



APPLICATION FOR RAMP
ADA COMPLEMENTARY PARATRANSIT SERVICE

(859) 578-6949 • KY Relay 711 or 1-800-648-6056

Background

RAMP is a specialized service of the Transit Authority of Northern Kentucky (TANK). In July 1990 the Americans with Disabilities Act was mandated that persons are functionally defined based upon their inability to use existing fixed route services.

It is important to remember that your age, distance from a bus stop, using a wheelchair, medical diagnosis or name of a “disability” by themselves are not taken into consideration in making an eligibility determination. ADA states that transportation for individuals with disabilities will be largely provided by regular fixed route bus service.

The ADA requires that each public entity shall strictly limit ADA paratransit eligibility to individuals specified in the regulations. The regulations identify three categories (full, conditional, and temporary eligibility) an individual may be eligible for paratransit service.

If you live more than 3/4 miles from any TANK fixed route, you are outside RAMP’s service area. Please call the Special Service office if you need more information regarding the service area.

Instructions

The applicant is to complete pages 3 – 8. In addition, incomplete, unreadable, and obsolete applications will not be considered. Pages 9 – 10 are to be completed by a licensed physician and returned to TANK via fax or can be returned with the application in person during the assessment.

Upon completion of your entire application, including professional verification, contact the Certification Center at (859) 814-2135 to schedule an in-person assessment. **The Assessment will be conducted at 1324 Madison Ave. Covington, KY.**

Eligibility decisions are made within 21 days of receipt of completed application. In the rare case that eligibility is not processed within 21 days, a presumptive eligibility will be in place until such time that eligibility can be established.

You **MUST** bring a valid photo identification card to your assessment appointment. Also, if you utilize a mobility device you must bring it to your in-person assessment. Please feel free to contact the Special Services Department with any questions.

You may mail or fax completed applications to: Fax: (859)814-2146 or

**Transit Authority of Northern Kentucky
Special Services Department
3375 Madison Pike
Fort Wright, KY 41017
(859) 578-6949
tankbus.org**

PART A (Please Print)

Check One: Mr. Mrs. Miss. Ms.

Last Name: _____

First Name: _____ Middle: _____

Address: _____ Apt. # _____

City: _____ State: Kentucky Zip: _____

Name of Apartment Bldg or Complex: _____

What type of living situation are you involved with? (check all that apply)

Living alone Live with relative House Apartment

Group Home Nursing Home Assisted Living Caretaker

Closest Intersection: _____ & _____

Brief general directions to home _____

Telephone: _____ Cell: _____

Date of Birth: _____

Emergency Contact Info:

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Why are you applying for RAMP paratransit service?

How does your disability prevent you from using TANK's fixed route service?

PART B

The Transit Authority of Northern Kentucky (TANK) has established a process for determining the paratransit eligibility of persons seeking to utilize the RAMP service. TANK will strictly limit ADA paratransit eligibility to persons required to be eligible under the ADA law. This is to say individuals with permanent or temporary disabilities may be eligible for the service at all times or with respect to a particular trip or type of trip under particular conditions, depending on the assessment outcome, even when the fixed route system is completely accessible.

Transit services for persons with disabilities will largely be provided by fixed route services. For this reason, please answer all the questions below relating to your personal use and/or knowledge of TANK's fixed routes.

What TANK fixed route number serves your home residence?

Where is the nearest TANK bus stop to your home residence?

Did you know that all TANK fixed route buses are ADA accessible?

Yes No

Did you know if the steps on the bus are difficult for you that you could ask the driver to lower the bus for you?

Yes No

Did you know TANK offers Travel Training to show clients how to use the fixed route system?

Yes No

Would you be interested in Fixed Route Travel Training?

Yes No

How far can you safely and effectively walk or propel your wheelchair?

- I can get to the curb in front of my house
 - Up to three (3) blocks
 - Up to six (6) blocks
 - I don't want to travel outside, if so why?
-
-

How long could you wait at a bus with a bench for seating?

- 10 minutes 20 minutes 40 minutes 60 minutes
 - Not at all, if so why?
-

Describe in detail what hinders you from using TANK's fixed routes, i.e. I can't be out in extreme weather conditions or I don't understand how to use the fixed route buses.

I have used TANK's fixed route:

- In the past week In the past month In the past year
 - Never, Why?
-

PART C

Do you use any of the following aids (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Manual Wheelchair* | <input type="checkbox"/> Electric Wheelchair* |
| <input type="checkbox"/> Power Scooter* | <input type="checkbox"/> Transport Wheelchair* |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Walker / Walker with Seat |
| <input type="checkbox"/> Communications Board | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Other: _____ | |

**What make or type is your wheelchair or scooter? _____

**Wheelchair or scooter measurements

**Width _____ Length _____ Weight of chair when in use _____

You must come to your assessment appointment with your mobility aid

Are there any other effects of your disability that we need to be aware of?

- Obesity/Weight
- Seizures
- Paralysis
- Shortness of Breath
- Dizziness
- Other, please explain: _____

PART D

CERTIFICATION

I understand that the purpose of the application is to determine if I, or the applicant for whom I represent, is eligible to use TANK's paratransit services. I certify that the information provided in this application is true and correct. I understand that falsification of this application to obtain RAMP service violates the United States Code Title 18, Section 1001. Penalties including fines and imprisonment up to ten years could be possible. I agree to notify TANK if I, or the applicant for who I represent, no longer need to use RAMP services.

Signature of Applicant or Legal Guardian

Date

Name of Person Completing Application, if not Applicant

Relationship



MEDICAL / PROFESSIONAL VERIFICATION

TANK's RAMP Service

(Not a request for copies of medical records)

Dear Health Care Professional:

One of your clients has requested an assessment for use of TANK's paratransit service.

We need detailed information about the client's condition or disability that prevents use of the regular bus system. The Americans with Disabilities Act (ADA) is very specific as to whom and under what circumstances eligibility may be granted to use paratransit service. According to the ADA, if a person has the functional ability to use fixed route buses, that person is not eligible for RAMP.

The following factors do not, by themselves, qualify a person for RAMP: disability, distance to and from a bus stop, inability to drive, inconvenience, and/or discomfort.

The disability must PREVENT travel on TANK's regular city buses that have the following ACCESSIBLE features:

- All are equipped with wheelchair lifts or ramps, along with securing devices.
- All have "kneeling" capability, which lowers the height of the first step onto the bus.
- ALL buses have automatic enunciators that announce major cross streets, when a stop is requested, along with the buses destination.
- Customer service is available to assist with bus schedules and trip routing, including transferring from one bus route to another.
- Travel training service is available to teach passengers how to ride regular city buses.

Should you have additional questions about RAMP, our paratransit service, please call (859) 578-6949

When completed, please fax this form to the TANK Special Service Office at (859) 578-6952 or have the applicant bring it to the assessment.

Applicant's Name: _____ Date of Birth: _____

Address: _____

Phone: _____

1. What was the last date of face to face contact (by you or your agency) with this applicant?

2. Please describe the applicant's condition(s) which affect ability to travel in the community.

Check Relevant Type(s) of Conditions	List	Relevant Diagnoses Date of Onset	Prognosis (State length of time if temporary)
___ Physical Disability			
___ Developmental Disability			
___ Cognitive Disability			
___ Mental Illness	DSM IV-TR code(s):		
___ Vision Impairment/ Blindness	Totally blind? Yes ___ No ___ Legally blind? Yes ___ No ___		
If other, please identify condition: ___ Other _____			

3. Is the applicant taking medication that affects his or her functional ability to travel independently within the community? (drowsiness, confusion, etc.)?
_____ Yes _____ No

4. If yes, How does above medication affect applicant's functional ability to travel independently (other than driving) within the community? _____

5. Have the applicant's functional abilities changed temporarily due to adjustment to medication or other factors? Yes ___ No ___ If yes, please explain and give expected duration _____

6. Is disability/condition periodic? Yes ___ No ___

If yes, under what circumstances does disability/condition flare up?

7. Are any of the following affected by applicant's condition(s)? Check ALL that apply:

- | | |
|-----------------------|---|
| ___ Orientation | ___ Problem-solving |
| ___ Short term memory | ___ Attention |
| ___ Long term memory | ___ Time management |
| ___ Communication | ___ Judgment |
| ___ Gait | ___ Handling stress |
| ___ Balance | ___ Interacting according to social customs |
| ___ Endurance | ___ Impulse Control |
| ___ Other _____ | |

8. When using TANK's RAMP transportation services, will the applicant require a personal care attendant? ___ Never ___ Sometimes ___ Always

9. Is there additional information regarding this applicant which you believe impacts his/her functional ability to use TANK's regular city buses or special circumstance which you believe should be considered?

I certify that the information contained herein is true and correct to the best of my knowledge and ability. (To be completed by licensed physician only).

Signature _____ Date _____

Physicians Name _____

Physicians Specialty _____

Professional License Number _____

Practice Name _____

Address _____

Phone _____ Fax _____