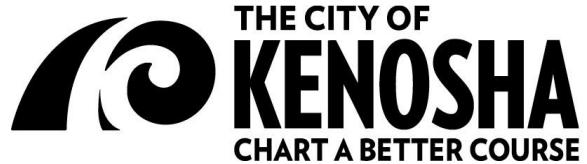


# ADA Paratransit Application



The City of Kenosha Paratransit service (Referred to as Care-A-Van) is door-to-door public transportation for people who are unable to access a fixed route bus because of a physical or mental disability. All buses are accessible to people using wheelchairs or other walking assistive devices. This service is intended only for those trips that the person cannot make on the bus system. Completing this application will help define when and under what circumstances you can use Care-A-Van. **Before completing this application, please read the enclosed guidelines that describe eligibility for ADA paratransit service in more detail.**

## INSTRUCTIONS FOR COMPLETING THIS FORM:

The applicant (or someone assisting them) must complete the entire packet except for the Medical Verification section. **A licensed physician must complete and sign the Medical Verification page.**

All questions must be answered, and applications must be signed by either the applicant (or their legal representative) and a medical physician. Incomplete applications will be returned.

If you need assistance in completing the form, or have any questions about ADA service and eligibility, please feel free to contact our office at:

(262) 653-4290

## WHEN COMPLETED, PLEASE RETURN THE ENTIRE FORM TO:

Kenosha Area Transit  
4303 39<sup>th</sup> Avenue  
Kenosha, WI 53144  
FAX: (262) 653-4295

Dear Applicant:

There are two ADA Paratransit Eligibility Standards:

1. Your disability **prevents** you from navigating the system (i.e. getting on, riding, or getting off the bus) without the assistance of another individual. Please note that all Kenosha Area Transit buses are ramp-equipped to accommodate wheelchair users or people with assistive walking devices.
2. Your disability **prevents** you from traveling to or from a bus stop location.

If you feel that your disability may fit into one of these requirements, please continue with this application form. If you do not meet the criteria defined herein, please contact Kenosha Area Transit at (262) 653-4287 for information on fixed route bus service.

There are three types of ADA Paratransit eligibility:

1. Unconditional - this eligibility is granted if your disability prevents you from using Kenosha Area Transit bus service for any trips that you might need to make.
2. Conditional - this eligibility is granted if you can use buses some of the time, but need van service under certain circumstances.
3. Temporary- this eligibility is granted if you experience a temporary loss of functional ability and recovery is probable in the short term.

The information you provide about your disability will be kept strictly confidential. Kenosha Area Transit staff will review your application and determine your eligibility. It is important that your application be filled out completely. Any incomplete applications will be returned. Properly completed applications will be processed within 21 days of receipt. If you have not heard from us in 21 days, please call and we will provide you with service until your application is processed. Please note that in some instances, we may not be able to determine your eligibility without further information. The submission of this application does not guarantee eligibility. Applicants will be notified in writing (via US Mail) of the approval or denial of eligibility, and in the case of denial, the reason(s) for such. In the event that eligibility is denied, a description of the appeals process is below, and will be included with the written determination. If we determine that you are eligible for ADA service, a Care-A-Van Paratransit Guide will be sent to you, along with your Kenosha Area Transit identification card.



FOR OFFICE USE ONLY	
Client ID	_____
Date Received	_____
Date Submitted	_____
Status	_____
Category	_____
Effective Date	_____
Expiration Date	_____

**APPLICATION FOR PARATRANSIT SERVICES**  
**Form #KAT001 (rev. 06/20)**

**SECTION ONE**  
**PLEASE TYPE OR PRINT**

1. Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_

Please insert facility name if applicable

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

3. Telephone number (best number to reach you): (\_\_\_\_\_) \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Are you receiving Medicaid (Forward Card)? (Not to be confused with Medicare)  
 YES     NO

Are you enrolled in a Long-Term Care program?     YES     NO

- Family Care     Partnership     IRIS
- Community Care     My Choice/Care Wisconsin     ICare

Please answer the following questions in detail. Specific answers will help us in determining your eligibility. Incomplete applications will be returned to the applicant.

6. a) Please describe the disability that prevents you from using Kenosha Transit city bus?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Is this condition temporary?  YES  NO

c) If YES please estimate the date the condition is expected to improve: \_\_\_\_/\_\_\_\_/\_\_\_\_

**7. Please check which best describes your current living situation:**

- Skilled Nursing or Rehabilitation or Assisted Living Facility
- I receive assistance from someone that comes to my home to help with daily living activities
- I live with family or friends who help me
- I live independently (without the assistance of another person)

**8. How do you currently travel to your frequent destinations (*check all that apply*):**

- Drive Myself  Someone Drives Me  City Bus  Taxi
- Other (please explain)\_\_\_\_\_

*Kenosha Area Transit is committed to providing you with the most independent and economical form of travel. Please answer the following four questions to help identify if using the city bus, with appropriate training, may be an option.*

**9. Are you currently able to use Kenosha Area Transit (city) buses for any of your transportation needs?**

- YES  NO  I don't know – Please explain:

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**10. Can you make your way to a bus stop?**

- YES  NO – Check all that apply:

- I cannot find the stop because I get confused.
- I cannot travel to the bus stop without assistance from another person.
- I cannot cross the street.
- Heavy rain/snow makes it impossible for me to get there.
- Other: \_\_\_\_\_

**11. Please answer all of the following questions about your mobility, including while using a mobility device:**

Can you travel from your residence to the curb or roadside without assistance?

- YES  NO  Sometimes\_\_\_\_\_

How far can you travel without the assistance of another person?

- 1 Block  2-4 blocks  6-8 blocks

Can you wait outside without support from another person for 10 minutes?

- YES  NO  Sometimes\_\_\_\_\_

**12. Would you be interested in receiving training and practice to be able to use Kenosha Area Transit (city) bus service? Staff is available to train you on how to use the city bus.**

- YES     NO
- 

## **SECTION TWO**

**NOTE: All Care-A-Van drivers, if requested, will assist riders on or off the bus and to the door of their destination.**

**1. Do you need the Care-A-Van driver to assist you on or off the bus?**

- Yes  
 No

**2. When you travel, do you require someone (referred to as a Personal Care Assistant - PCA) to ride with you to provide assistance above and beyond the basic help Care-A-Van drivers are able to provide?**

- Always (You will always have a PCA ride with you)  
 Sometimes (You may need a PCA to ride with you from time to time)  
 Never (You don't need a PCA to accompany you)

**3. If you answered "Always" or "Sometimes" to question 1, what type of assistance will your Personal Care Assistant (PCA) provide (please check all that apply)?**

- Traveling from the bus to my destination                       Communication  
 Medication/Equipment Assistance                       Transferring out of my mobility device  
 Other: \_\_\_\_\_

**4. Do you have a designated person that can ride with you as your Personal Care Assistant?**

- Yes  
Please provide PCA name \_\_\_\_\_  
 No, but I need someone to travel with me  
 N/A

*Please note: If you require an attendant for your trips, that person, referred to as a Personal Care Attendant, is able to ride paratransit with you at no extra charge. A Personal Care Attendant is provided by the rider and is **not** considered a companion. Companions must pay fares.*

**5. Which, if any, of the following mobility aids will you use when riding Care-A-Van?  
(please check your primary mobility device)**

- Manual Wheelchair     Electric Scooter     Guide Animal     Cane  
 Electric Wheelchair     Walker     White Cane     Crutches

*The Care-A-Van can accommodate a wheelchair that is 32" wide by 48" long.*

**6. If you use an oversized wheelchair or electric scooter, please provide the following information:**

Make/Model \_\_\_\_\_ Size of device: Length \_\_\_\_\_ Width \_\_\_\_\_

Does the total weight of your wheelchair or scooter and yourself exceed 600 pounds?

- YES  
 NO

Please note, the paratransit provider will make every attempt to accommodate your mobility device so long as it does not interfere with safety requirements.

**7. Please answer all of the following questions about your abilities:**

Are you able to give your address, destination, and phone number upon request if needed?

- YES     NO     Sometimes \_\_\_\_\_

Are you able to recognize a destination or landmark?

- YES     NO     Sometimes \_\_\_\_\_

Are you able to ask for, understand, and follow directions?

- YES     NO     Sometimes \_\_\_\_\_

Do you use a communication aid?

- YES     NO    If "YES" please specify: \_\_\_\_\_

Please list the name of a person that can be contacted in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you require that information and material given to you be sent in any of the following ways (please check all that apply)?

- Large Print     Email     Other: \_\_\_\_\_

If email is the preferred method of communication, please provide your email address.

Email: \_\_\_\_\_

**Certification Statement and Release of Medical Information Authorization (Applicant)**

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the bus service provided by Kenosha Area Transit and must use paratransit service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-examined as well as other actions by Kenosha Area Transit.

I hereby authorize the below professional to provide the required information to Kenosha Area Transit. I certify that the information here and on the preceding pages is correct. I understand that falsification of information may result in denial of service.

**Applicant's Signature (REQUIRED):** \_\_\_\_\_ Date: \_\_\_\_\_  
*POA's may sign for applicant*

Physician Name: \_\_\_\_\_

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

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

Telephone Number: ( ) - \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

**Please mail or fax this COMPLETED application form to:**

**Kenosha Area Transit  
4303 39<sup>th</sup> Avenue  
Kenosha, WI 53144  
(262) 653-4290  
(262) 653-4295 (FAX)**

Please note that you will be contacted via telephone if you need to be evaluated in person. All applicants will receive a letter within 21 days of receipt of the **completed** application with a determination. If you are denied, information about the appeals process will be provided.

**THIS ENDS THE PORTION OF THE FORM TO BE COMPLETED BY THE APPLICANT. THE LAST SECTION (ON THE FOLLOWING PAGE) MUST BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN.**

**MEDICAL VERIFICATION: must be completed by a licensed physician EXCEPT when being filled out by a long term care facility, in which case it may be completed by a registered nurse.**

Care-A-Van paratransit service is door-to-door public transportation for people who are unable to ride a fixed route bus due to a disability. The applicant who has asked you to review and sign this form is applying to Kenosha Area Transit to be considered eligible for this service. Paratransit service is intended only for those trips that the person cannot make on the bus system.

This application form is intended to determine *when, and under what circumstances, the applicant can use Kenosha Area Transit buses and when they require paratransit service.*

**Applicant Name:** \_\_\_\_\_

Please carefully review the information provided by the applicant and answer **ALL** the following questions. Incomplete Physician sections will be returned.

a) Please describe the physical and/or cognitive condition which functionally prevents the applicant from using standard Kenosha Area Transit bus service (please note that Kenosha Area Transit buses are equipped with wheelchair ramps).

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

b) To the best of your knowledge, is the information provided by the applicant true and correct?

Yes       No - Note any exceptions below:

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

Print Physician Name and Title: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

State of Wisconsin Medical License #: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



## Appeals

You may appeal a decision if you are denied transportation, certification, or are only approved for temporary transportation. To file an appeal you must tell the Director of Kenosha Area Transit within 60 days of the denial and explain that you want to appeal and why you think the decision is wrong.

For written appeals, send to:

Kenosha Area Transit  
ATTN: Director of Transportation  
4303 39th Avenue  
Kenosha, WI 53144  
Voice: (262) 653-4290  
FAX: (262) 653-4295  
Email: [transit@kenosha.org](mailto:transit@kenosha.org)

## Appeals Hearing

Appeals will be handed over to the Transportation Commission. Depending on the situation, they may choose to:

- Overturn or change the conditions of the original decision.
- Give permission to use Paratransit for a specific trip(s).
- Schedule a hearing for the case to be re-examined by a Kenosha Area Transit representative. In this case, you have the right to be present and may bring additional people for support.

If a decision has not been made within 30 days of your request for an appeal, you will be allowed to ride Paratransit until a final decision is made.

## Out-of-Town Riders

Riders from outside Kenosha County may ride Paratransit for any combination of 21 days during a 1 year period. Visitors must show documentation of certification to ride paratransit by their home transit system or provide documentation of their place of residence and proof of their disability (i.e., a doctor's letter explaining how you are prevented from riding fixed route services). After 21 days, visitors must apply to continue to use Kenosha's Paratransit.