



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

***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.

If the applicant needs a ride to their health care provider, the applicant can call Sun Van at 243-7433 for a FREE ride to and from the office of the health care

Once the application has been completed call the Sun Van offices, (505) 724.3100 to schedule an appointment for an interview.

Mandatory interviews that determine eligibility for Sun Van services are held on various days of the week. Once the application is completed, please call (505) 724.3100 to arrange 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.

An appointment time is necessary for an interview. 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 identify three categories of individuals who are eligible for complementary paratransit service. These persons are considered “ADA paratransit eligible”.

- Get to and from fixed-route stops or stations within the service area.
- Use the fixed-route system because the bus route or rail station is not accessible.
- Independently navigate 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 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.

Appealing a determination of non-eligibility

An applicant who has been denied Sun Van service 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, or if you need assistance to complete this form, please call 243-7433 (243-RIDE) or 724-3100 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 the applicant an opportunity to describe how the applicant’s disability prevents them from using the fixed-route bus service.

Information contained in this application will be kept confidential and shared only with professionals involved in evaluating the applicant’s 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

DECEMBER 2010

Sun Van Identification Number: _____ Expiration Date: _____

Date Received in Office: _____ Employee Signature: _____

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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.

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?

Physical Disability

Visual Disability / Blindness

Developmental Disability

Mental Illness

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

I can travel 200 feet (the length of a city block)

I can travel one-quarter (1/4) of a mile

9. Are you able to wait up to 30 minutes for an ABQ RIDE fixed-route bus?

Yes Yes, only if the stop has a bench and shelter

No, explain: _____

10. Do you know how to use a bus kneeler, ramp or lift?

Yes No Sometimes I have never tried

11. 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

12. 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

13. 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 5: SUN VAN PARATRANSIT SERVICE OVERVIEW

Please read and check the box next to the following statements regarding Sun Van service:

Sun Van is public transportation and I will be sharing rides with other passengers.

Sun Van does not provide emergency service.

I must show my Sun Van Identification Card and pay the full fare each time I ride before I board the sun Van.

- [] If a percentage of my scheduled trips within a thirty (30)-day time period result in “No Shows”, I may be temporarily suspended from using the Sun Van service.
- [] The Sun Van driver can arrive between 15 minutes before and 15 minutes after the scheduled pick up time.
- [] The Sun Van driver will wait no more than five minutes, from the time he/she arrives at the pick-up location, for the Sun Van rider to enter the van
- [] A maximum of three round trips may be scheduled per phone call.
- [] Sun Van is a curb-to-curb service. You may request door-to-door service at the time of the reservation.

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 and implementing federal regulations established categories of persons who are eligible to receive paratransit services complementary to fixed-route bus services. These persons are functionally defined, based upon their inability to use existing fixed-route services. The three categories of persons with rights to complementary paratransit service are:

- Get to and from fixed-route stops or stations within the service area.
- Use the fixed-route system because the bus route or rail station is not accessible.
- Independently navigate 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 aide(s) used.

The information requested from you on the following pages will allow the Transit Department staff to obtain necessary information that will be used to establish the paratransit eligibility of the applicant.

If you have questions regarding this application of the Sun Van service, please call 724.3100.

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 Rehab/Social Worker

Applicant's Name: _____

Medical diagnosis of condition causing 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: _____

The following information will be used to ensure that an appropriate vehicle is sent to provide transportation and insure that an accurate analysis of applicant's trip requests can be made by ABQ RIDE.

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

