



State of New York  
County of Broome Government Offices

Department of Public Transportation

Jason T. Garnar, County Executive · Gregory B. Kilmer, Commissioner

Dear Applicant:

Attached please find an application for paratransit service for people with disabilities. In Broome county, this service is provided on BC Lift. The BC Lift will pick you up at your home or location of your choice and bring you to and from your destination and is available on an advance reservation basis. This service is for use only by people who either, all of the time or under certain circumstance, are unable to use the full size, fixed route BC Transit Buses.

Please complete the application explain how your disability prevents you from using fixed route BC Transit buses. This application will be used not only to determine if you need BC Lift service, but also when and under what conditions you need BC Lift.

You or someone familiar with your condition should fill out Part 1 of the form. After Part 1 is complete, take or mail the entire document to an appropriate licensed medical professional that is familiar with your ability to travel so they can fill out Part 2. PLEASE HAVE **BOTH PARTS OF THE COMPLETED APPLICATION RETURNED TO:**

Broome County Department of Public Transportation  
413 Old Mill Road  
Vestal, New York 13850

The application will be considered complete only when both parts (one and two) are received by Broome County Department of Public Transportation. A review board will then evaluate your application.

If you qualify for paratransit transportation, a membership card and information on using BC Lift will be mailed to you.

If you are denied the use of paratransit service, a letter will be mailed to you explaining the reason. If you do not agree with the decision, you can appeal. Directions for an appeal will be included with the letter you receive.

If for any reason you are not contacted within twenty one days of our receipt of your completed application, you will be able to use BC Lift service at least until you receive a definite decision on your application.

If you have any questions about this process, or if you need help filling out the application, please call (607)763-4464.

Sincerely,

Gregory B. Kilmer

Broome County Department of Public Transportation · 413 Old Mill Rd · Vestal, New York 13850

Phone: (607) 763-4464 · Fax (607) 763-4468 · [www.ridebctransit.com](http://www.ridebctransit.com)

**B.C. Transit · B.C. Lift · B.C. Country**





## INFORMATION ABOUT PUBLIC TRANSPORTATION UNDER THE AMERICAN WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act (ADA) is a federal law that prohibits discrimination against individuals with disabilities. The ADA requires transportation providers to ensure that individuals have access to public transportation services.

One requirement under the law is that all new public transit vehicles must be "accessible". This means the vehicles must have a mechanical lift device, or be low floor vehicles with a small ramp, among other things.

Fixed route public transit is a service that runs along an established route daily and it follows a published schedule. In Broome County, the fixed route service is named BC Transit.

As Broome County buys new buses for fixed route transportation, the buses must be equipped with mechanical lift devices. These lifts help people in wheelchairs, or people who have trouble climbing steps, to use our fixed route buses. All of BC Transit fixed route buses are accessible.

Paratransit service in Broome County is provided on BC Lift, using small vehicles that will pick you up at your home or location of your choice and bring you to and from your destination. On paratransit, the passenger must make an advance reservation for their ride, from one day to seven days in advance.

Traveling in a wheelchair, or otherwise not being able to walk up steps, is not the only factor that may prevent a person from using a fixed route bus. Some people have other physical or mental impairments that make independent travel to or from a bus stop impossible or the bus ride itself impossible. For these people, paratransit service must be provided.

Pick up points and drop off points for paratransit service must be within the defined service area. You may apply for paratransit service regardless of where you live. However, this service is only available in the defined service area. The minimum service area that must be provided transportation by paratransit is a "corridor" that runs  $\frac{3}{4}$  of a mile on either side of the fixed routes. Paratransit service must be provided during the same hours of operations as the fixed route service.

People may be eligible to use paratransit for some trips, depending on the circumstances, while using the fixed route buses for other trips. Some people may never be able to use fixed route buses and are eligible for unconditional paratransit use. The application for paratransit service is not only used to determine **IF** an applicant needs paratransit service but also **WHEN** and **UNDER WHAT CONDITIONS** the applicant needs paratransit service.

Trips taken on paratransit are more expensive to provide than fixed route service, so paratransit use must be restricted to people who are unable to use fixed route buses. People who believe they are eligible to use paratransit service in Broome County must apply for eligibility. A person who is certified as eligible to use paratransit service in Broome County may use paratransit services when visiting another city that has public transportation. (Call the public transit organization in the city you are visiting for information.)

## **THE FOLLOWING PEOPLE ARE ELIGIBLE TO USE PARATRANSIT:**

People who are unable to get to and from the fixed route bus stop, due to a mental or physical impairment and the conditions involved in getting to/from the bus stop. This may include a person traveling in a wheelchair who cannot negotiate a steep hill between his/her house and a bus stop. Another example is a person who is incapable of reliably finding the bus stop.

People who cannot climb steps to get into the fixed route bus, and a lift equipped bus is not available for the trip the person wishes to make.

People who cannot use the fixed route bus even if the bus has a lift. Examples include people who would not be able to recognize the correct bus to get on, people who would not be able to understand how to transfer to another bus if a transfer is needed and people who cannot recognize destinations and get off the bus at the correct stop.

Please note that fixed route drivers upon request will announce when the bus arrives at major intersections or transfer points. The driver will also announce other stops as requested by passengers.

**ADA PARATRANSIT APPLICATION**

ONLY PERSONS INVOLVED IN DETERMINING ELIGIBILITY WILL USE THE MEDICAL INFORMATION ON THIS FORM. IT WILL NOT BE SHARED WITH ANY OTHER PERSON OR AGENCY. ALL INFORMATION MUST BE FILLED IN FOR YOUR APPLICATION TO BE PROCESSED. **PLEASE PRINT OR TYPE.**

1. NAME \_\_\_\_\_ MR. MRS. MS  
                                   LAST                                      FIRST                                      MI

2. STREET ADDRESS

\_\_\_\_\_

CITY/COUNTY/STATE/ZIP

\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

3. HOME PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

4. DATE OF BIRTH \_\_\_\_\_

5. IN CASE OF AN EMERGENCY WHO, LOCALLY, SHOULD BE NOTIFIED? (FAMILY, FRIEND, NEIGHBOR, CASE WORKER)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

6. DESCRIBE THE HEALTH CONDITION OR DISABILITY, WHICH PREVENTS YOU FROM USING BC TRANSIT, FIXED ROUTE BUS SERVICE, SOME OF THE TIME OR ALL OF THE TIME.

\_\_\_\_\_

\_\_\_\_\_

IS YOUR CONDITION TEMPORARY? \_\_\_\_\_ IF SO, HOW LONG? \_\_\_\_\_  
 ARE THERE ANY OTHER EFFECTS OF YOUR DISABILITY OF WHICH WE NEED TO BE AWARE?

\_\_\_\_\_

7. DO YOU USE ANY OF THE FOLLOWING MOBILITY AIDS? CHECK ALL THAT APPLY.

- MANUAL WHEELCHAIR                                       CRUTCHES                                       CANE
- ELECTRIC WHEELCHAIR                                       GUIDE DOG                                       BRACES
- THREE WHEELED SCOOTER/WHEELCHAIR                       WALKER                                       OTHER

If you use a wheelchair or a scooter, what are the dimensions (width and length) measured two inches above the ground? Width \_\_\_\_\_ Length \_\_\_\_\_

8. DO YOU NEED TO TRAVEL WITH SOMEONE WHO ASSISTS YOU? FOR EXAMPLE, A PERSONAL CARE ATTENDANT? (THE PASSENGER MUST PROVIDE THE PERSONAL CARE ATTENDANT.)

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ SOMETIMES

9. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS, MARKING EITHER "YES", "NO" OR "SOMETIMES" FOR EACH. IF YOU HAVE MARKED "NO" OR "SOMETIMES", YOU MUST PROVIDE AN EXPLANATION IN THE SPACE PROVIDED.

A. ARE YOU ABLE TO WAIT FOR A BUS AT A BUS STOP?

YES  NO  SOMETIMES

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B. WOULD YOU BE ABLE TO WAIT FOR THE BUS AT A BUS STOP, IF THERE WAS A BENCH OR SHELTER?

YES  NO  SOMETIMES

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C. ARE YOU ABLE TO IDENTIFY THE CORRECT BUS?

YES  NO  SOMETIMES

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D. ARE YOU ABLE TO GET ON AND GET OFF A FULL SIZE TRANSIT BUS WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

YES  NO  SOMETIMES

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E. WOULD YOU BE ABLE TO GET ON AND GET OFF A FULL SIZE BUS, IF IT HAD A MECHANICAL LIFT DEVICE, WITHOUT THE ASSISTANCE OF ANOTHER PERSON? (OTHER THAN THE BUS DRIVER, WHO WILL HELP YOU WITH THE LIFT AND SECUREMENTS SYSTEM IF NECESSARY) PLEASE NOTE THE LIFT HAS HANDRAILS ON BOTH SIDES.

YES  NO  SOMETIMES

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F. ARE YOU ABLE TO ASK FOR, UNDERSTAND AND/OR PROCESS INFORMATION, SCHEDULES OR DIRECTIONS THAT ARE NEEDED TO MAKE NECESSARY DECISIONS DURING A TRIP? PLEASE NOTE THAT THE BC TRANSIT DRIVERS, UPON REQUEST, WILL ANNOUNCE MAJOR INTERSECTIONS AND TRANSFER POINTS, AND OTHER STOPS AS REQUESTED.

YES  NO  SOMETIMES

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10. Are you likely to need reasonable accommodations associated with your trip(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what types of accommodations might you need and why?

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"Note: BC Transit will strive to provide all reasonable accommodations. BC Transit reserves the right to seek alternative solutions to any accommodations that may create a fundamental alteration or undue burden to the system or may create a direct threat to the health or safety of others.

**Any accommodation requests should be included in this application or may be scheduled during your reservation process, if possible.** All reservations can be made at least one (1) business day in advance and no more than seven (7) days in advance between 8:00am and 4:00pm, Monday through Sunday. Please leave the request as far in advance as necessary, since they will need to be reviewed prior to the scheduled trip, if possible.

11. ARE YOU PREVENTED FROM TRAVELING TO OR FROM A BUS STOP LOCATION, WITHOUT THE ASSISTANCE OF ANOTHER PERSON, FOR ONE OR MORE OF THE FOLLOWING REASONS? (CHECK ALL THAT APPLY.)

- UNABLE (NOT JUST DIFFICULT) TO NEGOTIATE HILLY TERRAIN
- EXTREME SENSITIVITY TO CERTAIN WEATHER CONDITIONS - PLEASE EXPLAIN
- EXTREME FATIGUE CAUSED BY DISEASE, FRAILITY
- UNABLE TO CROSS BUSY INTERSECTIONS
- OTHER REASONS - PLEASE EXPLAIN

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12. HAVE YOU EVER HAD TRAINING TO USE THE REGULAR, FIXED ROUTE BUSES?

YES  NO  IF YES, WHEN? \_\_\_\_\_

TRAINED BY \_\_\_\_\_

IF TRAINING WAS COMPLETED, PLEASE LIST THE TRIPS ON WHICH THE APPLICANT IS ABLE TO TRAVEL INDEPENDENTLY.

ORIGIN	DESTINATION	ROUTE NUMBER

13. BEFORE APPLYING FOR THE BC LIFT, WHAT FORM OF TRANSPORTATION DID YOU USE FOR YOUR TRAVEL NEEDS?

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14. PLEASE EXPLAIN IN YOUR OWN WORDS, WHY YOU NEED PARA SERVICE RATHER THAN USING THE FIXED ROUTE SERVICE.

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15. TO HELP US PLAN TRANSIT SERVICE, WE NEED INFORMATION ABOUT YOUR TRAVEL NEEDS. THIS IS FOR PLANNING PURPOSES; YOU MAY TAKE TRIPS FOR ANY PURPOSE YOU WISH. PLEASE TELL US WHAT YOUR EXPECTED TRAVELS NEEDS ARE AND THE ADDRESS OF WHERE THEY ARE LOCATED.

\_\_\_\_ WORK \_\_\_\_ SENIOR CENTER \_\_\_\_ SHOPPING \_\_\_\_ MEDICAL APPOINTMENTS

\_\_\_\_ RECREATION \_\_\_\_ SCHOOL \_\_\_\_ OTHER \_\_\_\_\_

NAME AND ADDRESS OF DESTINATION \_\_\_\_\_

NAME AND ADDRESS OF DESTINATION \_\_\_\_\_

NAME AND ADDRESS OF DESTINATION \_\_\_\_\_



Part 2 of this Application, the Request for Professional Verification, **MUST BE COMPLETED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.**

**WHO CAN VERIFY: ONE OF THE FOLLOWING HEALTH CARE PROFESSIONALS, AS APPROPRIATE TO YOUR CASE, SHOULD VERIFY YOUR LIMITATIONS:**

16. THE FOLLOWING HEALTH CARE PROFESSIONAL IS AUTHORIZED TO PROVIDE INFORMATION TO BROOME COUNTY'S PARATRANSIT ELIGIBILITY REVIEW BOARD. (PLEASE PRINT THE NAME OF THE PROFESSIONAL THAT WILL BE VERIFYING YOUR LIMITATIONS AND CHECK THE TYPE OF HEALTH CARE PROFESSIONAL HE OR SHE IS)

NAME \_\_\_\_\_

**FOR PHYSICALLY IMPAIRED APPLICANTS AND MENTALLY IMPAIRED APPLICANTS OTHER THAN DEVELOPMENTALLY DISABLED.**

- MEDICAL DOCTOR
- PHYSICAL THERAPIST
- CERTIFIED REHABILITATION COUNSELOR

**FOR VISUALLY IMPAIRED APPLICANTS:**

- OPHTHALMOLOGIST
- OPTOMETRIST
- ORIENTATION AND MOBILITY SPECIALIST CERTIFIED BY NYS COMMISSIONER FOR THE BLIND OR U.S. ASSOCIATES FOR THE EDUCATION AND REHABILITATION OF THE BLIND AND VISUALLY IMPAIRED.

**FOR DEVELOPMENTALLY DISABLED APPLICANTS: A QUALIFIED MENTAL RETARDATION PROFESSIONAL (QMRP)**

- OCCUPATIONAL THERAPIST CERTIFIED BY THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION
- PHYSICAL THERAPIST CERTIFIED BY THE AMERICAN PHYSICAL THERAPY ASSOCIATION
- CLINICAL PSYCHOLOGIST WITH A MASTER OR DOCTORAL DEGREE IN PSYCHOLOGY
- PSYCHIATRIST

I hereby certify that the information given in this application is correct and I authorize the health care professional to whom I submit this application to provide information to the Broome County Paratransit Eligibility Review Board. 413 Old Mill Road. Vestal NY 13850

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

**IF SOMEONE OTHER THAN THE APPLICANT COMPLETED THIS FORM ON BEHALF OF THE APPLICANT, THAT PERSON MUST COMPLETE THE FOLLIWNG:**

PRINT NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_

When Part 1 is completed, TAKE OR MAIL THIS ENTIRE DOCUMENT TO THE HEALTH CARE PROFESSIONAL NAMED ABOVE.

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**PART 2  
PROFESSIONAL VERIFICATION OF ADA  
FUNCTIONAL LIMITATION(S) AFFECTING MOBILITY**

The applicant is requesting verification of limitation that prevents him/her from using regular BC Transit fixed route buses. The purpose of this form is not to verify the applicant's medical condition, but to verify the effect of the medical condition on his or her ability to get around on his or her own. The application for paratransit service is not only used to determine IF an applicant needs paratransit service, but also WHEN AND UNDER WHAT CONDITIONS the applicant needs paratransit services.

**All questions must be answered for this form to be considered complete.**

The information will allow Broome County's Paratransit Eligibility Review Board to make an evaluation of this person's request for transportation on BC Lift. BC Lift is Broome County's paratransit service, which is for use only by those who are unable to use the BC Transit fixed route service.

THIS VERIFICATION OF LIMITATIONS ON MOBILITY RELATES TO BROOME COUNTY'S COMPLIANCE WITH FEDERAL LAW. AN INFORMATION SHEET SUMMARIZING THIS LAW, THE AMERICANS WITH DISABILITIES ACT (ADA), IS INCLUDED FOR YOUR REVIEW. PLEASE NOTE THAT BC TRANSIT NOW HAS SUBSTANTIAL ACCESSIBLE SERVICE. ALL BC TRANSIT BUSES ARE EQUIPPED WITH LIFT DEVICES, WHICH ARE AVAILABLE FOR USE BY ANY INDIVIDUAL WITH A MOBILITY LIMITATION THAT PREVENTS STAIR CLIMBING. BC TRANSIT IS REQUIRED TO MAKE INFORMATION AVAILABLE IN ACCESSIBLE FORMATS FOR THE VISUALLY OR HEARING IMPAIRED.

1. Capacity in which you know the applicant: \_\_\_\_\_  
(Name of applicant)

How does the applicant's condition/disability cause functional limitation(s) that affects this person's ability to get around? If the person's ability to get around on their own varies in degree at different times, please explain, giving specifics.

2. Is the condition? \_\_\_Permanent\_\_\_ Temporary Expected Duration \_\_\_\_\_

3. If the applicant has a disability affecting mobility, answer the following:

A. Does the applicant use any mobility aids? (Examples are wheelchairs, scooter, crutches, canes, guide dog, walker and/or braces) if yes, please list and specify under what conditions:

B. With the use a mobility aid(s), estimate how far he/she can travel independently?

C. Can the applicant climb steps without assistance? \_\_\_\_\_

D. How long can this person wait for a bus at a bus stop? \_\_\_\_\_

E. Is the individual able to independently maneuver on to and off a mechanical lift device on the bus, with or without a mobility aid? \_\_\_ Yes \_\_\_ No. The lift can accommodate three and four wheeled carts no larger than 30" x 48" measured two inches above the ground. The weight of occupied wheelchair cannot exceed 600 pounds. The lifts are equipped with handrails and they accommodate standees with or without walkers, crutches or canes.

F. Does this person require a personal care attendant (PCA) when traveling on public transportation? \_\_\_ Yes \_\_\_ No

G. Is the applicant able to read information signs? \_\_\_ Yes \_\_\_ No

If not, please explain: \_\_\_\_\_

H. Is the applicant able to give their own address and phone number? \_\_\_ Yes \_\_\_ No

I. Is the applicant able to recognize landmarks? \_\_\_ Yes \_\_\_ No

J. Are they able to deal with unexpected situations or changes? \_\_\_ Yes \_\_\_ No

K. Is the applicant able to ask for, understand and follow directions? \_\_\_ Yes \_\_\_ No

4. What, if any, specific weather conditions prevent this applicant from getting around on his or her own? Please be specific.

\_\_\_\_\_

5. Please describe any other functional limitation(s) affecting mobility not described above. Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Your name and title: \_\_\_\_\_

Office address: \_\_\_\_\_

Office phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to: BC Transit, 413 Old Mill Rd., Vestal, New York 13850**

If you have questions, please call (607) 763-4464  
Thank you for your assistance.