



100 1st SW
Albuquerque, NM 87102



*City of Albuquerque Transit Department
Sun Van Paratransit Services*

Sun Van is a public, shared ride, transportation service using lift-equipped vans that provide paratransit service for individuals eligible for this service under the Americans with Disabilities Act.

*Interviews are mandatory and the applicant **Must Attend The Interview***

Parts I & II of the application can be completed by the applicant or by another individual.

Part III of the application needs to be completed by the applicant's health care provider. Do not fill out part III yourself. A licensed health care provider must fill out part III.

Once the application has been completed call the Sun Van offices at (505) 243- RIDE (7433) to schedule an appointment for an interview.

Sun Van can provide the applicant with a FREE ride to and from the interview. The Transit Department's administrative offices are located at 100 1st Street SW, the southeast corner of 1st Street and Central Avenue, on the 2nd floor.

If requesting a Sun Van ride to the interview, please tell the customer service representative your appointment time. Please bring your completed Sun Van application to the interview.

SUN VAN RIDE ELIBILITY CRITERIA

The Americans with Disabilities Act (ADA) identifies three categories of individuals who are eligible for complementary paratransit service. Individuals are ADA paratransit eligible if their disability **prevents** them from:

- Getting to and from bus stops or train stations within the service area.

- Using the fixed-route system because the bus route or rail station is not accessible.
- Independently navigating the system.

Eligibility for Personal Attendants and Companions:

Personal care attendants are persons that are needed to assist certified Sun Van passengers. Personnel care attendants can travel with a Sun Van rider for free, however, the Sun Van rider must schedule the same trip for both individuals at the same time

Companions can travel with a Sun Van rider, if seats are available. Companions pay the standard Sun Van fare. The Sun Van rider must schedule the companion and their rider at the time of the reservation.

Visitors:

Visitors to the City of Albuquerque may use the Sun Van paratransit service for a period of 21 days by either:

- a. Presenting certification as ADA eligible from another transit provider; or
- b. Proving non-residency and furnishing acceptable documentation of a disability, unless they have a visible disability or use a mobility device such as a wheelchair.

Appealing a determination of non-eligibility

An applicant who has been denied Sun Van certification can appeal this decision to the Advisory Committee on Transit for the Mobility Impaired. The Sun Van service denial letter will state the reason for the denial; state that the applicant has a right to appeal the decision, and the letter will provide information on how to initiate the appeal process.

ADA Paratransit Application Form

APPLICATION OVERVIEW

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you cannot answer, if you need assistance to complete this form, or if you need this information in accessible formats, please call 243-RIDE (7433) prior to your certification interview. Every question on this application must be answered in order to schedule a certification interview. If the form is incomplete, you will be ineligible to schedule a certification interview.

The purpose of this application is to provide you an opportunity to describe how your disability prevents you from using the fixed-route bus service. If you find fixed route service difficult or inconvenient to use, this is not the basis for ADA paratransit eligibility, as the law states that your disability in combination with environmental conditions specifically prevents you from using those services.

Information contained in this application will be kept confidential and shared only with professionals involved in evaluating your eligibility to utilize the Sun Van service.

SECTION 1: APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____
Street Address: _____ Apt./Space #: _____
Building Complex Name: _____
If "Gated Community", please provide gate code: _____
City: _____ State: _____ Zip Code: _____
Home or Cell Phone Number: () _____
Work Phone Number: _____
Date of Birth: _____ [] Male [] Female

*If someone assisted you in completing this form, please identify them below:

Full Name: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Signature: _____

DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY

October 2016

Sun Van Identification Number: _____ Expiration Date: _____

Date Received in Office: _____ Employee Signature: _____

SECTION 2: APPLICANT’S CERTIFICATION

Indicate below the reason(s) you are seeking Sun Van ADA paratransit eligibility (check all that apply):

I can use the ABQ RIDE fixed –route bus service to go some places, but I can not travel to other places because I cannot get to and from bus stops.

I can use the ABQ RIDE fixed-route bus service sometimes, but only if they are equipped with operable wheelchair lifts or if the bus stop is accessible.

Because of my disability, I can never use the ABQ RIDE fixed-route bus service.

I understand that the purpose of this form is to determine if there are times when I cannot use the ABQ RIDE fixed-route bus service provided by the City of Albuquerque and must use the Sun

Van 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 application form is true and correct. I authorize the medical professional who provided medical verification to release information relating to my disability to any health care professional contracted by the City of Albuquerque to perform eligibility determinations.

Applicant’s Signature: _____ **Date:** _____

SECTION 3: QUESTIONS REGARDING DISABILITIES AND TRAVEL NEEDS

1. What type or types of disabilities prevent you from using ABQ RIDE fixed-route buses? (check all that apply)

Physical Disability

Visual Disability / Blindness

Developmental Disability

Mental Disability

Other

None

Please describe your disability in more detail: _____

2. Is the disability described above temporary or permanent?

Temporary. I expect I to last for another _____ months.

Permanent

3. Have you ever used the ABQ RIDE fixed-route bus service?

Yes. How often have you used the ABQ RIDE fixed route service in the past week ____ month
____ year ____ (choose one)

No, I never use the ABQ RIDE fixed-route bus service.

4. Please indicate below if you use any of the following mobility aids and/or equipment.

Walker

Crutches

Leg Braces

Cane

Long White Cane

Portable Oxygen Supply

Powered Scooter

Powered Wheelchair

Manual Wheelchair

Other: _____

None

Service Animal (describe): _____

5. Can you ask for and follow written / oral instructions to use the ABQ RIDE fixed-route bus service?

Yes

No

Sometimes

If you chose either “No” or “Sometimes”, please check all that apply:

People can't understand me

I get confused and might get lost

I probably could with instruction

Other: _____

6. What might help you ride the ABQ RIDE fixed-route bus service?

Route/Schedule Information

Travel Training

Wheelchair Lifts

Closer Bus Stops

Other: _____

None of these would help

7. Are you able to walk/roll to the nearest bus stop? Yes No

If you chose “No”, please check all that apply:

Inability to negotiate hilly terrain

Extreme sensitivity to weather

Allergic / environmental sensitivities

Hyper-fatigue / frailty

Night Blindness

Inability to cross busy intersections

Bus stop too far away

Other: _____

8. Using a mobility aid or on your own, how far can you walk or use a wheelchair?
- I cannot walk outside my home
- I can travel to the curb in front of my home
- I can travel 200 feet (the length of a city block)
- I can travel one-quarter (1/4) of a mile
- I can travel more than one-quarter of a mile
9. Are you able to wait up to 15 minutes for an ABQ RIDE fixed-route bus?
- Yes Yes, only if the stop has a bench and shelter
- No, explain: _____
10. If you are able to get on and off an ABQ RIDE fixed-route bus, can you get to a seat or wheelchair position by yourself and ride the bus?
- Yes No Sometimes I have never tried
11. If you are able to ride an ABQ RIDE fixed-route bus, do you know where to get off the bus or can you find out by yourself?
- Yes No Sometimes I have never tried
12. Are there any other conditions which limit your ability to use the ABQ RIDE fixed-route bus service?
- Yes (explain): _____
- No

SECTION 4: CURRENT TRAVEL INFORMATION

Please list the trips that you will make most frequently using ABQ Ride's Sun Van Service.

From (ex., 100 1st St. SW):

To (ex., Univ. Hosp. 2211 Lomas Blvd.):

SECTION 6: EMERGENCY CONTACT INFORMATION

Please select an individual who would not be riding with you in the vehicle.

Full Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

THIS CONCLUDES THE PORTION OF THE APPLICATION TO BE COMPLETED BY THE APPLICANT. SECTION 7 MUST BE COMPLETED AND SIGNED BY AN APPROPRIATE HEALTH CARE PROVIDER.



City of Albuquerque
P.O. Box 1293 Albuquerque, NM 87103

Dear Health Care Provider:

The Americans with Disabilities Act (ADA) and implementing federal regulations established categories of persons who are eligible to receive paratransit services complementary to fixed-route bus services. The law specifically states that ADA paratransit is intended as a safety net service, and that the person's disability **prevents** them from using fixed route services (bus and train), rather than simply making it difficult or inconvenient to use. The three categories of persons eligible for complementary paratransit service are those whose disability prevents them from:

- Getting to and from fixed-route stops or stations within the service area.
- Using the fixed-route system because the bus route or rail station is not accessible.
- Independently navigating the system.

ADA Paratransit Eligibility Process

An agency must strictly limit ADA paratransit eligibility to persons meeting the regulatory criteria. Eligibility is based on **“functional”** criteria and is not based on type of disability or mobility aid(s) used.

The information requested from you on the following pages will assist the Transit Department staff to establish the paratransit eligibility of the applicant. **Staff may contact you if any of the information provided below requires clarification.**

If you have questions regarding this application for Sun Van service, please call 243-RIDE (7433).

Thank you for your assistance.

THIS SECTION IS TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER ONLY

Please Check One: Physician Licensed Health Care Provider

Licensed Rehabilitation Professional/Social Worker

Applicant's Name: _____

Medical diagnosis of condition or disability: _____

Is this condition permanent: Yes No

If "no", expected duration? ____/____/____

Does this disability prevent the applicant from using the fixed-route service?

Yes No

If yes, please describe in detail: _____

Is the applicant able to give address and phone number upon request?

Yes No

Is the applicant able to recognize a destination or landmark?

Yes No

Is the applicant able to deal with unexpected situations or unexpected changes in routine?

Yes No

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

Yes No

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

_____ Yes _____ No

If you answered No to any of the above, please explain

If the applicant has a visual disability:

Visual acuity with best correction:

Right Eye: _____ Left Eye: _____ Both Eyes: _____

Visual Fields:

Right Eye: _____ Left Eye: _____ Both Eyes: _____

Please describe any other disability that prevents the applicant from using regular bus or train service: _____

Based upon my professional knowledge of the applicant, I certify that the preceding information is true and correct.

Name of Health Care Provider (Please Print)

Office Phone Number

Office Street Address

City

State

Zip

State License Number

Signature

Date