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Votran Paratransit Eligibility & Travel Training Project

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VOTRAN PARATRANSIT ELIGIBILITY
&
TRAVEL TRAINING PROJECT

Final Report

Prepared for:

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Daytona, Florida

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Introduction

Volusia County’s transit system was originally established by county ordinance as the East Volusia Transit Authority and was, initially, a division of the County. As of October 1, 1993, however, the East Volusia Transit Authority ceased to exist when Volusia County d.b.a. VOTRAN became part of the County’s General Fund and had its service area expanded county-wide. The system is governed by the Volusia County Commissioners, who all serve as members on the seven-member Board of Directors. The Board includes five district members and two at-large members. VOTRAN provides public transportation services by directly operating fixed-route bus services, as well as paratransit services to the community. Since November 1993, VOTRAN has also served as the Community Transportation Coordinator (CTC) for Volusia County. As CTC, VOTRAN is responsible for coordinating ADA complementary paratransit, TD non-sponsored paratransit, and Medicaid non-emergency paratransit services in Volusia County.

VOTRAN’s county-wide fixed-route bus system serves Daytona Beach, Holly Hill, Ormond Beach, Ormond-by-the Sea, South Daytona, Port Orange, New Smyrna Beach, and Edgewater along the county’s east coast, and Deland, Orange City, DeBary, and Deltona in the western portion of the county. Currently, 17 of VOTRAN’s 26 fixed-routes are served by buses that are wheelchair lift-equipped. However, all 26 fixed-routes will be served by wheelchair lift-equipped buses by November 1997.

In addition to fixed-route bus service, VOTRAN coordinates and provides door-to-door paratransit services for a variety of eligible customers. Specifically, VOTRAN is responsible for three distinct paratransit programs: ADA complementary paratransit, TD non-sponsored paratransit, and Medicaid non-emergency paratransit. Each paratransit program serves a specific portion of the population and a variety of criteria have been developed to assist local transit agencies in determining who is eligible to receive paratransit services offered through each program.

VOTRAN has experienced growing demand for paratransit services since becoming the CTC for Volusia County in 1993. ADA complementary paratransit service must be provided to eligible individuals in an unconstrained manner. These trips are subsidized by local funding. TD non-sponsored paratransit trips are subsidized with Transportation Disadvantaged Trust Fund dollars and provided to TD-eligible individuals on a funding-available basis. Finally, Medicaid non-emergency transportation is provided for authorized medical trips made by Medicaid recipients who have no other means of transportation available. While the need for paratransit service in Volusia County continues to increase, VOTRAN may be facing significant decreases in operating assistance over the next five years. In fact, the Agency for Health Care Administration, the agency which funds
Medicaid services, has already announced significant reductions in the amount of funding available for Medicaid non-emergency transportation services.

The growing demand for paratransit services coupled with the potential significant loss of operating assistance and agency transportation funding prompted VOTRAN to take proactive steps to ensure that the individuals in Volusia County who most need specialized transportation are able to receive service and, at the same time, maximize use of the fixed-route bus service already available in Volusia County. VOTRAN, with assistance from the Center for Urban Transportation Research (CUTR) at the University of South Florida, completed a thorough review of local procedures used to determine eligibility for ADA complementary paratransit, TD non-sponsored paratransit, and Medicaid non-emergency transportation services. Based on the results of the review, new paratransit eligibility procedures have been developed that are both in compliance with state and federal regulations and provide VOTRAN with a tool to manage the demand for scarce resources. In addition, travel training program options have been identified and recommendations offered to provide guidance to VOTRAN in developing a program in Volusia County designed to help persons with mobility and/or cognitive limitations use the existing fixed-route bus system. The results of each activity are discussed below.

**ADA Complementary Paratransit Service**

The main goal of the transportation provisions of the Americans with Disabilities Act of 1990 (ADA) is access to mainline, fixed-route transportation service for individuals with disabilities. However, the regulations recognize that some persons with disabilities will not, under some or all conditions, be able to use fully accessible fixed-route services. Therefore, the ADA requires public agencies that operate fixed-route transportation service to provide complementary paratransit service that "shadows" the existing fixed-route service. The ADA complementary paratransit service area is defined as at least 3/4 of a mile on either side of a fixed route. ADA complementary paratransit service must be designed to provide a comparable level of transportation service to persons who are unable to use the fixed-route service because of the nature and/or extent of their disability. This means that ADA paratransit eligible individuals must be provided unconstrained paratransit service. The application of trip priorities and trip caps is not permissible under the federal ADA regulations. The regulations specifically define service criteria that must be met when implementing complementary paratransit service. The six service criteria, described in Section 37.31 of the federal regulations (49 CFR Part 37), are:

- Service area
- Response time
- Fares
- Trip purpose
- Hours and days of service
- Capacity constraints
The regulations also specifically state that only individuals who are certified as ADA paratransit eligible may use the complementary paratransit service and require that public entities establish a process for certifying individuals as ADA paratransit eligible. ADA paratransit eligibility is related to the ability of a person with a disability to use the existing fixed-route system. A person may be unable to use fixed-route services some or all of the time because the system is not fully accessible, the nature of the person's disability prevents them from using fixed-route transportation, or because they are unable to get to or from a transit station or stop. The extent of ADA paratransit eligibility conferred is based on the conditions and circumstances under which applicants cannot use the fixed-route system to make certain trips. Therefore, ADA paratransit eligibility determination requires a process based on applicants' functional abilities. The ADA regulations include three distinct categories of ADA complementary paratransit eligibility.

**Categories of ADA Complementary Paratransit Eligibility**

Under ADA Category 1, eligibility is conferred to persons who are unable to independently use fully accessible fixed-route services. For example, a person with a cognitive ability that prevents them from independently navigating the system might be eligible to receive ADA complementary paratransit under Category 1.

Category 2 eligibility includes persons who could use an accessible vehicle but none is available. Under Category 2, individuals are eligible for ADA complementary paratransit only when the fixed-route that they wish to travel on is not accessible. Therefore, eligibility under Category 2 may only apply to certain routes.

Finally, ADA Category 3 includes any individual with a disability whose impairment-related condition prevents them from traveling to a boarding location or from a disembarking location. ADA complementary paratransit must be provided if travel to or from a transit station or stop is prevented when environmental conditions (e.g., temperature or other weather conditions) and/or architectural barriers (e.g., curb cuts, major intersections) are combined with the person’s specific impairment-related condition. However, it is important to note that eligibility under Category 3 requires that an applicant’s specific impairment-related condition must prevent the applicant from using the fixed-route system. Conditions that make it difficult to get to or from a transit station or stop do not confer ADA paratransit eligibility. For example, a person who uses a wheelchair can often get around the problem of no curb cuts by taking a less direct route to a destination.

The eligibility determination process in place for ADA complementary paratransit should seek to determine the circumstances and conditions under which an applicant is unable to use existing fixed-route service. The goal of the eligibility determination process should always be to outline when and under what situations the applicant can and cannot use the fixed-route system already in place.
TD Non-sponsored Paratransit Service

The Florida Commission for the Transportation Disadvantaged (FCTD) was created by the Florida Legislature in 1989 to accomplish the coordination of transportation services provided to persons in Florida who are transportation disadvantaged (TD). There are an estimated 5.4 million TD individuals residing in Florida. Chapter 427 of the Florida Statutes defines transportation disadvantaged as:

"...those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or children who are handicapped or high-risk or at risk as defined in s. 411.202.

Florida’s TD program serves two population groups, the Potential Transportation Disadvantaged and the Transportation Disadvantaged. The Potential Transportation Disadvantaged population includes all persons who are eligible for agency-sponsored trips, such as Medicaid non-emergency transportation. The Transportation Disadvantaged population is actually a subset of the Potential TD population. While the individuals in this population group may be eligible to receive agency-sponsored trips provided through the Florida coordinated system, they also are eligible to receive trips subsidized by the TD Trust Fund monies allocated to local CTCs. The transportation provided with these funds is classified as TD non-sponsored transportation.

Typically, TD non-sponsored transportation in Florida consists of subscription or advance reservation, door-to-door paratransit service provided to individuals whose trips are not subsidized by an agency or another funding source. These trips are usually provided on a space- and funding-available basis. Oftentimes, trip priorities are applied to help CTCs manage demand for trips that typically exceeds the available supply. Until recently, the criteria and process used to determine eligibility for non-sponsored transportation were established by each local CTC. The TD eligibility processes in place throughout Florida ranged from a formal application with income verification to self-declarations of eligibility received over the telephone. In May 1997, the FCTD adopted formal TD Trust Fund (non-sponsored) eligibility criteria to be applied by each CTC. The eight criteria developed by the FCTD include four criteria with parameters set by each local TD program to be responsive to the unique situation found in each TD service area. The TD Trust Fund eligibility criteria adopted by the FCTD include the following points:

- **No other funding available.** A customer would not be considered eligible for TDTF when another purchasing agency is responsible for such transportation.
VOTRAN Paratransit Eligibility & Travel Training Project

- **No other means of transportation is available.** As specified by the local coordinating board (LCB) and CTC.

- **Public Transit.** If fixed-route public transit is available the customer must demonstrate why it cannot be used.

- **Physical or mental disability.** A disability as outlined in the Americans with Disabilities Act of 1990 (ADA).

- **Age.** As specified by the LCB and CTC.

- **Individual and household income status is a specified percent of the poverty level.** As specified by the LCB and CTC.

- **No self-declarations allowed.** The CTC will use an enrollment process that substantiates the individual's ability to meet the criteria listed and any other CTC determined criteria.

- **Ability to pay.** The CTC and LCB may establish an ability to pay policy for "non-sponsored" customers using a sliding scale based on the customer's income and/or assets status.

**Medicaid Non-Emergency Medical Transportation Service**

Non-emergency medical transportation is available to eligible Medicaid recipients with qualifying medical appointments through the Florida Coordinated Transportation System. CTCs are charged with determining which Medicaid recipients are eligible to receive Medicaid paratransit service. As a result of significant reductions in Medicaid transportation funding, AHCA has allowed CTCs to apply strict eligibility criteria, based on the single principle that Medicaid should be considered the transportation provider of last resort. As a result of AHCA's reduced transportation budget, Medicaid recipients who have a vehicle available in their household or family or friends nearby who can transport them to medical appointments should not be provided door-to-door paratransit service for their Medicaid-reimbursable appointments. In addition, Medicaid recipients in areas that have fixed-route transportation available must demonstrate why the fixed-route system cannot be utilized for Medicaid non-emergency transportation. Medicaid recipients who are able to show that they have a disability that prevents use of the fixed-route system and do not have any other transportation options may be certified as eligible to receive paratransit service for their Medicaid appointments.
VOTRAN Paratransit Eligibility Processes

Following a thorough review of the eligibility requirements associated with each of VOTRAN's three paratransit programs and the eligibility determination processes in place, VOTRAN decided to develop a new process that would be as uniform and thorough as possible. CUTR worked with VOTRAN staff and VOTRAN's ADA Task Force to design a process for ADA complementary paratransit service, which would also serve as the foundation for TD non-sponsored paratransit and Medicaid non-emergency paratransit.

VOTRAN decided to concentrate on ADA complementary paratransit eligibility for a number of reasons. First, the demand for this service was growing at an alarming rate and the requirement that ADA paratransit eligible individuals be provided unconfined service posed significant concern for the financial future of the entire VOTRAN system. According to the federal regulations, the only acceptable approach to managing the demand for ADA complementary paratransit service is to strictly enforce the eligibility standards outlined in the federal legislation. In addition, in the event that providing fully compliant ADA complementary paratransit service presents an undue financial burden for the transit property, the agency may submit a request to the federal government for a temporary time extension related to full compliance. However, the agency must be able to document that the only costs reported are those associated with paratransit trips made by ADA paratransit eligible individuals. Finally, because all three paratransit programs emphasize eligibility based on an individual's functional ability to use existing fixed-route service, initial concentration on ADA complementary paratransit was appropriate for all three programs.

VOTRAN ADA Complementary Paratransit Eligibility Determinations

An ADA complementary paratransit eligibility determination process typically may contain three distinct components: self-certification, professional verification, and in-person, functional assessments. The self-certification component of the eligibility determination process usually consists of a form completed by the applicant or a person assisting the applicant. The purpose of this form is to collect information pertaining to the applicant's disability that is necessary to make a determination of eligibility. Often, the applicant is asked to identify a professional who can be contacted for additional information regarding the applicant's disability and/or functional abilities. The application may include a professional verification portion, which is completed by a licensed professional who is familiar with the applicant's condition. The professional verification component seeks to gather information regarding when and under what circumstances the applicant's disability prevents them from using fixed-route service. Finally, ADA paratransit eligibility determinations may include in-person assessments, which are composed of written application materials along with functional tests to determine when and under what circumstance an applicant is unable to use fixed-
route service. An agency also may choose to combine all three approaches to eligibility determination for ADA complementary paratransit.

The ADA complementary paratransit eligibility determination process developed for VOTRAN uses a combined approach to eligibility determination. The application process now includes self-certification, professional verification, and in-person, functional assessments, as needed. The self-certification portion of VOTRAN’s application is designed to get general functional descriptions from the applicant regarding the nature and extent of their disability. Each applicant is also required to have a licensed professional complete the two-page professional verification portion of the ADA paratransit application. Professional verification is intended to obtain more detailed information regarding the applicant’s functional abilities, including official diagnosis and degree of impairment. The professional is also asked to include diagnosis codes for the specific condition that prevents the applicant from using the fixed-route system. The final step in VOTRAN’s ADA paratransit eligibility process is an in-person functional assessment of the applicant, if needed. (Applicant will be referred for an in-person assessment if inconsistent information is provided regarding the conditions and/or circumstances under which the applicant is unable to use fixed-route services. An in-person assessment would also be appropriate if there are questions regarding the extent of the applicant’s disability or there are questions about the applicant’s ability to use the existing fixed-route system.

The process developed for VOTRAN includes a detailed, step-by-step review guide that will make it possible for VOTRAN to certify applicants as either ineligible or unconditionally or conditionally eligible for ADA complementary paratransit service. All applications will be reviewed by VOTRAN staff. In most cases VOTRAN staff will make the final eligibility determination. However, when in-person functional assessments are conducted the assessment and eligibility determination will be conducted by an agency under contract to VOTRAN. VOTRAN will re-certify ADA paratransit eligible individuals every three years to see if conditions or circumstances have changed in such a way as to affect their eligibility status. Applicants who are determined to be ineligible for ADA complementary paratransit will have an opportunity to appeal the decision. VOTRAN’s application for ADA complementary paratransit service and its companion review guide are included in Appendix A.

TD Non-Sponsored Paratransit Eligibility Determinations

In anticipation of the adoption and subsequent mandate to certify individuals as eligible to receive TD non-sponsored paratransit service, a portion of the ADA paratransit application has been dedicated to collecting information specific to the TD eligibility criteria discussed previously. Every person who is interested in ADA or TD paratransit will receive the application for ADA paratransit
eligibility. All applicants must complete the ADA portions of the application, including professional verification. However, applicants must also complete the TD portion of the application if they wish to be considered for TD non-sponsored paratransit. In addition to the disability information gathered from the ADA portions of the application, the TD element collects information pertaining to household income, vehicle availability, and access to fixed-route transportation, as required by the TD eligibility criteria adopted by the FCTD. However, the ADA review guide for VOTRAN does not yet address TD eligibility as many of the parameters for the eligibility criteria have not been set by the Volusia County Transportation Disadvantaged Coordinating Board (TDCB). The portion of the application pertaining to TD non-sponsored paratransit is included in Section VI of the ADA paratransit application in Appendix A.

**Medicaid Non-Emergency Paratransit Eligibility Determinations**

The Agency for Health Care Administration has significantly reduced the amount of Medicaid funding available for transportation for Medicaid recipients. As a result of the transportation funding constraints, CTCs have been instructed to only provide paratransit service to Medicaid recipients who are able to demonstrate that they have no other transportation options. Individuals who have a vehicle available in their household or family and friends nearby who can transport them to medical appointments are not eligible for Medicaid paratransit. Included in this category are individuals in a group residence setting with a communal vehicle available for resident transportation. Because fixed-route transportation is also available in Volusia County, to be eligible for paratransit service, Medicaid recipients must demonstrate that they have a disability that prevents use of the fixed-route system.

When developing an application and review guide for Medicaid paratransit eligibility determinations in Volusia County, the ADA complementary paratransit eligibility process served as the base from which to build a separate process specific to the Medicaid transportation program. Questions designed to get information about vehicle availability and other transportation options available to the applicant were added to the disability portions of the application. The first steps in the eligibility determination process for Medicaid paratransit are to ascertain whether the applicant has any other transportation options, such as a household vehicle or family and friends. If the determination is made that these transportation options are not available, the disability portions of the application, including professional verification, are reviewed to find out whether the applicant has a disability that prevents use of the existing fixed-route transportation. Only individuals who do not have personal transportation or friends and family that can transport them and have a disability that prevents use of the fixed-route system are eligible to receive Medicaid non-emergency paratransit in Volusia County. A copy of the application and review guide for Medicaid paratransit are included in Appendix B.
The Americans with Disabilities Act of 1990 requires that transit agencies provide accessible fixed-route bus service and ADA complementary paratransit services to individuals with disabilities. ADA complementary paratransit service must be provided for persons who cannot use the fixed-route service because of the nature and/or extent of their disability. The paratransit service must "shadow" the fixed-route service area and a comparable level of service must be provided.

As described earlier, only individuals who are ADA-eligible may use complementary paratransit service. ADA-eligible persons fall into three categories:

Category 1: Persons who are unable to board, ride, or disembark from a vehicle even if they are able to get to the stop and even if the vehicle is accessible.

Category 2: Persons who cannot use vehicles without lifts or other accommodations. These persons are eligible for paratransit service if accessible fixed-route vehicles are not available on the route on which they need to travel when they need to travel.

Category 3: Persons with specific impairment-related conditions who cannot travel to a boarding location or from a disembarking location to their final destination.

The federal legislation requires that eligible individuals be provided paratransit trips without regard to trip purpose and/or capacity constraints. Over the course of the past year, VOTRAN has experienced a significant increase in the demand for ADA complementary paratransit services. In addition, the demand for this type of service is forecasted to increase significantly over the next five years. At the same time, the agency may also be facing decreases in operating assistance at the federal, state, and local levels. VOTRAN’s most recent Transit Development Plan (TDP) included several recommendation developed to assist VOTRAN in managing the growing demand and cost of ADA complementary paratransit services:

- Implement strict ADA-eligibility certification process.
- Create at least one full-time professional position to develop and administer a stricter ADA-eligibility certification process.
- Implement a travel training program and create up to two travel trainer positions to assist all persons, including those with disabilities, with the utilization of the fixed-route bus system.
The remaining sections of this document are designed to provide VOTRAN staff with information regarding travel training program options and issues.

**Travel Training Models**

The ADA requirement that transit agencies provide complementary paratransit services for ADA-eligible individuals who cannot access the fixed-route system has already significantly impacted the demand for all paratransit services in Volusia County. In an effort to manage the growing demand for and cost associated with door-to-door paratransit services, VOTRAN is in the process of establishing a detailed and thorough eligibility determination process that supports efforts to promote and use fixed-route services, whenever possible.

As a result of the implementation of the stricter eligibility determination process, it is likely that many individuals who currently use door-to-door paratransit services will be required to use fixed-route bus services some or all of the time. Many paratransit passengers who were paratransit-eligible prior to passage of ADA will find that they do not meet ADA eligibility guidelines. These individuals may be uncomfortable with the idea of using fixed-route bus service. Travel training may help these individuals feel more comfortable about using fixed-route transit by providing the tools necessary to successfully navigate the system.

Travel training includes short-term, comprehensive, intensive instruction designed to teach persons with disabilities and seniors to navigate the public transportation system safely and independently. The term “travel training” is often used to refer to instruction in travel skills provided to persons with disabilities other than blindness or visual impairments. Individuals with blindness or other visual impairments generally receive orientation and mobility training that teaches specialized skills, including how to navigate the public transportation system.1

The goal of travel training is to provide trainees with the skills and confidence needed to navigate the fixed-route system, focusing on the transit options available in the service area, routes, transfers, fares, trip planning, procurement and interpretation of schedules and other information, and a variety of other activities specific to certain disabilities and/or limitations. Trainees are most often identified through the ADA complementary paratransit eligibility determination process and referrals from human service agencies. Self-referral can also be utilized to identify potential trainees.

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Although anyone can benefit from travel training programs, training is most commonly provided for persons with physical, cognitive, and developmental disabilities and seniors who may not have a specific disability, but experience age-related conditions or are not sure how to navigate the public transportation system. Although the potential audience for travel training programs is quite wide, the design and content of travel training programs differ according to the skills and needs of the target population. Travel training may be delivered to groups or individuals, depending on the content of the program. Each option is described in detail below.

**Group Travel Training**

Group travel training most commonly focuses on classroom instruction. Groups of trainees are brought together in a central location to receive “consumer training” or “consumer orientation.” This group event brings trainees together to learn how to read route maps and schedules, and to become familiar with the overall public transportation system. Group training that is provided primarily in a classroom setting is less intensive and less costly than most other types of travel training programs. This type of instruction is very useful for individuals whose major barrier to use of the fixed-route system is lack of knowledge about how the system works.

Topics that may be covered in classroom training include fixed-route fares, how to transfer from one route to another, and how to plan a complete trip on the fixed-route system. Group instruction may also include a limited amount of field training where trainees actually have an opportunity to apply what they have learned through classroom instruction. Field training often includes demonstrations of transit accessibility equipment, such as wheelchair lifts and wheelchair securement devices. One of the primary goals of group consumer training programs is to address fears and misconceptions about use of fixed-route transit service that trainees may have prior to participation in the training program. This type of group training is most effective for individuals who do not have cognitive or developmental disabilities. Successful consumer training provided to groups in a classroom setting requires extensive knowledge of the fixed-route system on the part of the program’s instructor(s).

**One-on-One Travel Training**

Many travel training programs concentrate on individual instruction about how to use fixed-route transit service provided by a professional trainer(s) or volunteer peer trainer(s). Sometimes these

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2 ibid.


programs also utilize group instruction focusing on efforts to familiarize trainees with transit equipment, such as wheelchair lifts, wheelchair securement devices, and vehicle ramps. The design and content of individualized travel training programs are tailored to the specific skills and needs of each trainee.

Examples of travel training programs that emphasize one-on-one individualized instruction include general use training, peer training, and destination training. Each type of individualized travel training program is discussed below.

**General-Use Training.** This type of training is particularly effective for individuals with physical disabilities and few or no cognitive limitations. General-use travel training focuses on teaching trainees how to use transit services in general. Graduates of this type of travel training program should be able to use fixed-route transit service to travel to destinations of their choice. Trainers may be professional travel trainers or volunteer peer trainers (discussed below), who are familiar with the fixed-route system. Peer trainers are matched with trainees based on shared disability/condition and personal experiences.

The skills that are taught in general use travel training will depend on each individual trainee’s skills, abilities, and personal experiences. Therefore, time must be taken prior to the start of actual training session to personally assess each trainee to determine the level of training required to meet their travel needs. Skills that may be included in general use travel training range from general familiarity with transit travel to recognizing bus stops and using vehicle accessibility equipment. General use travel training should also include emergency skills so that trainees know what to do in the event that something goes wrong in the course of their trip.

**Peer Training.** Volunteer peer training has proven to be successful training individuals with physical disabilities and seniors who are not eligible for paratransit under ADA regulations. Volunteers who are users of the transit system are recruited and receive instruction about how to teach their peers to use public transit. 5 Volunteer peer trainers (sometimes referred to as travel ambassadors or travel hosts) with physical disabilities are paired up with trainees with similar disabilities. Trainees with

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*Travel Training Options*
physical disabilities who have never used fixed-route bus service may feel more comfortable with volunteer peer guides who have similar disabilities or impairments and are able to navigate the fixed-route system. Witnessing the peer guide in action helps to allay potential fears or misconceptions held by trainees. Similarly, senior peer trainers work with other seniors who would like to receive instruction regarding use of the fixed-route system. Seniors who do not have any experience using public transit and/or experience age-related mobility limitations, such as slower reaction times or increasing frailty, may enjoy learning from one of their peers.

It is extremely important that volunteer peer guides are matched with trainees with similar impairments and/or experiences. Therefore, one potential drawback to this type of travel training program is the need for a variety of volunteer instructors so that trainees are matched with appropriate trainers. Peer guide travel training programs also require significant coordination activities on the part of the sponsoring agency because of the need to recruit and retain instructors as well as trainees. The agency sponsoring the travel training program may offer incentives to volunteer peer guides in exchange for their service. One organization in Napa, California, that has been successful at setting up and implementing a travel ambassador peer trainer program reports that volunteer peer guides receive a pass that allows them to use the public transit system for free as long as they fulfill their commitments as a travel ambassador.6

Sufficient organization and planning time is needed to implement a travel training program that uses volunteer peer guides. Materials need to be developed to prepare peer trainers for their role as travel trainers. Necessary materials and information for peer trainers include an application form for volunteers, job description, and training book that covers typical topics to be covered in travel training such as the local fixed-route and paratransit system, American with Disabilities Act of 1990 regulations and provisions, trip planning, problem solving, and communication skills. According to the City of Napa, it is also useful to develop materials that will assist peer guides in making contact with potential trainees, such as a letter of introduction that explains the travel training program and the role of volunteer peer guides.7

As with general-use travel training, the skills taught by peer guides will vary depending on the trainee’s abilities and personal experiences. However, emergency skills should be taught to all


7 ibid.
trainees to ensure that they know what to do, including how to request assistance, in the event that something goes wrong during the course of their trip.8

Travel training programs for persons with physical disabilities and seniors who use peer trainers can be implemented at a relatively low cost.9 These programs are also effective when trainees have few or no mental impairments. However, the use of volunteer peer guides may increase the potential for liability on the part of the sponsoring agency.10 Therefore, it is imperative that volunteer peer trainers receive thorough instruction prior to being matched with a trainee. In addition, the agency sponsoring the travel training program should conduct proper screening of potential volunteer peer trainers. The screening process may include reference checks and/or background checks.

Destination Training. Destination training is often provided to individuals with developmental disabilities, as well as to some individuals with severe physical and/or mental impairments. Destination training teaches trainees to use the fixed-route system to travel to daily destinations, such as work sites, training centers, and schools. Destination training focuses on teaching trainees the skills needed to make repetitive, unvarying trips.11 Individuals who receive destination training usually will still need paratransit service for travel to other destinations.

Destination training is almost always conducted by professional travel trainers. The skills taught vary with each trainee’s abilities and experiences, but often include finding the way to and from a stop, recognizing landmarks, paying fares, appropriate behavior while riding on a vehicle, letting the driver know when you are ready to alight the vehicle, and emergency skills.

Individuals who are good candidates for destination training often have other individuals who are responsible for their care. These caretakers may be reluctant to let the individual participate in a travel training program due to concerns about the trainee’s safety and well-being. It is very important that trainers work closely with the trainee’s caretaker to help allay their fears and secure their support of the objectives of the training.

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9 ibid.


Planning for Travel Training

A good deal of planning must be carried out by travel trainers prior to beginning work with any trainee. Potential trainees may be identified through many sources such as referrals from transit agencies, human service agencies, senior centers, parents, or the potential trainees themselves. However, decisions regarding training should not be made from referrals alone. A functional assessment of each potential trainee's abilities and skills should be conducted to determine if the potential trainee is a good candidate for travel training. The assessment should consider such issues as the applicant's physical abilities, skills, fears, and motivations regarding travel training; whether the applicant is able to tell time, read, follow directions, handle money, identify themselves, communicate appropriately with others, cross streets, and use the telephone. Assessments are best done in the potential trainee's home so that the trainer has an opportunity to observe the applicant's environment and evaluate the level of exposure to the outside world that the applicant has had prior to travel training. In-home assessments will also help to alleviate concerns that parents and/or caretakers may have about participation in a travel training program and/or independent use of the fixed-route system.\(^{12}\)

Once the determination has been made that an applicant is a good candidate for travel training, consideration must be given to the content of the travel training program plan. The trainer should evaluate the trainee's level of accessibility to the fixed-route system and compare common destinations with available fixed-routes. Trainers should also consider the length of the routes that the trainee would be expected to use, as well as any transfers that would be necessary. When comparing routes and the trainee's skills and abilities, it is important to evaluate the safety of the route, landmarks that exist along the route, potential obstacles that the trainee might face along the route, opportunities for lessons that could be learned, and area resources in the case of emergencies. Street crossings should also be evaluated in terms of safety and accessibility. All of this planning should culminate in an individualized travel training plan, which will result in the transfer of skills and abilities necessary to independently navigate the fixed-route system.\(^{13}\)

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Thorough and confidential documentation should be made throughout the travel training process. This documentation is important to manage risk and protect trainers, trainees, and the sponsoring agency from potential liability. The assessment process should be documented, as well as the individual’s travel training plan and measurable objectives to be met. Trainers should also complete daily training reports of the trainee’s progress toward travel training goals. An evaluation of the trainee’s ability to accomplish safe, independent travel should be made prior to the trainee’s program graduation.

Content of Travel Training Programs

Although the content of one-on-one travel training programs vary according to each trainee’s skills and experience, some general statements can be made regarding the content of individualized travel training programs. All individualized training programs use skilled instructors who provide one-to-one field training of skills necessary to navigate the fixed-route system. One-to-one travel training is disability specific -- the content of instruction is based on the trainee’s skills and experiences, as well as travel needs. Trainees receive structured and consistent training in "real" transit situations where they must apply their newly acquired skills in a “natural” setting. All individualized travel training programs must provide instruction regarding how to handle unexpected and/or emergency situations.\(^{14}\)

According Catie Simpson of C. Simpson and Associates, successful travel training programs that utilize an individualized model of training recognize that training must be designed to move at a pace that is comfortable for the trainee. Travel training instruction should also be meaningful to trainees. Training should be repetitive so that trainees are able to raise their confidence and overcome fears that they may have about using public transit. Trainers should be prepared to “fade” or decrease their level of assistance gradually. The rate of fading should always be determined by each trainee’s progress toward travel training goals. Travel training programs that teach individuals with disabilities and seniors to use fixed-route bus service should be well organized and planned in order

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to successfully transmit the skills needed to navigate the system and to protect trainee, trainer, and agency from harm or liability.\textsuperscript{15}

Successful travel training programs should result in trainees acquiring the skills necessary to safely navigate the fixed-route system. Trainees should be able to board, ride, and disembark transit vehicles after completing a travel training program. Travel training programs should also teach trainees to cross streets, with and without traffic signals, safely. Trainees should be prepared to handle unexpected situations during the trip process. Travel trainers should attempt to create situations during the training process that require trainees to react to and handle unexpected situations. Trainees should also be prepared to recognize and avoid dangerous situations. In the event that trouble occurs, individuals who have successfully completed a travel training program should be able to request assistance in an appropriate situation and manner. Related to this is the ability of trainees to maintain appropriate behavior. If trainees are not able to behave in an appropriate manner consistently, they may not be able to successfully complete the travel training program.\textsuperscript{16}

Recommendations

VOTRAN is considering implementation of a travel training program to help transition current paratransit users to the fixed-route bus system. The travel training program would work in conjunction with VOTRAN’s revised paratransit eligibility determination process. A likely result of the new paratransit eligibility determination process will be that some individuals who have been receiving paratransit services will be determined able to use the fixed-route bus system some or all of the time. Many of these individuals will not be familiar with public transit and may feel uncomfortable about using fixed-route bus service. Travel training can help alleviate these fears by teaching the skills necessary to navigate the public transit system and providing individuals with the opportunity to gain confidence through supervised experience using the fixed-route bus system. Appendix C contains a list of Project ACTION travel training resources that may be easily obtained for additional information regarding travel training programs implemented and maintained by


transportation agencies throughout the United States. The following recommendations have been developed to assist VOTRAN in their travel training efforts:

- **Contract with the Work-Oriented Rehabilitation Center (WORC) of Volusia County to provide travel training for individuals with cognitive and/or developmental disabilities.** Individuals with cognitive and/or developmental disabilities benefit most from intensive, individualized travel training conducted by a professional travel trainer. In order to provide this level of travel training in-house, VOTRAN would need to add at least one full-time professional travel trainer to its staff. WORC in Volusia County has already implemented a travel training program designed to teach individuals with disabilities to use the fixed-route bus service available in the county. Since beginning the program in November 1996, WORC has trained 54 individuals to use the fixed-route bus system. WORC has expressed a willingness to travel train individuals for VOTRAN at a cost of $217.00 per individual. Typically, the program at WORC provides trainees with 15 to 30 hours of individualized instruction that includes training in the “natural” transit environment along with gradual “fading.” WORC’s proven track record of travel training success and the reasonable charge quoted by the agency make this program a very attractive alternative to creating an in-house, individualized travel training program for persons with cognitive and/or developmental disabilities.

- **Develop and implement a peer guide (travel ambassador) travel training program specifically for seniors and/or individuals with physical disabilities and few or no mental impairments.** VOTRAN should consider developing and implementing a travel training program that uses volunteer peer trainers familiar with the fixed-route bus system who will work with trainees that have similar conditions and/or personal experiences. Seniors and individuals with disabilities and few or no mental impairments would be targeted for training by volunteer peer travel trainers. These population groups have been found to respond favorably to volunteer trainers with similar disabilities and/or conditions. Volunteer peer guides provide a positive example that fears and obstacles related to the use of fixed-route bus service can be overcome. Additionally, seniors and individuals with disabilities and few or no mental impairments individuals often require less intensive training than is required for individuals with cognitive and/or developmental disabilities or individuals who are blind or have visual impairments.

VOTRAN should develop a formal volunteer program to recruit, train, manage, and supervise a volunteer peer guide travel training program. A volunteer coordinator should be added to VOTRAN staff to monitor and oversee the volunteer travel training efforts. A coordinator is necessary to recruit and screen potential peer guides. Potential peer trainers
will also need to be thoroughly trained for their duties. Materials need to be developed to provide the tools necessary for volunteer peer trainers to be successful at their travel training efforts. VOTRAN should evaluate the cost-effectiveness of acquiring the materials for a volunteer travel training program from an outside source, rather than developing the materials in-house. The entire process must also be fully documented to manage risks and protect all involved from liability. Finally, a coordinator is necessary to match volunteer peer trainers with appropriate travel training candidates.

- Negotiate a contract with an organization serving the blind and visually impaired population in Volusia County to provide orientation and mobility training that includes travel training instruction. Individuals with visual impairments or blindness typically need specialized orientation and mobility training to enable them to access the fixed-route bus system. Orientation and mobility training is conducted by professionals who have undergone specialized training in the field of orientation and mobility. Orientation and mobility training teaches individuals with little or no sight to negotiate their environment. Use of transit is just one of many skills typically taught in orientation and mobility training. VOTRAN should consider working directly with an agency serving blind and visually impaired individuals that is already providing travel training to its clients as part of orientation and mobility training. VOTRAN should contract with one or more of these agencies to provide travel training for individuals who are blind or have visual impairments. This type of arrangement will be cost-effective while also ensuring that these individuals receive training appropriate for their mobility needs.
Dear Customer:

Thank you for inquiring about applying to be eligible for our "ADA Paratransit" service. Enclosed is a copy of VOTRAN’s ADA Paratransit Application Form. Please read this letter and the enclosed material carefully before completing the application.

"ADA Paratransit" service is van service that VOTRAN provides to individuals who, because of a disability, are prevented from using our standard fixed-route bus service. This might include not being able to get to or from bus stops, not being able to get on or off buses, or not being able to understand how to ride and use the bus system.

VOTRAN will provide van service to persons determined to be "ADA Paratransit Eligible" for those trips that cannot be made using VOTRAN’s fixed-route bus service. You may, for example, be able to use county bus service for some trips if stops are nearby and there are no barriers which prevent you from getting to or from the bus. At other times, you might not be able to get to and use VOTRAN buses. VOTRAN’s ADA paratransit service is meant to assist you at these times.

There are two types of ADA paratransit eligibility. These are:

- **Unconditional** - this eligibility is granted to individuals whose disability prevents them from using county bus service for any trips that they might need to make.

- **Conditional** - this eligibility is granted if you can use buses under certain circumstances, but need paratransit service for certain trips.

In addition to ADA complementary paratransit services, VOTRAN provides advance reservation, door-to-door, general purpose transportation to individuals who are transportation disadvantaged (TD). Transportation disadvantaged services are available to individuals who, because of physical or mental disability, income status, age, or for other reasons, are unable to transport themselves or purchase transportation. Due to capacity constraints within the Volusia County TD program, these trips are prioritized by trip purpose.

In order for us to accurately determine your eligibility for both of these transportation programs, please fill out the enclosed application form as completely and thoroughly as possible. The questions are meant to determine the specific limitations you have in using fixed-route bus service. They are also meant to determine when and under what circumstances you can use VOTRAN buses or when paratransit service is required.

After you have completed Sections I - VIII, please have a licensed professional who is
familiar with your disability complete Section IX of the application. If any sections are left blank, the form will be returned to you.

All information about your disability which you provide in the application will be kept strictly confidential.

If you need assistance in completing the application, or have questions about ADA or TD service and eligibility, please call our office at:

Voice - (904) 756-7496 ext. 147
TDD - (904) 756-7494 (Greater Daytona), 943-7052 (W. Volusia), 424-6820 (S.E. Volusia)

Material is also available in large print, and can be provided to you in another format if needed. Just call our office and let us know what format you require.

Complete applications will be processed within 21 days of receipt. You will be notified by letter of your eligibility for ADA and/or TD service. If you have not heard from us in 21 days, please call our office and we will provide paratransit service to you until your application is processed. Please note that in some instances, we may not be able to determine your eligibility without further information. In this case, we may ask you to schedule an in-person assessment to allow us to better understand your disability and transportation needs. Transportation to the center and all costs associated with the assessment will be covered by VOTRAN.

If you are determined to be eligible for ADA service (either unconditionally or conditionally), information about the service and how to use it will be sent to you.

If it is determined that you are able to use VOTRAN’s fixed-route bus service and therefore are not eligible for ADA paratransit service, we will notify you in writing of the exact reasons for this determination. An opportunity to appeal this decision will also be provided.
ADA TRANSPORTATION ELIGIBILITY DETERMINATION

When completed return to:

VOTRAN
Community Transportation Coordinator for Volusia County
950 Big Tree Road
South Daytona, Florida 32119

All Items Must be Completed and Typed or Printed Legibly or Form will be Returned

SECTION I: Identifying Information

Last Name: __________________________ First Name: __________________________ MI: __________

Street Address: __________________________ Apt/Bldg #: __________

City: __________________________ State: __________________________ Zip Code: __________

Mailing Address (if different): __________________________ Apt/Bldg #: __________

City: __________________________ State: __________________________ Zip Code: __________

Home Phone: __________ Work Phone: __________ TDD #: __________

Date of Birth __________ Social Security Number: __________

Do you need written information given to you in a different way?

☐ No

☐ Yes (specify below)

☐ Large print ☐ Audio Tape

☐ Braille ☐ Spanish

☐ Other __________________________

You also may call (904) 756-7496 ext. 147 if you need assistance completing this form.

Please give us the name and telephone number of someone we can call in an emergency.

Name: __________________________ Phone Number: __________________________
IN CASE THERE WAS AN ORDER BY EMERGENCY MANAGEMENT FOR AN EVACUATION, WOULD YOU NEED ASSISTANCE TO BE EVACUATED?

☐ Yes  ☐ No

SECTION II: When are you unable to use a VOTRAN bus?

A. Please check any of the following that apply to you:

☐ I can use VOTRAN regular fixed-route bus service for some trips, but other times there are barriers that prevent me from using the bus.

☐ I have difficulty understanding and/or remembering all of the things I would have to do to find my way to and from the bus and ride the bus.

☐ I have difficulty getting to and from bus stops because I become disoriented easily.

☐ I have a visual disability and cannot find my way to and from the bus and cannot ride the bus.

☐ I can only get to and from bus stops if the distance is not too great and there are curb cuts and sidewalks on the route.

☐ I can only wait at VOTRAN bus stops if there is a bench and shelter.

☐ I have difficulty or cannot climb stairs and can only board a VOTRAN bus if it has a lift or ramp.

☐ I have a health condition and cannot ride the bus if the walk is too far or if the weather is too hot.

☐ I have difficulty getting to and from bus stops because of busy streets and intersections.

☐ The severity of my disability can change from day to day. I can ride the VOTRAN bus only when I am feeling well.

☐ I can never use the VOTRAN fixed-route bus service by myself.

☐ I am not able to use the VOTRAN bus for other reasons. Please explain:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
B. What is the nature of your disability that prevents you from using the VOTRAN fixed-route bus service? (please check all that apply)

- Mental Health Disability
- Cognitive Disability
- Homebound
- Blind/Legally Blind
- Wheelchair User
- Difficulty Walking
- Arthritis
- Cerebral Palsy
- Multiple Sclerosis
- Neuromuscular Disease
- Stroke
- Alzheimer’s Disease
- Muscular Dystrophy
- Epilepsy
- Post-Polio
- Respirator or Oxygen Dependent
- Other: (describe)______________________________

C. Is your disability permanent or temporary?

- Permanent
- Temporary - until when?__________________________
- I don’t know

SECTION III: Mobility Aids and Other Assistance

A. Do you use any of the following mobility aids or equipment? Check all that apply.

- leg braces
- white cane (blind)
- walker
- powered scooter/cart
- cane
- manual wheelchair
- crutches
- powered wheelchair
- I don’t use any of the above aids or equipment.
- other (please specify)____________________________

NOTE: If you use a wheelchair or a scooter and it is more than 30 inches wide, 48 inches long, or if the occupied weight is over 600 pounds, our vehicles may not be able to accommodate you. Please let us know if this is the case.

- Yes
- No
B. Do you ever require the assistance of another person when you travel outside your home?

☐ No       ☐ Yes, sometimes       ☐ Yes, always

If YES, what assistance does this person provide?

C. Do you travel with a service animal?

☐ No       ☐ Yes - type of animal (e.g., guide dog)

Trained to

D. Do you travel with portable medical equipment (oxygen tank, etc.)?

☐ No       ☐ Yes (describe)

SECTION IV: Functional Abilities

A. Without the help of someone else, can you...

1. Walk up and down three steps if there are handrails on both sides?
   ☐ Always       ☐ Sometimes       ☐ Never       ☐ Not sure

2. Use a telephone to get information?
   ☐ Always       ☐ Sometimes       ☐ Never       ☐ Not sure

3. Ask for and follow written or oral instructions?
   ☐ Always       ☐ Sometimes       ☐ Never       ☐ Not sure

4. Cross the street if there are curb cuts?
   ☐ Always       ☐ Sometimes       ☐ Never       ☐ Not sure

5. Get on and off a VOTRAN bus if it has a wheelchair lift?
   ☐ Always       ☐ Sometimes       ☐ Never       ☐ Not sure

6. Wait 30 minutes at a bus stop that does not have a seat or shelter?
   ☐ Always       ☐ Sometimes       ☐ Never       ☐ Not sure

7. Step on and off a sidewalk that does not have a curb cut?
   ☐ Always       ☐ Sometimes       ☐ Never       ☐ Not sure
8. Cross streets and intersections?
   - Always
   - Sometimes
   - Never
   - Not sure

9. See well enough to walk to a bus stop in the dark?
   - Always
   - Sometimes
   - Never
   - Not sure

10. Find your own way to and from the bus stop if someone shows you the way once?
    - Always
    - Sometimes
    - Never
    - Not sure

B. If the weather is not too hot and there are no barriers in your way, what is the farthest you can walk (or travel using your mobility aid)?

   - Less than 1 block
   - 1 block
   - 3 blocks (1/4 mile)
   - 6 blocks (1/2 mile)
   - 9 blocks (3/4 mile)
   - more than 9 blocks

C. Does the weather affect your ability to travel outside and use bus service?
   - Yes
   - No

   If YES, please explain how: ____________________________________________________________

D. Have you ever received mobility training?
   - No
   - Yes, I received mobility training from a friend/relative.
   - Yes, I received mobility training through an agency.

   Name of agency: _________________________________________________________________
   Date: ____________________________

   I learned to:
   - travel to and from bus stops
   - cross streets
   - ride on the following bus routes (please list them):
     Route #__________  Route #__________  Route #__________
read bus schedules and plan trips

Did you successfully complete the training?  □ Yes  □ No

E. If VOTRAN offered free instruction to anyone interested in learning how to ride the fixed-route buses, would you be interested in this type of training?

□ Yes  □ No

***************ADDITIONAL INFORMATION***************

Please provide us with any other information about your disability and functional abilities that might help us know if and when you can use fixed-route bus service.


SECTION V: Where do you go?

A. List three of your most frequent destinations and how you get there now.

1. Where do you go? ____________________________________________
   Address _______________________________________________________ 
   How do you get there now? ________________________________________

2. Where do you go? ____________________________________________
   Address _______________________________________________________ 
   How do you get there now? ________________________________________

3. Where do you go? ____________________________________________
   Address _______________________________________________________ 
   How do you get there now? ________________________________________
B. Have you ever used the VOTRAN fixed-route bus service?

- Yes, I typically use the fixed-route service ___ times a week.
- Yes, I used to but stopped because ____________________________________.
- No

C. Is there something that might help you to ride the fixed-route buses?

- Yes, route and schedule information
- Yes, being able to get buses with ramps or lifts
- Yes, if bus stops were closer to where I live
- Yes, if bus stops were closer to the places I need to go
- Yes, learning to use the buses
- Yes, a communication aid
- Yes, other (describe)___________________________________________
- No, none of these would help

D. What is the closest bus stop to your home? Please give the location (e.g., "corner of International Speedway and Nova Road") ______________________________

Can you get to this stop by yourself?  
- Yes  
- No  
- Sometimes

If not, why not? ____________________________________________________

E. If you sometimes use VOTRAN bus service, are you unable to ride because the routes you want to use are not ramp- or lift-equipped?

- No
- Yes - Which routes? ______________________________________________
- Don't use the bus
SECTION VI: Eligibility for TD Transportation (optional)

In addition to ADA complementary paratransit services, VOTRAN provides advance reservation, door-to-door, general purpose transportation to individuals who are transportation disadvantaged (TD). Transportation disadvantaged services are available to individuals who, because of physical or mental disability, income status, age, or for other reasons, are unable to transport themselves or purchase transportation. Due to capacity constraints within the Volusia County TD program, these trips are prioritized by trip purpose. If you would like to be considered for VOTRAN’s TD paratransit program, please help us determine your eligibility for the program by answering the following questions. If you do not wish to be considered for the TD program, please proceed to Section VII of this application.

<table>
<thead>
<tr>
<th>A. Do you have a valid driver’s license?</th>
<th>☐ No ☐ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES, please list any restrictions:</td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. How many personal vehicles are available for use in your household?</th>
<th>☐ 0 ☐ 1 ☐ 2 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>If applicable, please describe any existing restrictions to your use of the household vehicle(s):</td>
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<tr>
<th>C. Are you eligible for any of the following government assistance? Please ✓ all that apply and provide supporting documentation (e.g., copy of your I.D. card)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐ Welfare (including, but not limited to, AFDC and WIC)</td>
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<tr>
<td>☐ Food stamps</td>
<td></td>
</tr>
<tr>
<td>☐ Medicaid</td>
<td></td>
</tr>
<tr>
<td>☐ Other ________________________________________________________________________________________________________________________________________</td>
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<tr>
<th>D. What was your total household income (before taxes) last year, as reported to the IRS?</th>
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</table>
SECTION VII: If We Need Additional Information

In order for VOTRAN to evaluate your request for eligibility, it may be helpful for us to contact the professional who has completed the last part of this form (the “Professional Verification”). It may also be helpful to contact other professionals who are familiar with your disability and your functional abilities. Please identify below one or two other professionals that we can contact for additional information. Examples of qualified professionals include:

- physician (M.D. or D.O.)
- physical therapist
- occupational therapist
- orientation and mobility instructor
- independent living specialist
- rehabilitation specialist
- licensed social worker
- optometrist
- registered nurse
- psychologist

(PLEASE PRINT)

<table>
<thead>
<tr>
<th>Name of Licensed Professional</th>
<th>Name of Licensed Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional’s agency (if any)</td>
<td>Phone #</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
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</table>

August 1997
SECTION VIII: Signature Page

Certification and Authorization:

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the VOTRAN fixed-route bus service and must therefore use the VOTRAN Door-to-Door transportation 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 the information provided in this application is true and correct. I understand that providing false or misleading information may result in denial of service. I authorize the professional listed to release to VOTRAN information about my disability and its effect on my ability to travel on the regular bus system. I understand that I may revoke this authorization at any time by written notice to VOTRAN.

Signature of applicant __________________ Date ________________

If someone assisted you in completing this application, please provide the following information:

Signature of person assisting applicant ________________________

Relationship to applicant _________________________________

Print name ___________________________________________

Address _____________________________________________

Agency _____________________ Phone ______________

How did this person assist you? ___________________________

________________________________________________________________________

THIS ENDS THE PORTION OF THE APPLICATION THAT IS TO BE FILLED OUT BY THE APPLICANT. PLEASE BE SURE TO HAVE THE NEXT TWO PAGES COMPLETED BY A QUALIFIED LICENSED PROFESSIONAL WHO CAN PROVIDE SPECIFIC INFORMATION ABOUT YOUR DISABILITY.

If you have any questions concerning this application please call (904) 756-7496 ext. 147. For persons with a hearing or speech impairment, call 756-7494 (Greater Daytona - TDD), 943-7052 (W. Volusia - TDD), or 424-6820 (S.E. Volusia - TDD).
SECTION IX: Professional Verification of Functional Abilities

Name of Applicant: _____________________________ Date of Birth ____________

IF THE APPLICANT IS UNFAMILIAR TO YOU, INELIGIBLE, OR HAS NOT BEEN SEEN FOR MORE THAN ONE YEAR, PLEASE INDICATE THIS UNDER “ADDITIONAL COMMENTS.”

A. Has the applicant been diagnosed with a cognitive, mental, physical or other disability? Please list all disabilities.
   □ No  □ Yes - diagnoses & onset: ____________________________________________
   ICD-9 codes ____________________________
   DSM-IV codes ___________________________
   OS - visual acuity & field ___________________
   OD - visual acuity & field ___________________

B. The applicant’s disability is:
   □ Permanent  □ Temporary - until when? ______________________________________

C. Do the applicant’s abilities change due to medical treatments, weather conditions, or other related factors?
   □ No  □ Yes - How? ____________________________________________

D. What is the MAXIMUM distance the applicant can either ambulate unassisted OR travel using a mobility device? If limited, please explain.
   □ Less than 1 block  □ 1 block  □ 2 blocks  □ 3 blocks  □ 1/4 mile  □ 3/4 mile or more

   If limited, why is the applicant unable to walk or travel beyond the distance indicated?

   ____________________________________________________________

E. How many steps can the applicant climb or descend? If limited, please explain.
   □ None  □ 2 steps  □ 4 or more steps
   □ 1 step  □ 3 steps

   If limited, why is the applicant unable to climb or descend stairs?

   ____________________________________________________________

F. Does the applicant currently travel with a service animal?
   □ No  □ Yes - type of animal ____________________________________________

   ____________________________________________________________
Professional Verification of Functional Abilities (continued)

G. WITHOUT THE ASSISTANCE OF AN ATTENDANT, can the applicant perform the following activities? If functionality is variable or affected by treatment, please explain.

☐ Yes  ☐ No  ☐ Varies  Ask for, understand, and follow directions?
☐ Yes  ☐ No  ☐ Varies  Cope with unexpected problems and changes in routine?
☐ Yes  ☐ No  ☐ Varies  Determine a point of orientation?
☐ Yes  ☐ No  ☐ Varies  Recognize landmarks?
☐ Yes  ☐ No  ☐ Varies  Cross a busy street?
☐ Yes  ☐ No  ☐ Varies  Use a telephone to make and receive calls?

H. Does the applicant require an attendant for travel purposes?

☐ No  ☐ Yes

I. Does the applicant use any of the following mobility aids?

☐ powered scooter/cart  ☐ white cane  ☐ crutches
☐ walker  ☐ powered wheelchair  ☐ leg braces
☐ cane  ☐ manual wheelchair  ☐ does not use aid
☐ other - please specify

J. Has the applicant received mobility training?

☐ No  ☐ Yes - when and where? ___________________________________________________________________________________

K. When did you last evaluate the applicant? ___________________________________________________________________________________

L. Please indicate any combination of the following categories that best summarize the applicant’s limitations.

☐ The applicant cannot ride the bus without the assistance of an attendant.
☐ The applicant cannot board the bus without a lift or ramp.
☐ The applicant cannot travel to and from the bus stop (assume not more than 2 blocks away).
☐ The three previous categories do not apply to the applicant.

N. Additional comments (prognosis, overall condition, etc.)

By my signature, I certify that this information is true and correct. I understand the falsification of the information may result in denial of service to the applicant. I understand all information will be kept confidential.

Professional Name and Title ____________________________________________________________
Agency __________________________________________ Phone ___________________________
Address __________________________________________ Zip code _______________________
City ___________________________________________ License, Registration, or Certificate #
Signature ______________________________________ Date ___________________________

August 1997
VOTRAN ADA Paratransit Eligibility Review Guide

Applicant’s Name: _____________________________

Reviewed By: ___________________ Date: __________

<table>
<thead>
<tr>
<th>STEP #1: COMPLETENESS OF THE APPLICATION</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Has the application been signed? (Section VIII)</td>
<td></td>
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<tr>
<td>Is at least one of the boxes in Section II-A checked?</td>
<td></td>
<td></td>
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<tr>
<td>Is Section IX: Professional Verification completed and signed? In order to be considered complete, the professional’s license number must be included, all questions answered to some degree, and answers should be legible and provide a reasonable amount of detail.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has each question in the applicant’s portion of the application been answered to some degree? Keep in mind that answers to the open-ended questions (for example, additional information about the applicant’s disability and functional abilities) do not have to be extremely detailed for the application to be considered “complete.” However, there should be evidence of an attempt to provide a reasonable answer to each question.</td>
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</tbody>
</table>

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<tr>
<th>STEP #1: ACTIONS TO BE TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If the answer to any of the previous questions was No, the application is not complete and should be returned to the applicant with an explanation that the application cannot be processed until it is completed.</td>
</tr>
<tr>
<td>(NOTE: Before returning the application, check to see if the applicant has requested information in large print, Braille, audio tape, or another language and respond appropriately.)</td>
</tr>
<tr>
<td>• If the answer to each of the previous questions was Yes, the application should be considered complete. PROCEED TO STEP #2.</td>
</tr>
<tr>
<td>Step #2: Why the Applicant is Unable to Use a VOTRAN Bus</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>I can use VOTRAN regular fixed-route bus service for some trips, but other times there are barriers that prevent me from using the bus.</td>
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<tr>
<td>I have difficulty understanding and/or remembering all of the things I would have to do to find my way to and from the bus and ride the bus.</td>
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<tr>
<td>I have difficulty getting to and from bus stops because I become disoriented easily.</td>
</tr>
<tr>
<td>I have a visual disability and cannot find my way to and from the bus and cannot ride the bus.</td>
</tr>
<tr>
<td>I can only get to and from bus stops if the distance is not too great and there are curb cuts and sidewalks on the route.</td>
</tr>
<tr>
<td>I can only wait at VOTRAN bus stops if there is a bench and shelter.</td>
</tr>
<tr>
<td>I have difficulty or cannot climb stairs and can only board a VOTRAN bus if it has a lift or ramp.</td>
</tr>
<tr>
<td>I have a health condition and cannot ride the bus if the walk is too far or if the weather is too hot.</td>
</tr>
<tr>
<td>I have difficulty getting to and from bus stops because of busy streets and intersections.</td>
</tr>
<tr>
<td>The severity of my disability can change from day to day. I can ride the VOTRAN bus only when I am feeling well.</td>
</tr>
<tr>
<td>I can never use the VOTRAN fixed-route bus service by myself.</td>
</tr>
<tr>
<td>I am not able to use the VOTRAN bus for other reasons. Please explain:</td>
</tr>
</tbody>
</table>
STEP #3: DISABILITY INFORMATION

<table>
<thead>
<tr>
<th>Has the applicant noted a disability in Section II-B? If Yes, list all:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the applicant noted the use of any mobility aids, medical equipment, and/or personal assistance in Section III A, B, C, D? If Yes, list all:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Review Section IX: Professional Verification of Functional Abilities. Has the professional indicated that the applicant has been diagnosed with a disability that prohibits the ability to use fixed-route bus service? If Yes, list all:

<p>| |</p>
<table>
<thead>
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</table>

STEP #3: ACTIONS TO BE TAKEN

- If no disability is noted in the application, **ADA paratransit eligibility should be DENIED.**
  
  *NOTE: Inability to use fixed-route service for any reason other than disability does not qualify a person as ADA paratransit eligible.*

- **Proceed to Section VI: Eligibility for TD Transportation** to determine if the applicant is eligible for TD paratransit services.

- If a disability is noted in the application, but does not appear to affect daily life function or the ability to use fixed-route service, **proceed to Step #4 and make a note to contact the applicant and/or the professional to request additional information about the nature and/or severity of the condition once the entire application has been reviewed.**

- If the professional has noted a disability that appears to indicate a general problem that would not necessarily affect daily life function or the ability to use fixed-route service (e.g., "anxiety" or "pain"), **contact the professional to determine the specific medical diagnosis or disability.**
  
  *NOTE: If, upon follow-up, the professional does not indicate that there is a diagnosed illness or disability, the applicant should not be considered as having a qualifying disability and ADA paratransit eligibility should be DENIED.*

- If a disability is noted in the application and does appear to affect daily life function or the ability to use fixed-route service, the applicant **may be ADA paratransit eligible.**
  
- **Proceed to Step #4.**
**STEP #4: REVIEW APPLICANT'S FUNCTIONAL ABILITIES (Section IV)**

<table>
<thead>
<tr>
<th>Can the applicant...?</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Walk up and down three steps if there are handrails on both sides?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Use a telephone to get information?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ask for and follow written or oral instructions?</td>
<td></td>
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<tr>
<td>4. Cross the street if there are curb cuts?</td>
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<tr>
<td>5. Get on and off a VOTRAN bus if it has a wheelchair lift?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. Wait 30 minutes at a bus stop that does not have a seat or shelter?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Step on and off a sidewalk that does not have a curb cut?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cross streets and intersections?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. See well enough to walk to a bus stop at night?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. Find your own way to and from the bus stop if someone shows you the way once?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>11. How far can the applicant walk (or travel using a mobility aid) if the weather is not too hot and there are no barriers in the way?</td>
<td></td>
<td></td>
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<tr>
<td>12. Does the weather affect the applicant’s ability to travel outside and use bus service? If Yes, explain:</td>
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<tr>
<td>13. Has the applicant ever received and completed mobility training? If Yes, what did the applicant learn to do?</td>
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</tbody>
</table>

**Additional information regarding the applicant’s disability and functional abilities:**

---

*August 1997*
### VOTRAN ADA Paratransit Eligibility Review Guide

**STEP #5: EVALUATE CONSISTENCY OF THE APPLICATION**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Compare the applicant’s answers regarding the inability to use VOTRAN buses noted in Step #2 to the answers collected in Step #4 of the review guide regarding the applicant’s functional abilities.</strong> Are the applicant’s answers regarding functional abilities consistent with the statement(s) about being able to sometimes or never use the fixed-route bus service?</td>
<td></td>
</tr>
<tr>
<td><strong>Compare the applicant’s answers noted in Step #2 and Step #4 to the answers provided in Section IX: Professional Verification of Functional Abilities of the application.</strong> Are the applicant’s answers consistent with the information provided by the professional?</td>
<td></td>
</tr>
<tr>
<td><strong>Review the disability information recorded in Step #3 of the review guide. Is the disability information provided by the applicant consistent with the information provided by the professional (Section IX)?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Compare the disability information recorded in Step #3 to the information regarding functional abilities noted in Step #4.</strong> Is there consistency between the limitations noted in Step #4 and the disability information recorded in Step #3? (For example, you would expect a person who uses a wheelchair to need an accessible bus and to have problems traveling to and from the bus if there are no curb cuts. However, you would not expect a person with a mental or visual impairment to have problems traveling in hot weather or climbing the steps of a bus unless another medical condition or disability is noted in the application.)</td>
<td></td>
</tr>
<tr>
<td><strong>Is there evidence that the applicant’s disability is severe enough to limit use of the fixed-route system to the extent indicated (see Step #2, #3, and #4)?</strong> (For example, if the applicant has noted a visual impairment, is the degree of vision indicated? Has the use of a mobility aid been noted that suggests a certain level of disability, such as the use of a guide dog?)</td>
<td></td>
</tr>
<tr>
<td><strong>Compare the information recorded in Step #3 regarding the applicant’s disability and the type of mobility aid used to the applicant’s limitations pertaining to using fixed-route service in Step #2 and Step #4.</strong> Is there consistency between the type of disability noted, the type of mobility aid used and the limitations related to using the fixed-route that are noted? (For example, an inconsistency would be recorded if the applicant notes the use of a powered wheelchair and reports an inability to wait for a bus that does not have a seat or a shelter without noting other issues such as heat sensitivity.)</td>
<td></td>
</tr>
</tbody>
</table>
### VOTRAN ADA Paratransit Eligibility Review Guide

<table>
<thead>
<tr>
<th><strong>STEP #6: DETERMINE ADA PARATRANSIT ELIGIBILITY</strong></th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLARIFICATION should be sought from the applicant and/or professional if:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- After completing and reviewing <strong>Steps #1 through #5</strong> there is still uncertainty about the nature and extent of the applicant's disability, especially as it relates to the ability to use fixed-route bus service. (For example, the applicant noted that (s)he is <em>not sure</em> about her/his ability to perform the tasks or can only <em>sometimes</em> perform the tasks listed in <strong>Step #4</strong>.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The licensed professional who completed <strong>Section IX: Professional Verification</strong> has not included formal diagnosis codes in question A.</td>
<td></td>
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</tbody>
</table>
| - Inconsistencies in the application were noted in **Step #5**.  
  ✴ Note: The functional nature of ADA paratransit eligibility should be highlighted during follow-up. The application may have been submitted inappropriately because the applicant and/or professional did not have a clear understanding of ADA paratransit eligibility. | | |

**The applicant should be referred for an IN-PERSON ASSESSMENT if:**

- After reviewing the application, completing **Steps #1 through #5** of the review guide, and requesting clarification from the applicant and/or professional there is still doubt about the degree of the applicant's disability or the applicant's ability to use fixed-route bus service.

**ADA Paratransit Eligibility should be DENIED under the following circumstances:**

- No disability is noted in the application and follow-up with the applicant and/or professional does not reveal a diagnosed illness or disability.

- Follow-up with the applicant and/or professional reveals that the applicant does not have a qualifying disability or condition that prevents use of VOTRAN fixed-route buses.

- A review of the information collected in **Step #4** shows no indication that the applicant cannot use the bus system (i.e., the applicant indicated that (s)he can always perform each of the tasks noted, can travel the required distance to a bus stop, and her/his mobility is not affected by weather conditions).
<table>
<thead>
<tr>
<th>STEP #6: DETERMINE ADA PARATRANSIT ELIGIBILITY</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONDITIONAL or UNCONDITIONAL ELIGIBILITY</strong></td>
<td></td>
<td></td>
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<tr>
<td>should be applied if all of the following conditions are met:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The applicant has submitted a complete application (including Professional Verification).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The answers provided by the applicant and professional are consistent throughout the application.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• There is sufficient evidence supplied within the application that the disability is consistent with the functional limitations noted by the applicant and professional.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The information supplied indicates that the applicant is not able to use fixed-route bus service to travel throughout the ADA service area under all conditions.</td>
<td></td>
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</tbody>
</table>

**Proceed to Step #7: Determining Conditions of Eligibility**
If the determination is made in Step #6 that the applicant cannot use fixed-route services to travel throughout the ADA paratransit service area under all conditions, a determination also must be made regarding whether the applicant can be expected to use fixed-route service at least some of the time (CONDITIONAL ELIGIBILITY).

When setting conditions of eligibility, consider the responses to questions regarding why the applicant cannot use VOTRAN buses and the applicant’s diagnosed condition or disability and associated functional abilities. The answers to these questions should have been captured in Steps #2 through #4. Conditions of eligibility should be consistent with the applicant’s and professional’s statements regarding the conditions under which the applicant is able to use fixed-route service. The reviewer’s task is to clearly identify conditions when the applicant cannot use the bus.

If the applicant has indicated that (s)he can never use fixed-route bus service, this claim should be checked against the limitations noted by both the applicant and professional, the type of disability, extent of the disability, and mobility aids used. If all elements (applicant and professional verification) are consistent with one another, UNCONDITIONAL ELIGIBILITY should be granted to the applicant.

Conditions of eligibility may only be set if the level of detail in the application or obtained in follow-up calls makes it possible to set exact limitations on fixed-route use. For example, if the applicant and professional have indicated that the applicant cannot travel by fixed-route bus when the weather is too hot, sufficient information regarding the extent of temperature sensitivity must be obtained in order to determine whether there are certain times of the year that the applicant can be expected to use the fixed-route service. If clarification is needed to be able to specify exact conditions of eligibility, the applicant and/or professional should be contacted for additional information.

If, after follow-up with the applicant and/or professional, it is felt that the applicant can use bus service some of the time, but there is not enough specific information to set exact conditions of eligibility, the applicant should be referred for an IN-PERSON ASSESSMENT of functional abilities.

PLEASE NOTE: All specific conditions of eligibility must be included in the eligibility determination notification letter that is sent to the applicant.

Some examples of possible conditions of eligibility include:

- If applicants note that they can only use a VOTRAN bus if it has a wheelchair lift, they should be considered for conditional eligibility WHEN THE FIXED-ROUTE BUS THEY NEED TO USE IS NOT ACCESSIBLE.

- If it is determined that applicants cannot use the bus if they have to cross busy streets or intersections, conditional eligibility should be considered WHEN TRAVEL TO AND FROM BUS STOPS INVOLVES CROSSING BUSY STREETS OR INTERSECTIONS AT THE ORIGIN OR DESTINATION.
Similarly, if applicants note that they can get to a bus stop if there are curb cuts and/or sidewalks, conditional eligibility should be granted **WHEN A LACK OF CURB CUTS OR ACCESSIBLE PATH OF TRAVEL PREVENTS TRAVEL TO OR FROM BUS STOPS.**

If applicants note that they are able to walk or travel on their own for 1/4 mile or more to a bus stop, eligibility could be granted **WHEN THE DISTANCE TO OR FROM A BUS STOP IS MORE THAN (THE MAXIMUM TRAVEL DISTANCE INDICATED).** If the applicant can only travel “less than 1 block” on their own, **UNCONDITIONAL ELIGIBILITY** should be considered.

If applicants note that they can only use bus service if the bus stops have benches and shelters, they should be considered for conditional eligibility **WHEN BUS STOPS THAT THEY NEED TO USE ARE NOT EQUIPPED WITH BENCHES AND SHELTERS.**

If applicants note that they cannot use fixed-route bus service if the weather is too hot and follow-up with the applicant and/or professional has produced information regarding specific times of the year when the weather is suitable for fixed-route bus use, the applicant should be considered for conditional eligibility **FROM (DATE) TO (DATE).**

If applicants note in **Section IV-D** of the application that they have successfully completed mobility training to use certain routes, eligibility should be granted **EXCEPT WHEN THE TRIP CAN BE MADE ON ROUTES (BUS ROUTE NUMBER(S) THEY HAVE BEEN TRAINED TO USE).**

If applicants indicate in **Section IV-D** of the application that they have learned to read schedules and plan trips, follow up with the applicant or with the agency that provided the training to determine whether this means that they can use fixed-route buses. If so, eligibility should be **DENIED** unless other factors exist.

If answers to any of the open-ended or explanation questions in the application indicate specific conditions under which the applicant cannot use the bus, conditional eligibility should be considered for those specific conditions. However, the reasons given should be checked for consistency with the disability or condition cited **and should prohibit the applicant’s ability to use the fixed-route service.**

If the applicant has a disability that is intermittent or episodic and the applicant and professional state that the applicant can only use the bus on certain days, **UNCONDITIONAL ELIGIBILITY** should be granted, but fixed-route use should be encouraged whenever possible.

Finally, if it is appropriate to establish many conditions of eligibility which would result in the applicant using fixed-route service for only a small percentage of trips, it may be appropriate to grant **UNCONDITIONAL ELIGIBILITY.**
Once conditions of eligibility have been established for the applicant, a review of trips frequently made by the applicant should be made by referring to Section V: Where do you go in the application. These trips should be examined to see if it is possible for the applicant to travel to these destinations using VOTRAN fixed-route bus service.

- Using a map of the area and the VOTRAN transit guide, locate the origins and destinations provided by the applicant in Section V of the application.
- Locate the nearest bus route(s) and stops that would serve each trip.
- Compare the frequently made trips to all of the applicant’s eligibility conditions to determine whether the trip(s) can be made using fixed-route bus service.

**For Example:**

If the applicant can only travel certain distances, check to see whether the distances to and from the stops are within the established acceptable distance.

If the applicant requires accessible buses, check to see whether the route(s) are 100 percent accessible.

- If no conditions of eligibility exist that would prohibit the applicant from making any or all of the trips listed in Section V of the application by using VOTRAN’s fixed-route bus service, the trip(s) are not ADA paratransit eligible and this should be noted in the eligibility determination letter to the applicant.
- If conditions of eligibility exist that would prohibit use of the fixed-route bus service to make some or all of the trips listed in Section V of the application, the trip(s) are ADA paratransit eligible and this should be noted in the eligibility determination letter to the applicant.

**STEP #9: TEMPORARY ELIGIBILITY**

If CONDITIONAL or UNCONDITIONAL ELIGIBILITY is granted to the applicant, review the application to determine if the applicant’s disability is temporary (Application Section II-C and Professional Verification Section B). If the applicant’s disability is temporary, eligibility should only be granted for the expected duration of the condition. If necessary, contact the applicant and/or professional to determine an estimated length of disability. The length of eligibility that is granted must be clearly stated in the eligibility determination letter.
Review Section III-B, C and D to determine if the applicant requires a Personal Care Attendant (PCA) or service animal. ★NOTE: Certification and/or identification may not be required for a service animal (i.e., the applicant is not required to provide proof that the animal has received specialized training).

- If the applicant does not indicate that (s)he requires a PCA or service animal, note in the eligibility determination letter that TRAVEL WITH A PERSONAL CARE ATTENDANT (SERVICE ANIMAL) IS NOT REQUIRED.

- If the applicant indicates that (s)he does require the assistance of a PCA or service animal, check the reason cited against the type of disability for consistency.

- If there appears to be consistency, note the needs for a PCA and/or service animal and the types of assistance required in the applicant’s file.

- If there appears to be an inconsistency, request additional information from the applicant and/or professional.

**STEP #11: MOBILITY TRAINING REFERRAL**

Review the answer to question E of Section IV in the application to see if the applicant indicated an interest in mobility training. If so, note this in the applicant’s file and forward a copy of the application to VOTRAN’s Mobility Training Coordinator.
APPENDIX B
MEDICAID TRANSPORTATION ELIGIBILITY

When completed return to:

VOTRAN
Community Transportation Coordinator for Volusia County
950 Big Tree Road
South Daytona, Florida 32119

All Items Must be Completed and Typed or Printed Legibly or Form will be Returned

SECTION I: Identifying Information

Medicaid Gold Card No.:_________________________ S.S.No.:_________________________

Last Name:________________ First Name:________________ MI:________________

Street Address:________________________________________ Apt/Bldg #:________________

City:________________ State:________________ Zip Code:________________

Is this a ☐ House ☐ Apartment ☐ Nursing Facility ☐ ACLF ☐ ICFMR ☐ Boarding House

Mailing Address (if different):________________________ Apt/Bldg #:________________

City:________________ State:________________ Zip Code:________________

Home Phone:______________ Work Phone:______________ TDD #:______________

Date of Birth________________ Current Age:__________ ☐ Male ☐ Female

Do you need written information given to you in a different way?

☐ No

☐ Yes (specify below)

☐ Large print ☐ Audio Tape

☐ Braille ☐ Spanish

☐ Other________________________

You also may call (904) 756-7496 ext. 147 if you need assistance completing this form.
Please give us the name and telephone number of someone we can call in an emergency.

Name: ___________________________ Phone Number: ______________________

IN CASE THERE WAS AN ORDER BY EMERGENCY MANAGEMENT FOR AN EVACUATION, WOULD YOU NEED ASSISTANCE TO BE EVACUATED?

☐ Yes ☐ No

SECTION II: Travel Determination

A. Can you use regular VOTRAN fixed-route bus service for travel?

☐ Yes ☐ No If No, please explain: __________________________

IF YOU ANSWERED YES, STOP HERE AND RETURN YOUR APPLICATION TO VOTRAN. YOU MAY BE ELIGIBLE FOR A LOW-COST UNLIMITED MONTHLY MEDICAID BUS PASS!!!

SECTION III: Need Determination

A. How are your transportation needs currently being met?

B. Do you have a valid driver’s license? ☐ Yes ☐ No

If YES, please list any restrictions: __________________________

C. How many personal vehicles are available for use in your household?

☐ 0 ☐ 1 ☐ 2 or more

If applicable, please describe any existing restrictions to your use of the household vehicle(s):

______________________________
D. Please list all other persons who reside in your household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Is this person related to you?</th>
<th>Does this person own a vehicle?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
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<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

E. Do you have family member(s) or friend(s) who live nearby?

□ Yes □ No

F. Has this person(s) ever driven you to the doctor?

□ Yes □ No

G. Would this person(s) take you to the doctor if you asked them?

□ Yes □ No

H. Do you live in a nursing home, ACLF, ICF, or boarding house?

□ Yes □ No

I. If YES, does this facility have a vehicle to transport residents?

□ Yes □ No

J. Have you ever been transported by the facility?

□ Yes □ No

K. Do you have a disability that prevents you from using a VOTRAN bus?

□ Yes → GO TO SECTION IV
□ No → COMPLETE SECTION IX AND RETURN APPLICATION TO VOTRAN
SECTION IV: When are you unable to use a VOTRAN bus?

A. Please check any of the following that apply to you:

☐ I can use VOTRAN regular fixed-route bus service for some trips, but other times there are barriers that prevent me from using the bus.
☐ I have difficulty understanding and/or remembering all of the things I would have to do to find my way to and from the bus and ride the bus.
☐ I have difficulty getting to and from bus stops because I become disoriented easily.
☐ I have a visual disability and cannot find my way to and from the bus and cannot ride the bus.
☐ I can only get to and from bus stops if the distance is not too great and there are curb cuts and sidewalks on the route.
☐ I can only wait at VOTRAN bus stops if there is a bench and shelter.
☐ I have difficulty or cannot climb stairs and can only board a VOTRAN bus if it has a lift or ramp.
☐ I have a health condition and cannot ride the bus if the walk is too far or if the weather is too hot.
☐ I have difficulty getting to and from bus stops because of busy streets and intersections.
☐ The severity of my disability can change from day to day. I can ride the VOTRAN bus only when I am feeling well.
☐ I can never use the VOTRAN fixed-route bus service by myself.
☐ I am not able to use the VOTRAN bus for other reasons. Please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
B. What is the nature of your disability that prevents you from using the VOTRAN fixed-route bus service? (please check all that apply)

- Mental Health Disability
- Cognitive Disability
- Homebound
- Blind/Legally Blind
- Wheelchair User
- Difficulty Walking
- Arthritis
- Cerebral Palsy
- Multiple Sclerosis
- Neuromuscular Disease
- Stroke
- Alzheimer’s Disease
- Muscular Dystrophy
- Epilepsy
- Post - Polio
- Respirator or Oxygen Dependent
- Other: (describe)

C. Is your disability permanent or temporary?

- Permanent
- Temporary - until when?
- I don’t know

SECTION V: Mobility Aids and Other Assistance

A. Do you use any of the following mobility aids or equipment? Check all that apply.

- leg braces
- white cane (blind)
- walker
- powered scooter/cart
- cane
- manual wheelchair
- crutches
- powered wheelchair
- I don’t use any of the above aids or equipment.
- other (please specify)

NOTE: If you use a wheelchair or a scooter and it is more than 30 inches wide, 48 inches long, or if the occupied weight is over 600 pounds, our vehicles may not be able to accommodate you. Please let us know if this is the case.

- Yes
- No
B. Do you ever require the assistance of another person when you travel outside your home?

- No
- Yes, sometimes
- Yes, always

If YES, what assistance does this person provide?

C. Do you travel with a service animal?

- No
- Yes - type of animal (e.g., guide dog)

Trained to

D. Do you travel with portable medical equipment (oxygen tank, etc.)?

- No
- Yes (describe)

SECTION VI: Functional Abilities

A. Without the help of someone else, can you...

1. Walk up and down three steps if there are handrails on both sides?
   - Always
   - Sometimes
   - Never
   - Not sure

2. Use a telephone to get information?
   - Always
   - Sometimes
   - Never
   - Not sure

3. Ask for and follow written or oral instructions?
   - Always
   - Sometimes
   - Never
   - Not sure

4. Cross the street if there are curb cuts?
   - Always
   - Sometimes
   - Never
   - Not sure

5. Get on and off a VOTRAN bus if it has a wheelchair lift?
   - Always
   - Sometimes
   - Never
   - Not sure

6. Wait 30 minutes at a bus stop that does not have a seat or shelter?
   - Always
   - Sometimes
   - Never
   - Not sure

7. Step on and off a sidewalk that does not have a curb cut?
   - Always
   - Sometimes
   - Never
   - Not sure
8. Cross streets and intersections?
- □ Always
- □ Sometimes
- □ Never
- □ Not sure

9. See well enough to walk to a bus stop in the dark?
- □ Always
- □ Sometimes
- □ Never
- □ Not sure

10. Find your own way to and from the bus stop if someone shows you the way once?
- □ Always
- □ Sometimes
- □ Never
- □ Not sure

B. If the weather is not too hot and there are no barriers in your way, what is the farthest you can walk (or travel using your mobility aid)?
- □ Less than 1 block
- □ 1 block
- □ 3 blocks (1/4 mile)
- □ 6 blocks (1/2 mile)
- □ 9 blocks (3/4 mile)
- □ more than 9 blocks

C. Does the weather affect your ability to travel outside and use bus service?
- □ Yes
- □ No

If YES, please explain how: _______________________________________________________

D. Have you ever received mobility training?
- □ No
- □ Yes, I received mobility training from a friend/relative.
- □ Yes, I received mobility training through an agency.

Name of agency: __________________________________________________________

Date: ____________________________

I learned to:
- □ travel to and from bus stops
- □ cross streets
- □ ride on the following bus routes (please list them):
  Route #_________  Route #_________  Route #_________
square • read bus schedules and plan trips
square • Other (please specify): ________________________________

Did you successfully complete the training?  
□ Yes  □ No

E. If VOTRAN offered free instruction to anyone interested in learning how to ride the fixed-route buses, would you be interested in this type of training?

□ Yes  □ No

****************ADDITIONAL INFORMATION*******************

Please provide us with any other information about your disability and functional abilities that might help us know if and when you can use fixed-route bus service.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SECTION VII: Frequency of Use and Common Destinations

A. List the doctors and or medical facilities you visit on a regular basis and how you get there now. (Please attach additional sheets, if necessary.)

1. Name ________________________________ Visits per month ______
   Type of treatment ________________________________
   How do you get there now? ________________________________

2. Name ________________________________ Visits per month ______
   Type of treatment ________________________________
   How do you get there now? ________________________________

3. Name ________________________________ Visits per month ______
   Type of treatment ________________________________
   How do you get there now? ________________________________
B. Have you ever used the VOTRAN fixed-route bus service?

☐ Yes, I typically use the fixed-route service____ times a week.
☐ Yes, I used to but stopped because______________________________.
☐ No

C. Is there something that might help you to ride the fixed-route buses?

☐ Yes, route and schedule information
☐ Yes, being able to get buses with ramps or lifts
☐ Yes, if bus stops were closer to where I live
☐ Yes, if bus stops were closer to the places I need to go
☐ Yes, learning to use the buses
☐ Yes, a communication aid
☐ Yes, other (describe)___________________________________________
☐ No, none of these would help

D. What is the closest bus stop to your home? Please give the location (e.g., “corner of International Speedway and Nova Road”)________________________________

Can you get to this stop by yourself? ☐ Yes ☐ No ☐ Sometimes
If not, why not?__________________________________________________

E. If you sometimes use VOTRAN bus service, are you unable to ride because the routes you want to use are not ramp- or lift-equipped?

☐ No
☐ Yes - Which routes?______________________________________________
☐ Don’t use the bus
SECTION VIII: If We Need Additional Information

In order for VOTRAN to evaluate your request for eligibility, it may be helpful for us to contact the professional who has completed the last part of this form (the “Professional Verification”). It may also be helpful to contact other professionals who are familiar with your disability and your functional abilities. Please identify below one or two other professionals that we can contact for additional information. Examples of qualified professionals include:

- physician (M.D. or D.O.)
- physical therapist
- occupational therapist
- orientation and mobility instructor
- independent living specialist
- rehabilitation specialist
- licensed social worker
- optometrist
- registered nurse
- psychologist

(PLEASE PRINT)

<table>
<thead>
<tr>
<th>Name of Licensed Professional</th>
<th>Name of Licensed Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional’s agency (if any)</td>
<td>Phone #</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>
SECTION IX: Signature Page

Certification and Authorization:

I understand that the information contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility for VOTRAN door-to-door services. I certify that the information provided in this application is true and correct. I understand that providing false or misleading information, or making false statements on behalf of others constitutes welfare fraud and is considered a felony under the laws of the State of Florida. I authorize the professional listed to release to VOTRAN information about my disability and its effect on my ability to travel on the regular bus system. I understand that I may revoke this authorization at any time by written notice to VOTRAN.

Signature of applicant ______________________ Date __________________

If someone assisted you in completing this application, please provide the following information:

Signature of person assisting applicant ______________________

Relationship to applicant ______________________

Print name ____________________________________________

Address ______________________________________________

Agency ______________________ Phone __________________

How did this person assist you? _____________________________________________________________________

_____________________________________________________________________________________________

THIS ENDS THE PORTION OF THE APPLICATION THAT IS TO BE FILLED OUT BY THE APPLICANT. IF THE APPLICANT INDICATED THAT A DISABILITY EXISTS THAT PREVENTS USE OF FIXED-ROUTE BUSES, THE NEXT TWO PAGES MUST BE COMPLETED BY A QUALIFIED LICENSED PROFESSIONAL WHO CAN PROVIDE SPECIFIC INFORMATION ABOUT THE DISABILITY.

If you have any questions concerning this application please call (904) 756-7496 ext. 147. For persons with a hearing or speech impairment, call 756-7494 (Greater Daytona - TDD), 943-7052 (W. Volusia - TDD), or 424-6820 (S.E. Volusia - TDD).

August 1997

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SECTION X: Professional Verification of Functional Abilities

Name of Applicant: __________________________ Date of Birth ______________

IF THE APPLICANT IS UNFAMILIAR TO YOU, INELIGIBLE, OR HAS NOT BEEN SEEN FOR MORE THAN ONE YEAR, PLEASE INDICATE THIS UNDER “ADDITIONAL COMMENTS.”

A. Has the applicant been diagnosed with a cognitive, mental, physical or other disability? Please list all disabilities.
   - No
   - Yes - diagnoses & onset: ______________________________________________________
     ICD-9 codes ________________________________________________________________
     DSM-IV codes _____________________________________________________________
     OS - visual acuity & field ____________________________________________________
     OD - visual acuity & field ____________________________________________________

B. The applicant’s disability is:
   - Permanent
   - Temporary - until when? ____________________________________________________

C. Do the applicant’s abilities change due to medical treatments, weather conditions, or other related factors?
   - No
   - Yes - How? ______________________________________________________________

D. What is the MAXIMUM distance the applicant can either ambulate unassisted OR travel using a mobility device? If limited, please explain.
   - Less than 1 block
   - 1 block
   - 2 blocks
   - 3 blocks
   - 1/4 mile
   - ½ mile
   - 3/4 mile or more

   If limited, why is the applicant unable to walk or travel beyond the distance indicated?

E. How many steps can the applicant climb or descend? If limited, please explain.
   - None
   - 1 step
   - 2 steps
   - 3 steps
   - 4 or more steps

   If limited, why is the applicant unable to climb or descend stairs?

F. Does the applicant currently travel with a service animal?
   - No
   - Yes - type of animal ________________________________________________________
Professional Verification of Functional Abilities (continued)

G. WITHOUT THE ASSISTANCE OF AN ATTENDANT, can the applicant perform the following activities? If functionality is variable or affected by treatment, please explain.

- [ ] Yes  [ ] No  [ ] Varies  Ask for, understand, and follow directions?
- [ ] Yes  [ ] No  [ ] Varies  Cope with unexpected problems and changes in routine?
- [ ] Yes  [ ] No  [ ] Varies  Determine a point of orientation?
- [ ] Yes  [ ] No  [ ] Varies  Recognize landmarks?
- [ ] Yes  [ ] No  [ ] Varies  Cross a busy street?
- [ ] Yes  [ ] No  [ ] Varies  Use a telephone to make and receive calls?

H. Does the applicant require an attendant for travel purposes?

- [ ] No  [ ] Yes

I. Does the applicant use any of the following mobility aids?

- [ ] powered scooter/cart
- [ ] walker
- [ ] cane
- [ ] white cane
- [ ] powered wheelchair
- [ ] manual wheelchair
- [ ] crutches
- [ ] leg braces
- [ ] other - please specify ________________________________
- [ ] does not use aid

J. Has the applicant received mobility training?

- [ ] No  [ ] Yes - when and where? __________________________________________________________

K. When did you last evaluate the applicant? _______________________________________________________

L. Please indicate any combination of the following categories that best summarize the applicant's limitations.

- [ ] The applicant cannot ride the bus without the assistance of an attendant.
- [ ] The applicant cannot board the bus without a lift or ramp.
- [ ] The applicant cannot travel to and from the bus stop (assume not more than 2 blocks away).
- [ ] The three previous categories do not apply to the applicant.

N. Additional comments (prognosis, overall condition, etc.)

By my signature, I certify that this information is true and correct. I understand the falsification of the information may result in denial of service to the applicant. I understand all information will be kept confidential.

Professional Name and Title ____________________________
Agency ____________________________  Phone ____________
Address ____________________________  Zip code ____________
City ____________________________  License, Registration, or Certificate # ____________________________
Signature ____________________________  Date ____________

August 1997
Applicant's Name: _____________________________

Reviewed By: __________________ Date: ____________

<table>
<thead>
<tr>
<th>STEP #1: COMPLETENESS OF THE APPLICATION</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the application been signed? (Section IX)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check question III-K. If the applicant answered YES, has at least one of the boxes in Section IV-A been checked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check question III-K. If the applicant answered YES, is Section IX: Professional Verification completed and signed? In order to be considered complete, the professional’s license number must be included, all questions answered to some degree, and answers should be legible and provide a reasonable amount of detail.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has each question in the applicant’s portion of the application been answered to some degree? <em>Keep in mind that Sections IV through XIII and Section X only have to be completed if the applicant answered YES to question III-K. Answers to the open-ended questions do not have to be extremely detailed for the application to be considered &quot;complete.&quot; However, there should be evidence of an attempt to provide a reasonable answer to each question.</em></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP #1: ACTIONS TO BE TAKEN</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• If the answer to any of the previous questions was No, the application is not complete and should be returned to the applicant with an explanation that the application cannot be processed until it is completed.</td>
<td></td>
</tr>
</tbody>
</table>

*(NOTE: Before returning the application, check to see if the applicant has requested information in large print, Braille, audio tape, or another language and respond appropriately.)*

• If the answer to each of the previous questions was Yes, the application should be considered complete. Proceed to STEP #2.
<table>
<thead>
<tr>
<th>STEP #2: TRAVEL AND NEED DETERMINATION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the applicant use regular VOTRAN fixed-route bus service for travel (question II-A)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the applicant’s travel needs currently being met by another person(s) or agencies (questions III-A, F, I, J)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the applicant noted any vehicles available for use in the household (questions III-C, D, I)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the applicant noted any restrictions that prohibit the use of personal or household vehicles (questions III-B, C)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the applicant have any friends or family members in the area that have taken or would be willing to take the applicant to the doctor (questions III-D, E, F, G)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the applicant reside in a Nursing Home, ACLF, ICF, or Boarding House that owns a vehicle (questions III-J, K)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the applicant indicated the existence of a disability that prevents use of VOTRAN fixed-route buses (question III-K)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP #2: ACTIONS TO BE TAKEN</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If the applicant indicated that (s)he is able to use VOTRAN fixed-route bus service for travel (question II-A), Medicaid paratransit eligibility should be DENIED. Contact the applicant to determine if (s)he is eligible for a low-cost unlimited use monthly Medicaid Bus Pass.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If the applicant indicated that (s)he is unable to use VOTRAN fixed-route bus service for any reason other than a disability (questions II-A and III-K), Medicaid paratransit eligibility should be DENIED.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If the applicant has indicated that her/his travel needs are currently being met by another person(s) or agencies (questions III-A, D, F, I, J), Medicaid paratransit eligibility should be DENIED.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If the applicant noted that any vehicles are available for use in the household (questions III-C, D, I) and no restrictions that prohibit the use of personal or household vehicles are indicated (questions III-B, C), Medicaid paratransit eligibility should be DENIED.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If the applicant has indicated that (s)he has any friends or family members in the area that have taken or would be willing to take the applicant to the doctor (questions III-E, F, G, I), Medicaid paratransit eligibility should be DENIED.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If the applicant resides in a nursing home, ACLF, ICF, or boarding house that owns a vehicle *(questions III-I, J)*, Medicaid paratransit eligibility should be DENIED.

If the applicant has not been DENIED Medicaid paratransit eligibility for any of the above reasons and the applicant indicated that (s)he has a *disability that prevents the use of VOTRAN fixed-route bus service*, the applicant may be Medicaid paratransit eligible. ★ *NOTE: The applicant is not eligible for Medicaid paratransit service if (s)he can meet her/his own travel needs through personal vehicles, family or friends, or if (s)he lives in a nursing home, ACLF, ICF, or boarding house which owns a vehicle.*

**PROCEED TO STEP #3.**
I can use VOTRAN regular fixed-route bus service for some trips, but other times there are barriers that prevent me from using the bus.

I have difficulty understanding and/or remembering all of the things I would have to do to find my way to and from the bus and ride the bus.

I have difficulty getting to and from bus stops because I become disoriented easily.

I have a visual disability and cannot find my way to and from the bus and cannot ride the bus.

I can only get to and from bus stops if the distance is not too great and there are curb cuts and sidewalks on the route.

I can only wait at VOTRAN bus stops if there is a bench and shelter.

I have difficulty or cannot climb stairs and can only board a VOTRAN bus if it has a lift or ramp.

I have a health condition and cannot ride the bus if the walk is too far or if the weather is too hot.

I have difficulty getting to and from bus stops because of busy streets and intersections.

The severity of my disability can change from day to day. I can ride the VOTRAN bus only when I am feeling well.

I can never use the VOTRAN fixed-route bus service by myself.

I am not able to use the VOTRAN bus for other reasons. Please explain:

__________________________________________________________________________

__________________________________________________________________________
## VOTRAN Medicaid Paratransit Eligibility Review Guide

### STEP #4: DISABILITY INFORMATION

Has the applicant noted a disability in **Section IV-B**? **If Yes, list all:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has the applicant noted the use of any mobility aids, medical equipment, and/or personal assistance in **Section V-A, B, C, D**? **If Yes, list all:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Review **Section X: Professional Verification of Functional Abilities**. Has the professional indicated that the applicant has been diagnosed with a disability that prohibits the ability to use fixed-route bus service? **If Yes, list all:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### STEP #4: ACTIONS TO BE TAKEN

- **If no disability is noted in the application,** **Medicaid paratransit eligibility should be DENIED.** ★ **NOTE:** Inability to use fixed-route service for any reason other than disability does not qualify a person as Medicaid paratransit eligible.

- **If a disability is noted in the application,** but does not appear to affect daily life function or the ability to use fixed-route service, **proceed to Step #5 and make a note to contact the applicant and/or the professional to request additional information about the nature and/or severity of the condition once the entire application has been reviewed.**

- **If the professional has noted a disability that appears to indicate a general problem that would not necessarily affect daily life function or the ability to use fixed-route service,** contact the professional to determine the specific medical diagnosis or disability. ★ **NOTE:** If, upon follow-up, the professional does not indicate that there is a diagnosed illness or disability, the applicant should not be considered as having a qualifying disability and **Medicaid paratransit eligibility should be DENIED.**

- **If a disability is noted in the application and does appear to affect daily life function or the ability to use fixed-route service,** the applicant may be Medicaid paratransit eligible.

- **PROCEED TO STEP #5.**
# VOTRAN Medicaid Paratransit Eligibility Review Guide

## STEP #5: REVIEW APPLICANT'S FUNCTIONAL ABILITIES (Section VI)

<table>
<thead>
<tr>
<th>Can the applicant...?</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Walk up and down three steps if there are handrails on both sides?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Use a telephone to get information?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ask for and follow written or oral instructions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Cross the street if there are curb cuts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Get on and off a VOTRAN bus if it has a wheelchair lift?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Wait 30 minutes at a bus stop that does not have a seat or shelter?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Step on and off a sidewalk that does not have a curb cut?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cross streets and intersections?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. See well enough to walk to a bus stop at night?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Find your own way to and from the bus stop if someone shows you the way once?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. How far can the applicant walk (or travel using a mobility aid) if the weather is not too hot and there are no barriers in the way?  
   Applicant:  
   Professional:  

12. Does the weather affect the applicant’s ability to travel outside and use bus service? If Yes, explain:  
   Applicant:  
   Professional:  

13. Has the applicant ever received and completed mobility training? If Yes, what did the applicant learn to do?  
   Applicant:  
   Professional:  

Additional information regarding the applicant’s disability and functional abilities:

---

August 1997  
Page 6 of 13
<table>
<thead>
<tr>
<th>STEP #6: EVALUATE CONSISTENCY OF DISABILITY INFORMATION PROVIDED</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compare the applicant’s answers regarding the inability to use VOTRAN buses noted in Step #3 to the answers collected in Step #5 of the review guide regarding the applicant’s functional abilities. Are the applicant’s answers regarding functional abilities consistent with the statement(s) about being able to sometimes or never use the fixed-route bus service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compare the applicant’s answers noted in Step #3 and Step #5 to the answers provided in Section X: Professional Verification of Functional Abilities of the application. Are the applicant’s answers consistent with the information provided by the professional?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review the disability information recorded in Step #4 of the review guide. Is the disability information provided by the applicant consistent with the information provided by the professional (Section X)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compare the disability information recorded in Step #4 to the information regarding functional abilities noted in Step #5. Is there consistency between the limitations noted in Step #5 and the disability information recorded in Step #4? (For example, you would expect a person who uses a wheelchair to need an accessible bus and to have problems traveling to and from the bus if there are no curb cuts. However, you would not expect a person with a mental or visual impairment to have problems traveling in hot weather or climbing the steps of a bus unless another medical condition or disability is noted in the application.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there evidence that the applicant’s disability is severe enough to limit use of the fixed-route system to the extent indicated (see Step #3, #4, and #5)? (For example, if the applicant has noted a visual impairment, is the degree of vision indicated? Has the use of a mobility aid been noted that suggests a certain level of disability, such as the use of a guide dog?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compare the information recorded in Step #4 regarding the applicant’s disability and the type of mobility aid used to the applicant’s limitations pertaining to using fixed-route service in Step #3 and Step #5. Is there consistency between the type of disability noted, the type of mobility aid used and the limitations related to using the fixed-route that are noted? (For example, an inconsistency would be recorded if the applicant notes the use of a powered wheelchair and reports an inability to wait for a bus that does not have a seat or a shelter without noting other issues such as heat sensitivity.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### VOTRAN Medicaid Paratransit Eligibility Review Guide

#### STEP #7: DETERMINE MEDICAID PARATRANSIT ELIGIBILITY

<table>
<thead>
<tr>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLARIFICATION</strong> should be sought from the applicant and/or professional if:</td>
<td></td>
</tr>
<tr>
<td>- After completing and reviewing <strong>Steps #3 through #6</strong> there is still uncertainty about the nature and extent of the applicant’s disability, especially as it relates to the ability to use fixed-route bus service. (For example, the applicant noted that (s)he is <em>not sure</em> about her/his ability to perform the tasks or can only <em>sometimes</em> perform the tasks listed in <strong>Step #5</strong>.)</td>
<td></td>
</tr>
<tr>
<td>- The licensed professional who completed <strong>Section IX: Professional Verification</strong> has not included formal diagnosis codes in question A.</td>
<td></td>
</tr>
</tbody>
</table>
| - Inconsistencies in the application were noted in **Step #6**. 
  ✤ *Note: The functional nature of Medicaid paratransit eligibility should be highlighted during follow-up. The application may have been submitted inappropriately because the applicant and/or professional did not have a clear understanding of Medicaid paratransit eligibility.* | |
| **The applicant should be referred for an IN-PERSON ASSESSMENT** if: | |
| - After reviewing the application, completing **Steps #3 through #6** of the review guide, and requesting clarification from the applicant and/or professional there is still doubt about the degree of the applicant’s disability or the applicant’s ability to use fixed-route bus service. | |
| **Medicaid Paratransit Eligibility should be DENIED under the following circumstances:** | |
| - No disability is noted in the application and follow-up with the applicant and/or professional does not reveal a diagnosed illness or disability. | |
| - Follow-up with the applicant and/or professional reveals that the applicant does not have a qualifying disability or condition that prevents use of VOTRAN fixed-route buses. | |
| - A review of the information collected in **Step #5** shows no indication that the applicant cannot use the bus system (i.e., the applicant indicated that (s)he can always perform each of the tasks noted, can travel the required distance to a bus stop, and her/his mobility is not affected by weather conditions). | |
CONDITIONAL or UNCONDITIONAL ELIGIBILITY should be applied if all of the following conditions are met:

- The applicant has submitted a complete application (including Professional Verification).
- The answers provided by the applicant and professional are consistent throughout the application.
- There is sufficient evidence supplied within the application that the disability is consistent with the functional limitations noted by the applicant and professional.
- The information supplied indicates that the applicant is not able to use fixed-route bus service to travel throughout the service area under all conditions.

Proceed to Step #8: Determining Conditions of Eligibility
**STEP #8: DETERMINING CONDITIONS OF ELIGIBILITY**

If the determination is made in Step #7 that the applicant cannot use fixed-route services to travel throughout the service area under all conditions, a determination also must be made regarding whether the applicant can be expected to use fixed-route service at least some of the time (CONDITIONAL ELIGIBILITY).

When setting conditions of eligibility, consider the responses to questions regarding why the applicant cannot use VOTRAN buses and the applicant’s diagnosed condition or disability and associated functional abilities. The answers to these questions should have been captured in Steps #3 through #5. Conditions of eligibility should be consistent with the applicant’s and professional’s statements regarding the conditions under which the applicant is able to use fixed-route service. The reviewer’s task is to clearly identify conditions when the applicant cannot use the bus.

If the applicant has indicated that (s)he can never use fixed-route bus service, this claim should be checked against the limitations noted by both the applicant and professional, the type of disability, extent of the disability, and mobility aids used. If all elements (applicant and professional verification) are consistent with one another, UNCONDITIONAL ELIGIBILITY should be granted to the applicant.

Conditions of eligibility may only be set if the level of detail in the application or obtained in follow-up calls makes it possible to set exact limitations on fixed-route use. For example, if the applicant and professional have indicated that the applicant cannot travel by fixed-route bus when the weather is too hot, sufficient information regarding the extent of temperature sensitivity must be obtained in order to determine whether there are certain times of the year that the applicant can be expected to use the fixed-route service. If clarification is needed to be able to specify exact conditions of eligibility, the applicant and/or professional should be contacted for additional information.

If, after follow-up with the applicant and/or professional, it is felt that the applicant can use bus service some of the time, but there is not enough specific information to set exact conditions of eligibility, the applicant should be referred for an IN-PERSON ASSESSMENT of functional abilities.

**PLEASE NOTE:** All specific conditions of eligibility must be included in the eligibility determination notification letter that is sent to the applicant.

Some examples of possible conditions of eligibility include:

- If applicants note that they can only use a VOTRAN bus if it has a wheelchair lift, they should be considered for conditional eligibility WHEN THE FIXED-ROUTE BUS THEY NEED TO USE IS NOT ACCESSIBLE.

- If it is determined that applicants cannot use the bus if they have to cross busy streets or intersections, conditional eligibility should be considered WHEN TRAVEL TO AND FROM BUS STOPS INVOLVES CROSSING BUSY STREETS OR INTERSECTIONS AT THE ORIGIN OR DESTINATION.
Similarly, if applicants note that they can get to a bus stop if there are curb cuts and/or sidewalks, conditional eligibility should be granted WHEN A LACK OF CURB CUTS OR ACCESSIBLE PATH OF TRAVEL PREVENTS TRAVEL TO OR FROM BUS STOPS.

If applicants note that they are able to walk or travel on their own for 1/4 mile or more to a bus stop, eligibility could be granted WHEN THE DISTANCE TO OR FROM A BUS STOP IS MORE THAN (THE MAXIMUM TRAVEL DISTANCE INDICATED). If the applicant can only travel "less than 1 block" on their own, UNCONDITIONAL ELIGIBILITY should be considered.

If applicants note that they can only use bus service if the bus stops have benches and shelters, they should be considered for conditional eligibility WHEN BUS STOPS THAT THEY NEED TO USE ARE NOT EQUIPPED WITH BENCHES AND SHELTERS.

If applicants note that they cannot use fixed-route bus service if the weather is too hot and follow-up with the applicant and/or professional has produced information regarding specific times of the year when the weather is suitable for fixed-route bus use, the applicant should be considered for conditional eligibility FROM (DATE) TO (DATE).

If applicants note in Section VI-D of the application that they have successfully completed mobility training to use certain routes, eligibility should be granted EXCEPT WHEN THE TRIP CAN BE MADE ON ROUTES (BUS ROUTE NUMBER(S) THEY HAVE BEEN TRAINED TO USE).

If applicants indicate in Section VI-D of the application that they have learned to read schedules and plan trips, follow up with the applicant or with the agency that provided the training to determine whether this means that they can use fixed-route buses. If so, eligibility should be DENIED unless other factors exist.

If answers to any of the open-ended or explanation questions in the application indicate specific conditions under which the applicant cannot use the bus, conditional eligibility should be considered for those specific conditions. However, the reasons given should be checked for consistency with the disability or condition cited and should prohibit the applicant’s ability to use the fixed-route service.

If the applicant has a disability that is intermittent or episodic and the applicant and professional state that the applicant can only use the bus on certain days, UNCONDITIONAL ELIGIBILITY should be granted, but fixed-route use should be encouraged whenever possible.

Finally, if it is appropriate to establish many conditions of eligibility which would result in the applicant using fixed-route service for only a small percentage of trips, it may be appropriate to grant UNCONDITIONAL ELIGIBILITY.
Once conditions of eligibility have been established for the applicant, a review of trips frequently made by the applicant should be made by referring to Section VII: Frequency of Use & Common Destinations in the application. These trips should be examined to see if it is possible for the applicant to travel to these destinations using VOTRAN fixed-route bus service.

- Using a map of the area and the VOTRAN transit guide, locate the origins and destinations provided by the applicant in Section VII of the application.
- Locate the nearest bus route(s) and stops that would serve each trip.
- Compare the frequently made trips to all of the applicant’s eligibility conditions to determine whether the trip(s) can be made using fixed-route bus service.

For Example:

If the applicant can only travel certain distances, check to see whether the distances to and from the stops are within the established acceptable distance.

If the applicant requires accessible buses, check to see whether the route(s) are 100 percent accessible.

- If no conditions of eligibility exist that would prohibit the applicant from making any or all of the trips listed in Section VII of the application by using VOTRAN’s fixed-route bus service, the trip(s) are not Medicaid paratransit eligible and this should be noted in the eligibility determination letter to the applicant.
- If conditions of eligibility exist that would prohibit use of the fixed-route bus service to make some or all of the trips listed in Section VII of the application, the trip(s) are Medicaid paratransit eligible and this should be noted in the eligibility determination letter to the applicant.

If CONDITIONAL or UNCONDITIONAL ELIGIBILITY is granted to the applicant, review the application to determine if the applicant’s disability is temporary (Application Section IV-C and Professional Verification Section B). If the applicant’s disability is temporary, eligibility should only be granted for the expected duration of the condition. If necessary, contact the applicant and/or professional to determine an estimated length of disability. The length of eligibility that is granted must be clearly stated in the eligibility determination letter.
STEP #11: PERSONAL CARE ATTENDANTS AND SERVICE ANIMALS

Review Section V-B, C and D to determine if the applicant requires a Personal Care Attendant (PCA) or service animal. ★NOTE: Certification and/or identification may not be required for a service animal (i.e., the applicant is not required to provide proof that the animal has received specialized training).

- If the applicant does not indicate that (s)he requires a PCA or service animal, note in the eligibility determination letter that TRAVEL WITH A PERSONAL CARE ATTENDANT (SERVICE ANIMAL) IS NOT REQUIRED.

- If the applicant indicates that (s)he does require the assistance of a PCA or service animal, check the reason cited against the type of disability for consistency.

- If there appears to be consistency, note the needs for a PCA and/or service animal and the types of assistance required in the applicant’s file.

- If there appears to be an inconsistency, request additional information from the applicant and/or professional.

STEP #12: MOBILITY TRAINING REFERRAL

Review the answer to question E of Section VI in the application to see if the applicant indicated an interest in mobility training. If so, note this in the applicant’s file and forward a copy of the application to VOTRAN’s Mobility Training Coordinator.
APPENDIX C
Travel Training Resource List


Travel Training Resource List (cont.)
