

PARA TRANSIT INTERVIEWS

Until further notice there will be

no in person interviews

for Para Transit.

Please mail all applications to

Para Transit,

148 Martine Ave. Rm 102

White Plains, NY 10601

All applications will be reviewed and if needed a follow

up phone call will be made for clarifications

in order to process in a timely fashion.

*For further information please call

914-995-2959

George Latimer
County Executive

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Evmn Lntnino
Director

Dear ParaTransit Applicant:

Westchester County's Bee-Line ParaTransit system is an origin-to-destination, curb-to-curb shared ride alternative service for people who are unable to use the regular Bee-Line Bus System.

Please take a few moments to read the ParaTransit eligibility guidelines to better understand the parameters of this program. Answer **ALL** questions completely and explain how your disability prevents you from using a regular fixed route Bee-Line bus. Your doctor will have to complete the Doctor's Certification form on page 10. Incomplete applications will be returned and can delay the application process.

You must schedule an in-person interview if you are under the age of 75 and are applying for Permanent ParaTransit (more than one year). **To schedule an interview, call (914) 995-2959.**

Please bring your completed application with the Doctor's Certification form and a current small-sized (license/passport) photo with you on the day of your appointment. Interviews are conducted on Wednesday's, Thursday's and Friday's from 9:30 a.m. to 12:30 p.m. We highly recommend that someone accompany you if you need assistance. We will provide complementary transportation to and from the interview. Upon arrival at the Westchester County office building, the only entrance from the parking lot is through the main entrance on Court Street.

Please DO NOT mail your application, unless you meet ONE of the following waiver conditions.

Waiver conditions:

- 75 years or older
- Applying for temporary service (up to a year). If continued service is needed, you will be required to complete a new application and come for an interview
- Already registered with another ParaTransit program anywhere in the United States

Please mail your completed application, the completed Doctor's Certification form, and a current copy of a small sized (license/passport) photo to **ParaTransit, 148 Martine Ave., Room 102, White Plains NY 10601.**

If you have additional questions about ParaTransit, call us at (914) 995-2960 (voice) or (914) 995-7397 (TTY only).

Sincerely,
& (ff) Lataue,i
Director

EV/am9-2017

Please
attach
photo here.

Westchester County ParaTransit Application

ALL of the following questions must be completed. Please print all answers legibly.

Part I: General Information

1. Name

2. Address

City

State

Zip

3. Home Phone

Work Phone

Cell Phone

E-mail

4. Intersection and/or landmark nearest your home

Bus stop nearest your home and approximate distance

5. Date of Birth

6. Emergency Contact Name

Relationship

Cell Phone

Home Phone

Work Phone

7. If someone assisted you in completing this application, please identify:

Name

Phone

Part II: Information About the Applicant's Disability

8. Please check the reason(s) why you are seeking ADA ParaTransit eligibility.

I can use the regular Bee-Line buses to go some places, but not other places.

I can use the regular Bee-Line buses sometimes, but only if they are equipped with a wheelchair lift.

I can never use a regular Bee-Line bus because (provide full details):

9. From the following list, please check off all disabilities or symptoms that prevent you from boarding, riding or disembarking from public buses.

General Medical Condition

- Cancer
- Diabetes
- Renal (Dialysis)
- Organ Transplant
- Other: Specify _____

Vision, Hearing or Speech Conditions

- Aphasia
- Cataracts
- Glaucoma
- Diabetic Retinopathy
- Visual Field Deficit
- Night Blindness
- Partially Blind
- Legally Blind (20/200 or worse)
- Totally Blind (No light perception)
- Deaf
- Deaf/Blind
- Other: Specify _____

Heart and Circulatory Conditions

- Angina
- Congestive Heart Failure
- Edema
- Heart Surgery
- High Blood Pressure
- Other: Specify _____

Neuromuscular Condition

- Cerebral Palsy
- Brain Injury
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's Disease
- Quadriplegia
- Spina Bifida
- Stroke
- Vertigo/Dizziness
- Other: Specify _____

Lung and Breathing Conditions

- Allergies
- Asthma
- Cystic Fibrosis
- Emphysema
- Other: Specify _____

Bone and Joint Conditions

- Amputation
- Broken Bone
- Arthritis
- Osteoarthritis
- Osteoporosis
- Other: Specify _____

Cognitive/Psychological

- Alzheimer's
- Autism
- Dementia
- Developmental Disabilities
- Panic Disorder
- Schizophrenia
- Other: Specify _____

All checked conditions must be explained in the doctor's certification form on page 9.

- 10. Is your disability : Permanent

Temporary How long? 3 to 6 months 6 to 9 months 9 to 12 months

Part III: Mobility Information

11. If you use a mobility aid, check all that apply:

Wheelchair: Manual Motorized

Size of wheelchair: _____

Scooter (ie, Amigo): Yes No

Size of scooter: _____

Note: We may not be able to accommodate you if your wheelchair or scooter is longer than 48 inches or wider than 32 inches or if your total weight including wheelchair or scooter is more than 600 pounds.

Other mobility aids:

Folding/Non-Folding **Walker**

Deane

Crutches

Leg Brace

Long White Cane

Service Animal

12. Using a mobility aid or on your own, how far can you travel? Please check all that apply.

I cannot travel more than 200 feet.

I can get to the curb in front of my house/apartment building.

I can travel up to 3 blocks (1/4 mile).

I can travel up to 6 blocks (1/2 mile).

I can travel up to 9 blocks (3/4 mile).

13. Will an aide be traveling with you? Yes No

14. How do you currently travel? Check all that apply.

Drive myself

Someone else drives

Taxi

Regular Bee-Line bus

Van Service

Train

Other _____

Part IV: Questions about using Bee-Line Buses

15. Have you ever used a regular Bee-Line bus? *Y* Yes *N*

If no, please explain why:

16. Which of the following are you able to do to ride a regular Bee Line bus? Please check yes or no only.

- | | |
|---|------------------------------|
| Are you able to read a bus schedule? | (<i>Y</i> Yes <i>N</i> No |
| Calculate bus fare? | r v e s (<i>Y</i> No |
| Put the bus fare in the box? | (<i>Y</i> Yes (<i>N</i> No |
| Cross the street once you get off the bus? | (<i>Y</i> Yes (<i>N</i> No |
| Follow instructions in a case of emergency? | , Y e s , N o |
| Reach your destination after you get off the bus? | , Y e s , N o |

If you answered NO to any of the above questions, please explain in full detail.

17. Are you able to get to and from a regular Bee-Line bus stop on your own or with the assistance of a mobility aid such as a cane, walker or wheelchair?

Yes No

What makes it difficult for you to get to or from a regular Bee-Line bus stop. Please check all that apply.

- If there are no curb cuts
- If surface is uneven
- If sidewalk or terrain is too steep
- If I need to cross a busy street and intersection
- Unable to travel at night because of a vision problem
- I become confused and/or disoriented.
- I have difficulty recognizing landmarks.
- If the weather is very hot
- If the weather is very cold; ice/snow

If you checked any of the above, briefly explain how this prevents you from doing so.

18. Are you able to wait 10 to 15 minutes at a bus stop?

Yes No

If no, please explain why.

19. Are you able to climb three 11-inch steps and/ or find a seat on your own?

Yes No

If no, please explain why.

20. Have you ever received Travel Training for bus use? Yes No

Was the training successfully completed? Yes No

If yes, please provide the following information:

Name of trainer _____

Name of agency _____

Agency telephone number _____

If no, would you like to participate in the Travel Training program? Yes No

21. To better meet your needs, please list the three trips that you will make frequently using ParaTransit.

I. From _____
To _____
Number of trips _____

II. From _____
To _____
Number of trips _____

III. From _____
To _____
Number of trips _____

Part V: Terms, Purpose and Release of Information

- The purpose of this application is to determine if the applicant is eligible for ParaTransit service according to the guidelines of the Americans with Disabilities Act.

The process can be delayed if the application is not completed in its entirety. Please be aware that the Office for the People with Disabilities may contact your doctor to verify and/or clarify any further information. All information is kept confidential; only with a signed "Release Form" will information be released. Your signature below provides this authorization.

A notification of eligibility criteria, an ID card, policies and procedures will be mailed after the processing of the application is completed. The process time can take up to 21 business days from the day the Office for People with Disabilities receives the completed application.

You may appeal within 60 days after receiving our written decision if you are not eligible under the ADA ParaTransit guidelines or are dissatisfied with your eligibility. A letter must be sent to the Office for People with Disabilities to the attention of the director.

Your signature below certifies that all information provided on this application is true to the best of your knowledge. Any falsification of information may result in denial of my application.

Release of application information

I hereby authorize the Westchester County Office for People with Disabilities to release any information to other participating transportation services.

Applicant Signature _____ Date _____

Print name _____

Guardian OR Health Care Provider Signature _____ Date _____

Print name _____

Once received, the application process may take up to 21 days.

George Latimer
County Executive

Office: for People with Disabilities

Evan Lintner
Director

Dear Doctor:

Your patient is requesting your assistance to complete the doctor certification form in order to apply for eligibility to use the Westchester County ParaTransit service.

Who Qualifies for ParaTransit?

ParaTransit service is designed to serve ONLY those persons whose severity of disability prevents them from using a regular fixed-route bus service. Under the Americans with Disabilities Act (ADA), a disability alone does not qualify a person to ride ParaTransit. A person must be FUNCTIONALLY unable to use the fixed-route Bee-Line bus.

What is ParaTransit?

ParaTransit is an alternative, curb-to-curb, demand-responsive, public transportation service. It is designed to "mirror" the regular Bee-Line bus in terms of service times and areas.

NO assistance is provided to individuals from the door of their starting point or destination and the ParaTransit vehicle, as in accordance with the ADA. Assistance is provided ONLY to help board and exit vehicles. In addition, ParaTransit is required to provide service only if both the starting point and the destination of a trip are located within ¼ of a mile from a regular Bee-Line bus route during hours when that specific route is operating.

Doctor Certification: To be completed by the applicant's medical doctor only.

Part VI: Doctor Certification

Please read carefully and complete the medical form for your patient. The information you provide will assist us in determining your patient's eligibility. **Please print clearly and legibly, preferably in block letters.**

I, (Doctor's Name) _____, certify that
(Patient's Name) _____ is an individual
with disabilities who has been a patient of mine since (year) _____
and has been diagnosed with the following _____

Refer to question 10 on page 3.

Please state how the diagnosis would **FUNCTIONALLY** prevent your patient from using the regular Bee Line bus system. Eligibility will be determined by the **DETAILED** evaluation of your patient's physical and/or cognitive conditions. In order for us to process your patient's application, we are requesting that you **please print clearly and legibly and not repeat the diagnosis.**

Your patient's condition is Permanent Temporary

I certify that the information provided on this medical form is accurate and current.

Doctor's Signature _____ Date _____

License Number _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Stamp



Instructions for completing this application are on page 2. Take the completed application to the issuing agent in the area where you live. Please bring your New York State driver license with you when you apply for the waiver.

INFORMATION ABOUT PERSON WITH DISABILITY — (Please print, and sign by the arrow.)

Form with fields for Last Name, First, M.I., Date of Birth, Address, Driver License Number, and signature line.

MEDICAL CERTIFICATION—This section must be completed only by a physician, physician assistant (PA), or doctor of osteopathy (DO).

Medical certification section containing Part A (bullet points of disabilities) and Part B (checkboxes for specific limitations), followed by a signature line for the certifying professional.

File Information (For Issuing Agent Use Only) section with fields for MV-664MP No. Issued, Date Issued, and MV-664 No. Issued.



GENERAL INSTRUCTIONS

Please read pages 1 and 2 of this packet before you complete the application on page 3. You are eligible for a special parking permit or license plates if you are a New York State resident who has one or more severe **disabilities** that impair your **mobility**. For a description of **these disabilities** see Part 2 of the application on page 3 of this packet. A parking permit may be issued for either a permanent or temporary disability. Permits are **issued in the name of the person with the disability**. You **do not** have to be a driver, or the registered owner of a vehicle, to get a parking permit. Children of any age who have a severe disability are eligible for permits, as are persons who are legally blind.

1) To apply for the parking permit:

- (a) Fill out Part 1 of the application on page 3. If you have a **PERMANENT DISABILITY**, have a Medical Doctor, Doctor of Osteopathy, Physician Assistant, Nurse Practitioner, Doctor of Podiatric Medicine (for disabilities related to the foot) or Optometrist (for blindness) fill out the "permanent disability" Medical Certification section in Part 2 of the application form and return the form to you. If you have a **TEMPORARY DISABILITY** that requires the use of an assistive device, have a Medical Doctor or Doctor of Osteopathy fill out the "temporary disability" Medical Certification section in Part 2 of the application form and return the form to you. NOTE: If you have a permanent disability, the need for medical certification may be waived by the issuing agent if you have an obvious, visually-identifiable disability (such as the loss of a leg) **OR** if you **already** have license plates for persons with severe disabilities.
- (b) You must take your completed application to the appointed issuing agent for the city, town, or village where you live. **DO NOT SEND YOUR APPLICATION TO THE DEPARTMENT OF MOTOR VEHICLES (DMV)- DMV DOES NOT ISSUE PARKING PERMITS.** If you have a driver license or a non-driver ID card that is issued by the NYS DMV, you must show the document to the issuing agent. The issuing agent will write on your permit the last three digits of the nine-digit number that is printed on your license or non-driver ID card to help law enforcement identify the actual permit holder and help limit abuse. **YOU ARE NOT REQUIRED TO HAVE A DRIVER LICENSE OR NON-DRIVER ID ISSUED BY THE NYS DMV IN ORDER TO GET A PERMIT, UNLESS YOU ARE A NEW YORK CITY RESIDENT** (If you are a New York City resident, you will not be issued a permit unless you include a copy of your driver license or non-driver ID card with the permit application).

NEW YORK CITY RESIDENTS - The New York City Department of Transportation (NYC DOT) issues permits to residents of New York City. If you are a New York City resident who needs a permit, you must send your application and a copy of your driver license or non-driver ID card to the NYC Department of Transportation, Permits and Customer Service, 30-30 Thomson Avenue, 2nd Floor, Long Island City, NY 11101-3045. Call (718) 433-3100 for more information. **If you do not provide a copy of your driver license or non-driver ID card with your application, NYC DOT will not issue a permit.** If you have plates for persons with severe disabilities, complete Part 1 and attach a copy of your registration. If you have custom plates for persons with severe disabilities, attach a photo of your plate showing the International Symbol of Access. Please read important information about "PARKING IN NEW YORK CITY" on page 2.

NASSAU COUNTY RESIDENTS - Call (516) 227-7399 (the Nassau County Office of the Physically Challenged) to find out where to apply for a permit.

ALL OTHER NEW YORK STATE RESIDENTS - Call your local city, town or village hall to find out where the nearest agent who issues permits is located. **Most city, town or village clerks, and some police departments, issue permits.** Most agents accept form MV-664.1, but some agents have their own application form, and not all agents issue permits for temporary disabilities.

2) To apply for license plates:

- (a) Your disability **must** be permanent.
- (b) The vehicle on which the special plates will be used must be **registered to the person with the disability**. You must be a minimum of 16 years old to have a vehicle registered in your own name.
- (c) Fill out Part 1 of the application on page 3. A Medical Doctor, Doctor of Osteopathy, Physician Assistant, Nurse Practitioner, Doctor of Podiatric Medicine (for disabilities related to the foot) or Optometrist (for blindness) must fill out the "Permanent Disability" section in Part 2 of the application form and return the form to you. NOTE: The need for a medical certification may be waived by the Motor Vehicles office if you are permanently disabled and have an obvious, visually-identifiable disability (such as the loss of a leg) **OR** if you have a permanent (blue) parking permit for the disabled. Permit holders should bring the permit with them and, also, fill out Part 1 of the application and attach a copy of the permit application showing the medical certification or doctor's statement.
- (d) You can **get the plates at any Motor Vehicles office**. Bring the completed application with you.
 - To register your vehicle for the first time, you must provide all of the items required for an original registration and include proof of your disability.
 - If you have plates on your car, bring the plates with you to exchange for plates for persons with severe disabilities. You must fill out a registration application (form MV-82) and pay \$25.00 for the new plates that show the International Symbol of Access (ISA).
 - If this transaction is done at any time other than when you renew a vehicle registration, you will have to pay an additional \$3.75 transaction fee.
 - Personalized plates with the ISA are available from DMV's Custom Plates office. For information, call (518) 402-4838.

USING LICENSE PLATES AND PARKING PERMITS

- ◆ The plates and permits may be used to park in reserved parking spaces **only when the person with the disability rides in or drives the vehicle**. People who are not disabled cannot use your parking permit or special plates to park in a reserved space; persons who park illegally in these spaces violate Section 1203-c(4) of the NYS Vehicle and Traffic Law and can be fined \$50 to \$75 for a first offense, and \$75 to \$150 for a second offense that is committed within two years. Municipalities can impose higher fines. Any person who abuses or misuses any parking permit or license plates for the disabled may have the permit or plates revoked.
- ◆ Parking permits should be hung from the rear-view mirror when the vehicle is parked, but should be removed from the mirror when the vehicle is driven.
- ◆ Generally, the plates and permits are valid everywhere in New York State where parking spaces are reserved for persons with disabilities. However, use of the plates or permit does not exempt you from state or local parking regulations or fees or the requirement to obtain permission to park in a designated area. The plates and permits are also valid in most other states, territories and foreign countries. If you will travel outside of New York, check with the police or Motor Vehicles agency in the location where you will be to be sure your permit or plate will be accepted.
- ◆ Parking spaces reserved for people with disabilities must be marked with conspicuous and permanently installed above-grade signs that display the wheelchair symbol. These signs are positioned at a height of five to seven feet above the parking space surface. Designation of reserved spaces may include the use of blue painted lines or markings. **Do not park in the striped access aisle next to spaces reserved for people with disabilities** even if you have a permit or plates. Access aisles provide room for people with wheelchairs and other specially equipped vehicles to transfer safely to and from their vehicles.
- ◆ Localities designate parking spaces for persons with disabilities by local law or ordinance. If you have a question about parking for the disabled on a particular street, contact the authority that maintains the road. If you have a question about reserved parking at any facility with off-street parking, contact the facility manager or the local building inspector.

◆ PARKING IN NEW YORK CITY

New York City (NYC) does not reserve spaces on its streets solely for persons with disabilities. However, the City does issue a City permit (a rectangular dashboard permit) that allows a person with severe disabilities to park at City curbside spaces that are not available to most vehicles, or at legal metered spaces without charge. This permit is not valid outside of New York City. You can have a City permit and a New York State permit, which are issued by the NYC DOT.

Throughout New York State and in New York City, reserved parking spaces are available in parking lots for shopping centers, malls, office buildings, apartment buildings, and college campuses. You can use the special plates or the State permit to park in designated spaces in those off-street lots.

For more information or to get a permit application, you can visit the NYC DOT website at www.nyc.gov/dot or call (718) 433-3100. You may also contact the NYC DOT at:

NYC Department of Transportation
Permits and Customer Service
30-30 Thomson Avenue, 2nd Floor
Long Island City, NY 11101-3045

◆ METERED PARKING WAIVERS

If you have a mobility-related disability and a certain severe disability that limits your ability to access or put payment into a parking meter, you may be eligible for a metered parking waiver. The metered parking waiver allows the holder to park in a metered parking space in any city, town or village of New York State (except in New York City) without paying the fee. For more information, see forms MV-664.1MP (Application for a Metered Parking Waiver for Persons with Severe Disabilities) and MV-664.2MP (Metered Parking Waiver Information). These forms are available through your local issuing agent and are also available on the DMV website at dmv.ny.gov.

Please **TEAR** at the **PERF** and keep pages 1 & 2 for your information.



Department of Motor Vehicles

APPLICATION FOR A PARKING PERMIT OR LICENSE PLATES, FOR PERSONS WITH SEVERE DISABILITIES

Please read pages 1 and 2 of this packet before you complete this application. If you apply for a parking permit, take the completed application to the issuing agent (local municipality) in the city, town or village where you live; **do not send your application to the Department of Motor Vehicles because DMV does not issue parking permits.**

Part 1 INFORMATION ABOUT PERSON WITH DISABILITY — (Please print and sign by the arrow.)

Last Name		First		M.I.	Telephone No. ()	
Address: No. and Street			Apt. No.	City	State	Zip Code
Date of Birth	Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	<input checked="" type="checkbox"/> X	I want: <input type="checkbox"/> License Plates (Apply to DMV.) <input type="checkbox"/> A Parking Permit (Apply to your local issuing agent.)	
Do you have license plates for persons with disabilities?			NYC residents - Attach a copy of your driver license or non-driver ID. If you had a New York State permit, print the permit number here:			
<input type="checkbox"/> Yes - My license plate number is: _____			<input type="checkbox"/> No			

Read note on page 4 before you sign

X _____
 (Signature of Person with Disability or Signature of Parent or Guardian) — If signed by a parent or guardian, please write your relationship to the person with the disability after your signature. _____ (Date)

Part 2 MEDICAL CERTIFICATION

NOTE: PERMANENT DISABILITIES may be certified by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP), a Doctor of Podiatric Medicine (DPM, for disabilities related to the foot) or Optometrist (OD, for blindness). **TEMPORARY DISABILITIES**, however, may be certified only by a Medical Doctor or Doctor of Osteopathy.

Check the box(es) that describe the disability, and fill in the diagnosis:

TEMPORARY DISABILITY: A person with a temporary disability is any person who is temporarily unable to ambulate without the aid of an assisting device. Examples of an assisting device include, but are not limited to, a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. **IMPORTANT:** Temporary permits are issued for six months or less regardless of expected recovery date.

Expected Recovery Date: _____ Diagnosis: _____

What assistive device is needed? _____

PERMANENT DISABILITY: A "severely disabled" person is any person with one or more of the PERMANENT impairments, disabilities or conditions listed below, which limit mobility.

Diagnosis: _____ Please check the conditions that apply:

Uses portable oxygen Legally blind Limited or no use of one or both legs Unable to walk 200 ft. without stopping

Neuromuscular dysfunction that severely limits mobility Class III or IV cardiac condition. (American Heart Assoc. standards)

Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition

Restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg of room air at rest

Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability, and which imposes unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

EXPLAIN BELOW HOW THIS DISABILITY LIMITS FUNCTIONAL MOBILITY.

MD/DO/DPM/NP/PA/OD Name	Professional License No.
MD/DO/DPM/NP/PA/OD Address	Telephone No. ()

Read note on page 4 before you sign

X _____
 (MD/DO/DPM/NP/PA/OD Signature) _____ (Date)

Part 3 FILE INFORMATION (For Issuing Agent Use Only)

Blue Red **Parking Permit No.** _____ Date Issued: _____ Date Expires: _____

First Second 9-digit number from NYS Driver License/ID Card _____

Denied Revoked Reason: _____ (Date)

X _____
 (Issuing Agent) _____ (Locality)

Reset/Clear

NOTE TO CUSTOMERS AND MEDICAL PROFESSIONALS

According to the NYS Vehicle and Traffic Law and the Penal Law, it is a crime (a felony or a misdemeanor) to make a false statement or to provide false information on an application for a parking permit or license plates for a person with severe disabilities. This crime is punishable by a fine, imprisonment, or both. If this crime involves an application for a parking permit, the crime may also result in liability for payment of a civil penalty of \$250 - \$1,000.

For Customers Who Want License Plates, or a Parking Permit, for Persons with a Disability:

When you sign Part 1 of this application, you certify:

- that the information you provide on this application is true;
- that you have read and understand the conditions for "Using License Plates and Parking Permits" stated on page 2; and
- that you agree to comply with those conditions.

For Medical Professionals Who Provide Medical Information in Support of an Application for License Plates, or a Parking Permit, for Persons with a Disability:

When you sign Part 2 of this application, you certify:

- that the medical information you provide is true and complete; and
- that, in your opinion, the person named in Part 1 of the application is medically qualified to receive license plates, or a parking permit, for persons with a disability, according to the medical criteria specified in Part 2.