



TriCounty Link - ADA Eligibility

305 Heatley Street

Moncks Corner, South Carolina 29461

Phone: 843-899-4096 - Toll Free: 800-966-6631 - TDD/TTY: SC RELAY 7-1-1

Business office hours: Monday - Friday 8:00 a.m. - 5:00 p.m.

Email: info@ridetricountylink.com

Website: www.ridetricountylink.com

Thank you for inquiring about TriCounty Link's ADA deviated route service. TriCounty Link's buses will deviate off route by 3/4 mile to pick up ADA eligible passengers. Assistance will be provided and policies will be followed to ensure the safety of our passengers and drivers. The ADA service is provided for people whose disabilities, or specific impairment related conditions, make them functionally unable to independently use regular TriCounty Link flag stop service either all of the time, temporarily, or under certain circumstances. This package contains the ADA Eligibility Application and Professional Verification forms. **Please complete and return both forms to us at the address above.**

The steps in the Eligibility Process:

1. Request, or download the application. **If you need assistance with completing this form, please call our office and we will be happy to assist you.**
2. You must be certified as ADA eligible to use the deviated route service.
3. Complete all questions on the ADA Eligible Application that follows this page.
4. Have a medical/health care certified professional complete the enclosed form to validate your information.
5. Mail both your signed and completed application and professional verification forms to: TriCounty Link, ADA Eligibility, 305 Heatley Street, Moncks Corner, SC 29461. **An incomplete application will be returned and will delay processing.**
6. You may be asked to attend an in-person interview/functional assessment. Your eligibility will be determined within 21 days from the date all application forms are received at TriCounty Link. You will be notified by letter as to your eligibility status.
7. If you do not receive written notice of TriCounty Link's decision within 21 days, you may request ADA route deviation service provisionally until a decision is made.

Specify below if you require this and other written information in an alternate format:

Large print Audio tape Braille CD Other _____

TRICOUNTY LINK ADA ELIGIBILITY APPLICATION

Please complete ALL sections of this form. An incomplete application will be returned. The information you provide will help determine your ADA eligibility to use the TriCounty Link Deviated-Route service. All information will remain confidential.

Name _____
Last First Middle

Daytime Phone (____) _____ Cell Phone (____) _____

Evening Phone (____) _____ TDD/TTY (____) _____

Birth Date ____/____/____ Female Male

Primary Language: English Other (specify) _____

Home Address _____
Number Street Apt. #

City _____ State _____ Zip Code _____

Mailing Address if different than above:

Street Address or P. O. Box

City _____ State _____ Zip Code _____

New application or Recertification (ID# _____)

Do you manage your own affairs and deal with your own mail? Yes No

If No, to whom should important correspondence be mailed?

Name _____ Relationship _____

Address _____
Number Street Apt. #

City _____ State _____ Zip Code _____

Phone Number _____

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

Name _____ Relationship _____

Daytime Phone (_____) _____ Cell Phone (_____) _____

Evening Phone (_____) _____

Tell Us About Your Disability/Health Related Condition

Please answer the following questions in detail - your specific answers to the questions will help us in determining your eligibility.

1. Do you have a disability or an impairment-related condition as a result of your disability that, some or all of the time, causes you to be unable to get on, ride or get off the bus by yourself, without the help of another person?

Yes No (If yes, explain)

2. Please briefly describe how your disability prevents you from using the flag stop, fixed route service without the help of another person.

3. What types of disabilities/conditions cause you to be unable to use TriCounty Link's buses?

- | | |
|---|--|
| <input type="checkbox"/> Physical/mobility disability | <input type="checkbox"/> Visual impairment/blindness |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Behavioral/psychological disability |
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Cognitive disability |
| <input type="checkbox"/> Other _____ | |
-

4. Is your disability temporary?

- Yes, I expect it to last _____ months.
- No, it is permanent.
- I do not know.

5. Do the conditions you described change from day to day in a way that affects your ability to use TriCounty Link's existing flag stop routes?

- Yes No

Tell Us About Your Capabilities and Usual Activities

6. Do you need someone to travel with you when you travel in the community or when you use the accessible fixed-route buses?

- Yes, sometimes Yes, always No

7. Have you ever had training on how to travel around the community or how to use TriCounty Link's accessible buses?

- Yes No Never ridden the bus

8. Can you wait by the curb for a TriCounty Link bus?

- Yes No
- Only if there is a bench or shelter
- No more than 15 minutes

9. Are you able to travel from the door to the curb or driveway without assistance?

- Yes No

10. How far can you independently travel on level ground (with your mobility aid if you use one)?

- Up to 1 block 2 blocks 3 blocks 4 or more blocks

11. How do you travel now? Please check ALL that apply.

- Walk Drive a car Ride with someone Taxi
 Medicaid TriCounty Link bus Bicycle
 Other _____

12. Do you currently use TriCounty Link's fixed route buses by yourself?

- Yes No
If yes, how often? _____

Which routes do you use? _____

13. If you do not currently use TriCounty Link, please check all that apply:

- The closest stop is too far from my house.
 I do not know how to ride the bus.
 I cannot travel by myself between the bus stop and my destination.
 I'm afraid to use the bus.
 I do not want to use the bus.
 Other _____

14. Can you maintain balance while seating on a moving vehicle?

- Yes No

15. Please list destinations for which you would use or need TriCounty Link's ADA deviated fixed-route service. (Limited to 3/4 of a mile within the existing routes.)

a. Address: _____

b. Address: _____

c. Address: _____

Mobility Aid and/or Equipment Information

16. Which of the following mobility aids do you use? Please check ALL that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> White cane | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Support cane | <input type="checkbox"/> 3-wheel scooter/cart | <input type="checkbox"/> Walker with a seat |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Leg brace | <input type="checkbox"/> Power assist wheelchair | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> Communication board | <input type="checkbox"/> No mobility aid |
| <input type="checkbox"/> Other (please specify) _____ | | |

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

TriCounty Link can safely transport mobility aids with the following dimensions:

- 30 inches or less at the widest
- 48 inches or less at the longest
- 600 pounds or less with you seated in the mobility aid

17. Does your mobility aid fall within the above dimensions?

- Yes I am not sure
 No, it does not (please explain):

18. What is your weight? _____

Functional Abilities: Using Fixed-Route Buses

19. What best describes your functional ability to use the flag stop bus service?

- I can get to and from a bus stop if the distance is not too far.
- The severity of my disability or health condition can change from day-to-day. I can ride the TriCounty Link flag stop service 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 TriCounty Link flag stop service if the weather is extremely hot.
- I have a disability or health condition which causes me to be unable to ride the TriCounty Link flag stop service if the weather is extremely cold.
- Due to my disability or health condition, I am unable to use the TriCounty Link flag stop service when there is rain and wind.
- I cannot climb stairs to get on and off the TriCounty Link bus and need the lift lowered.
- I can get to and from bus stops only if there are curbs-cuts and level sidewalks.
- I have difficulty understanding or remembering all the things I would have to do to use the TriCounty Link flag stop service.
- I can use the TriCounty Link flag stop service if it is somewhere I go all the time.
- I am unable to use the TriCounty Link flag stop service during periods of darkness.
- I can never use the TriCounty Link flag stop service by myself.
- I am not really sure if I can use the TriCounty Link flag stop service by myself.
- I am not able to use the TriCounty Link flag stop service by myself for other reasons.

(Please explain)

20. I am not able to use the non-deviated fixed-route buses by myself for other reasons. Please explain:

Certification of Applicant

I understand the information I provided 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 TriCounty Link's Deviated Route ADA Service. I understand that falsification of information could result in a loss of this ADA off-route service as well as a penalty under the law.

I also understand that, at no expense to me, TriCounty Link may request that I participate in an in-person interview and agree to such if one if necessary.

I agree to notify TriCounty Link 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 the ADA Deviated-Route Service.

I authorize TriCounty Link to verify the information and to use any information provided to arrange transportation, including sharing information with drivers and/or contacting my physicians or other professionals regarding my application for ADA Deviated-Route Service.

_____ Date _____
Signature of applicant or guardian if applicable

Personal completing application if not the applicant:

Printed Name _____

Relationship to applicant _____

Signature _____ Date _____

Daytime Phone _____ Evening Phone _____

This concludes the applicant's portion of the application. The following page MUST be completed by a health care professional.

Professional Verification (REQUIRED)

To the applicant - Please have this page completed by a professional before mailing your application to TriCounty Link. Any one of the professionals listed below may sign the application. If the signature page is not signed by one of these professionals, the application will be returned to you and completion of your ADA eligibility evaluation will be delayed.

- MUST BE COMPLETED BY A PROFESSIONAL AND NOT THE APPLICANT -

To the professional - Please check your professional title:

- Physician Physician's assistant Registered nurse/nurse practitioner
- Psychiatrist Psychologist Case/resource manager
- Chiropractor Physical therapist Occupational therapist
- Certified orientation and mobility specialist

The ADA regulations state that persons are eligible for paratransit service if, because of a disability or medical condition, they are physically or cognitively unable to (not discomfoted by or find difficult) independently use lift-equipped public transit service. 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 service.

Name of applicant: _____

Please describe the medical diagnosis, physical or cognitive disability that causes the applicant to be unable to independently use a lift-equipped bus some, or all of the time:

Is this condition temporary?

No Yes - for: 4 mos. 6 mos. 9 mos 12 mos

This person is is not able to self-supervise daily activities.

Last date of face-to-face contact with this applicant was _____/_____/_____

I certify under penalty of perjury under the laws of the State of South Carolina that the information contained in this application is true and correct.

Signature_____ Date_____

Printed Name_____ Phone_____

Clinic/Agency_____ Address_____

City_____ State_____ Zip_____

If applicable

Professional license/registration/certification#/State_____