

# CLARKSVILLE TRANSIT SYSTEM



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## PARATRANSIT SERVICE POLICIES AND PROCEDURES

Revised: January 2020

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# Clarksville Transit System ADA Paratransit Policies and Procedures

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# Clarksville Transit System ADA Paratransit Policies and Procedures

## **DEFINITIONS**

**ADA** – Americans with Disabilities Act of 1990

**ADA Paratransit** – A service that is designed to be complementary to fixed-route bus service and is provided to individuals who are unable to ride the fixed-route buses

**CTS** – Clarksville Transit System

**Destination** – The ending point of an ADA Paratransit trip

**Fare** – The cost to take one ADA Paratransit trip

**Fixed-route service** – Service provided on a repetitive, fixed schedule basis along a specified route with vehicles stopping to pick-up and deliver passengers to specific locations

**“The Lift”** – The ADA Paratransit portion of the Clarksville Transit System

**“No-show”** – A late cancellation, cancellation at the door or not being ready at the scheduled pick-up time and location

**Origin** – The beginning point of an ADA Paratransit trip

**PCA** – Personal Care Attendant, someone designated or employed specifically to help an individual with a disability meet his or her personal needs in daily living activities.

**Service Animal** – Animals specifically trained to assist an individual with living independently

**Trip** – Travel from one origin to one destination

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## **“THE LIFT” PARATRANSIT SERVICE**

Paratransit is an alternative, origin to destination, demand-responsive public transportation service. It is designed to be complementary to the fixed-route bus service in terms of service times and areas.

## **ADA PARATRANSIT**

ADA Paratransit service is designed to serve only those individuals with disabilities that prevent them from using the fixed-route bus system. Under the Americans with Disabilities Act of 1990 (ADA), disability alone does not automatically qualify an individual to use paratransit services. ADA Paratransit is an origin to destination service. Assistance will be provided between the first doorway of the pick-up location (origin) to the first doorway of the Drop-off location (destination). Paratransit service is required to be provided within  $\frac{3}{4}$  of a mile from all fixed bus routes during the times in which the buses are operating. At this time CTS offers its paratransit service to our entire service area.

## **WHO QUALIFIES FOR PARATRANSIT?**

ADA Paratransit services are designed to provide public transportation service to individuals that are functionally unable to use the fixed-route bus service. Individuals that are eligible for paratransit service will generally fall into one of two categories described below.

1. Individuals who have specific impairment-related conditions which make it impossible (not just difficult) to travel to and from the bus stop.
2. Individuals who are unable to board, ride or exit from the buses even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift. Individuals may be certified for permanent (unconditional), temporary or conditional eligibility.

**Permanent (unconditional)** – the reason for your eligibility is unlikely to change, and you will continue to remain eligible for the service

**Temporary** – the reason for your eligibility is limited in its duration, and at the end of that time frame you will no longer be eligible for the service

**Conditional** – the reason for eligibility is circumstantial (e.g. snow and ice or when it's dark) and you are only eligible during these times

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## POLICIES

### GENERAL POLICIES

1. Passengers must pay the fare upon boarding the vehicle. Exact change or ticket is required
2. No smoking, eating, drinking or disruptive behavior is allowed.
3. Limit conversations with the driver to questions regarding “The Lift” services so they may concentrate on driving safely.
4. Remain seated until the vehicle has come to a complete stop at your destination.
5. Passengers may only carry items on to the vehicle that can be carried in one trip and can be safely stored inside the vehicle.
6. Do not leave any personal items in the van. CTS is not responsible for any items left unattended.
7. Respirators, portable oxygen and service animals are allowed aboard the vehicles.
8. Mobility devices, including wheelchairs and scooters, are required to be secured to the vehicle.

### SERVICE AREA

“The Lift” paratransit service is offered anywhere within the Clarksville Transit System service area. A map showing our fixed routes and service area will be provided upon request. Origins and destinations outside of this area will not be served. Only locations where the vehicle can be safely parked and passengers can safely board and exit the vehicle will be served.

### DAYS AND HOURS OF OPERATION

Days and hours of service are Monday through Friday 4:40 am until 9:00 pm and Saturday from 6:00 am until 9:00 pm. Service will be provided to all areas at the same time that bus service would begin in those areas. Please reference the bus schedule to find out when service begins in your area and the area of your destination. Transportation service is not available on Sunday. “The Lift” does not operate on the following holidays: **New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.**

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## RESERVATION POLICY

Reservations for next day service and up to 14 days in advance can be made between the hours of 8:00 am and 4:30 pm Monday through Sunday.

Reservations will not be taken before or after these hours. On Sundays and holidays before a service day, reservations will be taken via answering machine.

**One item to remember if appointment is before our office opens the next day, we will not be able to accommodate the trip.**

The telephone number for making reservations is (931)553-2470. For the hearing impaired we are equipped with a TDD machine. The TDD phone number is (931)645-0160. After hours emergency numbers are (931)320-2437 and (931)320-2434.

Scheduling Rides: Rides are scheduled on a first come, first served basis. In order to schedule a trip, a passenger must speak with CTS staff who will require the following for scheduling a trip:

1. 1. Name
2. 2. Phone Number
3. 3. Date and Day of the week of your ride request
4. 4. Origin Address
5. 5. Destination Address
6. 6. Desired Pick-Up Time
7. 7. Desired Drop-Off Time (Appointment Time)
8. 8. Number of Passengers
9. 9. If Round Trip, Approximate Time of Return Trip

In order to maximize the efficiency of our service and serve as many people as possible your trip may be scheduled up to one hour earlier or later than your requested pick-up time. Please be ready for the driver one hour prior to your requested time.

Please keep track of the dates and times for the appointments you make. No reminder or follow-up calls will be made.

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## **CANCELLATION POLICY/LATE POLICY**

If it is necessary to cancel your appointment please do so within one hour before your scheduled pick-up time. Passengers who are not ready for the scheduled pick-up time cause the system to run behind schedule and inconvenience other passengers. CTS realizes that situations do arise in our daily lives. There are many circumstances that may be beyond the rider's control, including but not limited to:

- Family emergency
- Illness that precluded the rider from calling to cancel
- Personal attendant or another party who didn't arrive on time to assist the rider
- Rider was inside calling to check the ride status and was on hold for extended time
- Rider's appointment ran long and did not provide opportunity to cancel in a timely way
- Another party cancelled rider's appointment
- Rider's mobility aid failed
- Sudden turn for the worse in someone with a variable condition
- Adverse weather impacted rider's travel plans, precluding the rider from cancelling in a timely way

In order to provide service to as many people as possible, it is essential that all passengers try and be ready at their scheduled time. Passengers who are not ready for the scheduled pickup time cause the driver to fall behind schedule and inconvenience other passengers. Therefore, there is a five-minute limit to the amount of time paratransit drivers will wait for a late passenger.

It is the passenger's responsibility to be ready and waiting at their door by their scheduled pick-up time. If the passenger is not ready and at the door within five minutes of the scheduled pickup time, and has not called the dispatcher to reschedule or cancel the trip, the driver will notify the dispatcher and depart for the next pickup.

## **"NO-SHOW"**

"No-shows" are detrimental to the effective operation of the service and deny other passengers efficient public transportation.

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All “no-shows” will be logged in the client’s Manifest. All “No-shows” even ones beyond your control (e.g. family or medical emergency) **will not be counted against you.**

**If possible, a passenger who has missed their pick-up will be worked back in when, and if, space and time permits.**

### **FARE POLICY**

The fare for an ADA paratransit trip is \$2.50 each way. Fare must be paid in exact change or with a ride ticket. Books of 10 ride tickets are \$25.00 and may be purchased from the operator or at the transit center at 200 Legion St. Please alert the dispatcher when making your appointment if you wish to purchase a book of tickets from the driver.

You may bring a Personal Care Attendant (PCA) with you at no extra charge; however, the PCA must be listed on your application before they are able to ride free. You may also bring a companion with you on your trip. Companions must pay the \$2.50 per trip fare. Additional companions will be accommodated if space is available on the vehicle. Please inform the dispatcher when you make your appointment if you will have a PCA or companion accompanying you.

### **PASSENGER ASSISTANCE POLICY**

We are an origin to destination service and are required to provide assistance between the vehicle and the first doorway for customers who need additional assistance to complete the trip. **DRIVERS WILL NOT ENTER PRIVATE HOMES FOR ANY REASON.**

Business / Medical Facilities / Public Buildings If necessary and requested, drivers will assist passengers to and from the main entrance door. When picking up passengers from a business / medical facility / public building, drivers may go through the second door of a foyer. Drivers cannot go beyond this point. Drivers may enter nursing homes, medical facilities, shopping centers, businesses or other public buildings in an attempt to find passengers but the passengers should be waiting at the entrance within the window of their scheduled pick up time. **CTS is a shared ride.** Delays are unacceptable because they cause the vehicles to get off schedule and inconvenience other passengers.



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Please note also that the ability to safely provide door-to-door service may involve issues such as stairs, ramps, doors, handrails, pathways, etc... as well as clearing and maintenance of the above during the winter months. This includes such times as when there has been a significant snowfall or drifting condition in the hours prior to the scheduled pick-up. Safety will be determined by CTS staff. If an unsafe condition is present we may NOT be able to do door-to-door service. Your ride could be canceled due to any of the above conditions.

If you are in a wheelchair and do not have a ramp or are unable to maneuver your wheelchair by yourself, we suggest that you have a personal care attendant accompany you. When necessary the operator will assist individuals with disabilities in the use of the 4-point tie down securement system and shoulder belt. It is the policy of the Clarksville Transit System that all mobility devices be secured. Service may be denied if a passenger refuses. If you are not in a wheelchair, and need a lift, it will be deployed upon request.

**If you are not able to carry your groceries or shopping bags to or from the vehicle, we will allow our operators to carry whatever they can carry in one trip to the door of your home or apartment building. We will not go into your home.**

## **POLICY ON PORTABLE BREATHING AIDS / SERVICE ANIMALS**

Individuals with disabilities using respirators or portable oxygen and service animals are permitted on fixed-route bus and paratransit. Oxygen tanks must be secured so they do not move during transport.

## **TRANSPORTATION OF CHILDREN**

The minimum age for a child to travel alone aboard the ADA complementary origin to destination paratransit service vehicles is 6 years of age. Children under the age of 6 must have an adult accompany them during transport. Only A CTS Operations Supervisor or Director may grant exceptions.

## **VISITOR POLICY**

Out-of-town visitors will be eligible for ADA Paratransit if they are eligible to use the ADA Paratransit provided by their home system. Visitors must provide proof of paratransit certification from their home system, next day service will be provided. If a visitor does not have ADA eligibility documentation from their home system, we will still provide service. We may request proof of residency,

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and if the disability is not apparent, documentation of the individual's disability. Visitors will be provided only 21 days of paratransit service per calendar year. Individuals intending to use the service for more than 21 days will be required to apply for certification.

## **PROCEDURES**

### **HOW TO APPLY FOR ADA PARATRANSIT CERTIFICATION**

To apply for ADA Paratransit certification, an application (Attachment 1) must be completed and approved by the Paratransit Operations Supervisor. The application requests information about the nature, extent, effect and duration of your disability. **A medical doctor is required to fill out the professional certification portion of the application.**

Upon completion of the application you must call the CTS paratransit office to set up an interview and to review your application. Please do not mail the application. Bring your application with you on the day of your interview. Please ensure that the application is 100% complete. Missing or incomplete information could result in a decision being delayed. Paratransit service will be provided to and from the interview at no charge if needed. To schedule your appointment, call (931)553-2470.

Paratransit interviews will be waived if the individual is over the age of 70 or resides in a nursing/assisted living home. In these instances the individual should mail the application to Clarksville Transit System Attn: Paratransit Office, 430 Boillin Ln, Clarksville, TN 37040.

Once your application is received, it will be evaluated and you will receive written notification of the decision within 21 days. If a decision has not been made within 21 days you will be allowed to use the service until you have been notified of the decision to deny.

If you have any additional questions about the application process or paratransit service, please call (931)553-2470 or for TDD (931)645-0160.

### **HOW TO APPEAL IF YOUR APPLICATION IS DENIED**

The ADA requires that transportation providers establish a process for persons to appeal decisions if they are denied access to paratransit services. The Clarksville Transit System has established an appeals procedure for persons whose

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application for paratransit eligibility is denied or for persons who have received suspension notices for other reasons. An individual may file an appeal when CTS denies paratransit service for any of the following reasons.

1. Denial of eligibility
2. Suspension for seriously disruptive behavior

CTS will inform an applicant or client of a decision to deny eligibility status or to suspend service by letter. Individuals have 60 days from the date of the letter to request an appeal. Request for an appeal must be sent in writing to the following address.

Clarksville Transit System  
430 Boillin Lane  
Clarksville, TN 37040  
Attention: Transit Director

The appeals process will allow individuals an opportunity to be heard and to present arguments to the appeals board. The administrative appeals board consists of the Transit Director, Business Analyst and Paratransit Operations Supervisor. Individuals who have submitted an appeal will be notified of the decision of the appeals board in writing within 30 days. If no decision has been made by the Clarksville Transit System regarding the appeal within 30 days, paratransit service will be provided until and unless a decision to deny the appeal is issued by CTS.

If you do not agree with the decision, you can contact the ADA Coordinator for the City of Clarksville, Hatem Shah, at 1 Public Square, Clarksville, TN 37040.

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### **HOW TO SUBMIT A COMPLIMENT, COMPLAINT OR SUGGESTION**

If you would like to make a suggestion, recognize someone in our organization who provided you with excellent service or bring an issue with the service you were provided to our attention, please complete the compliment, complaint and suggestion form (Attachment 4). After you have completed the form simply mail it to:

Clarksville Transit System

430 Boillin Lane

Clarksville, TN 37040

Attn: Paratransit Operations Supervisor

Please provide your name, phone number and address so that we may contact you in order to discuss or clarify the issue.

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## ATTACHMENT 1

### PARATRANSIT CERTIFICATION APPLICATION

Please answer the following questions as completely as possible. If a question does not apply to you, clearly mark N/A in the space provided. Please note this application must be filled out in its entirety or it will be returned.

#### PART I GENERAL INFORMATION

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. TELEPHONE NUMBER Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

4. Indicate Intersection and/or Landmark nearest to your home: \_\_\_\_\_

Indicate **BUS STOP** nearest to your home & approximate distance: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Emergency Contact: Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

7. Do you live alone?  Yes  No

8. If someone assisted you in completing this form, please identify them:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### PART II INFORMATION ABOUT THE APPLICANT'S DISABILITY

9. Please check the reason(s) why you are seeking ADA Paratransit eligibility.

- I can use regular Fixed Route buses to go some places, but not for other places.
- I can use regular Fixed Route buses sometimes, but only if they are equipped with wheelchair lifts.
- I can NEVER use a fixed route bus because (Explain briefly): \_\_\_\_\_

\_\_\_\_\_

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10. From the following list, please check off all disabilities or symptoms that prevent you from boarding, riding or disembarking from fixed route buses.

## General Medical Condition

Cancer \_\_\_\_  
Diabetes \_\_\_\_  
Renal \_\_\_\_  
Organ Transplant \_\_\_\_  
Other: Specify \_\_\_\_\_

## Vision / Hearing / Speech Conditions

Aphasia \_\_\_\_  
Cataracts \_\_\_\_  
Glaucoma \_\_\_\_  
Diabetic Retinopathy \_\_\_\_  
Visual Field Deficit \_\_\_\_  
Night Blindness \_\_\_\_  
Partially Blind \_\_\_\_  
Legally Blind \_\_\_\_  
(20/200 or worse)  
Totally Blind \_\_\_\_  
(No light perception)  
Deaf \_\_\_\_  
Deaf / Blind \_\_\_\_  
Other: Specify \_\_\_\_

## Heart & Circulatory Conditions

Angina \_\_\_\_  
Congestive Heart Failure \_\_\_\_  
Edema \_\_\_\_  
Heart Surgery \_\_\_\_  
High Blood Pressure \_\_\_\_  
Other: Specify \_\_\_\_\_

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

## Neuromuscular Condition

Cerebral Palsy \_\_\_\_  
Brain Injury \_\_\_\_  
Multiple Sclerosis \_\_\_\_  
Muscular Dystrophy \_\_\_\_  
Paraplegia \_\_\_\_  
Parkinson's Disease \_\_\_\_  
Quadriplegia \_\_\_\_  
Spinal Bifida \_\_\_\_  
Stroke \_\_\_\_  
Vertigo / Dizziness \_\_\_\_  
Other: Specify \_\_\_\_\_

## Lung & Breathing Conditions

Allergies \_\_\_\_  
Asthma \_\_\_\_  
Cystic Fibrosis \_\_\_\_  
Emphysema \_\_\_\_  
Other: Specify \_\_\_\_\_

## Bone & Joint Conditions

Amputation \_\_\_\_  
Broken Bone \_\_\_\_  
Arthritis \_\_\_\_  
Osteoarthritis \_\_\_\_  
Osteoporosis \_\_\_\_  
Other: Specify \_\_\_\_\_

## Cognitive / Psychological

Alzheimer's \_\_\_\_  
Autism \_\_\_\_  
Dementia \_\_\_\_  
Mental Retardation \_\_\_\_  
Panic Disorder \_\_\_\_  
Schizophrenia \_\_\_\_

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11. Is the disability described above: Temporary  -OR- Permanent

**IF TEMPORARY IS IT:** 3 to 6 months  6 to 9 months  9 to 12 months

## Part III MOBILITY AID INFORMATION

12. If you use mobility aids, check all those that apply:

Manual Wheelchair  Motorized wheelchair

Reclining  Extended Foot Rest

Please give the length and size of wheel base: \_\_\_\_\_

**Scooter (i.e. Amigo)**

3 Wheeled  4 Wheeled

Please give the length and size of wheel base: \_\_\_\_\_

Does your house have a ramp  Yes  No

**Note: We may not be able to accommodate you if your wheelchair / scooter is too wide or too heavy to be safely lifted into and secured inside the vehicle.**

### Walking Device:

Folding Walker  Non-Folding Walker  Concentrator

Crutches  Cane

Long White Cane  Leg Brace

Service Animal  Oxygen Tank

13. Using a mobility aid or on your own, how far can you travel? Please check all that apply.

• I can not travel outside my house / apartment. \_\_\_\_\_

• I can get to the curb in front of my house / apartment. \_\_\_\_\_

• I can not travel more than 200 feet. \_\_\_\_\_

• I can travel up to 3 blocks (1/4 mile). \_\_\_\_\_

• I can travel up to 6 blocks (1/2 mile). \_\_\_\_\_

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• I can travel up to 9 blocks (3/4 mile). \_\_\_\_\_

14. Will a Personal Care Attendant (PCA) or companion be traveling with you?

Yes  No

15. How do you currently travel? (Check all that apply)

Drive myself  Paratransit  Taxi   
Someone else drives  Van/Car Service   
Regular Bus  OTHER:

## PART IV QUESTIONS ABOUT USING FIXED ROUTE BUSES

16. Have you ever used regular fixed route buses? Yes  No

If you answered no please explain further:

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17. Which of the following are you able to do on a regular fixed route buses?

Please check Yes or No.

Can you read a Bus Schedule	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you calculate the correct fare?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you put the fare in the box?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you cross the street when you get off the bus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you follow instructions in an emergency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you know where to get off the bus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you reach your destination when you get off the bus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you get on and off a bus without a lift or ramp?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "No" to any of the above, how does your disability make it IMPOSSIBLE?

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18. Are you able to get to and from regular fixed route bus stops on your own or using a mobility aide?

Please check all that apply.

I cannot if there are no curb cuts.   
I cannot if road surface is uneven.   
I cannot if the street or sidewalk is too steep.



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- I cannot cross busy street and intersections.
- I cannot find my way at night because of a vision problem.
- I get confused and cannot find my way.
- I probably could with instruction.
- I feel unsafe traveling alone.
- I cannot recognize landmarks.
- I cannot travel outside when it is:                      Too Hot       Too Cold
- I cannot when there is Snow / Ice on the ground

If you checked any of the above boxes please explain:

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19. Can you wait 10-15 minutes for a regular fixed route bus at a bus stop? Yes  No

**If No, please explain:**

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20. Can you climb three 11-inch steps or find a seat by yourself without the assistance of another person?      Yes                       No

**If No, please explain:**

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21. Have you ever received Travel Training for bus use? Yes                       No

Was the training successfully completed?                      Yes                       No

If so, please provide the following information:

Name of Trainer: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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Agency Telephone Number: \_\_\_\_\_

If no, would you like to participate in the Travel Training Program? Yes  No

Please explain if you checked **no**.

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22. To better understand your needs please list the three trips that you will make most frequently using Paratransit. Please list origin of trip and destination and the number of trips to that destination each week.

1. From: \_\_\_\_\_ To: \_\_\_\_\_

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

No. of Trips Per Week \_\_\_\_\_

2. From: \_\_\_\_\_ To: \_\_\_\_\_

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

No. of Trips Per Week \_\_\_\_\_

3. From: \_\_\_\_\_ To: \_\_\_\_\_

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

No. of Trips Per Week \_\_\_\_\_

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## **PART V            APPLICANT'S CERTIFICATION, CONSENT OF RELEASE OF APPLICATION INFORMATION**

I understand that my application will be returned if it is **not complete**. I confirm that all the information that I have provided on this application is true to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to the revocation of my certification. I understand that a false statement made herein may result in the rejection of my application for Paratransit service.

I agree to notify Clarksville Transit System, Paratransit office if I no longer need Paratransit for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using Paratransit may be grounds for suspending or revoking my eligibility to participate in this program.

In the event that I apply for Paratransit eligibility in another community, I hereby authorize Clarksville Transit System Paratransit to release the information on my Paratransit application to such agency.

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SIGNATURE OF APPLICANT

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DATE

**\*PLEASE NOTE THIS APPLICATION MAY TAKE UP TO 21 DAYS TO PROCESS.**

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## ATTACHMENT 2

### PROFESSIONAL CERTIFICATION

(PLEASE HAVE YOUR MEDICAL DOCTOR COMPLETE THE BALANCE OF THIS APPLICATION)

Dear Doctor:

The applicant who has asked you to review the information on the application and to sign this form is applying for eligibility for Clarksville Transit System Paratransit service. Please read the following information carefully since it may affect your response. Please write clearly.

#### Who Qualifies for Paratransit?

Paratransit service is designed to serve ONLY those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disabilities Act (ADA), disability alone does not qualify a person to ride Paratransit. A person must be FUNCTIONALLY unable to use the fixed route bus service.

Service is provided to the following two general groups of persons with disabilities.

1. Persons who have specific impairment-related conditions which make it IMPOSSIBLE – not just DIFFICULT - to travel to or from the bus stop.
2. Persons who are unable to board, ride or exit from the fixed route buses even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.

#### What is Paratransit?

Complementary Paratransit service is a transportation service required by the Americans with Disabilities Act (ADA) for individuals with disabilities who are unable to use fixed route transportation systems.

ADA paratransit service is origin-to-destination and comparable to the level of fixed route bus service provided by CTS. This service is provided whenever the regular bus service operates and during the same days and hours. CTS provides ADA paratransit service throughout our entire service area.

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Please review the medical information provided in the application and fill out the certification as is appropriate and sign the document. The information you provide will assist us in serving ONLY those who need Paratransit.

Certification of Disability: **(PLEASE PRINT CLEARLY AND LEGIBLE) must be licensed Physician.**

I, (Name of Physician): \_\_\_\_\_ certify that  
\_\_\_\_\_ (Name of Patient) to be a severely disabled person  
who has been a patient of mine since \_\_\_\_\_ (Date) and whose diagnosis is

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

**Please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using fixed route bus service.**

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

I also certify that the medical information provided in the application is accurate to the best of my knowledge and is consistent with the applicant's medical diagnosis.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(License Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

# Clarksville Transit System ADA Paratransit Policies and Procedures

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## ATTACHMENT 3

### TERMS AND CONDITIONS

I understand the purpose of this application form is to determine if I, the applicant, am eligible to use the ADA Paratransit service according to the guidelines of the American with Disability Act.

I understand that this application cannot be processed if it is not complete. I understand that the Paratransit office may contact my healthcare professional/agency to verify my disability.

I understand that a representative from the Paratransit office may need to talk to me or see me at a later date to clarify or get further information.

I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services.

I understand the application process can take up to 21 days from the time Paratransit office receives a complete application. If my application is returned for clarification or additional information, this can delay the process. I will receive notification of the determination of this application. If I am eligible for this service on a permanent, temporary or conditional basis, I will be given a Paratransit information packet.

I understand that I may appeal the determination within 60 days after receipt of written notification if I am determined not eligible for ADA Paratransit service or if I am dissatisfied with my eligibility type.

I understand if the Paratransit office receives new information regarding a change in my functional or cognitive ability, my eligibility status may be reviewed and changed.

I certify that the information provided on this application is true and correct to the best of my knowledge.

I understand that falsification of information may result in denial of service as well as penalty under the law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant's Signature/Mark)

Co-signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Guardian or Person assisted with this application)

Relationship to Applicant: \_\_\_\_\_

# Clarksville Transit System ADA Paratransit Policies and Procedures

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## ATTACHMENT 4

### COMPLIMENT, COMPLAINT AND SUGGESTION FORM

Name \_\_\_\_\_

Please select one of the following

Phone Number \_\_\_\_\_

Compliment

Address \_\_\_\_\_

Complaint

\_\_\_\_\_

Suggestion

Date of service \_\_\_\_\_

In the space below please provide a description of the event. Please provide as much detail as possible, including the names of all parties and places involved.

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Mail the completed form to:  
Clarksville Transit System  
430 Boillin Lane  
Clarksville, TN 37040  
Attn: Paratransit Operations Supervisor

Clarksville Transit System ADA Paratransit Policies and Procedures

**FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX**

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

Date Received: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

Eligibility:  Unconditional  Conditional  Temporary: (Until) Date: \_\_\_\_\_

Denied

**PCA:**  Yes  No      **SA:**  Yes  No      **MA:**  Yes  No

**Condition(s) or Reason(s) for Denial:**

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

**Signature:** \_\_\_\_\_