



Dear Applicant,

Thank you for your interest in PSTA's Demand Response Transportation (DART) service. DART is a shared ride, door-to-door service for people who, because of their disability, are unable to independently use the regular accessible buses. This is the basis for determining DART eligibility in compliance with FTA regulations for ADA paratransit service.

DART transportation is much more expensive than PSTA's fixed route bus service; therefore, the DART application process ensures that only those who are unable to use the regular accessible buses are determined eligible for DART service.

Once this application has been fully reviewed by PSTA, the applicant may be asked to participate in a one-on-one assessment with a PSTA staff member to help us determine eligibility. If an in-person assessment is required, PSTA staff will make arrangements to either meet at the applicant's home, or for the applicant to come to our facility at our expense.

DART service is provided during the same service hours as PSTA's regular bus service and within three-quarters (3/4) of a mile of a local bus route. The DART fare is twice the cost of regular bus fare.

Many people with disabilities prefer the independence and flexibility of PSTA's accessible bus system over DART service. There are even affordable door-to-door rides available to and from the bus stop. Using the bus also saves money since half-priced bus fares are available for seniors and those with qualifying disabilities. Riding the bus is easy and PSTA offers free travel training.

Once DART eligibility has been determined, a letter will be mailed to the address provided on this application within 21 days. If you have any questions or need an ADA accommodation to complete the application process, please call the Mobility/DART office @ (727) 540-1888.

Sincerely,

PINELLAS SUNCOAST TRANSIT AUTHORITY

Ross Silvers

Ross Silvers, Mobility Manager
Demand Response Transportation (DART)

Revised July 2017

ADA Paratransit Service Application



Applicant Instructions

- One person only per application. This application and more information can be found at www.psta.net
 - Incomplete or illegible forms will be returned, which will delay the eligibility determination process.
1. Completely answer all questions on pages 2 through 4. Applicant signature is **required** on page 4.
 2. Present all pages of this application to the qualifying professional who is most familiar with the applicant's disability or condition. This person will complete the Professional section on the last two pages. Their signature is **required** at the end of the application.
 3. The Professional should submit the completed application to PSTA by:

Email: DART@PSTA.net (Applications must be sent as a single PDF document)

Fax: (727) 540-1916 or (727) 540-1941

Mail: PSTA, DART Office
3201 Scherer Dr.
St. Petersburg, FL 33716



Please Print Clearly

First Name _____ MI _____ Last Name _____

Address _____ Unit/Lot# _____

City _____ State _____ Zip Code _____

Name of ALF/Community/Mobile Home Park _____

Cell phone _____ Other phone _____

Date of Birth ____/____/____ Email _____

Gender: Male Female

Please Provide an Emergency Contact (if applicable):

Name _____ Phone _____ Relationship _____

1. Please check any mobility aids or equipment that you use when traveling:

- Manual Wheelchair White Cane Service Animal
- Electric Wheelchair Cane/Crutches Portable Oxygen
- Mobility Scooter Walker

Other _____

2. Using your mobility aid, or on your own, how far are you able to walk/travel without the assistance of another person?

- Less than one block One Block Two Blocks
- ¼ Mile (3 blocks) ½ Mile (6 blocks) ¾ Mile (9 blocks)
- More than ¾ Mile Other _____

3. If you fall, can you get up without assistance from another person?

- Yes No

4. Will you be traveling with your Personal Care Attendant (PCA) to assist you?
(A PCA helps you with tasks you cannot perform due to your disability.)

Yes No

5. Describe your primary physical or mental impairment that prevents you from using PSTA's accessible bus system?

6. Is this disabling condition or disability **temporary**?

Yes No

If Yes, expected recovery ____/____/____ (____ months)

The following questions ask about bus travel since DART is for people who are unable to independently use the regular wheelchair accessible bus system as a result of their disability. (All PSTA buses are equipped with a ramp or lift and "kneel" to eliminate the need to step up. All buses announce bus stops and each stop uses GPS to tell you when your bus will be at your stop)

7. Briefly explain why you cannot use the wheelchair accessible bus system.

8. In the last 5 years, have you used, or been trained to use, the PSTA bus system?

Yes No

If Yes, what barriers did you experience that make the PSTA bus system inaccessible?

9. Can you follow written or spoken directions?

Yes No

If No, Please explain:

10. Can you safely get from your home to the nearest bus stop?

Yes No

If No, why not?

11. Can you wait outside at a bus stop for up to twenty minutes without assistance until your bus arrives?

Yes No

If No, please explain?

12. Can you figure out how to change buses at a bus transfer center with minimal assistance from the bus driver?

Yes No

If No, please explain why not?

13. PSTA buses make on-board announcements over speakers and with text on a screen. These announcements name most bus stop locations and transfer centers along the route. With this help, can you get on and off the bus as needed?

Yes No

If No, please explain?

14. Could you ride on a crowded bus if a seat were available?

Yes No

If No, why not?

I understand that the information obtained in this Americans with Disabilities Act (ADA) certification process will only be used by the PSTA to determine my eligibility for demand response transportation services and that this information will only be shared with other transit providers or transportation programs to facilitate travel and/or coordinate services. This information will be kept confidential and will not be used for any other purpose, unless authorized in writing by me, the applicant. I understand that PSTA may need to contact an authorized professional to verify information on this application regarding how my physical or mental impairment prevents me from using PSTA's regular bus system.

I hereby certify that the information given in this application is truthful and accurate to the best of my knowledge, and is provided to PSTA for the purpose of evaluating my eligibility to participate in the demand response transportation program. I agree to notify PSTA immediately of any changes in my disability status and understand that this may affect my eligibility to use these services.

Applicant Name (please print): _____

Applicant Signature: _____ **Date:** _____

*******Applicant STOP here*******

The following pages are to be completed by the qualified professional that is most familiar with the applicant's disability or condition. The Professional cannot be the same person who completed the Applicant portion of this application.

Qualified Professional

Only the following licensed/certified professionals are qualified to complete the following pages of this application: Physician, Physical Therapist, Occupational Therapist, Rehabilitation Counselor, Nurse, Orientation and Mobility Instructor.

Dear Professional:

The person submitting this DART application to you has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize PSTA's fully accessible bus system. The Americans with Disabilities Act of 1990 requires the Pinellas Suncoast Transit Authority (PSTA) to provide ADA paratransit service to persons who, due to their mental or physical impairment, cannot utilize the regular bus system. The information you provide will allow us to make an appropriate evaluation of this request and its application to specific trip requests.

Disability verification is mandatory for all applicants for DART service. While verification by a physician is not required, any professional that verifies an individual's disability must have detailed, first-hand knowledge of that person's disability, as well as the training and credentials necessary for such an evaluation.

Thank you for your assistance.

1. Please review the responses to all previous questions in this application. Below, correct any responses which are inaccurate. Also, indicate any additional information that should be used to determine the client's eligibility.

2. In layman's terms, please describe the disability or mental or physical impairment that causes the client to not be able to use the PSTA wheelchair accessible bus system. **(All PSTA buses are equipped with a wheelchair ramp and a "kneeling" feature to eliminate the need to climb up steps.)**

3. In your opinion, is this disability, or condition, **temporary**?

Yes No

If Yes, expected recovery by: _____/_____/_____ or (#_____ months)

The information obtained in this Americans with Disabilities Act (ADA) certification process will only be used by the Pinellas Suncoast Transit Authority (PSTA) to determine the applicant's eligibility for DART services and will only be shared with other transit providers or transportation programs to facilitate travel and/or coordinate services. This information will be kept confidential and will not be used for any other purpose, unless authorized in writing by the applicant.

I understand that Disability Verification by a qualified professional does not guarantee eligibility, but it can play a major role in the eligibility determination process. Therefore, I hereby certify that I am familiar with the applicant's particular disability and with the applicant's ability or inability to travel on PSTA's regular bus system.

PSTA staff is hereby authorized to contact me or staff members in my office, if necessary, to complete the eligibility determination process according to ADA implementing regulations (i.e., 49 CFR Parts 37 and 38). I also agree to provide any and all evidence or documentation deemed necessary by PSTA for a final eligibility determination for demand response transportation service or a subsequent appeal.

I certify that the statements I have made herein are true and correct and understand that false or fraudulent statements and certifications are punishable by law under 18 U.S.C. Subsection 10001 (1982).

Signature _____ Date _____

Name (please print) _____

Address _____

City _____ State _____ Zip Code _____

Office Telephone Number _____

Professional License Number _____ State Issued _____

Please return this completed application as indicated on the Instructions page.