



Transit Riders' A.D.A. Choice!

ADA

Americans with Disabilities Act

www.RIDEFAST.net

This is your ADA information packet.

Please read and fully complete all forms in this packet.

Your application CANNOT be processed if it is not complete.

Remember: Keep this information in a safe place.

**PHONE #
910-433-1232**



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Thank you for your interest in the **ADA FASTTRAC!**

The purpose of ADA is to provide complementary Para transit service for individuals who are not able to get to a city bus stop because of specific mobility impairment. If you can not recognize landmarks, follow direction, or otherwise learn how to use the fixed-route bus system. Our van service is curb to curb. If you think you qualify for ADA, just complete this application and mail it back to 455 Grove Street, Fayetteville, N.C. 28301.

Once your application has been reviewed, the Para-Transit Supervisor will notify you to set up an interview. After the interview the supervisor will go over your information and send you a letter by mail on your eligible for ADA service. This can take up to 21 days after your interview.

FAST TRAC! Service operates in the same service area as the regular bus route service. Eligible riders must live no more than three-fourths of a mile from a fixed bus line. If and eligible rider lives more than three-fourths of a mile from a bus line, you must make arrangements to meet the van within the 3/4s of a mile to be picked up. **ADA services cost \$1.50 per trip.**

FAST TRAC! Van service is NOT available on Sundays or the following holidays: New Year's Day, July 4th, Thanksgiving and Christmas. If you have additional question about ADA services please call **(910-433-1232)**



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SERVING CUSTOMERS WHO USE MOBILITY DEVICES

If you use a mobility aid please make sure it falls under the requirements of a common mobility aid.(is a 3 to 4-wheeled device that does not exceed 30 inches in width and 48 inches in length, measured two inches above the ground, and does not weigh more than 600 pounds when occupied.)

All mobility aids are to be secured even if they are not occupied. Please make sure you are using a lap belt and shoulder harness.

Please try to keep your mobility device in good working order and always try to use the (FOOT REST) on your mobility device; this is for your safety. Please make sure your power wheelchair has a full charge before you ride with FASTTRAC!

ADA ELIGIBILITY APPLICATION

Please complete this application as thoroughly as possible, and to the best of your ability. In order to be considered complete, **every question** on the application must be answered.

Purpose: To provide an opportunity for you to describe limitations you may have which prevent you from using F.A.S.T bus service. The more information you provide, the better our ADA staff will understand your ability.

Return the completed application to:
Fayetteville Area System of Transit
455 Grove Street
Fayetteville, NC 28301

PLEASE PRINT

General Information

Name _____

Street Address _____

City _____ Zip code _____

Home phone _____ Cell phone _____

Date of Birth _____ (Month/Day/Year)

Emergency contact: Please list the name of the person or agency that we may contact in the event of an emergency:

Name _____ Phone number _____

Address _____

City _____ State _____ Zip code _____

Relationship _____

Medical care: Please list the name of the physician, health care professional or rehabilitation counselor who may be contacted by F.A.S.T staff if verification is required:

Name _____ Phone number _____

Address _____

City _____ State _____ Zip code _____

Information regarding your current use of the F.A.S.T bus service.

Do you currently use the F.A.S.T bus at all? Yes No

When was the last time you used the FAST bus service?

Can you get to a bus stop by yourself? Check One.

Sometimes Not sure Yes No

Describe your disability and how it prevents you from using the F.A.S.T regular bus service. **Be specific.**

Is this condition temporary? Check one. Yes, until (date) _____

No

YOUR FUNCTIONAL ABILITY and MOBILITY INFORMATION

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

_____ Wheelchair

_____ Cane

_____ White cane

_____ Crutches

_____ Walker

_____ Service animal

_____ Hearing aid

_____ Prosthesis

_____ Other. Specify

Do you need someone to help you when you travel outside of the home?

_____ Yes _____ No _____ Sometimes

If you need someone to help you, what do they do for you?

Can you walk up and down three 12-inch steps without help?

_____ Yes _____ No _____ Sometimes

Can you cross the street when a curb cut is available?

_____ Yes _____ No _____ Sometimes

Are you able to identify the correct bus?

_____ Yes _____ No _____ Sometimes

Can you wait at least 10 minutes at a bus stop that does not have a seat and a shelter?

_____ Yes _____ No _____ Sometimes

What barriers in your surroundings make it difficult for you to use the bus?
Circle all that apply.

Lack of curb cuts

No sidewalks

Steep hills

Busy streets I must cross

Sidewalks are in poor condition (holes, etc.)

Are you able to read, hear, understand and/or process information, schedules or directions that are needed to make necessary decisions during a trip?

_____ Yes _____ No (please explain) _____

INFORMATION ABOUT ACCESSBILE FAST BUS SERVICE

Traveling by F.A.S.T bus is a good alternative for those who are able to ride the bus. Even if you cannot ride the bus by yourself, you may want to consider using the bus if someone will be available to assist you. F.A.S.T offers special fare incentives to ADA riders using the bus- 35 cents per trip. If you are certified to take a personal assistant, you can take someone with you on the bus at no extra charge.

YOUR CURRENT TRAVEL

List your four most frequent destinations and how you get there now:

Destination address how often? Transportation mode now?

(Street address) (Daily, weekly, monthly, etc.) (Friend’s car, bus, etc.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Now, please review the entire application to make sure all questions have been answered to the best of your ability. Once you return your completed application to us, you will receive a call from the Para-Transit Supervisor to set up an interview. All applicants must be interviewed before they are considered for ADA services.

ACKNOWLEDGMENT

I, the Applicant, understand that the purpose of this application form is to determine my eligibility for the ADA service. I agree to immediately notify the Fayetteville Area System of Transit (FAST) of any changes in disability status and understand that this may affect my eligibility to use the service. Persons in violation will receive in writing a notification that service will be suspended. I also agree to release the information contained herein, which will be treated confidentially. I understand further that FAST reserves the right to request additional information at its discretion.

Signature of Preparer, Parent or Legal Guardian (if other an Applicant) Date

Signature of Applicant Date

Printed Name of Applicant _____

Signature of Preparer, Parent or Legal Guardian (if other an Applicant) Date

Printed Name of Preparer, Parent or Legal Guardian _____



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PROFESSIONAL VERIFICATION FOR ADA

NOTE: The next three pages of this document must be completed by a physician, health care professional, or licensed rehabilitation counselor.

Applicant's Name _____

The Americans with Disabilities Act of 1990 (ADA) is a Civil Rights bill which bans discrimination against people who are functionally unable to ride the current bus service due to their ability to function. Public bus services must be fully accessible to people who are unable to use the bus. The applicant has indicated that you can provide information regarding his/her ability to use ADA services. In order to be considered, **every question** on the PVF must be answered

The information you provide will enable us to make an appropriate determination for each trip request. All information will be kept confidentially.

Please mail/fax the completed form to:

F.A.S.T
455 Grove Street, Fayetteville, NC 28301
Fax: 910-433-1064

How do you know the applicant?

Medical diagnosis of condition(s) causing disability:

Is this condition temporary? Check one: No Yes, until (date)

Is the applicant able to: (Check all that apply?)

- | | | |
|--|-----------------------------|------------------------------|
| Walk or travel 200 feet without assistance? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Walk or travel ¼ mile without assistance? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Walk or travel ¾ miles without assistance? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Climb three 12-inch steps without assistance? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Wait outside without support for 10 minutes or more? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Does the Applicant use any mobility aids? No Yes (List)

If yes, please explain to what extent:

Does the Applicant have a hearing disability? No Yes
Does the Applicant have a cognitive disability? No Yes

If yes, can the Applicant: (Check all that apply)

Give address and phone numbers on request? No Yes
Recognize a destination or landmark? No Yes
Deal with an unexpected change in routine? No Yes
Ask for, understand and follow directions? No Yes
Safely and effectively travel thorough crowded and/or complex facilities? No Yes

Please identify any other conditions that limit the Applicant's ability to use the F.A.S.T bus:

I certify that the information provided on this verification form is true and correct, based upon my own knowledge of the Applicant's health condition or disability.

Note: It is important that **all parts** of this form be completed. If not, the Applicant's certification process will be delayed.

Print Name and Title; _____

Signature: _____ Date: _____

Clinic/Agency _____

City _____ State _____ Zip code _____

Professional License, Registration or Certification Number:
