The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that bans discrimination against people with disabilities. Under the ADA, transit agencies operating a fixed-route system must provide a comparable travel system for people with disabilities who cannot use the fixed-route system.

What is Paratransit Service?

Paratransit is a transportation service for persons with a functional disability who are unable to use a fixed route system for some or all of their trips. It is a “shared ride” service that operates at the same times and in the same areas as the fixed-route system. Eligibility is not based solely on a diagnosis or type of disability.

Individuals are eligible based on 3 categories:

1. **Inability to navigate the system independently.**
   Any person who is unable to board, ride or exit any accessible fixed-route bus without the assistance of another person, as a result of a physical, visual, or mental disability.

2. **Lack of accessible vehicles, stations, or bus stops:**
   If accessible vehicles are not available or if a boarding or disembarking location is not accessible on the routes that the customer wishes to travel on.

3. **Inability to reach a boarding point or final destination.**
   Any person with a functional disability who has a specific impairment related condition that makes it **impossible** for them to travel, all or some of the time, to a fixed-route bus stop location.

The Paratransit service area is defined as up to ¾ mile on either side of an existing bus route. Service is available on the same days and times as fixed-route service. If you have a disability that prevents you from using the regular fixed-route service, you may be eligible for Paratransit.
Paratransit Service

Is Not- a social service sponsored transportation program or for special event group trips. It is not designed to meet the needs of every disabled person; some people may require more service or assistance than Paratransit can provide.

Is Not- for individuals who can use the regular fixed-route buses but do not want to.

Is Not- responsible for custodial care of our passengers.

What is Go COMO Fixed-Route Service?

• Go COMO buses operate along fixed-routes on an established schedule.
• They are 100% ADA accessible with ramps, low floors and the ability to kneel.
• They have priority seating for people with disabilities and seniors.
• They have stop announcements (automated or by the operator).
• They have places to secure mobility devices.
• Reduced fares are available for seniors and persons with a qualified disability
• Go COMO fixed-route service operates in full compliance with the Americans with Disabilities ACT (ADA).

To help us determine your eligibility for ADA Paratransit Service, please fill out the enclosed application as completely and thoroughly as possible.

All applications must be completed in their entirety or they will be returned to the applicant for completion before being processed.
Go COMO Paratransit Application

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions that you cannot answer, or if you need assistance to complete this form, please call Paratransit Customer Service at 573-874-7290. To be considered complete, every question on the application must be answered. If not, it will be returned to you for completion.

**Part 1: APPLICANT INFORMATION**

**PLEASE PRINT**

Name: ___________________________________________________________________

First          Middle          Last

Street Address: No PO Boxes please_________________________________________

City: ___________________________ State: _________ Zip Code: _______________

Telephone: ________________________  □ Male  □ Female

Date of Birth: ____________________ SS# ___________________________________

Do you receive Medicaid? □ Yes  □ No

Emergency Contact Person: _________________________________________________

Telephone: ______________________ Relationship to Applicant __________________

Special Instructions, if any: _______________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

**TRANSIT USE ONLY**

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<thead>
<tr>
<th>WC</th>
<th>RENEW</th>
<th>Rec’d</th>
<th>Date Processed</th>
<th>Int. Date</th>
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<td>AMB</td>
<td>NEW</td>
<td>ID#</td>
<td>ISSUE DATE</td>
<td>EXPIRE DATE</td>
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PART 2: DISABILITY AND HEALTH CONDITION INFORMATION

1. What disability have you been diagnosed with? _________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. Date of Diagnosis: ________________________________________________________

3. Does your disability prevent you from using the regular bus service?  □ Yes  □ No
   If yes, please explain: _____________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

4. Is your disability considered permanent?  □ Yes  □ No
   If no, how long do you expect to have this disability? _________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. Does your disability change from day to day or seasonally?  □ Yes  □ No
   If yes, please explain: _____________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

6. Does your disability make it difficult for you to understand and remember how to find
   your way to and from the bus stop?  □ Yes  □ No
   If yes, please explain: _____________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

PART 3: MOBILITY INFORMATION

7. Please select any mobility aids or specialized equipment used?
   □ Brace       □ Cane       □ Communication Board
   □ Crutches    □ Scooter     □ Motorized Mobility Device
   □ Portable Oxygen □ White Cane □ Manual Mobility Device
   □ Walker      □ Service Animal

Lifts on Paratransit vehicles are designed to accommodate mobility aids that are up to 48
inches long, up to 32 inches wide and no more than 600 pounds when occupied. If your
mobility device exceeds these dimensions or weight, the vehicle may not be able to
accommodate your mobility aid.
PART 4: CURRENT TRAVEL INFORMATION

8. Have you ever used the regular fixed route? □ Yes □ No
   If no, please explain why: ________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

9. Do you currently use the regular fixed route? □ Yes □ No
   If yes, which routes do you use? __________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

10. Do you need someone to accompany you when you travel outside the home (i.e. Personal Care Attendant, some designated or employed to specifically help with personal needs)? □ Yes □ No
    If yes, what assistance does that person provide for you? _____________________
    _______________________________________________________________________
    _______________________________________________________________________

11. Can you get to and from the bus stop nearest to your home by yourself? □ Yes □ No
    If no, please explain why? _______________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

12. Does weather affect your ability to use the regular fixed route? □ Yes □ No
    If yes, please explain why: _______________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

13. Have you ever received training on how to use the regular fixed route? □ Yes □ No
14. How would you describe the terrain where you live? (e.g. flat, steep hills, gradual sloping hills, etc) _________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

15. Are there sidewalks in your neighborhood? □ Yes □ No
16. Are there sidewalks at the nearest bus stop? □ Yes □ No
17. What is the distance to the nearest bus stop from your home? ________
18. List the 3 most frequent destinations you travel to and how you currently get there:

<table>
<thead>
<tr>
<th>Destination Name</th>
<th>Location 1</th>
<th>Location 2</th>
<th>Location 3</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
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<tr>
<th>How frequently do you travel there (within a month)?</th>
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<th>How do you currently get there?</th>
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**PART 5: APPLICANT CERTIFICATION**

I understand that the purpose of this application is to determine if I am eligible for Paratransit services and that Go COMO staff may need to talk with me later to get more information. I understand that I may be required to attend an in-person interview or functional assessment as part of this application process.

By signing this application, I certify that I have been truthful in answering this form and that the information that I have provided is correct to the best of my knowledge. I understand that false statements made herein are punishable under Columbia City Ordinance 16-193 and may result in a denial of service and prosecution under the law.

I agree to notify Go COMO if I no longer need to use Paratransit services.

________________________________________    _____________________  
Applicant Signature Date

If this application was prepared by someone other than the applicant, please sign above and provide the information below:

Name: ___________________________  Relationship to Applicant: ___________________
Address: _______________________________________________________________________  
City: ___________________________ State: _________ Zipcode: _____________________
Telephone: ____________________________
PART 6: APPLICANT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize the professional listed below to release to Go COMO information about my disability and health condition and its effect on my ability to travel on Go COMO regular fixed route system. I understand that I may revoke this authorization at any time.

All medical information that you or your health care professional provides will be kept confidential to the extent permitted under the law, except that the information may be shared with other agencies or professionals involved in the determination of your eligibility.

Licensed Medical Professional Information:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Title (e.g. MD, NP, PA)</th>
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Agency/Organization

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Applicant or Authorized Signature

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<th>Date</th>
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</table>
PROFESSIONAL VERIFICATION

In order to allow the City of Columbia to evaluate your request, this professional verification section must be completed. Please contact a physician or other professional to confirm the information you have provided. THIS PORTION MUST BE COMPLETED BY ONE OF THE FOLLOWING RECOGNIZED PROFESSIONS: registered nurse, physician, psychologist, nurse practitioner, physician’s assistant, employed by a medical facility. Please complete the following information and authorization form.

The applicant may be found eligible for Para-Transit origin to destination bus services for all trips he/she requests (based on functional ability) or capable of using the regular bus.

NOTE: All fixed route buses are equipped with a lift or ramp for people who use a wheelchair or cannot climb stairs. The information you provide will enable us to make an appropriate determination for each trip request. All information will be kept confidential. Thank you for your assistance.

PROFESSIONAL VERIFICATION FOR____________________________________________________

Print  Patient’s Name

Required Information: (Failure to provide information may cause a delay in the application process.) The applicant’s disability, is_________________________________________________________.

Professional’s Information (Please Print):

Medical Professional Associated With:________________________________________________________

Name________________________________________________________________________________

Title___________________________________________________________________________________

Address_________________________________________________________________________________

City_________________________________________State_________________Zip Code_______________

Phone Number_____________________________ Fax Number______________________________

Signature below indicates that I certify that the above named individual is unable to ride on the standard fixed route transit system and should be eligible for the Para-Transit Service.

Signed___________________________________________Date_______/_______/_______

(Must be signed by the physician or recognized professional)