

University Heights Paratransit Application Guidelines

Enclosed is the application you requested to become eligible to ride University Heights' Americans With Disabilities Act (ADA) Complementary Paratransit Service. University Heights utilizes federally mandated guidelines in determining eligibility for the paratransit service. University Heights contracts with Johnson County SEATS to provide its paratransit service. To be eligible to utilize this service you must meet two criteria.

1. You must reside within the City of University Heights corporate limits.
2. You must have a transportation disability that precludes you from utilizing fixed route buses.

If you meet these two criteria, you will become eligible to utilize our paratransit service either on a temporary, permanent, or conditional basis depending on the nature of your transportation disability.

The determination regarding your eligibility is based on the information that you provide to us on the enclosed application and the information we obtain from the doctor that you list on the application. It is imperative that you fill out the enclosed application completely. By signing the release of information, you are authorizing your doctor to release information to the City of University Heights. It is not necessary for you to have your doctor fill out or sign any part of the enclosed application. We will be sending a different form to the doctor to fill out.

Once your application is received in our office, you can utilize a 21-day grace period while we are processing your application. This grace period allows you to use paratransit service for 21 days. You will be notified if your application has been approved or denied.

If you have any questions, please feel free to contact the City Clerk of University Heights at 319-337-6900.

UNIVERSITY HEIGHTS RESIDENTS ONLY
Request for Certification of ADA Paratransit Eligibility

The information obtained in this certification will be used by the City of University Heights only for the determination of eligibility for the provision of paratransit service. Information may be shared with other local transit providers to facilitate travel. The information will not be provided to any other person or agency.

Please print or type this form. **All** sections must be filled out for this to be considered a complete application.

Once a completed application is received in our office, you will be given a 21-day grace period in which you will be allowed to ride SEATS while we process your application. The 21-day grace period will not be granted until we receive a completed application.

1. Name _____

2. Address _____

3. Telephone Number (Home) _____ (Work) _____

4. Date of Birth _____

5. Emergency Contact Person _____

Phone Number _____

6. Explain why you are to be certified for SEATS service. Explain why you are not able to use the regular transit bus. Tell us if you are able to use the regular transit bus only sometimes, and when you can use it.

Please check YES or NO or SOMETIMES for each activity:

	YES	NO	SOME-TIMES
A. Can you walk outdoors unaided? (Without cane, walker or person to assist you.)	_____	_____	_____
B. Can you walk to the nearest bus stop from your home?	_____	_____	_____
C. Can you tell when to get off the bus?	_____	_____	_____
D. Can you walk from the regular bus stop to your destination?	_____	_____	_____
E. Can you travel in a wheelchair to and from a bus stop?	_____	_____	_____
F. Do you require a mechanical lift to board or deboard a transit vehicle?	_____	_____	_____
G. Can you step up and down one 15-inch step and two 10-inch steps?	_____	_____	_____
H. Can you locate a bus stop and the correct bus to board without any help?	_____	_____	_____
With help?	_____	_____	_____

7. Will your current mobility restrictions be temporary or permanent? Temporary Permanent

If temporary, for how long? _____

8. Do you use any of the following mobility aids when you travel on paratransit? (Check all that apply)

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Cane | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Personal Care Attendant | <input type="checkbox"/> Guide Dog | <input type="checkbox"/> Other |

9. Do you require a Personal Care Attendant when you travel using fixed route transit? Yes No
When using paratransit? Yes No

10. What additional information can you provide about why you would qualify for SEATS service?

11. I hereby certify that the information furnished above is correct.

Signed: _____

Date: _____

12. If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name _____

Address _____

City State Zip _____

Daytime Phone _____

Signed _____ Date _____

13. You must complete this section in order to be considered for eligibility.

In order to allow the City of University Heights to evaluate your request, it will be necessary for us to contact a physician to confirm the information you have provided. Please complete the following information and authorization form.

The following Physician is familiar with my disability and is authorized to provide information to the City of University Heights as a requirement for the completion of this certification.

Print Doctor's Name _____

Title _____

Address _____

City State Zip _____

Phone Number _____

Print Applicant's Name _____

Applicant's Signature _____

Date _____

SEND THIS COMPLETED FORM TO:

City Clerk
City of University Heights
1302 Melrose Ave
University Heights, IA 52246