

**Concord Kannapolis Area Transit (Rider)**

**Paratransit Services**

**45 Transit Ct NW**

**Concord, NC 28025**

**Phone: (704)920-5876/TDD: (800)735-2962**

[**www.ckrider.com**](http://www.ckrider.com)

**Thank you for inquiring about eligibility for ADA Paratransit Service. Concord Kannapolis Rider Transit's Paratransit Service is a “Safety Net” for people with physical, cognitive or visual disabilities that are functionally unable to independently use the CK Rider fixed route service either all of the time, temporarily or only under certain circumstances. Enclosed are the ADA Paratransit Application and the Rider Transit ADA Paratransit How to Ride Guide that explains ADA Paratransit Service. Please read the ADA Paratransit How to Ride Guide carefully before completing your application.**

The Steps in the Eligibility Process

1. Request the application packet.

2. Complete all questions on the Paratransit Application that follows this page.

3. Submit your application to your physician, or other professional, to complete the professional verification section.

4. Mail your signed and completed application and professional verification form to:

Concord Kannapolis Area Transit (Rider) Paratransit Services

45 Transit Ct NW Concord, NC 28025

5. You will be asked to attend/participate with an in-person interview and functional assessment. Your eligibility will be determined within 21 days from the date you complete your in-person interview and functional assessment. You will be notified by letter as to your eligibility status.

6. If you do not receive written notice of Rider Transit's decision within 21 days, you may request paratransit services until a decision has been made by calling (704)920-5876 or TDD (800) 735-2962.

An incomplete application will be returned and will delay processing.

EVERY QUESTION MUST BE ANSWERED AND LEGIBLE.

Please Complete ALL Sections of this form. An incomplete application will be returned. The information you provide will help determine what type of transportation service is the right service for you. All information will remain confidential.

APPLICANT INFORMATION (PLEASE PRINT)

First Name \_\_\_\_\_Middle Initial \_\_\_\_\_\_\_Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male Female

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Address (if different from mailing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Facility/Apartment Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gate Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (daytime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TTY for hearing impaired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Application OR Recertification (ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Please send me information in an alternate format:**

Large Print Audio Tape Braille CD Español Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide the name of a LOCAL relative/friend in case of an emergency**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (daytime)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do you travel now? Please check all that apply to you.**

Walk Drive a car Ride in someone else’s car Taxi

Bicycle Paratransit Rider Transit Fixed Bus Route Other

**List you common trips and the places you most often travel:**

1. Trip Destination:

Building Location/Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Number and Street Address City Zip Code

1. Trip Destination:

Building Location/Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Number and Street Address City Zip Code

1. Trip Destination:

Building Location/Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Number and Street Address City Zip Code

**Do you have a cognitive or physical disability that sometimes or all of the time causes you to be unable to get on, ride, and get off of the fixed-route buses by yourself without help from another person?**

Yes (please explain) No

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

**What types of disabilities cause you to be unable to use Rider Transit’s Fixed Route Buses?**

Physical Disabilities Visual Impairments/Blindness Developmental Disability

Mental Illness Recent Surgery Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When was your disability diagnosed?**

­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Month/year

**Is your disability considered stable?** Yes No

**Is your disability considered progressive?** Yes No

**Is you disability considered temporary?** Yes (please explain) No

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

**Paratransit Operators are unable to perform the duties of a Personal Care Attendant (PCA). Will you need to travel with a PCA or someone to assist you when you use paratransit?**

Yes; always (please explain) Yes; sometimes (please explain) No

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

**Can you wait for a Rider Transit Fixed Route Bus?**

Yes, if there is a bench or shelter Yes, less than 15 minutes No

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How far can you walk on level ground without a mobility aid?**

Less than 1 block 1 block 2 blocks 3 or more blocks

**How afar can you walk on level ground with your mobility aid?**

Less than 1 block 1 block 2 blocks 3 or more blocks

**Which of these mobility aids do you currently use when travelling? (Please check all that apply)**

White cane Powered wheelchair Walker

Single Point/Quad cane Powered scooter/cart Walker with seat

Crutches Manual wheelchair Portable oxygen

Leg brace Power assist wheelchair Prosthetic/Orthotic

Service animal Communication board None

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you checked manual wheelchair, power wheelchair, power assist wheelchair, or powered scooter/cart, please provide the following information:**

**Is your mobility device oversized?** Yes No

**Does your mobility device weigh over 600 pounds when occupied?** Yes No

**Do you know the weight of you and your wheelchair/scooter combined?** Yes No

If so, please provide total weight in lbs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the Make and Model of your wheelchair or scooter?**

Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the width of your wheelchair or scooter in inches?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the length of your wheelchair or scooter in inches?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you use a power wheelchair or scooter, Rider Transit will need to verify what you and your wheelchair weigh together. Rider Transit Paratransit vehicles lifts are designed to lift 600 to 800 pounds depending on the paratransit vehicle type.**

**CURRENT USE OF Rider Transit’s FIXED ROUTE BUSES**

**Do you use Rider Transit’s Fixed Route Buses by yourself?** Yes No

If Yes, how often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which routes do you use?

**When was the last time you use Rider Transit’s Fixed Route Buses by yourself?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you need someone to travel with you when you travel in the community or when you use Rider Transit’s Fixed Route Buses?** Yes, always Yes, sometimes No

**Have you ever had training on how to travel around the community or how to use Rider Transit’s Fixed Route Buses?**  Yes No Never Ridden

FUNCTIONAL ABILITIES- USING FIXED ROUTE BUSES

**Please check all that apply based on your ability to independently ride the Fixed Route Buses.**

I can get to and from bus stops that are not too far.

The severity of my disability or health condition can change from day to day.

I can ride the fixed route buses when I am feeling well, but not at other times.

I have a disability or health condition which causes me to be unable to ride the fixed route buses when weather is extremely hot.

I have a disability or health condition which causes me to be unable to ride the fixed route buses when weather is extremely cold.

I am unable to travel on the fixed route buses when there is rain and wind due to my disability or health condition.

I can get to and from bus stops only if there are curb cuts and level sidewalks.

I have difficulty understanding or remembering all things I would have to do to use the fixed route buses.

I can use the fixed route buses if it is someplace I go all the time.

I am unable to travel on the fixed route buses during periods of darkness due to my disability or health condition.

I can never use the fixed route buses by myself.

I am not able to use the fixed route buses by myself for other reasons. Please explain

CERTIFICATION OF APPLICANT

I understand the information I provide on this application is true and correct to the best of my knowledge. The purpose of this application is to determine if I am eligible to use Paratransit Services, or if at times I can ride the Concord Kannapolis Transit fixed route buses. I understand that falsification of information could result in a loss of Paratransit Services as well as a penalty under the law.

I also understand that at no expense to me, the Concord Kannapolis Area Rider Transit may require that I participate in an in-person evaluation of my travel skills and agree to such a functional evaluation if one is necessary.

I agree to notify Concord Kannapolis Rider Transit if my condition changes, if my mobility device has been replaced, if I have a new mobility device, or if I no longer need to use Paratransit services.

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

Signature of Applicant or Guardian if Applicable Date

Person Completing Application IF NOT the applicant:

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

Name Relationship to the Applicant

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

Signature Date

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

Phone Number (daytime) Phone Number (evening)



This concludes the applicant’s portion of the application. The following page MUST be completed by a Medical Professional.

PROFESSIONAL VERIFICATION FORM (REQUIRED)

Please have this form completed by a medical professional before mailing your application to Rider Transit. Any medical professional (included those listed below) may sign the application. If this page is not completed and signed by a medical professional, the application will be returned to you and processing may be delayed.

**COMPLETED BY A MEDICAL PROFESSIONAL, NOT THE APPLICANT**

Please indicate your professional title:

Physician Physician’s Assistant RN LPN ADN BSN NP Psychiatrist

Psychologist Case Manager/Social Worker Chiropractor PT OT SLP P&O

Certified Orientation and Mobility Specialist Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe the medical diagnosis, physical or cognitive disability which causes the applicant to be unable to independently use a lift-equipped bus some or all of the time. Please provide specific details or the application will be returned.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The ADA regulations state that persons are eligible for paratransit services if they are physically or cognitively unable to independently use lift-equipped public transit services (not discomforted or find difficulty). ADA paratransit eligibility is not based on the person’s lack of knowledge of bus service, distance from bus service, ability to drive, language ability, or age. The information you provide will assist in determining under what circumstances this applicant may be eligible for paratransit services.

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this condition temporary? No Yes, for: 4 6 9 12 months

This person IS IS NOT able to self-supervise daily activities.

Last date of face-to-face contact with the applicant was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that under penalty of perjury under the laws of the state of North Carolina, that the information contained in the application is true and correct.

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

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

Clinic/Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Professional License/Registration/Certification # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_