature of Applicant or Tutor (compulsory): _____

Date: _____

WARNING
TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

PART IV: Verification of Health of Physical Condition (this section must be completed by a certified health care professional)

Dear Health Care Professional:

The person who provided you with this document understands that you can provide him/her with pertinent information relevant to his physical or health condition. These facts are pertinent to determine his/ her inability to use fixed route public transportation. ADA requires all fixed route providers to offer Demand and Response transportation to those individuals that are unable to use regular fixed route service due to a physical or health related ailment. ADA establishes the following categories:

1. Unrestricted Eligibility- Commuters who are unable to make use of Fixed Route Service.
2. Conditional Eligibility- Commuters who are unable to use fixed route service under certain circumstances.
3. Temporary Eligibility- Commuters who suffer from a temporary condition, like for example mild accidents, surgery and certain conditions that temporary impede their ability of using fixed route service.

The information you provide, subject to the authorization provided on page ten (10) of this document, will help us determine eligibility. Verification of the condition of the solicitant is compulsory to all those interested in Demand and Response transportations services. All personnel who provide an assessment of the condition of the applicant must be knowledgeable in his or her condition and have the necessary credentials to make such an assessment. Eligibility will be determined based on the inability of the petitioner of making use of the fixed route service and not on his or her economical capacity or age.

We thank you for your collaboration.
(Call and Ride Paratransit Program)

1. **Please describe your professional status** (Certified Medic, Physical Therapist, Occupational Therapist, Psychologist, etc.) and the methods used for evaluation of the applicant.

2. **Please describe the current conditions that impede the applicant from using regular fixed route service.**

3. **Is this condition temporary or permanent?** _____

If the answer is temporary, when do you expect recovery?

4. **Has the solicitant received any information or capacitating on how make use of fixed route service?**

___ Yes ___ No ___ Don't Know

If the answer is "Yes", please provide us with the name of the Trainer or Capacitating Entity:

Physical Condition

1. How far can the applicant travel without assistance or with the help of a mobility apparatus?

___ 200 ft. ___ Less than 200 ft. ___ Two Blocks ___ ¼ of a Mile
___ ½ Mile ___ ¾ of a mile ___ More than ¾ of a mile ___ Other

2. Can the solicitor climb three (3) twelve (12) inch steps making use of handrails and without the assistance of another person?

____ Yes ____ No ____ Sometimes

3. Is the applicant able to wait for ten (10) minutes outside without help, assistance or supervision? ____ Yes ____ No ____ Sometimes

4. Does the solicitor require the use of special assistance or mobility equipment?
Please specify: _____

5. Does your mobility equipment have a weight in excess of 600 pounds?

____ Yes ____ No

Please specify the kind of equipment: _____

6. Can the applicant make use of fixed route service, provided that ADA compliant transportation equipment is provided?

Please specify: _____

7. If the applicant falls, is he/she able to get up without assistance?

____ Yes ____ No Please explain: _____

Visual Impairment

1. If the solicitor has a visual impairment, please state the level of acuity with the use of optical lenses (glasses):

Right Eye _____ Left Eye _____ Both Eyes _____

Visual Field: _____

Right Eye _____ Left Eye _____ Both Eyes _____

Mental Capacity

1. Can the applicant always state his/her name, address and phone numbers, whenever asked or if an emergency arises? ____ Yes ____ No

If the answer is "No", please explain: _____

2. Is the applicant able to identify his/her point of arrival or any features related there of? Yes No

If the answers is "No", please explain: _____

3. Can the applicant handle sudden changes in his/ her itinerary?
 Yes No

If the answers is "No", please explain: _____

4. Can the solicitant ask, explain and follow directions?
 Yes No

If the answers is "No", please explain: _____

5. Can the applicant commute securely and in a safe manner within multitudes and complex buildings or physical structures?

Yes No

If the answers is "No", please explain: _____

6. Is the solicitant able to cross streets?

Yes No

If the answers is "No", please explain: _____

Other Criteria

(This information is compulsory)

Describe all limitations, physical or otherwise, that the solicitant has that impede his from traveling in a Fixed Route bus. Be specific.

1. Can the applicant read and understand signs, warnings and other informative indications? ____ Yes ____ No

If the answers is "No", please explain: _____

2. Does the applicant need a Personal Care Assistant (PCA) or a Service Animal when he or she is traveling? ____ Yes ____ No

If the answers is "No", please explain: _____

3. Please identify any special requirement, particularly if the applicant needs the use of a respirator or any other mechanical oxygen device. _____

4. Please specify any other particularities that might hinder travel: _____

The information obtained during this evaluation process will be used solely by the Puerto Rico Metropolitan Bus Authority and the Call and Travel Paratransit Service personnel for the purposes of determining eligibility of our service. This information is of a strict confidential nature and will not be used for any other purpose. The confidential stature of this information can only be waived by written notice to that effect, submitted by the applicant.

I understand that the Verification of Health or Physical Condition by an accredited health professional does not guarantee the eligibility of service, but does play an important role whenever determination to that effect is made. Given the aforementioned, I am fully aware of the applicant's health condition and his ability/ inability (depending on the case) to make use of regular fixed route service.

I hereby authorize the Call and Ride Paratransit Program personnel to contact me, the members of my staff, or any other person related to my office during the evaluation process, pursuant to the ADA and Sections 37 and 38 of the Code of Federal Regulations. I further convene to provide any information, documents or facts that enable the evaluating committee to make final determination on this matter or in any appellate procedure related to this petition.

By this means, I declare that the aforementioned declarations are correct and true, and I fully understand that false statements on a public document are punishable by virtue of law.

Signature _____

Date: _____

Name (use block letters) _____

License Num. _____

Agency: _____

Address: _____ City _____

State: _____ Zip Code: _____ Phone: () _____

Other: _____



DETERMINATION OF ELEGIBILITY (FOR CALLAND RIDE PERSONNEL USE):

New Applicant: ____ Yes ____ No

Renovation: ____ Yes ____ No

Evaluation Date: Month ____ Day _____ Year _____

Expiration Date: Month ____ Day _____ Year _____

Interview Date: Month ____ Day _____ Year _____

Interviewed By: _____

Signature: _____

Approved By: _____ Date: Month ____ Day _____ Year _____

Status: _____

After evaluating your petition, we have determined your eligibility status as:

- A) Unrestricted Eligibility ____
- B) Conditional Eligibility ____
- C) Temporary Eligibility ____ Please state the eligibility span ____

Client Identification Number: _____

Additional Comments: _____

FOR APPELLATE PROCEDURES ONLY

For Call and Ride use only

Those participants that have been deemed ineligible for the benefit of the Call and Ride Paratransit Program, as well as those applicants who are not satisfied with their eligibility classification, can make use of an administrative appellate procedure. This process should be initiated as follows:

- A team composed of three (3) members designated by the President and General Manager of the Puerto Rico Metropolitan Bus Authority will comprise the Call and Ride Appellate Committee.
- This Committee will evaluate the revision submitted by the appellant.
- The revision should be submitted to the President and General Manager and should be presented in the Central Building of the Authority within sixty (60) days of the written notification stating the rejection or partial approval of service.
- All revision must be submitted within the aforementioned time frame to: AUTORIDAD METROPOLITANA DE AUTOBUSES, Call and Ride Program (Programa Llame y Viaje), PO Box 195349, San Juan, PR 00919-5349.
- In the body of the text, the appellant must submit documents and arguments, and must request the celebration of a hearing, as part of due process. In this hearing he or she has the right to present evidence in support of his or her position.
- The Committee will have Thirty (30) work days to evaluate the petition. To that effect, the committee must convene once a month to revise all appellate petitions.
- The Call and Ride Program will give written notice of its decision to the appellant, and should the result be in the negative, it will state the reasons used to make that determination. All documents submitted by the appellant will be kept by the Call and Ride Program on the appellant's file.

Date of Revision Request: Month _____ Day _____ Year _____

BY: _____

Reasons: _____

Chosen Remedy

Date: _____

Administrative Official: _____

Determination:
