



Dear Applicant,

Thank you for requesting an application for PSTA's Demand Response Transportation (DART) service. DART is a shared ride, door-to-door service for people who, because of their disability, are unable to independently use the regular accessible buses. This is the basis for determining DART eligibility in compliance with FTA regulations for ADA complementary paratransit service.

DART transportation is much more expensive than PSTA's fixed route bus service; therefore, the DART application process ensures that only those who truly need special wheelchair or sedan door-to-door transportation are approved.

You need to fill out pages one (1) through seven (7) of the enclosed application, and your designated professional needs to complete pages eight (8) through eleven (11). It is very important that you remember to sign your application. Unsigned applications cannot be processed. Mail your completed application to 3201 Scherer Drive, St. Petersburg, FL 33716.

Once your application is processed, you may be asked to participate in a one-on-one assessment with a PSTA staff member to help us determine your eligibility. If an in-person assessment is required, PSTA will make travel arrangements for you to meet with an employee at our facility.

DART service is provided during the same service hours as PSTA's regular bus service and within three-quarters (3/4) of a mile of a local bus route.

You should know that PSTA's regular buses are all equipped with wheelchair lifts or ramps and have kneeling devices to make boarding easier. PSTA's network of bus routes will give you more independence and flexibility than DART service. It will also save you money since reduced bus fares are available for seniors and those with qualifying disabilities. Riding the bus is easy and PSTA offers free travel training. Call the InfoLine at (727) 540-1900 to learn more about bus service and to schedule travel training.

If you have any questions about this DART application or the program in general, please call the main office at (727) 540-1800 and ask for DART.

Sincerely,  
PINELLAS SUNCOAST TRANSIT AUTHORITY

*Ross Silvers*

Ross Silvers, Mobility Manager  
Demand Response Transportation (DART)

Enclosures

# **Demand Response Transportation (DART)**

## **ADA Paratransit Service Application**



### **Applicant Instructions:**

- \* One person only per application
- \* Original applications only, copies are not accepted
- \* Incomplete or illegible forms will be returned, which will delay the eligibility determination process.

**1. Answer all questions on pages 2 through 7.  
Your signature is required on page 2 and page 7.**

**2. Present this entire booklet to the qualified professional you listed on page 7. Ask him/her to answer all questions on pages 8-11 and sign on page 11.**

**3. Mail this entire booklet to:**

**Attn: Demand Response Dept.  
Pinellas Suncoast Transit Authority (PSTA)  
3201 Scherer Drive  
St. Petersburg, FL 33716  
(727) 540-1800**

**APPLICATION FOR DEMAND RESPONSE TRANSPORTATION**  
**This section to be filled out by the Applicant. Please Print.**

Mr./Mrs./Ms. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Condo/Subdivision/Mobile Home Park \_\_\_\_\_

Closest Major Intersection \_\_\_\_\_

Telephone (Home) (727) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

If someone other than the applicant has completed this form, provide the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Telephone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

I understand that the information obtained in this Americans With Disabilities Act (ADA) certification process will only be used by the Pinellas Suncoast Transit Authority (PSTA) to determine my eligibility for demand response transportation services and that this information will only be shared with other transit providers or transportation programs to facilitate travel and/or coordinate services. This information will be kept confidential and will not be used for any other purpose, unless authorized in writing by me, the applicant. I understand that PSTA may need to contact an authorized professional to verify information on this application regarding how my disability prevents me from using PSTA's regular bus system.

I hereby certify that the information given in this application is truthful and accurate to the best of my knowledge, and is provided to PSTA for the purpose of evaluating my eligibility to participate in the demand response transportation program. I agree to notify PSTA immediately of any changes in my disability status and understand that this may affect my eligibility to use these services.

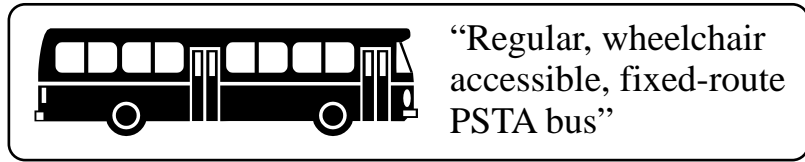
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Applicant Signature Required\***

**COPIES OF THIS FORM WILL NOT BE ACCEPTED**

1. Have you used, or attempted to use, the regular PSTA bus system within the past three (3) months?

Yes     No



If Yes, which route(s)?

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2. If you answered "No" to Question 1, have you ever ridden a regular transit bus?

Yes     No

If Yes, when and where did you last ride?

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3. Some bus trips may require you to get off one bus and onto another to complete your trip. Can you do this on your own?

Yes     No     Sometimes

If No or Sometimes, please explain \_\_\_\_\_

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4. Have you ever received training to learn how to use the regular bus system?

Yes     No

If No, could you learn, with a travel trainer's assistance? \_\_\_\_\_

5. Describe your disability (health impairment). When was this condition diagnosed? (If you have a visual impairment, provide your visual acuity with best correction, e.g. 20/200 both eyes.)

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6. Is your condition or disability temporary?

Yes     No

If Yes, expected recovery \_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_ months)

7. If you are NOT currently riding PSTA buses, please check all the reasons that apply:

- I don't know how to ride the regular bus system, it is too confusing.
  - I'm afraid to ride the regular bus system.
  - I don't want to ride the regular bus system.
  - It is too far to get to a regular bus stop.
  - The regular bus system doesn't go where I want to go.
  - The ground is too uneven or too steep for me to get to the bus stop.
  - There are no sidewalks where I live.
  - My disability prevents me from getting to/from the bus stop.
  - I cannot cross busy intersections safely and independently.
  - I cannot safely and effectively travel through crowded or complex facilities.
  - I cannot wait at a bus stop unless there is a bench or shelter.
  - I cannot travel in areas without curb-cuts or sidewalks.
  - I cannot travel at night due to night blindness.
  - I cannot recognize a destination or landmark.
  - Very hot or cold weather is extremely hazardous to my health (i.e. temperature sensitivity).
  - Other (please explain) \_\_\_\_\_
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8. Are you able to handle unexpected situations or changes in routine?

- Yes     No     Sometimes

If No or Sometimes, please explain \_\_\_\_\_

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9. Can you use the telephone or TDD/relay service to get information about PSTA's regular bus service?

- Yes     No     Sometimes

If No or Sometimes, please explain \_\_\_\_\_

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10. Can you wait outside at the curb without assistance for ten (10) minutes until your transportation arrives?

- Yes     No     Sometimes

If No or Sometimes, please explain \_\_\_\_\_

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11. Please list three (3) trips you take, and how you are getting there now.

*Note: Information regarding your trip making needs will only be used to determine the eligibility of specific trip requests. These determinations are based upon your functional ability to complete certain trips using the regular bus system, accessibility features, and environmental factors.*

I. Origin \_\_\_\_\_

Destination \_\_\_\_\_

Frequency \_\_\_\_\_

How do you get there now?

Demand Response Transportation

PSTA regular bus

Other \_\_\_\_\_

II. Origin \_\_\_\_\_

Destination \_\_\_\_\_

Frequency \_\_\_\_\_

How do you get there now?

Demand Response Transportation

PSTA regular bus

Other \_\_\_\_\_

III. Origin \_\_\_\_\_

Destination \_\_\_\_\_

Frequency \_\_\_\_\_

How do you get there now?

Demand Response Transportation

PSTA regular bus

Other \_\_\_\_\_

12. PSTA's regular Bus Operators call out bus stops at major transfer and destination points and all major intersections. They will also call out special stops upon request. With this help, can you recognize the right stop and get off the bus when you need to?

- Yes     No     Sometimes

If No or Sometimes, please explain \_\_\_\_\_

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13. Please check any mobility aids or equipment that you currently use:

- Manual Wheelchair \*     Cane     Cue Cards  
 Electric Wheelchair \*     Crutches     Personal ID  
 Powered Scooter \*     Prosthesis     White Cane  
 Walker     Leg Braces     Guide Dog / Service Animal  
 Breathing Apparatus (Portable Oxygen)

Other \_\_\_\_\_

**\* WHEELCHAIR/SCOOTER DIMENSIONS\*** \_\_\_\_\_ **Length**    \_\_\_\_\_ **Width**  
*(Please provide length and width measured 2 inches above the ground including foot rests. These measurements are required for conformance with the Americans With Disabilities Act (ADA) implementing regulations.)*

14. Using a mobility aid, or on your own, how far are you able to travel without the assistance of another person?

- Less than 200 ft.     One Block     Two Blocks  
 ¼ Mile (3 blocks)     ½ Mile (6 blocks)     ¾ Mile (9 blocks)  
 More than ¾ Mile     Other \_\_\_\_\_

15. Are you able to easily transfer from your wheelchair to a car?

- Yes     No     Not Applicable

16. Do you require a Personal Care Attendant (PCA) and/or a service animal to travel?  
*Note: A PCA is someone who is designated or employed by a person with a disability to assist that person in meeting his or her personal needs and/or to facilitate travel for a specific trip. A service animal is trained to provide assistance and is not a pet.*

- Yes     No     Sometimes

If Yes or Sometimes, please provide the name of the PCA and/or the type of service animal: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**  
**(Must be completed by Applicant)**

Disability verification by a qualified professional does not guarantee eligibility for demand response transportation, but it can play a major role in the eligibility determination process. While verification by a physician is not required, it is important that any professional that verifies an individual's disability be familiar not only with that person's particular disability, but also with his/her ability or inability to travel on PSTA's regular bus system.

**Statement of Release**

I, the undersigned, understand that the medical information requested is confidential and will not be shared with any other person or agency, with the possible exception of another transit provider or transportation program to facilitate travel. I authorize the release of any and all medical records and/or information by the professionals listed below to the Pinellas Suncoast Transit Authority (PSTA) for the express purpose of determining my eligibility for demand response transportation.

**Qualified Professionals**

**Note:** Only the following professionals are authorized to verify your disability: Licensed Physician, Physical Therapist (PT), Occupational Therapist (OTR), Certified Rehabilitation Counselor (CRC), and Orientation and Mobility Specialist (O&M).

**Name of Professional** \_\_\_\_\_

Address \_\_\_\_\_

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

Office Telephone Number \_\_\_\_\_

**Applicant Name** \_\_\_\_\_  
(please print)

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required)

**Applicant STOP Here.**  
**A Qualified Professional must fill out the following pages!**



**DISABILITY VERIFICATION FOR DEMAND RESPONSE TRANSPORTATION**

**This Section to be Filled Out by a Qualified Professional. Please Print.**

**NOTE: The Same Person Cannot Complete Both Forms**

Dear Professional:

The person submitting this booklet to you has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize public transit services. The Americans With Disabilities Act of 1990 requires the Pinellas Suncoast Transit Authority (PSTA) to provide demand response transportation to persons who, due to their disability, cannot utilize the regular bus system. The information you provide, as authorized on page 7 of this booklet, will allow us to make an appropriate evaluation of this request and its application to specific trip requests.

Disability verification is mandatory for all applicants for demand response transportation service. While verification by a physician is not required, any professional that verifies an individual's disability must have detailed, first-hand knowledge of that person's disability, as well as the training and credentials necessary for such an evaluation.

Thank you for your assistance.

**Please describe your professional status** (i.e., Licensed Physician, Physical Therapist, Occupational Therapist, etc.) and your methods for evaluating the applicant's disability.

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**In layman's terms, please describe the applicant's current disabling condition.**

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**What normal life functions are prevented or hindered by the disability?**

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Is the condition or disability temporary?

Yes     No

If Yes, expected recovery \_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_ months)

## Physical Disabilities

1. Using a mobility aid, or on his/her own, how far is the applicant able to travel without the assistance of another person?

- Less than 200 ft.       One Block       Two Blocks  
 ¼ Mile (3 blocks)       ½ Mile (6 blocks)       ¾ Mile (9 blocks)  
 More than ¾ Mile       Other \_\_\_\_\_

2. Can the applicant wait outside without support or supervision for ten (10) minutes?

- Yes       No       Sometimes

3. Does the applicant require special assistance and/or the use of any mobility aids?

- Yes       No       Sometimes

Please describe \_\_\_\_\_

4. Does the applicant with his/her mobility unit weigh more than 600 lbs?

- Yes       No      Weight \_\_\_\_\_

5. Can the applicant ride a regular wheelchair accessible PSTA bus?

- Yes       No



6. If the applicant falls, can he/she get up independently?

- Yes       No       Sometimes

7. Can the applicant negotiate traffic safely and independently?

- Yes       No       Sometimes

## Visual Disabilities

If the applicant has a visual impairment, please provide his/her visual acuity with best correction:

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both Eyes \_\_\_\_\_

Visual Fields:

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both Eyes \_\_\_\_\_

## Cognitive Disabilities

Is the applicant able to consistently state his/her name, home address, and home or emergency telephone numbers upon request?

Yes     No

If No, please explain \_\_\_\_\_

Is the applicant able to recognize a destination or landmark?

Yes     No

Is the applicant able to handle unexpected situations or an unexpected change in routine?

Yes     No

If No, please explain \_\_\_\_\_

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

Yes     No

Is the applicant able to safely and effectively travel through crowded and/or complex facilities?

Yes     No

Can the applicant negotiate roadway crossings safely and independently?

Yes     No

If No, please explain \_\_\_\_\_

## Other Factors

(This information is required for all applicants)

Please describe any other functional limitation(s) with respect to bus travel. Please be specific.

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

Note: A PCA is someone who is designated or employed by a person with a disability to assist that Person in meeting his or her personal needs and/or to facilitate travel for a specific trip.

Yes     No     Sometimes

If Sometimes, please explain: \_\_\_\_\_

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Please identify any special requirement of the applicant, particularly the need to travel with a respirator or portable oxygen supply.

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The information obtained in this Americans With Disabilities Act (ADA) certification process will only be used by the Pinellas Suncoast Transit Authority (PSTA) to determine the applicant's eligibility for demand response transportation services and will only be shared with other transit providers or transportation programs to facilitate travel and/or coordinate services. This information will be kept confidential and will not be used for any other purpose, unless authorized in writing by the applicant.

I understand that Disability Verification by a qualified professional does not guarantee eligibility, but it can play a major role in the eligibility determine process. Therefore, I hereby certify that I am familiar with the applicant's particular disability and with the applicant's ability or inability to travel on PSTA's regular bus system.

PSTA staff is hereby authorized to contact me or staff members in my office if necessary, to complete the eligibility determination process according to ADA implementing regulations (i.e., 49 CFR Parts 37 and 38). I also agree to provide any and all evidence or documentation deemed necessary by PSTA for a final eligibility determination for demand response transportation service or a subsequent appeal.

I certify that the statements I have made herein are true and correct, and understand that false or fraudulent statements and certifications are punishable by law under 18 U.S.C. Subsection 10001 (1982).

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

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

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

Office Telephone Number \_\_\_\_\_

Professional Licence Number \_\_\_\_\_ State Issued \_\_\_\_\_