



Dear Applicant:

We appreciate your interest in Hot Springs Intracity Transit's Paratransit Service. Hot Springs Intracity Transit (HSIT) is a curb-to-curb service provided to disabled citizens. The enclosed application will determine your eligibility to use HSIT's Paratransit service. ADA paratransit service is required by federal law to provide for disabled residents. HSIT is a curb to curb, shared-ride service that complements HSIT's fixed-route bus services. The information obtained in this Americans with Disabilities Acts (ADA) certification process will only be used by Hot Springs Intracity Transit for the provision of transportation services. This information is kept confidential.

The application must be filled out completely and legibly. The enclosed Physician's Verification of Disability Form must be completed by a doctor, licensed health care provider or licensed rehab/social worker familiar with your disability.

After we receive your completed application, you may be contacted to schedule an in-person interview to aid in the determination of your eligibility. Upon request, transportation will be provided to you free of charge both to and from the interview site.

You will receive a determination within 21 days of submission.

Again, we thank you for your interest in Hot Springs Intracity Transit Paratransit Service.



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## PART II: INFORMATION ON DISABILITY AND MOBILITY EQUIPMENT

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Please list all of your disabilities and diagnoses that prevent you from using HS INTRACITY TRANSIT'S fixed route bus service (regular city bus).

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

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Manual Wheelchair  | <input type="checkbox"/> Walker       | <input type="checkbox"/> Service Animal  |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Support Cane | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Powered Scooter    | <input type="checkbox"/> White Cane   | <input type="checkbox"/> Crutches        |
| <input type="checkbox"/> Prosthesis         | <input type="checkbox"/> Braces       | <input type="checkbox"/> Other _____     |

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## PART III: QUESTIONS ON USING HS INTRACITY TRANSIT'S FIXED ROUTE BUS SERVICE

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Are you able to travel to the nearest bus stop?  Yes  No

If necessary, can you transfer yourself from a wheelchair to a passenger seat:  Yes  No

Have you ridden the regular city bus in the past?  Yes  No

Do you understand the regular city bus schedules?  Yes  No

Have you ever had training to use the regular city bus?  Yes  No

Would you like to receive training to use the regular city bus?  Yes  No

Are you able to move independently in the immediate vicinity of your home?  Yes  No

Are you able to independently navigate shopping areas?  Yes  No

Are you able to monitor health concerns independently?  Yes  No

Are you able to tell time independently?  Yes  No

Are you able to keep a schedule independently?  Yes  No

Are you able to identify coins independently?  Yes  No

Are you able to identify bills independently?  Yes  No

Are you able to articulate your needs independently?  Yes  No

Are you able to plan and initiate plans independently?  Yes  No

Are you able to use railings or handles?  Yes  No

Are you able to travel one city block?  Yes  No

Are you able to travel three city blocks?  Yes  No

Is your ability to get from place to place affected by:

Terrain  Weather  Temperature

Distance  Night or Day  Environmental Problems

Do you require a Personal Care Attendant when using transit?  Yes  No

I certify the information provided in this application is accurate. I understand that false information may result in the denial or termination of HS INTRACITY TRANSIT'S PARATRANSIT service. I further understand that all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services.

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Applicant's Signature

Date

\*\*If someone else is completing this application or has assisted the applicant, that person must complete the following:

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Name

Relationship

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Signature

Date

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Home Phone

Work Phone

Cell Phone

Please initial here showing that you have received a copy of the City of Hot Springs Paratransit Service Administration Policy and that you will read it before your first trip. \_\_\_\_\_



# AUTHORIZATION FOR RELEASE OF INFORMATION

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I, \_\_\_\_\_, hereby authorize \_\_\_\_\_

(physician, hospital, clinic, agency, or school), its director, designee, or records department to release information contained in my records to the individual or organization listed below:

**1. Name of person/organization to whom this disclosure is made:**

Attention: City of Hot Springs Paratransit Service  
C/O Lana Kelly, Eligibility Specialist  
100 Broadway Terrace  
Hot Springs, AR 71901

**2. Specific type of information to be disclosed:**

- Medical, includes visual
- Psychological
- Medication

**For the purposes of:**

- Establish Eligibility for services
- Help to determine functional limitations

**3. Expiration:**

This release may be revoked at any time and shall be valid no longer than is reasonably necessary to accomplish the necessary purpose for which it is given, not to exceed 12 months from the date this release form was signed.

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Client, Parent, Guardian or Representative Signature

Date

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Witness Signature if required

Date

**City of Hot Springs, Arkansas  
ADMINISTRATIVE POLICY  
Paratransit Service  
Hot Springs Intracity Transit (IT)**

**I. PURPOSE.**

The purpose of this document is to establish administrative policies and procedures for the operation of the IT paratransit system. It is the intent of these procedures to assist in the provision of safe, convenient, reliable, and efficient transportation for eligible disabled persons residing within the IT paratransit service area. IT appreciates the opportunity to service paratransit patrons and welcomes comments, suggestions and questions regarding this policy.

**II. PRACTICE.**

IT paratransit service is a door-to-door service operated in accordance with the federal requirements governing paratransit service complementary to the City's fixed route transit system (IT). Hence, this policy is subservient to the Code of Federal Regulations, Title 49, Part 37 – Transportation Services for Individuals with Disabilities (ADA). The system is comparable to the level and type of service provided by fixed route buses. While the service is demand response in nature it is public transportation and, therefore, not equivalent to private taxicab type service.

**III. PROCEDURES.**

**1. Service Application.** In order to qualify for paratransit service, paratransit eligible individuals (hereafter termed "patrons") must be approved pursuant to the IT paratransit application process. Applications must be approved and an ID number assigned prior to commencement of service. Patrons may be required to recertify their paratransit eligibility after a 3 year period. If the patron requires a personal care attendant (PCA), the application must so indicate and the use of a PCA approved as part of the application review process. (CFR 49, Part 37.125)

**2. Service Area and Hours of Operation.** Paratransit service is provided to eligible patrons within the corporate limits of Hot Springs and within a corridor three-fourths of a mile on each side of any fixed route which extends outside the city limits. The system operates the same service hours and days as the regular fixed route system. (CFR 49, Part 37.131(a),(e))

**3. Fares & Guests.** The one way fare for paratransit service is twice the regular fixed route full fare (\$2.50). Approved PCA's are not charged when accompanying the patron and are not considered guests. Patrons may be accompanied by one guest when a reservation is made for that guest. Second or additional guests may accompany the patron on a space available basis only. All guests must pay the full Paratransit fare. Patrons and guests must pay proper fare upon boarding and must have exact change. (CFR 49, Part 37.131(c); Part 37,123(f))

## KEEP: RULES AND REGULATIONS

**4. Reservations.** Patrons must make trip reservations during business hours, one (1) to seven (7) days in advance of the desired pick-up time and is subject to availability. IT dispatch will negotiate a pickup time with the patron which may be up to one hour in advance of or after the patron's desired departure time. *Patrons must be available to board the bus 15 minutes prior to or after the established reservation time.* Drivers will not wait more than 5 minutes if reasonable efforts to reach the patron fail. (CFR 49 Part 37.131(b))

**5. Cancellations and "No Shows."** Once a reservation has been booked, patrons must call the IT office (321-6625) at least 30 minutes before their scheduled pick-up time to cancel their reservation. An answering machine is provided after hours so that cancellation messages can be left. In the event proper cancellation notice is not received, the patron may be classified as a "no show". Same day destination changes cannot always be accommodated. (CFR 49 Part 37.125(h))

**6. Wheelchair Loading and Unloading.** All power chair operators must be in control of their chairs during loading/unloading and while securement devices are being attached. Power chairs must be stationary and manual chairs must be locked whenever the chair is on the lift. These requirements are for the protection of patrons and bus drivers from unexpected energizing or movement of wheelchairs during transit. Service is provided for all wheelchair users up to the capacity of the lift, ramp or vehicle.

**7. Securement Devices.** All wheelchairs will be secured in the designated securement devices by the driver and must remain so whenever the vehicle is in motion. Seatbelts are also available for use by patrons, if desired.

**8. Public Service.** Paratransit is a public transit service; hence, all trips are shared ride and patrons may not request that specific drivers be sent, no exceptions. (CFR 49 Part 37.121(a))

**8A. Reasonable Modification of Policy** Hot Springs Intracity Transit shall make reasonable modifications in policies, practices or procedures when the modifications are necessary to avoid discrimination on the basis of disability or to provide program accessibility to their services. A copy of this policy is available upon request.

**9. Behavior.** Eating, drinking and smoking are generally not permitted on buses at any time. Disability related exceptions can be approved by the office on a case – by – case basis. Use of profanity and lewd behavior is prohibited. Patrons must refrain from excessive noise or behavior that disturbs other passengers or the driver. Toxic, dangerous and offensive substances are not permitted on any vehicle. (CFR 49, Part 37.5(h))

**10. Service Animals & Mobility Aids.** Service animals may accompany patrons with disabilities on the buses. All other animals must be locked in an animal carrier. Patrons may travel with respirators, portable oxygen and other life support equipment provided such equipment does not violate rules concerning the transportation of hazardous materials. (CFR 49 Part 37.167(d))

**11. Baggage & Driver Assistance.** Loading and unloading of baggage, packages and articles is the responsibility of the patron. Drivers cannot load any items for passengers. Any items brought on vehicle by passenger must be the size to store out of aisle and not interfere with the entrance, exit and mechanism of the vehicle. If passenger needs assistance getting to and from the vehicle, loading baggage, etc., it is recommended, but not required, that they be accompanied by a PCA. Driver cannot assist passengers enter or exiting the vehicle. (CFR 49 Part 37.5(e))



KEEP: RULES AND REGULATIONS

**12. Service to Visitors.** Paratransit service is provided to visitors to Hot Springs in accordance with CFR 49 Part 37.127. Visitors may ride Intracity Transit’s paratransit system for 21 days in a 365 day period.

**13. Suspension of Service.** Paratransit service can be suspended if a patron establishes a pattern or practice of missing scheduled trips or otherwise violates these policies. “No-shows” accumulation of five (5) or more or 10% of scheduled trips, whichever is more, in a given calendar month will be prima facie evidence of a pattern or practice of missing scheduled trips. Before suspending service, IT management will: (1) notify the patron in writing of the proposed service suspension, citing the specific basis for the proposed suspension and stating the proposed sanction; (2) provide the patron an opportunity to be heard and to present information and arguments as to why service should not be suspended; and (3) provide the individual with written notification of IT’s decision and the reason for the decision. (CFR 49 Part 37.125(h))

**14. Appeal Procedure.** Any suspended patron may appeal the suspension anytime within sixty (60) days from the date of the IT management decision. Appeals must be filed with the City ADA Coordinator, Municipal Building, 133 Convention Blvd., P.O. Box 700, Hot Springs, Arkansas 71902. Appeals must be filed, in writing, on forms as prescribed by the Coordinator. The Coordinator will assist patrons in completing the appeal form, if requested. Appeals will be heard by the City’s ADA Paratransit Advisory Committee within fifteen (15) days of filing. The sanction is stayed pending the outcome of the appeal. (CFR 49 Part 37.125(h)(3))

**15. Complaint/Grievance Procedure.** Paratransit patrons may file a complaint against IT for alleged violation of the Americans with Disabilities Act by contacting the City ADA Coordinator at the following address: Municipal Building, 133 Convention Blvd., P.O. Box 700, Hot Springs, Arkansas 71902, (501) 321-6815. The Coordinator will provide complaint forms and assist in the completion of the forms if requested. The ADA Coordinator will respond to the complaint within ten (10) days of the filing date. Unsatisfactory resolution of complaints or grievances may be appealed to the ADA Paratransit Advisory Committee.

**IV. POLICY REVIEW.**

This policy has been reviewed and approved by the ADA Paratransit Staff Advisory Committee. Revisions and amendments, when necessary, shall be submitted to the committee or a similar review body representing and including persons with disabilities.

**V. EFFECTIVE DATE.**

This policy shall be effective from and after April 11, 2017 and all previous editions are hereby superseded. Revisions and amendments, when necessary, shall be issued by the City Manager.

## ACKNOWLEDGEMENT

I, \_\_\_\_\_, acknowledge receipt of and have read the  
**Print Name**

attached City of Hot Springs **Administrative Policy**, for Paratransit Service.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**MUST BE SIGNED AND RETURNED WITH APPLICATION  
FOR PROCESSING**