



City of Albuquerque/Sun Van Application for Paratransit Service

If you need assistance filling out this form, including alternative formats, please call (505) 724-3100.

Thank you for your interest in Sun Van’s services for people with disabilities. This packet includes information and forms you need to apply for paratransit eligibility for Sun Van. As part of the requirements of the Americans with Disabilities Act (ADA) of 1990, paratransit service is provided by all public transportation systems. This public transportation service is limited to persons who are unable to independently use regular public transit (the bus, or ABQ RIDE, or the train), some or all of the time, due to a disability or health related condition.

Sun Van eligibility is based on “functional” criteria. Eligibility is not based on type of disability, mobility aid(s) used, medical diagnosis, or age, but rather on whether there are barriers that prevent them from using the bus. Paratransit is a “shared-ride” service that operates at the same times and in the same areas as the fixed-route buses.

ADA paratransit eligibility is determined on a case-by-case basis. According to ADA regulations, eligibility is strictly limited to those who have specific limitations that **prevent** them from using accessible public transportation, not those that make it difficult or inconvenient to use.

Individuals are eligible based on any one of the following 3 categories:

Individuals are ADA paratransit eligible if their disability **prevents** them from:

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

Your application may be approved for full eligibility (unconditional), which means you can make all your trips on Sun Van, or on a conditional basis, in which you are determined to be able to ride ABQ Ride for some of your trips. If you are found to be capable of using regular bus for all trips, without the help of another person, you will not be eligible for paratransit.

To help us determine your eligibility, please fill out the enclosed application as completely and thoroughly as possible. If there are questions that you cannot answer, or if you need help in filling out this form, please call **Customer Service at (505) 724-3100**.

The Sun Van application form is divided into two parts. Part I of the application is completed by you or you can have someone help you fill it out. Please print or type full responses to all of the questions on the application form. **All application forms must be completed in their entirety, or they will be returned to you for completion before being processed. All information provided by the applicant will be kept strictly confidential.**

Part II of the application is a medical waiver form that requests permission to contact your healthcare provider if the information on the form is unclear or insufficient to make an eligibility determination.

Once Parts I and II have been completed, they must be submitted by mail to the address below, in-person, or by email (*ADD EMAIL ADDRESS*).

Following receipt of a completed application, we will call you to set-up either a phone or in-person interview. Sun Van interviews are a required part of the eligibility process. You must participate in the interview in order to complete the process. For in-person interviews, Sun Van will provide a free ride to and from the interview if needed. The Sun Van in-person interview is held at:

The Transit Department Administrative Offices
Alvarado Transportation Center
100 1st Street SW
(located on the southeast corner of 1st Street and Central Avenue)

The application process can take up to twenty-one (21) days to complete from the date the application was received. Once the application process is complete, a letter will be mailed to you indicating your eligibility, expiration date of certification, conditions of eligibility (if applicable), whether authorized to ride Sun Van with a Personal Care Attendant (PCA), a Sun Van ID card and a "Sun Van and You!" booklet outlining Sun Van's services.

If you do not receive notification of eligibility within twenty-one (21) days from the date of the in-person interview, you will receive presumptive eligibility, which will enable you to ride Sun Van. Sun Van service will be provided until and unless Sun Van denies the application.

City of Albuquerque

Sun Van Application for Paratransit Service

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions that you cannot answer, or if you need assistance to complete this form, please call **Customer Service at (505) 724 - 3100**. To be considered complete, every question on the application must be answered. If not, it will be returned to you for completion.

PART I: APPLICANT INFORMATION

PLEASE TYPE or PRINT IN BLUE OR BLACK INK

New Applicant Recertification - ID# _____

Name:

First	M.I.	Last
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Street Address: _____

Apartment No./Space No.: _____

Building Complex Name or Building No.: _____

Gate Code: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: () _____ Home Cell Work

Secondary Phone Number: () _____ Home Cell Work

E-Mail Address: _____

Date of Birth: _____ Sex: Male Female Other

Preferred Language: English Spanish
Other: _____

Emergency Contact Person: _____
Day Phone: _____ Evening Phone: _____
Relationship to Applicant: _____

DISABILITY AND HEALTH CONDITION INFORMATION

1. What disability have you been diagnosed with?

2. Date of diagnosis: _____

3. Does your disability **PREVENT** you from using the regular bus?
Yes No

If yes, please explain **HOW** your disability prevents you from using the regular bus:

4. Are your conditions you described?
Permanent Temporary Don't know
If temporary, how long do you expect the condition to continue? _____

5. Does your disability change from day to day or seasonally?
Yes No
If yes, please explain: _____

6. Do the conditions you describe change from day-to-day in a way that affects your ability to ride the regular bus service?

Yes, good on some days, bad on others

No, doesn't change

Don't know

7. Does your disability make it difficult for you to understand and remember how to find your way to and from the bus stop? Yes No

If yes, please explain: _____

MOBILITY INFORMATION

8. Do you currently use any mobility aids or specialized equipment?

Yes No

If yes, please select all that apply:

Brace(s) Manual Wheelchair Scooter

White Cane Prosthesis Crutches

Cane Motorized Wheelchair Service Animal

Walker Portable Oxygen

Communication Board/Devices

Other (please specify): _____

CURRENT TRAVEL INFORMATION

9. How do you currently travel to your frequent destinations?

(Check all that apply):

Buses Sun Van

Taxi Someone takes me Other _____

10. How many city blocks can you travel with your usual mobility aid and without the help of another person? _____

11. Which of the following statements best describes you if you had to wait outside for a ride?

I could wait by myself for ten (10) to fifteen (15) minutes

I could wait by myself for ten (10) to fifteen (15) minutes only if I had a seat and/or shelter

I would need someone to wait with me because _____

12. Which of the following statements best describes you?

I have never used the regular bus service. If not, why not?

I have used the regular bus service, but not since the onset of my disability

I would need someone to wait for me and/or assist me because _____

I currently use the regular fixed route bus service

13. Does weather affect your ability to use the regular bus?

Yes No

If yes, please explain _____

14. How far is your residence to the nearest bus stop?

Less than 2 blocks

2 to 4 blocks

Not sure

5 to 7 blocks

More than 7 blocks

HEALTHCARE PROFESSIONAL CONTACT INFORMATION

Please provide the contact information of your treating healthcare professional who is familiar with your condition and, if needed, could be contacted for clarifying information. The following licensed healthcare professionals are authorized to provide clarifying information:

Physician (MD or DO) Registered nurse Psychologist/Psychiatrist
Physical therapist Clinical Social Worker
Occupational therapist Rehabilitation Specialist
Other licensed professional provider familiar with your condition and functional abilities.

For applicants whose application is based on a visual disability, the following professionals are authorized to provide clarifying information:

Ophthalmologist; Certified Rehabilitation Counselor (CRC); Certified Teacher of the Visually Impaired (CTVI); Certified Orientation and Mobility Specialist (COMS), Certified Rehabilitation Teacher of the Blind (CRTB) and those holding the National Orientation and Mobility Certification (NOMC),

Licensed Healthcare Provider:

First Name	Last Name	Title (e.g. MD, NP, PA)
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License /Certification number: _____

Address: _____

City: _____ State: _____ Zip: _____

Office phone #: _____ Fax #: _____

Specialization: _____

APPLICANT CERTIFICATION

I understand that the purpose of this application is to determine if I am eligible for Sun Van's Paratransit services.

By signing this application, I certify that I have been truthful in answering this form and that the information that I have provided is correct to the best of my knowledge. I understand that falsification of this information could result in a loss of Paratransit service.

I agree to notify Sun Van if I no longer need to use Paratransit service.

Applicant Signature

Date

OR, if applicant is unable to sign:

By signing here, you are verifying that you are authorized to represent the applicant stated in this application.

Authorized Representative Printed Name

Relationship to Applicant

Authorized Representative Signature

Date

Please Note: It is your responsibility to notify us if your disability changes enough to change your eligibility status. If your condition improves after you have been determined eligible or we discover you submitted false information, your eligibility could be suspended or you may be asked to reapply.