



City of Watertown, New York
CitiBus System
544 Newell Street
Watertown NY 13601-3380
PH: 315-785-7772 FAX: 315-755-9379

Dear CitiBus Paratransit Passenger:

The City of Watertown announces that eligibility for public Paratransit service under the provisions of the 1990 “Americans With Disabilities Act” (ADA) will be determined through a Certification process outlined below. Any individual interested in the service must complete this application or call 315-788-4019 for more information.

YOU ARE ELIGIBLE TO RIDE THE PARATRANSIT BUS IF YOU:

- Have a disability and reside in or have business in the City of Watertown
- Need a wheelchair, walker or other mobility aids in order to travel
- Are blind or visually impaired
- Are unable to get on or off the fixed route buses
- Are unable to walk to the nearest bus stop
- Are unable to read, understand or follow bus information
- Are unable to use the regular transit system for reasons other than mobility, such as seizures

HOW DOES THE CERTIFICATION PROCESS WORK?

All persons with disabilities wishing to be certified, as “ADA Paratransit Eligible” must:

1. Complete the application form at the end of this document:
2. Have your doctor or other licensed or certified health care professional complete the Professional Verification form at the end of this document:

Mail the completed forms to:

CitiBus Paratransit Services
c/o Guilfoyle Ambulance Service Inc
PO Box 88
Watertown NY 13601
ATTN: Jeffrey Lieberman

Once your application and the professional verification forms have been received, the City of Watertown will mail you written notification of your eligibility status. All those who fill out an application will receive temporary eligibility until the official written notification has been sent.

AVAILABILITY OF SERVICE

The Paratransit service is available for all eligible persons during the same hours of operation as the regular fixed route service provided by the CitiBus:

**Monday through Friday, 7 AM to 6:15 PM
Saturday 9:40 AM to 5:35 PM.**

All appointments must be made before 5 PM the day prior to the time of requested service.

For more information call the CitiBus Paratransit Service at 315-788-4019

APPLICATION FORM

For Transportation Service provided by the City of Watertown Paratransit System

All requested information that you provide in this application will be kept **CONFIDENTIAL** and will not be released to any person, agency or organization. The City is soliciting this information **SOLELY** for the purpose of establishing eligibility for the City's Paratransit Bus System whose purpose is to serve those who are unable to use the fixed route CitiBus service provided.

PLEASE PRINT OR TYPE:

LAST NAME: _____ **MI** _____ **FIRST NAME** _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ **WORK OR CELL#** _____

Please Check One: ___ I am a permanent Resident ___ I am a visitor

Describe Your Disability:

Is this condition temporary? _____ **If YES, what is the expected duration:** _____

How does this disability prevent you from using the CitiBus fixed route service? Please explain in detail:

Are there any other effects of your disability that the CitiBus Paratransit should be aware?

List street names of the closest intersection to your home:

Can you travel from your residence to the curb without assistance?

_____ **Yes** _____ **No** _____ **Sometimes**

Can you travel 200 feet without assistance of another person?

_____ **Yes** _____ **No** _____ **Sometimes**

Can you travel ¼ mile without assistance of another person?

_____ **Yes** _____ **No** _____ **Sometimes**

Can you climb three 12 inch stairs?

_____ **Yes** _____ **No** _____ **Sometimes**

Can you wait outside without support for ten minutes?

_____ **Yes** _____ **No** _____ **Sometimes**

If you have answered ‘no’ or ‘sometimes’ to any of these questions, please explain completely:

Are you ADA eligible on another transit system? _____ YES _____ NO

If YES, then give name and phone number of that provider:

Do you have a need for a personal care attendant to accompany you (at no charge) while on the CitiBus? _____ YES _____ NO

I hereby certify that the above information is correct to the best of my knowledge.

Signature: _____ **Date:** _____

If someone other than the applicant has completed this application, please have that person complete the following:

Name: _____

Title And Organization: _____

Address: _____

Telephone # _____

Signature: _____ **Date:** _____

Mail this completed form to:

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c/o Guilfoyle Ambulance Service Inc
PO Box 88
Watertown NY 13601
ATTN: Jeffrey Lieberman

PROFESSIONAL VERIFICATION FORM

For transportation service provided by the City of Watertown Paratransit system

To be completed by a physician or health care professional

Dear Physician/Trained Professional:

Your patient/client has made an application to the City of Watertown for eligibility for Paratransit service. In order for the application to be complete, certification regarding the patient's physical/mental disability is required. Please complete all questions below. All requested information that you provide in this application will be kept CONFIDENTIAL and will not be released to any person, agency or organization. The City is soliciting this information SOLELY for the purpose of establishing eligibility for the City's Paratransit Bus System whose purpose is to serve those who are unable to use the fixed route CitiBus service provided.

It is necessary that you certify that your patient/client cannot use the fixed route bus service by verifying the nature of the disability as indicated below. (If mental disability, a statement from a trained medical professional is recommended. Also, please indicate whether or not your patient/client, due to behavioral abnormalities, could possibly harm themselves, other passengers or the bus driver.

ELIGIBILITY CRITERIA

Registration is limited to disabled persons of all ages who are physically or mentally unable to access the regular bus system and who can meet on or more of the following criteria:

- A. Inability to get on or off a fixed route public transit bus
- B. Inability to walk from home to the nearest bus stop
- C. Inability to grasp coins, tickets or handles
- D. Inability to read, understand or follow bus information
- E. Inability to utilize a regular public transit bus in the performance of a life-sustaining activity.
- F. Inability to use the regular transit system for reasons other than mobility, such as persons with severe epileptic seizures.
- G. Who are visually impaired or blind

Please complete the following:

Name of Applicant: _____

Capacity in which you know the applicant: _____

Medical diagnosis of condition causing the disability: _____

Is this disability temporary? _____ YES _____ NO

If YES, then what is the duration applicant will need Paratransit services:

NOTE: ALL CITIBUS FIXED ROUTE BUSES ARE EQUIPPED WITH LIFTS, KNEELERS AND ARE WHEELCHAIR ACCESSIBLE

With your knowledge of the applicant's disability and your professional opinion, which of the following best describes their transportation ability? Please select one:

A ___ my patient/client has the ability to use the CitiBus fixed route system without restrictions and does not need Paratransit services

B ___ my patient/client has the ability to use the wheelchair accessible lift equipped CitiBus fixed route system for some of their needs. (Applicant would require Paratransit service only part of the time, for example, during winter months)

C ___ My patient/client does not have the ability to use the wheelchair accessible lift equipped CitiBus fixed route system for any travel needs and will be restricted to using the Paratransit System (lift equipped bus) exclusively as a result of a physical, mental, visual, cognitive disability, to board, ride or disembark from buses in the fixed route system.

D ___ my patient/client does not have the ability to use the CitiBus fixed route system OR the Paratransit system due to one of the following reasons:

- My patient/client is unable to get to the curb without assistance **
- My patient/client is unable to ride the bus in a seated position
- My patient/client requires ambulance services for his/her medical needs during transport

**Applicants unable to reach the curb alone, who are accompanied by their own personal care attendant, are eligible to ride.

Is there any other effect of the disability which CitiBus should be aware? Please describe:

Your Name: _____

Title/Degree: _____

Address: _____

Phone # _____

Signature: _____ Date: _____

Please mail completed form to:

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