

Quincy Transit Lines Para transit Services

GENERAL GUIDELINES

April 1, 1998 (revised (10-29-02)(9-15-03)(5-10-07)(9-11-12)(5-1-17)

The purpose of the Quincy Paratransit Service is to provide transportation to persons with disabilities who cannot use the regular fixed route bus service due to those disabilities. The Paratransit service is not intended to be a substitute for available medical services. With your cooperation and assistance the service can be a safe, timely, and productive service for everyone concerned. Please help us enforce the policy. If you have any questions or recommendations, please contact

Quincy Transit Lines Dispatch Office 224-3535

**Phone calls are taken between 8 a.m. & 4 p.m. / Monday through Friday (except holidays)
(AFTER HOURS please call 231-8842; No appointments will be taken)**

1. Prior to using Paratransit Services, all passengers under 60 must complete an ADA application form and be approved by the West Central Illinois Center for Independent Living (WCICIL) Office before steady use is available.
2. Doctor appointment pick-ups should be scheduled prior to 4:00 p.m. or patients may need to seek other means of transportation to go home, as Paratransit service ends at 6:10 p.m.
3. Passengers must be able to walk onto the bus, be in a standard wheelchair/scooter, and/or use the bus lift. No Geri chairs allowed. All chairs are required to be securely belted.
4. No packages allowed, unless passengers are able to carry on and/or hold it in their lap. Drivers are not required to load and unload packages.
5. Drivers will not handle wheelchairs that have to be maneuvered over more than one step in height from the home or business.
6. No medical apparatus (except oxygen supplies that can be secured) allowed. No gurneys are allowed.
7. Any passenger being transported will be fully clothed, and drivers will not be expected to help dress any passenger.
8. All passengers should be ready within five (5) minutes after arrival of bus [after five (5) minutes the bus may leave].
9. Drivers have full discretion to refuse ride to any passenger who is deemed too sick or injured to ride. Drivers must notify the office of situation before refusal.
10. No passenger may ride who has an illness that could be transmitted to the drivers or other passengers who may be on the bus.
11. Next day bookings may be available. No same days appointments will be made.
12. The service is limited to Quincy and restricted areas of Adams County.
13. Passengers will not be transported on the Paratransit service in lieu of a more appropriate ambulance service.
14. Medical emergency calls will be denied. Qualified medical personnel, not bus drivers, should handle these.
15. All passengers are required to wear seat belts unless a qualified physician grants written release.
16. Passengers wanting to change destination must have prior approval of the Dispatching Office.
17. Any animal riding on a Paratransit bus must be contained in an approved carrier (except Seeing eye or helping dogs)
18. No tipping is permitted to any bus driver.
19. The fees to ride the Para transit bus are as follows: Anyone over age 60 will be billed through the Senior Center; the charge is \$2.50 each way on a donation basis. Under 60 rides are \$1.00 per trip or a punch pass of 10 rides for \$7.50 / 20 rides for \$15.00. Any ride out of the city limits is \$6.00 each way. **NO PASSENGER UNDER THE AGE OF 60 CAN CHARGE RIDES; THEY MUST PAY CASH OR USE A PUNCHCARD.**

20. Para transit Services are provided on a first come first served basis. For this reason Quincy Transit Lines enforces policies for “No Shows” and “Cancellations”
- a. A “No Show” is when you schedule a ride and we arrive at your door to pick you up and you do not answer your door or are not home.
 - i. If you have 3 “No shows” in a 30 day period you are subject to a 30-day suspension of services.
 - ii. If you “No show” for a trip you will be charged for that trip as if you actually rode the bus.
 - b. Cancellations: If you need to cancel a ride you must do so at least 24 hours in advance of the scheduled pick up time.
 - i. Same day cancellations with less than 8 hours notice are extremely disruptive to the service
 - ii. 5 cancellations within a 30 day period may result in suspension of your services 30 days.
21. Your approval and acceptance into this system is subject to review annually to determine your continued qualification for the program.

APPLICATION FOR CERTIFICATION OF AMERICANS WITH DISABILITIES ACT PARATRANSIT ELIGIBILITY

1. Fill out this application if you believe you should be certified as eligible or you would ever need one of the Paratransit buses.
2. Mail your completed application to: Quincy Transit Lines, 2020 Jennifer Road, Quincy, IL 62301. If you need to apply for eligibility in a form other than written, please contact the Quincy Transit Lines office at 228-4550 for an alternate method of filing this application.
3. You will be notified of your eligibility or ineligibility within 21 days of receipt of your application. Eligible person will receive an Eligibility card.
4. If you are denied eligibility, you have the right to appeal. Information on the appeals process will be sent to you.

WHO QUALIFIES? Under the ADA regulations, there are three categories of persons who are eligible for ADA Paratransit. Any individual with a disability qualified who:

1. Is unable, as a result of a physical or mental impairment, to get on, ride or get off an accessible vehicle on the public transit system: or
2. Needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to get on, ride and get off an accessible vehicle, BUT, such vehicle is not available on the route when the individuals wants to travel; or
3. Has a specific impairment-related condition (including vision, hearing or impairments causing disorientation), which prevents travel to or from a stop on the system.

If you believe you meet one of these three qualifications, please complete the attached application (or one provided in a more appropriate format) and return it today.

ADA Cash ride is \$1.00 per trip or a punch pass of 10 rides for \$7.50 / 20 rides for \$15.00. Any ride out of the city limits is \$6.00 each way.

APPLICATION

1. **NAME:** _____

ADDRESS: _____

HOME TELEPHONE: _____

OTHER DAYTIME TELEPHONE: _____

Date of Birth: _____

2. **If someone other than the applicant is completing this form on behalf or the applicant, please provide:**

NAME: _____

ADDRESS: _____

3. **In case of an emergency, is there someone in the local area who should be notified (family, friend, neighbor, etc.?) (This must be completed)**

IF YES: NAME: _____

PHONE: _____

4. **Please answer all of the following questions that apply:**

A. **For Individuals who do not use a mobility aid, how many city blocks can you walk independently? (Imagine a city block to be approximately 500 feet in length)**

_____ **Blocks**

- B. If you use mobility aid(s) how many city blocks can you travel independently? _____ Blocks
- C. How many 7-inch steps can you climb without assistance? (the average step height is 7 inches)
_____ Steps
- D. How many 10-inch steps can you climb without assistance?
_____ Steps
- E. How far is the closest bus stop (in city blocks) from your residence?
_____ Blocks
- F. How long can you wait for a bus at a bus stop? (please check only one)
___ 10 minutes ___ 15 minutes ___ 30 minutes ___ other

5. Which of the following limit your ability to use fixed route buses? (please check all that apply)
- ___ physical disability ___ developmental disability
___ visual impairment/blindness ___ mental illness
___ other (specify) _____

6. I can get to and from a fixed route bus stop ONLY IF (circle all that apply):

1. Curb cuts have detectable warnings.
2. I have an attendant with me.
3. I am familiar with the area
4. I receive travel training for locating the bus stops I will be using.
5. There is a sidewalk
6. The ground is level or only slightly inclined.
7. There are no stairs
8. The path is free of ice or debris
9. Other _____

7. Check one line only:

A. _____ I can generally wait outside at a fixed route bus stop.

B. _____ I cannot wait outside at a fixed route bus stop.

8. List name, address and phone number of a competent medical professional (doctor, rehabilitation specialist, etc.) that could be contacted for verification of your disability, if necessary.

Name: _____

Address: _____

Phone: _____

9. Do you normally travel with a personal care attendant?

A. _____ Yes, I always need a personal care attendant to:
_____ get to the bus stop _____ get on or off the bus
_____ help me while I ride the bus
_____ help me get where I'm going once I get off the bus
_____ other _____

B. _____ Yes, I sometimes need a personal care attendant to:
_____ get to the bus stop _____ get on or off the bus
_____ help me while I ride the bus
_____ help me get where I'm going once I get off the bus
_____ other _____

C. _____ No, I do not need a personal care attendant.

10. Are you able to perform for the following functions without supervision?

A. Can you find your way between familiar locations?
____yes ____no ____yes, with training

B. Can you signal the bus driver to get off at a familiar bus stop and then get off the bus there?
____yes ____no ____yes, with training

C. At a bus stop served by more than one bus route, can you distinguish the correct bus to board and indicate your intention to board?
____yes ____no ____yes, with training

11. Will you use any of the following when you ride Paratransit?
Circle all that apply.

- | | |
|------------------------|-------------------|
| A. Manual wheelchair | H. Service animal |
| B. Powered wheelchair | I. Cane |
| C. Oxygen | J. White cane |
| D. Powered scooter | K. Prosthesis |
| E. Walker | L. Crutches |
| F. Boarding chair | M. Hearing Aid |
| G. Communication board | N. Other_____ |

Your answer to the next question will ensure that appropriate service is provided to you.

12. Check only one:

- A. _____ My disability is permanent
B. _____ My disability is temporary

- 13: To ride Quincy Transit Lines, Quincy Transit Lines must certify you as eligible.**
- This certification will include but may not be limited to the following information**
 - i. A letter of verification that you qualify signed by a Medical Professional.**
 - 1. A Medical Professional for this purpose is defined as**
 - a. Medical Doctor**
 - b. Mental Health Counselor**
 - c. Physical Therapist**
 - d. Occupational Therapist**
 - 2. The letter will include the following information**
 - a. Reason you need the service**
 - b. How long do you need the service**
 - 3. If you do not have a Medical Professional, determination of your qualification for this service will be made by WCICIL.**
- 14. You must cooperate with WCICIL to get final approval to use Quincy Transit services. Failure to cooperate with this agency will result in your application being denied and services will not be provided**
- 15. Use the remainder of this page (or additional sheets, if necessary) to explain how your disability prevents you from using the regular Quincy Transit Lines fixed route service.**
