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## AnchorRIDES Services

ADA Paratransit and Senior Citizen Transportation application process

### **Who is eligible for Americans with Disabilities Act (ADA) paratransit service?**

Under ADA, the AnchorRIDES paratransit service serves as a “safety net” for people who do not have the **functional capability** to ride People Mover buses. Disability alone does not qualify a person to ride AnchorRIDES.

Under the ADA, AnchorRIDES will provide service to the following three general groups of persons with disabilities:

1. People, who are unable to board, ride or exit from People Mover buses even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.
2. People who need a wheelchair lift and no wheelchair-lift-equipped People Mover bus is available on the route when they need to travel. Currently, all People Mover routes are operated with low floor, ramp equipped buses.
3. People who have a specific impairment-related condition that prevents them from getting to or from the bus stop.

### **Who is eligible for Senior Citizen Transportation?**

AnchorRIDES provides transportation using accessible vehicles for various groups of riders. This application also covers our Senior Citizen Transportation service, for applicant’s age sixty (60) and over, providing origin to destination trips. This service provides donation based trips to medical, healthcare, and pharmacy locations. All other trip locations will be subject to the applicable required trip fare.

Limited funding is available on a first come first served basis. Trip levels will fluctuate with available funding. ADA paratransit is a federally required service for eligible people with disabilities and has the overall highest priority for service.

### **How is ADA paratransit eligibility determined?**

Under the ADA, AnchorRIDES is required to determine which current riders and new applicants require AnchorRIDES service and which riders can and should use People Mover buses. The application process includes both the completion of an application and a transportation skills assessment, conducted by transportation assessment and travel training professionals.

The assessment consists of a series of basic skill tests to determine the individual’s functional capability to ride a People Mover bus. The assessment does not involve a physical examination, provide a medical diagnosis, or include a physician’s certification. There is no cost to the applicant for an ADA eligibility assessment and transportation to/from the assessment will be provided free of charge upon request. However, professional verification may be required to supplement the assessment.

## **What is the ADA paratransit eligibility process?**

1. Complete and sign the following AnchorRIDES application. Incomplete and/or unsigned applications will be returned to you.
2. Complete the medical release form on the last page of the application. **The medical release is to be completed and signed by the applicant, guardian, or power of attorney; not the health care provider.**
3. Participate in an in-person transportation skills assessment, upon notification to do so.

## **When will I be notified of my status?**

Once the transportation skills assessment is complete and requested medical verification has been received, a decision will be made as soon as possible within 21 days. If a decision is not made within 21 days of the completed application process, service will be granted until a decision has been made.

If you need assistance in completing the application, please call the Municipality of Anchorage, AnchorRIDES Eligibility Office.

## **What are the Conditions of Eligibility?**

Applicants who are determined eligible for ADA paratransit will receive one or more of the following levels of eligibility:

- **Full Eligibility:** There will be no restrictions to AnchorRIDES service within the program guidelines.
- **Temporary Eligibility:** AnchorRIDES service will be provided to people who are determined capable of using People Mover bus service, but have a temporary need for AnchorRIDES.
- **Conditional Eligibility:** Service will be provided for certain trips for which it is determined that the person's disability prevents them from using People Mover independently.

## **What is the Appeal Process?**

Applicants who are determined ineligible or who do not agree with the conditions established for their use of AnchorRIDES may request a review of their eligibility by an appeal committee within 60 days of the letter date. Information regarding the appeal process is provided when an applicant receives notification of eligibility.

## **What if I have Medicaid?**

AnchorRIDES provides transportation for the Medicaid Home and Community Based Waiver (HCB) and Non-Emergency Medical Transportation (NEMT) programs. To have Medicaid cover your transportation using AnchorRIDES, you must go through your Medicaid Care Coordinator for pre-authorizations.

You may also apply for ADA paratransit eligibility, to potentially have both Medicaid and ADA service available to use.

## What is Travel Training?

People Mover offers free one-on-one and group instruction to people with disabilities, seniors, and anyone who is unfamiliar with the public transportation system. Our goal is to enable all people in Anchorage to safely and independently access the community through the use of public transportation.

Topics covered during travel training include:

- Trip planning in using of the bus schedule, trip planner and bus tracker.
- Time management skills.
- Use of accessibility features within the system.
- Landmark recognition to identify appropriate locations to signal your stop.
- Safety considerations when traveling throughout the system.
- And more!

## Reference

The above mentioned ADA paratransit eligibility standards are in compliance with the Federal Transportation Administration regulations of the Americans with Disabilities Act of 1990. Additional regulatory information can be found in Title 49-Part 37, Subpart F, sections 37.123-37.129 covering ADA paratransit eligibility standards, processes, and types of service.

## How Do I Contact AnchorRIDES?

<u>AnchorRIDES</u>	<u>People Mover Travel Training</u>
Mail/Location:  AnchorRIDES Eligibility Office 3600 Dr. Martin Luther King Jr. Ave. Anchorage, AK 99507  <b>Phone:</b> (907) 343.6543, Ext. 2, Opt. 3 <b>Fax:</b> (907) 249.8020 <b>E-Mail:</b> <a href="mailto:AnchorRIDES@muni.org">AnchorRIDES@muni.org</a> <b>Website:</b> <a href="http://www.AnchorRIDES.org">www.AnchorRIDES.org</a> <b>Facebook:</b> AnchorRIDES Alerts	Mail/Location:  Travel Training Coordinator 3600 Dr. Martin Luther King Jr. Ave. Anchorage, AK 99507  <b>Phone:</b> (907) 343.6543, Ext. 1, Opt. 3 <b>Fax:</b> (907) 249.8022 <b>E-Mail:</b> <a href="mailto:TransitTravelTraining@muni.org">TransitTravelTraining@muni.org</a> <b>Website:</b> <a href="http://www.AnchorRIDES.org">www.AnchorRIDES.org</a>
<b>Office Hours:</b> <b>Monday-Friday</b> 8:00am-5:00pm	

This publication can be made available in alternate media formats upon request.

# AnchorRIDES Application

## A. General Information

Please specify the program for which you are applying:

ADA Paratransit Service

*I am applying for AnchorRIDES because my disability prevents me from using People Mover.\**

Senior Citizen Transportation Service (Skip Sections B and G)

*I am applying for AnchorRIDES because I am 60 years of age or older.\**

\* Please, refer to the cover page of this document for ADA Paratransit & Senior Citizen Transportation Service eligibility requirements.

I am applying as a:

New Applicant    Re-Certifying ADA Rider    Visitor    Expired Rider

### Contact Information

Last Name:	First Name:	Middle:
E-mail Address:	Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Best Contact Phone:	Secondary Phone:	Preferred Language:

### Home Address (Primary pick-up location)

Street Address:	Apt/Unit #:	
City:	State:	Zip Code:

### Mailing Address (If different from Street Address)

Street Address:	Apt/Unit #:	
City:	State:	Zip Code:

### Second Mailing Address (Additional person to receive notifications)

Street Address:	Apt/Unit #:	
City:	State:	Zip Code:

### Emergency Contact (Required)

Name:	Relationship:
Best Contact Phone:	Secondary Contact Phone:

## B. Disabling Health Condition

1. What is the primary disabling condition(s) that prevents you from using the People Mover city bus service (Please be as specific as possible; Ex: Autism, COPD, stroke, etc.)?

Date of diagnosis/onset:

\_\_\_\_\_

2. How does this condition(s) prevent you from using People Mover? *Be specific:*

3. Is your disabling condition: (Check all that apply)

Permanent

Temporary

Weather Related

Varies

Expected duration: \_\_\_\_\_

Explain: \_\_\_\_\_

Explain: \_\_\_\_\_

4. Are you a recipient of Medicaid Home & Community Based Waiver through the State of Alaska, Division of Senior & Disability Services? (Note: This is not General Medicaid or Medicare)

Yes  No

Care Coordinator's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Coordinator's Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

## C. Mobility Devices & Personal Care Attendants

5. Please check the box of the mobility aid you use when traveling in the community:

None

Support Cane

4-Leg Walker

Rolling/Seated

Walker

Crutches

Prosthetic device

Leg Brace

Manual Wheel Chair

Power Wheel Chair

Power Scooter

Portable Oxygen

Hearing Aid

White Cane

Communication

Board

Other (Explain):

\_\_\_\_\_

6. Do you utilize a Service Animal?  
If yes, specify the type of animal and the function that this service animal provides to you:

7. If you use a wheelchair or scooter:

a. Is your weight when combined with mobility aid:

Under 600lbs

601-800lbs

Over 800lbs

b. What is the width of your wheelchair/scooter? \_\_\_\_\_ inches

c. What is the length of your wheelchair/scooter? \_\_\_\_\_ inches

**(Note: Weight and dimensions are needed to ensure safe lift, ramp and vehicle operation)**

8. **AnchorRIDES drivers are not trained to perform the duties of a Personal Care Attendant (PCA). A PCA is a paid or non-paid person provided by you to help with daily needs. A PCA may travel with you on AnchorRIDES as an aide at no additional charge.**

Do you require a Personal Care Attendant (PCA) to assist you when traveling in the community?

Always     Sometimes     Never

If always or sometimes, how does the PCA assist you?

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9. Does someone always need to meet you when you arrive at your destination?

Yes     No

If yes, explain:

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11. Can you stand outdoors without support for 15-20 minutes?     Yes     No

12. Can you walk up three stairs with a hand rail on your own?     Yes     No

## D. Public Transportation Experience

13. How are you currently traveling?

Drive

Family/Friends

Bus

Walk

Cab

Other (Explain): \_\_\_\_\_

14. Have you ever used the People Mover system by yourself?  Yes  No

If yes, when was the last time you rode People Mover? \_\_\_\_\_

15. Have you ever been taught how to use the People Mover system?

No  Yes

If yes, by whom? \_\_\_\_\_

16. Have you ever used public transportation in any other city by yourself?  Yes  No

If yes, when? \_\_\_\_\_

17. What is the closest bus route to your home?

Route: \_\_\_\_\_

I don't know

18. Are you able to travel to the nearest People Mover bus stop by yourself?

Yes  No  Sometimes

If you answered **no** or **sometimes**, please explain:

19. What best describes your ability to use People Mover?

I can ride People Mover for most trips

I could ride the People Mover but it would be difficult

I can ride the People Mover but only for certain trips

I have never tried to use People Mover

I cannot ride People Mover without a personal care attendant

I cannot use People Mover at all because: \_\_\_\_\_

Other: \_\_\_\_\_

## E. Person assisting the applicant to complete this application:

I certify that the information provided in this application is true and accurate to the best of my knowledge of the applicant's condition or disability. I have consent from the applicant or their legal representative to assist in the completion of this application. **I also understand that I cannot be the healthcare provider listed on the medical release.**

_____ Name	_____ Relationship to applicant	_____ Organization/Agency
_____ Address		_____ Phone
_____ Assistant's Signature		_____ Date

## F. Applicant Consent for Services

**\* Read completely and sign; unsigned applications will be returned.**

I understand that the purpose of this application is to determine if I qualify for the AnchorRIDES paratransit service under the Americans with Disabilities Act or the Senior Citizen Transportation service. I understand that it may be necessary for me to participate in an in-person transportation skills assessment, to determine my eligibility for AnchorRIDES services. The information on this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. If eligibility is granted, information pertinent to providing safe and efficient service will be shared with the appropriate AnchorRIDES professionals, strictly on a "need-to-know" basis.

I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in eligibility termination. I give permission for AnchorRIDES to contact anyone who has assisted with the completion of this application or given additional verification of my disabilities or health conditions.

_____ Applicant Name (Print)	_____ Legal Representative Name (Print)
_____ Applicant Signature	_____ Legal Representative Signature
_____ Date	_____ Date



## **Medical Release (Required)**

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By signing this medical release I am confirming that the following healthcare professional is familiar with my disabling condition(s) and is authorized to provide information regarding my health, diagnosis, and treatment to the Anchorage Public Transportation Department. **This healthcare professional cannot be the same person who assisted in the completion of this application.**

I understand that the information provided by the following healthcare professional will only be used to determine my eligibility for ADA paratransit certification:

_____ Professional's Name	_____ Telephone Number	_____ Fax Number
_____ Name of Associated Clinic/Practice/Agency	_____ City	_____ State

**Type of Healthcare Professional:**

- |   |   |
|---|---|
| <input type="radio"/> Physician   | <input type="radio"/> Occupational Therapist                      |
| <input type="radio"/> Psychiatrist/Psychologist   | <input type="radio"/> Physical Therapist                          |
| <input type="radio"/> Physician Assistant   | <input type="radio"/> Chiropractor                                |
| <input type="radio"/> Registered Nurse/Nurse Practitioner                                 | <input type="radio"/> Certified Orientation & Mobility Specialist |
| <input type="radio"/> Licensed Clinical Social Worker<br>(Employed by a medical facility) | <input type="radio"/> Other: _____                                |

_____ Applicant Name (Print)	_____ Date of Birth	_____ Legal Guardian (Print, if Applicable)
_____ Applicant Signature	_____ Date	_____ Legal Guardian Signature