

Dear Applicant:

The City of St. George (SUNTRAN) provides Paratransit bus service. The Americans with Disabilities Act (ADA) Paratransit service is for people with disabilities who have been certified as functionally unable to use SUNTRAN's fixed route buses. Paratransit service provided by SUNTRAN is curb-to-curb and is provided on an advanced reservation basis.

Eligibility

In order to be eligible to use SUNTRAN's Paratransit service, your disability must prevent you from using the existing accessible fixed route bus service provided by SUNTRAN. In accordance with the "*Americans with Disabilities Act of 1990*" (ADA), there are three (3) specific circumstances under which a person would be considered ADA eligible for Paratransit service:

1. The individual is unable, as a result of physical, visual or mental impairment, and without the assistance of another individual (other than the driver of the bus) to board, ride or disembark from any vehicle in the fixed route system, which is accessible to individuals with disabilities.
2. The individual with a disability could utilize an accessible vehicle but such a vehicle does not operate on the route he/she wishes to travel.
3. The individual with a disability has a specific impairment related condition, which prevents travel to a boarding location or from a disembarking location on the fixed route system.

Certification

In order to determine your eligibility to use SUNTRAN's Paratransit, you must **complete the attached application in full.** An accurate determination depends on the answers and information provided by you for your evaluation. Inaccurate or false information may lead to denial or suspension of service.

Please answer all questions contained in the application. Those questions that require explanations should be brief, but accurate. **Failure to answer all questions will delay processing your application.**

All information provided by you will be kept in strict confidence and will not be released to any other party to the maximum extent permissible under law without the express written permission of the applicant.

When the completed application is received, it will be reviewed and a determination as to your eligibility will be made within 21 days or less. You will be advised in writing of your eligibility status after a review of the completed application. A completed application may require a professional verification.

Persons determined to be eligible to use SUNTRAN's Paratransit may be required to re-certify every three (3) years or as changes with conditions warrant re-certification.

Persons determined not to be eligible to use SUNTRAN's Paratransit have the ability to appeal this finding within 60 days after they are notified of the determination.

If you have any questions about the application or the review process, please contact **SUNTRAN** at **435-673-8726**.

Please return the completed application to:

SUNTRAN (City of St. George)
Attention: ADA Department
953 East Red Hills Parkway
St. George, Utah 84770

SUNTRAN
Para Transit Eligibility Application

The St. George City SUNTRAN transit service was created for you. It was designed for all residents of St. George, including those with disabilities. It is a safe, convenient and economical transportation alternative.

For residents of our community who cannot use the regular SUNTRAN service (fixed route) because of a disability, we provide a “call-a-ride” curb-to-curb service. Operators may provide minimal assistance, but may not go into residences or buildings. In order to assure the availability of service to those guaranteed access to this type of Para Transit service, strict conformance to Federal and St. George City SUNTRAN ADA certification procedures are necessary.

If you believe that you have a disability which prevents you from riding the fixed-route due to the inability to (1) independently board, ride and/or disembark a bus, or (2) get to or from a fixed-route boarding or disembarking location, please complete this application. Your disability must prevent you from using SUNTRAN’s fixed route service. *It is important that all parts of this application are completed. If not, it will be returned to you for completion.* Upon receiving the completed application, we will contact your doctor for certification.

Everyone can benefit from SUNTRAN’s services. We want you to feel welcome and to use our services. Please send completed applications to:

SUNTRAN (City of St. George)
Attention: ADA Department
953 East Red Hills Parkway
St. George, Utah 84770

For more information about SUNTRAN’s ADA Services call:
435-673-TRAN (8726)

It is important to complete all parts of this form – type or print, please. Applications that are not complete or clearly written will be returned, which will delay the eligibility determination process. Please answer all questions in detail – your answers to the questions will help us in determining your eligibility.

**SUNTRAN (ADA PARA TRANSIT)
SERVICE APPLICATION**

GENERAL INFORMATION (Please Print)

DATE _____

The information on this form will be used solely for the purpose of determining eligibility for SUNTRAN Pararansit service. The information that you furnish will be kept strictly confidential.

FIRST NAME _____

LAST NAME _____

STREET ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH (month/day/year) _____

Sex (M/F) _____

DAYTIME PHONE _____

WORK PHONE _____

Name and phone number of a friend or relative we can contact in case of an emergency or if we are unable to reach you at your regular number:

NAME _____

RELATIONSHIP _____

PHONE _____

1. Do you have a disability, which prevents you from using SUNTRAN's bus fixed route service?

YES _____ NO _____

2.

If "Yes", please describe **any and all physical, mental, visual or functional** disabilities that would prevent you from using SUNTRAN's fixed route bus system.

If "No", please explain why you feel you are eligible for SUNTRAN's ADA Paratransit.

2. Is your disability a permanent condition?

YES _____ **NO** _____

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

3. Do you use any of the following mobility aids?

- Motorized Wheelchair
- Manual Wheelchair
- Powered Scooter
- Personal Care Attendant
- Walker
- Cane
- Crutches
- Service Animal
- Prosthesis
- Other _____

If "Yes", please explain weather conditions that impact your ability to ride the fixed route bus.

10. List your most frequent destinations and how you get there currently.

PLEASE READ THE FOLLOWING STATEMENTS AND CHECK THE ONE THAT MOST CLOSELY APPLIES TO YOU:

- I can use SUNTRAN fixed route service sometimes, but for certain trips I have not been trained or there are other barriers present.
- I have a temporary disability which prevents me from getting on any bus. I will need SUNTRAN's Pararansit service only until I recover.
- I have an ambulatory disability which prevents me from boarding even an accessible SUNTRAN vehicle without assistance.
- I have a cognitive disability which prevents me from remembering and understanding my way to and from the SUNTRAN fixed route bus stop to ride the bus. I do not feel I can learn the routes.
- I have a visual disability which prevents me from finding my way to and from the SUNTRAN fixed route bus stop. I do not feel that I can learn.
- I have a visual disability which prevents me from finding my way to and from the SUNTRAN fixed route bus stop. I think that with training I can learn, but I do not know how right now.
- I have a severe medical condition. My condition results in an impairment that makes it impossible for me to use the SUNTRAN fixed route system.
- I have an episodic disability. I can use the bus on those days when I am feeling well, but on "bad days" I cannot make it to the stop or even get on the bus.

I hereby affirm that the statements made herein are true and correct and I understand that falsification of information may result in denial of service.

I authorize the following Health Care Professional to release information about my disability and its affect on my ability to travel which may be needed in connection with my request for ADA Paratransit eligibility certification. It is my understanding that the information released will be used solely to determine my ADA Paratransit eligibility. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed below to release the information described until 60 days after the date appearing below.

I authorize SUNTRAN (City of St. George) Transit Service to have access to my disability in order to assist me in my travel needs.

NAME OF PROFESSIONAL _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

APPLICANT'S NAME _____

(Please Print)

APPLICANT'S SIGNATURE _____

DATE APPLICATION SIGNED _____

If someone other than the Applicant completed this form on behalf of the Applicant, that person must complete the following:

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SIGNATURE _____

DATE _____ **TELEPHONE NUMBER** _____