



For Office Use Only:

Date Received _____

SPECIAL TRANSIT AVAILABLE BY REQUEST STAR

STAR (SPECIAL TRANSIT AVAILABLE BY REQUEST) is a Capital District Transportation Authority (CDTA) public transportation service providing origin to destination, shared ride service for individuals with disabilities that prevent them from using accessible fixed route bus service. This service will operate no further than $\frac{3}{4}$ of a mile from any fixed bus route. Additionally, STAR service is only provided during the days and the times that CDTA's fixed route bus service operates.

The ADA defines "prevents or prevented travel not only where travel is literally impossible, but also where difficulties are so substantial that a person with a disability related condition would be deterred from making the trip".

Disability alone does not determine paratransit eligibility; the decision is based on the applicant's functional ability to use the fixed route bus. At the same time, unavailability of fixed route service by itself does not constitute eligibility for a person who could otherwise take the same trip on the bus, were the service available.

THE ELIGIBILITY PROCESS

To become eligible to use STAR service, an individual must submit a completed pre-evaluation form and be certified eligible by an independent evaluator as determined by CDTA.

To receive a pre-evaluation form, please contact STAR at 482-2022 or visit www.CDTA.org. The Pre-evaluation form is available in accessible format upon request.

The STAR paperwork consists of a pre-evaluation form as well as an authorization form for release of information so in the event we may have to contact a health services professional on your behalf to verify your disability even further than the in-person functional assessment.

- A. Applicants will complete the pre-evaluation form and mail or fax it to the CDTA'S Paratransit Coordinator, 110 Watervliet Avenue, Albany, NY 12206. Within 5 business days of receipt of the completed pre-evaluation form, CDTA will contact the applicant and schedule an in-person assessment. The assessment will be scheduled within 5 calendar days of receiving the pre-evaluation form.
- B. CDTA will ask if the applicant needs transportation to the evaluation. If so, CDTA will arrange transportation. CDTA will confirm with the applicant information on pick up times. There is no cost to the applicant for this evaluation or for transportation to the evaluation site.
- C. CDTA will schedule an appointment based upon a two-hour stay at the Evaluator's facility. This time will permit normal waits caused from delays, the assessment interview, and time for the functional assessment. The two-hour period is required to provide the customer adequate assessment time and to schedule the return paratransit trip. This time period may be modified, as needed.

It is the responsibility of the applicant to return this paperwork.
Incomplete paperwork will delay the process.

REQUIREMENTS

Applicants must meet one or more of the following criteria to become eligible for paratransit service.

A) The individual is unable, as a result of a physical, mental, visual or cognitive disability, to board, ride or disembark from buses in the fixed route system.

B) The individual can use (has the ability to use) an accessible vehicle but such a vehicle does not operate on the route that he/she wishes to travel. All CDTA buses are accessible for individuals with disabilities as well as individuals using wheelchairs.

C) The individual with a disability has a specific impairment related condition that prevents travel to a boarding location or from a disembarking location on the fixed route system.

Within 21 days of completing the functional assessment all applicants will be notified in writing of the decision. If a determination has not been made within 21 days of completing the functional assessment an applicant will get presumptive eligibility until a final decision is made.

CATEGORIES OF ELIGIBILITY

People who are determined to be eligible for **Paratransit Service** are assigned an eligibility category that is consistent with their ability to use CDTA's fixed route bus. Categories are:

Unconditional, if the applicant is determined to be unable to ever independently use the fixed route bus service, even with training. A rider might receive unconditional eligibility but could be transported through a "seamless" transfer (the paratransit waits for the fixed route bus) to a fixed route bus.

Temporary, if the applicant is unable to use the fixed route bus service for a limited period of time.

Transitional, if the applicant is determined to be able to learn to use the fixed route bus service with training.

Conditional, if the applicant can use the fixed route bus service sometimes, but may require Paratransit **Service** in special circumstances when the interaction of the individual's disability and the environment or a special circumstance creates a barrier for safe, independent use of the fixed route bus service for a particular trip.

Examples of conditional eligibility include people with extreme fatigue after dialysis, or a bus stop that requires a person who is blind to negotiate a dangerous pedestrian area, like a large open parking lot with no reference points.

Applicants who are approved will receive a letter outlining the type of service he or she will be entitled to and will receive a "How to Ride Guide".

Applicants whose eligibility is denied will receive a letter that will explain the reasons for the denial and what their rights are.

If applicants disagree with the reasons for the denial or limitations of their eligibility, they have a right to appeal such a decision and the appeal process will be explained in the paperwork they receive.

**CDTA STAR SERVICE
REQUEST FOR PARATRANSIT ELIGIBILITY
PRE-EVALUATION FORM**

I, the applicant, understand that the purpose of this pre-evaluation form is to determine my eligibility to use STAR.

I further understand that part of this review will be based on my ability to use regular (CDTA) bus transportation and may require an in-person interview with the functional assessment. It may also require additional information from my health services' professional. I agree to release the information necessary to determine my eligibility to CDTA/STAR and any eligibility review panel and understand that the information contained herein will be treated confidentially. I understand that CDTA/STAR and any eligibility review panel reserves the right to request additional information at its discretion. I hereby certify that all the information provided by me on this pre-evaluation form is, to the best of my knowledge, true and accurate.

I understand that this pre-evaluation form will be returned if it is not complete

If you need assistance completing this form or have any questions please contact the ADA Certification Manager at (518) 482-2022.

Fax # 518-437-8391

Please fill out this pre-evaluation form in its entirety. Incomplete pre-evaluation forms will not be processed.



110 Watervliet Avenue
Albany, NY 12206
518-482-2022
518-437-8391 (fax)

PRE-EVALUATION FORM

Today's Date _____

PERSONAL/CONTACT INFORMATION

If you require future written information to be given to you in a different format, please let us know your preference:

Large Print Audio Tape Braille Other _____

Last Name: _____

First Name: _____ M.I.: _____

Birth Date: ____/____/____ Male Female

Address: _____ Apt #: _____

City: _____ ZIP: _____

Home Phone: (____) _____

TTD/TTY: (____) _____

Work Phone: (_____) _____

Cell Phone (_____) _____

What is the best day and time to call you?

What is the best number to call you at

House **Apartment** **Condominium** **Duplex**

If an apartment, condo or residential housing please give building name: _____

***Last 4 digits of Social Security #:** XXX-XX-_____

*The Federal Privacy Act of 1974 requires that disclosure of your social security number is voluntary. For identification purposes, please provide the last **4** digits of your social security number

(Optional)

Email address:

Mailing Address: (if different from home):

Last Name: _____

First Name: _____ **M.I.:** _____

Address: _____ **Apt #:**

City: _____ **ZIP:** _____

Primary Language: English
 Other (specify): _____

Emergency Contact:

Name: _____

Relationship: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Did someone assist you in filling out this form?

Yes No

Should this person be contacted if additional information is needed or when process is completed? Yes No

If yes, Name: _____

Address: _____ **Apt #:** _____

City: _____ **ZIP:** _____

Phone: (____) _____

Relationship: _____

New Pre-evaluation form -or- **Recertification**

INFORMATION ABOUT YOUR FUNCTIONAL ABILITIES

A. Please indicate the reason(s) why you are seeking CDTA/STAR eligibility:

- I can use CDTA buses to go some places, but for other places, I cannot get to or from the bus stops.
- I can use CDTA buses sometimes, but only if they are equipped with wheelchair lifts.
- I can *never* use CDTA buses because: Explain Briefly:

- Can you travel only if another person accompanies you?
 - Yes
 - No

B. If you travel with the assistance of another person, what type of assistance do they provide?

If yes, do you need assistance of this person to help you with:

- Mobility.
- Transfers.
- Other: _____

C. Do you use any of the following aids or specialized equipment? (Check all that apply):

- Cane
- White Cane
- Motorized Wheelchair
- Walker
- Wheeled Walker
- Scooter
- Manual Wheelchair
- Leg Braces
- Crutches
- Respirator/Port. Oxygen Tank
- Service Animal
- Other
- I do not use any aids.

PLEASE NOTE: A wheelchair or other mobility device must meet the definition of a “common wheelchair” as specified in the ADA regulations; i.e., not more than 30” wide and 48” long when measured 2” from the floor and must weigh less than 600lbs when occupied. ***There may be times you will have to use a common wheelchair for transport, unless you can board without your chair.***

Make /model of chair

Physical dimensions of your chair, including foot or head extensions, (in inches) measured 2” above the ground:

Width _____ **Length** _____

Height from Floor _____ **Weight** _____

Combined Weight _____ **(you on your chair)**

D. Using a mobility aid on your own, how far can you travel?

- I can travel up to $\frac{3}{4}$ mile.
- I can travel up to $\frac{1}{2}$ mile.
- I can travel up to $\frac{1}{4}$ mile.
- I can travel up to 300 feet.
- I can get to the curb in front of my house/apartment.
- I cannot travel outside my house or apartment.

E. How long can you travel in a vehicle

- 15-30 minutes 30-45 minutes 45-60 minutes
 - 60 minutes or more Specify-
-

F. Have you ever used public transportation?

- Yes
- No

G. How often did you use or have you used public transportation per month?

- More than 12 trips per month.
- 4 to 8 trips per month.
- 8 to 12 trips per month.
- Less than 4 trips per month.

H. Which of the following are you able to do? Check all that apply.

Can you:

- Calculate the correct fare**
- Put the fare in the farebox**
- Recognize your destination while on the bus**
- Cross the street when you get off the bus.**
- Reach your destination once off the bus.**
- Ask for or follow written or oral information such as schedules including TDD, tape or voice.**
- Follow instructions in an emergency.**

I. Are you able to get to and from bus stops on your own or using a mobility device?

- Yes**
- No (Check all that apply)**
- I cannot if there are no curb cuts.**
- I cannot if the street or sidewalk is too steep.**
- I cannot cross busy streets or intersections.**
- I cannot find my way at night because of a vision problem.**
- I get confused and cannot find my way.**
- I feel unsafe traveling alone.**
- I cannot travel outside when it is:**
- Too Hot** **Too Cold** **Snow and Ice** **Rain**
- I probably could with instruction.**

J. Why is it IMPOSSIBLE and not just difficult for you to now travel on public transportation? Please explain:

K. How do you currently travel? (Check all that apply).

- Drive myself Someone else drives Van or car service
 Taxi Regular Bus (CDTA) STAR
 Other: _____

L. Have you ever received Travel/ Mobility Training for bus use?

Yes No Date of Training _____

Who did the training: (Name of Person or Agency)

Phone Number of Person or Agency

Was the training successfully completed? Yes No

May we contact this person or agency to discuss your training?

Yes No

**M. Could you independently ride in a taxi if one were provided?
(Note: must be able to communicate with driver, get into the back seat of a cab, and climb up into a van or Minivan)**

- Yes
- No

N. Could you independently get on and off a lift-equipped bus?

- Yes
- I do not know
- No

O. Could you maintain balance while seated on a moving vehicle?

- Yes
- No

P. Can you climb three (3) 11" steps?

- Yes
- No

Q. Can you find a seat by yourself without assistance of another person?

- Yes
- I do not know
- No

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

(TO BE COMPLETED BY APPLICANT)

I hereby authorize the following licensed professional¹ who can verify my disability or health related condition, to release this information to CDTA and other parties under contract with CDTA/STAR. **This information will be used only to verify my eligibility for paratransit services.**

¹ Includes: Psychiatrist, Audiologist, Ophthalmologist, Physician, Psychologist, Mobility Specialist/Instructor. This list provides some examples, but is not a comprehensive listing.

Name of Professional who may release my medical information:

Address:

Phone Number _____



Applicant's Signature:



Date: _____

This authorization will expire 6 months from the above date.