

**Pecos Trails Transit System**  
**ADA Complementary Paratransit Application**  
**(Revised March 2018)**

**Pecos Trails Transit System provides federally-mandated Americans with Disabilities Act (ADA) paratransit service. ADA Complementary Paratransit Service is provided to individuals with disabilities who have been certified as “ADA paratransit eligible” because they are unable to ride fixed routes.**

**To apply for eligibility:**

- (1) Complete Part A – Eligibility Questionnaire, including the Signature form on Page 9 of 16.**
- (2) Have the healthcare professional who is most knowledgeable about your disability and its effects on your ability to use fixed-route transit service complete Part B – Healthcare Professional Verification.**

**Examples of Healthcare Professional:**

Family Physician	Ophthalmologist	Registered Nurse
Physical Therapist	Rehabilitation Specialist	Psychiatrist
Occupational Therapist	Licensed Social Worker	Psychologist
Case Manager	Orientation & Mobility Specialist	

**(3)Mail or hand deliver the entire completed application (Parts A and B) to the following address:**

**Pecos Trails Transit System  
515 North Main Street  
Roswell, NM 88201**

**Staff will review the application, determine eligibility and communicate with you on next steps.**

**Questions?** If you have questions about the application process or need assistance in completing the forms, please contact us at (575) 624-6766.

**PART A**  
**ELIGIBILITY QUESTIONNAIRE**

**Section I. General Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone--Daytime \_\_\_\_\_ Phone--Evening \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_      Male       Female

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you wish to have this application in an alternative format (for example, large print or another language)?

Yes       No

If Yes, which format? \_\_\_\_\_

## Section II. Disability and Mobility Information

1. Please provide a description of your disability (or disabilities) that affects your ability to use accessible fixed-route bus service:

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2. Is your disability described above...? (check only one)

a. Permanent

b. Temporary

If temporary, how long? \_\_\_\_\_.

c. I don't know

3. Does your disability change from day-to-day under certain circumstances?  No  Yes

4. If yes, how? \_\_\_\_\_

5. Which of the following mobility aids or equipment do you use when traveling to destinations outside of your home?

None

Walker

Cane

White Cane

Manual Wheelchair

Electric Wheelchair

3 or 4-Wheel Scooter

Portable Oxygen

Other (please specify)

6. Do you use our accessible fixed-route bus service?

a. Yes                      Sometimes                      No

b. I used the bus in the past, but stopped because....

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7. Please describe **why** your disability prevents you from using our accessible fixed-route bus service.

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8. If FREE training was available to help you learn how to ride the bus, would you be interested?

Yes

Maybe

No

9. Do you have an aide or personal care attendant (PCA) who travels with you to destinations outside of your home?

Always

Sometimes

Never

10. Are you able to get to and from the bus stop by yourself? Yes  No

If No, why not? \_\_\_\_\_

11. How far can you continuously walk by yourself or with the assistance of your mobility aid?

12. Can you wait outside at a bus stop?

i. Yes, I can wait by myself for 10 to 15 minutes.

ii. I can wait by myself for 10 to 15 minutes only if I have a seat and/or shelter.

iii. No. Why not? \_\_\_\_\_

13. Are you able to get on and off of the fixed-route bus by yourself?

Yes

Yes, but only if the bus has a ramp or wheelchair lift.

No. Why not? \_\_\_\_\_

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14. Are you able to ask for and follow written or verbal instructions about how to use the fixed-route bus?

Yes, by myself.

I probably could with specific instruction.

No, I get too confused and might get lost.

15. If you are able to get on and off of the bus, do you know where to get off the bus, and find your way to your destination by yourself?

Yes

I probably could with training. I can if the driver calls out the stops.

No, I get confused and can't remember where I am going.

### **Section III. Primary Travel Destinations**

Please list the three places you go to most often and how you get there now.

Destination #1 \_\_\_\_\_

Address: \_\_\_\_\_

How often do you go there? \_\_\_\_times per week or \_\_\_\_times per month.

How do you get there now? \_\_\_\_\_

Destination #2? \_\_\_\_\_

Address: \_\_\_\_\_

How often do you go there? \_\_\_times per week or \_\_\_times per month.

How do you get there now? \_\_\_\_\_

Destination #3 \_\_\_\_\_

Address: \_\_\_\_\_

How often do you go there? \_\_\_\_times per week or \_\_\_\_times per month.

How do you get there now? \_\_\_\_\_



## **Section IV. Signature**

### **Applicant's Signature**

I understand that the purpose of this Application is to determine if I am eligible for ADA Complementary Paratransit Service. I certify that the information I gave in this application is true and correct and that the Application will be returned to me if not complete, which delays processing. I understand that falsification or misrepresentation of facts may result in denial of service.

I also understand that if I am not found to be unconditionally eligible for the ADA paratransit service, I may appeal the determination within 60 days of the date of the letter. I will be advised of the procedures for such an appeal. I authorize the certifying agency to contact any agency or professional indicated on this form, by narrative or by attachment, if necessary to verify the nature and duration of my disability.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicants must be 18 years of age to sign independently.  
Otherwise, the signature of a guardian is required.)

### **Applicant's Representative**

If someone other than the applicant has completed this Application, the following information must be provided:

Name: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**You're done with**

**Part A! Next Steps:**

- **Give this entire application to your healthcare professional to complete Part B.**
- **When your healthcare professional has returned the application to you, mail or hand-deliver the entire packet to Pecos Trail Transit System.**

## **PART B**

# **HEALTHCARE PROFESSIONAL VERIFICATION**

Dear Healthcare Professional:

You are being asked to provide information regarding this individual's disability. The individual is applying for Americans with Disabilities Act (ADA) paratransit eligibility. The law specifies that ADA paratransit eligibility is provided only to those individuals who (1) as a result of their disability, cannot board, ride or disembark from a fixed-route bus, or (2) have a specific impairment-related condition that prevents them from getting to or from a bus stop.

This is not intended solely as verification of the applicant's disability, but to determine the effect of that disability on the individual's ability to independently use fixed-route bus service. Thus, it is a transportation decision, rather than a medical one.

Please know that the Pecos Trails Transit System fixed-route bus service is fully accessible to individuals with disabilities. All fixed-route buses are equipped with lifts or ramps for people who use wheelchairs/scooters. Many buses also have a "kneeling" feature that lowers the bus closer to the ground to help people who have difficulty climbing steps. Those who cannot climb steps can use the lift or ramp so there are no steps to negotiate. There is priority seating at the front of the vehicle for individuals with disabilities. There are designated positions on each bus for riders who use wheelchairs or scooters, and bus operators provide assistance with the securement of mobility devices. Bus operators also call out stops and major transfer points to help riders locate their stops and destinations. Riders can request the bus operator to announce a stop.

## General Questions

In what capacity do you know the applicant?

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1. What is the diagnosed disability?

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Do you concur with the applicant's responses in Part A Eligibility Questionnaire? Yes  No

Please categorize the applicant's disability:

Physical  Visual  Cognitive

Is the disability Temporary  or Permanent?

If temporary, how long? (Please indicate end date.) \_\_\_\_\_

Does the applicant's disability or condition prevent use of using fixed-route bus service?

No  Sometimes  Yes

If sometimes or yes, please explain why: \_\_\_\_\_

Does the applicant use any mobility aids?

No

Yes

If Yes, what type:

Manual Wheelchair  Power Wheelchair  Scooter

Walker Crutches  Cane  White Cane

Other; please specify \_\_\_\_\_

Does the applicant require a Personal Care Attendant (PCA)?

No

Yes

Sometimes

### **Effects of Applicant's Disability on Community Travel**

How far can the applicant walk/travel (with his or her mobility aid if applicable)?

3 blocks  6 blocks  9 or more blocks  Less than 3 blocks

How long can the applicant wait outside (with his or her mobility aid if applicable)?

15 min.

30 min.

Less than 15 minutes

Can the applicant negotiate hills or steep terrain?

Yes

No

Sometimes

Please elaborate if necessary \_\_\_\_\_

\_\_\_\_\_

Can the applicant cross the street without assistance?

Yes

No

If no, why not? \_\_\_\_\_

\_\_\_\_\_

Can the applicant recognize a destination or landmark?

Yes

No

Sometimes

Please elaborate if necessary \_\_\_\_\_

\_\_\_\_\_

Is the applicant able to ask for, understand and follow directions?

Yes

No

Please elaborate if necessary \_\_\_\_\_

\_\_\_\_\_

Is the applicant able to get around independently in the community?

Yes  No  Sometimes

Please elaborate if necessary \_\_\_\_\_

**Additional Information**

Is there any other relevant information about the applicant's disability affecting the applicant's mobility that would be helpful to Pecos Trails Transit System in determining ADA paratransit eligibility?

\_\_\_\_\_  
\_\_\_\_\_

I hereby affirm that the information I provided herein is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print your name and title:

\_\_\_\_\_

License Number \_\_\_\_\_ Telephone \_\_\_\_\_

**Thank you for your help!**

**If you have questions, you may contact ACT Assist at (505) 661-4545.**

Please return the entire completed packet (Parts A and B) to the applicant.