Application Checklist

Dear Applicant,

We would like to thank you for taking the time out to fill out the Able Ride application. Upon completion of this application, please review the checklist and application before mailing it back for processing. By following these directions throughout the form, it will minimize the returning of your application due to missing information. Please use the checklist below to confirm that your entries are complete and correct on the application.

Please read all pages of the application carefully and answer **all** questions by printing as clear as possible or by checking the necessary boxes.
Please use the checklist below as a guide after completing the application.

- [ ] 1. Have you read and completed Part A?
- [ ] 2. Have you included a recent **color** photo?
  (Solid white background, no hats, no sunglasses)
- [ ] 3. Have you answered all questions, signed your name and dated the form on page **10**?
- [ ] 4. Was **Part B**: Licensed Professional Verification completed and signed by a licensed Professional?

Once the application is correct and complete please mail the **original** application to:

NICE Able-Ride
947 Stewart Ave.
Garden City, NY 11530

At the discretion of Able-Ride, clients may be called in for an interview.

Nassau Inter-County Express (NICE)
Application for Able-Ride Complementary Paratransit Service

Dear Applicant,

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that prohibits discrimination against people with disabilities. The intent of ADA is to ensure that persons with disabilities who cannot use the fixed route bus have equal access to public transportation. The specialized transportation offered by Able-Ride is a door-to-door shared ride service for eligible individuals who are prevented from accessing, boarding or riding the regular fixed route bus service. Able-Ride is **NOT** a medical or ambulatory transportation service.

NICE is required by the ADA to determine eligibility for Able-Ride service. Categories of eligibility for **Nassau County's Able-Ride service are as follows:**

- **Persons who are unable to board, ride, or disembark from a fixed route bus, regardless of their ability to get to a bus stop.**

- **Persons with specific impairments who cannot travel to a bus stop to board the fixed route bus, or travel to their final destination after disembarking from the fixed route bus.**

If you believe your disability may fit into one of the categories described above, you must apply for certification by completing the attached "Paratransit Application" form. In addition, a New York licensed professional (i.e., physician, physical/occupational therapist or social worker) who is familiar with your functional ability must verify your application.

Please remember that your age, disabilities or distance from a bus stop, does not automatically make you eligible for paratransit service.

In addition to completing this application you must submit one (1) recent headshot photo in color (measuring 2" inches in length X 2 inch in width and taken within the last year). Tape the photo to the box on page 5 of this application. The photo must have a solid white background and show a full frontal view of your face. Your application will not be considered complete unless the photo is included.

Your application will be considered complete once all questions have been answered, a photo has been attached, release permission have been given by applicant and licensed/certified professional has completed Part B. Return this application to the NICE Able-Ride Certification Department. Able Ride will provide a decision as to your eligibility within **21 days, once the completed application is received by the department.**

If we do not process your application within 21 days, presumptive eligibility will be granted on the 22nd day until and unless the application is denied and you are informed in writing.

Failure to complete the form properly will cause a delay in the eligibility determination.

Nassau Inter-County Express (NICE)
Appeals Process

Appeals Process for ADA Paratransit Eligibility Determinations. If your application is denied pursuant to the US Department of Transportation regulations implementing ADA complementary paratransit requirements (USC49 part 37 Subpart F, Section 37.125) applicants or certified customers have the right to appeal eligibility determinations or suspensions of service for any reason.

The appeals process is designed to provide applicants with fair and timely appeal decisions regarding paratransit eligibility in accordance with ADA requirements. Any individual who is denied eligibility, determined conditionally eligible or disagrees with their eligibility classification has the right to appeal the decision.

All appeals must be submitted within 60 days of the receipt of the eligibility determination letter. If the 60th day after the receipt of the original determination is on a weekend or holiday, an appeal will be accepted on the next business day. Appeal letters should state the reason(s) why you believe that the determination does not accurately reflect your inability to use regular fixed route service based upon our disability, environmental conditions or physical barriers that prevent your travel.

Appeals may be submitted in writing and can be followed up by phone or email. This appeal should support your reasons for certification and will be used by Certification Staff to reconsider your initial appeal, or you may request an appeal hearing without providing additional material or information.

Appeals can be submitted to
NICE Able Ride
947 Stewart Avenue
Garden City, NY 11530

Upon receipt, all appeals will be date-stamped and referred to the appropriate staff for review. If you submit additional information to support your appeal a review will be completed within 5 working days and notice will be sent if a change to the original determination is made. If no change is made or if you have requested an appeal hearing, you will be notified of the date and time for the hearing.

The appeal review process will be reviewed by personnel not involved in the original eligibility determination. This process may include review of application materials, professional verification forms, functional assessment results (if applicable) and additional documentation submitted by the applicant. The appellant has the opportunity to be heard during the hearing.

Requested appeal hearings will be completed within the calendar month following the receipt of the appeal. Final determinations will be made within 30 days of the hearing. If a final determination is not made within 30 days of the hearing, presumptive eligibility will be granted pending a decision. Decisions and rationale are provided in writing. This decision letter will include the final determination, the reason(s) for the decision, information on any conditions or limitations, instructions for reapplying, if applicable.

All appeal materials and communications will be provided in accessible formats upon request (e.g. large print, audio, language translation). Reasonable accommodations will be provided to ensure full participation in the appeal process. All appeal records will be maintained in accordance with agency policy and ADA requirements. Data may be used to monitor consistency and improve the eligibility process.

The appeal decision is final within the agency. Applicants may reapply for eligibility at any time if their condition or circumstances change.

NICE Paratransit Application
SERVICE AREAS

Nassau Inter-County Express is a door-to-door paratransit service for Nassau County servicing approximately two miles into Nassau/Suffolk County border.

Able Ride does **NOT** provide paratransit complementary service in the following areas: Syosset, Bayville, Oyster Bay, Lido Beach, Point Lookout, Locust Valley and Sands Point.

Able Ride provides **PARTIAL** service in the following areas: Valley Stream, Woodmere, Old Bethpage, Hicksville, Long Beach, Glen Cove, Plainview and Lawrence.

Under the ADA Federal Guidelines, the service areas are deemed in compliance when both pickup and drop off locations are within **¾ mile radius** of an N.I.C.E operating fixed route. The serviceable times are in accordance with the closest operating fixed route bus schedule to the customer's origin or destination.

If your pickup location (ie: home address) is not a serviceable location you may still utilize the paratransit service by using any address that fulfills the required ADA ¾ mile radius service rule. The applicant must however get themselves to the serviceable pickup location by their own means.

If you are interested in traveling outside Nassau County borders please call 516-228-4000 for more information or go to www.nicebus.com (Able Ride pull down menu then click on Able Ride again)

NICE Paratransit Application

If you have any questions regarding this application, please contact the NICE Able-Ride Certification Department at (516) 228-4000.

Mail your application to:
NICE Able-Ride 947 Stewart Ave.
Garden City, NY 11530

PART A APPLICANT INFORMATION (PLEASE PRINT)

All the regular Nassau Inter-County Express (NICE) fixed route buses have ramps and kneelers for mobility devices (steps that lower to the curb level) for ease of boarding and all make automatic stop and key location announcements. **Please PRINT as neatly and clearly as possible.**

Date: _____ Applicant's Email: _____

Last Name: _____ First Name: _____ MI:_____

Date of Birth: _____ Gender: Male:_____ Female:_____

Street Address: _____

Apt. # _____ City: _____ State: _____ Zip Code: _____

Home Phone Number ( ) _____-_____ Cell Phone Number ( ) _____-_____

If your mailing address is different from your home address:

Alternate mailing address:

Street Address: _____

Apt. # _____ City: _____ State: _____ Zip Code: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: ( ) _____-_____

Relationship: _____

Email Address for correspondence: _____

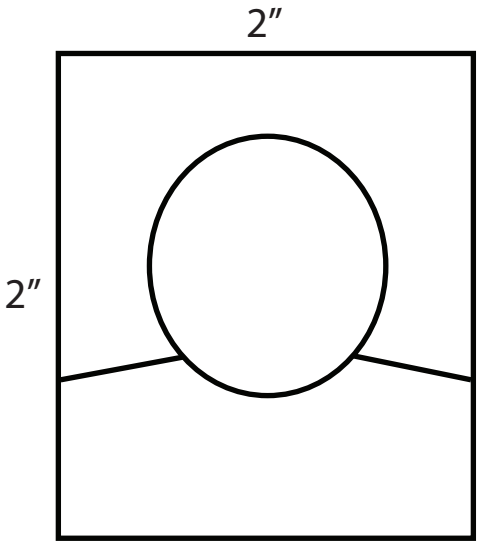
Name of subdivision or apartment complex: _____

Nearest major intersecting street: _____

NICE Paratransit Application

Please attach **RECENT** photo: Less than 6 Months

Must be a Passport Type Photo



List the Medical Names of your Disabilities or Medical Conditions	Is the Condition Permanent?	Duration of Condition	Medications taken for the Condition?

PLEASE NOTE:

We cannot process your application without a proper passport type photo. The photo must be in color, with a solid white background; no hat, no mask or sunglasses. Without the proper photo, your application will be **RETURNED** which will **DELAY** your application process.

NICE Paratransit Application

1. Please describe in detail how your physical or mental condition limit your ability to ride the fixed route bus, or transfer to another regular Nassau County Inter-County Express transit bus.
   PLEASE BE SPECIFIC.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

2. Do you have a Cognitive Disability? (Have you ever been diagnosed with Traumatic/ Non-Traumatic Brain Injury, Intellectual Disability, Down's syndrome, Autism, etc.? Yes □ No □

3. Do you experience any of the following? Please check all that apply:

Panic Attacks		Easily Agitated or Angered	
Anxiety		Easily Wanders Off	
Hallucinations		Seizures	
Delusions		Visual Impairment	
Paranoia		Short Term Memory Loss	
Confusion		Long Term Memory Loss	
Hear Voices		Cannot Identify Pictures	
Inappropriate Behaviors		Cannot Read or Write	
Easily Taken Advantage by Others		Difficulty Understanding Written or Verbal Instructions	

4. If you experience Seizures? Please check all that apply
   □ Grand Mal □ Petit Mal □ Temporal Lobe □ Epileptic Lobe
5. When having a seizure, I: Please check all that apply:
   □ Am Difficult to arouse □ Black out □ Fall Asleep □ Need Immediate Medical Attention
   □ Stare Blankly into Space
6. How often do they occur? _____
7. When was your last seizure? _____
8. Are you currently taking medication to control them? Yes □ No □
9. Do you have a Visual Impairment (to include Blindness)? Yes □ No □
   If yes, please check all that apply:
   □ I wear contacts or glasses.
   □ I can recognize my stop if announcements are made.
   □ I am legally blind and cannot distinguish my appropriate stop, disembark, and navigate the route to my destination. I do not use a service animal, or any assistive device.
   □ I use a service animal, but I need paratransit to get to/from destinations that I cannot safely travel to on the route.
   □ I can easily hear and recognize environmental sounds that help me to determine the traffic flow patterns.
   □ I cannot easily hear environmental sounds that help me to determine traffic flow.
   □ I cannot always get out of the roadway before the traffic signal changes.
   □ I require a sighted guide to assist me with the following tasks:
   _____
   _____
10. Do you have a Mental/Psychological Disability? Yes, □ No □ if yes, please state the disability and explain how it affects you.
    _____
    _____
11. Are there any other physical or mental disabilities that affect your FUNCTIONAL ABILITY to ride the fixed route bus? (Example: difficulty with getting to the bus, waiting at the stop for the correct bus, boarding the bus, knowing when you get to your stop and notifying the driver that you need to get off.) Yes □ No □
    If yes, please explain.
    _____
    _____
12. Can you wait 20 minutes at a NICE bus stop that DOES NOT have seats?
    Yes □ No □ if no, please explain
    _____
    _____

13. Can you wait 20 minutes at a NICE bus stop that DOES have seats and a shelter?
Yes □ No □ if no, please explain

_____

_____

14. Can you wait 20 minutes at a NICE bus stop unassisted? Yes □ No □ If no, please explain

_____

_____

15. How far can you walk without the assistance of another person? Please check. □ Less than one block
□ 1-2 blocks □ 3-4 blocks □ 5-6 blocks □ Over 6 blocks □ I don't know

16. Do you require a ramp or lift in order to board/exit the bus? Yes □ No □
□ All the time □ Sometimes □ Never

17. Do you use a mobility device to travel? Yes □ No □ please check all that apply.
□ White Cane □ Orthopedic Cane (three or four prong base) □ Standard Cane □ Walker □ Braces
□ Crutches □ Manual Wheelchair □ Motorized Wheelchair □ Scooter □ Respirator/Oxygen
□ Service/Guide Animal Describe:

_____

_____

18. What is the height/width of your unoccupied mobility device?
Height _____Width _____

19. What is the weight of your mobility device while it is occupied?

_____

20. Do you require a Personal Care Attendant (PCA) to travel with you to provide transportation assistance? Yes □ No □ If yes, please explain the specific assistance you require.

_____

_____

_____

NICE allows Able Ride Clients to ride with a Personal Care Attendant (PCA). If you need a PCA to travel with you please note, they are not required to accompany you on every trip you book, nor are they required to provide assistance with boarding, disembarking or the transportation process. The same PCA is not required for all of your trips.

21. If you do not require a personal care assistant for bus travel, are you required to be met by a caregiver when exiting the bus? Yes □ No □

22. If the bus arrives at your destination and the caregiver is not there to assist you off the bus, who must be contacted?
Name: _____
Telephone: _____
Please note: If the contact number is not answered or if the number is disconnected, Family Service or local police may be called to take custody of the passenger.

23. Are there situations when your caregiver will not be required to meet the bus? Yes □ No □ If yes, please explain.

_____

_____

_____

24. How do you travel now? Please check all that apply.

□ with assistance of mobility device □ walk □ drive myself

□ Passenger in someone else's car □ other van service

□ NICE fixed route bus □ currently have no means of travel

□ NICE Able Ride Paratransit Bus

25. Have you ever ridden a fixed route bus? Yes □ No □
If yes, when was the last time you rode a fixed route bus?

_____

_____

26. Why did you stop using the fixed route bus?

_____

_____

27. Do you feel that you could ride the fixed route bus, if the paratransit van could get you to/from an accessible bus stop?

Yes □ No □ If no, Please explain how your disability restricts.

_____

_____

28. Please check all that apply to you:

□ I am able to board, ride, and exit a fixed route bus.
□ I can cross the street.
□ I can step on and off the sidewalk.
□ I can manage money.
□ I can stand on a moving bus, holding the handrail, if no seat is available.
□ I can use a telephone to get bus schedule information.
□ I can find my way to the bus stop after being shown where it is based.
□ I can transfer to another bus or train after being shown where it is based.
□ I can hear and understand the automatic announcement system on the bus.
□ I need assistance understanding and navigating the fixed route bus.
□ I do not have the stamina to travel long distances.

Please explain items checked above on question 28.

_____

_____

_____

_____

_____

I have reviewed all the information contained in this application. I certify that all the information is true and correct to the best of my knowledge and ability. I understand that falsification of information may result in denial of service. I understand that only certain information may be kept confidential. This confidential information includes the specific diagnosis provided by the licensed professional, the nature of the disability provided by the applicant, and the applicant's day and month of birth. I understand that only the information required to providing paratransit services will be disclosed to those who perform those services. I understand that NICE may contact the licensed professional who has completed the Professional Verification Form (PART B) attached to this application in order to confirm or clarify this information. I hereby authorize release of this medical information as requested by NICE for a period of 3 years from this date. **(If applicant is unable to sign, please make sure a Power of Attorney or a legal guardian signs in the P.O.A signature space and you MUST provide a reason why the applicant is unable to sign)**

Applicant Signature: _____ Date: _____

POA Signature: _____ Date: _____

Explain why applicant is unable to sign:

_____

_____

_____

_____

_____

_____

_____

_____

_____

If a person other than the applicant has assisted in completing Part A of this form, please check one of the following.

Please note that if you are a professional assisting your client you may NOT also verify Part B.

- ◦ I certify that the information provided in this application is true and correct based upon the information given to me by the applicant.
- ◦ I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

Print Name: _____

Signature: _____

Relationship to Applicant:_____

Telephone: ( ) _____-_____ (Day)

Telephone: ( ) _____-_____ (Evening)

NICE Paratransit Application

PART B: LICENSED PROFESSIONAL VERIFICATION

Dear Licensed Professional:

The Americans with Disabilities Act (ADA) of 1990 is a civil rights bill prohibiting discrimination against people with disabilities. In accordance with the Act, Nassau Inter-County Express (NICE) offers a door-to-door bus service for those who cannot use the fixed route bus.

Passengers must be certified eligible in order to use the door-to-door bus service.
Applicants may be found eligible for this bus service for some trip requests but not for all trips they request. Eligibility is based upon a functional inability to use the public transit service.

Categories of eligibility for Nassau County's Able-Ride service are as follows:

- Persons who are unable to board, ride, or disembark from a fixed route bus, regardless of their ability to get to a bus stop.
- Persons with specific impairments who cannot travel to a bus stop to board the fixed route bus, or travel to their final destination after disembarking from the fixed route bus.

All fixed route buses are equipped with a ramp for people who use mobility devices or cannot climb stairs.

The information you provide, along with the applicant's information, will enable us to make an appropriate determination. All information will be kept confidential.

If you are a licensed professional that has completed Part A of this application, you cannot also verify Part B of the application.

Thank you for your assistance.

NICE Paratransit Application

PART B: LICENSED PROFESSIONAL VERIFICATION

Please make certain that responses are WRITTEN NEATLY AND CLEARLY.
Please return ORIGINAL INK DOCUMENTS, PHOTO/FAXED COPIES WILL NOT BE ACCEPTED.

1. What disability or conditions prevents the applicant from riding the fixed route bus? Explain in detail the applicant's clinical diagnosis pertaining to physical, developmental, cognitive, visual or other disability.

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

2. Is the condition temporary? □ Yes □ No

3. What is the expected duration of the condition? _____months

4. Is the applicant able to travel to and from the fixed route bus? □ Yes □ No
   If No, check all that apply:

   □ Cannot negotiate in areas without sidewalks.
   □ Cannot negotiate steep terrain.
   □ Cannot step on/off a curb.
   □ Cannot cross a busy intersection.

   Cannot tolerate:
   □ Heat □ Cold □ Humidity □ Poor Air Quality

   Cannot locate bus stop: □ Visually □ Cognitively

   Cannot stand at a bus stop for: □ 10 minutes □ 20 minutes □ 30 minutes

5. Is the applicant able to accomplish the following tasks without assistance?
   Find his/her way between familiar locations □ Yes □ No
   Grasp coins, passes, railings and handles □ Yes □ No
   Signal the bus driver to get off the bus at the appropriate stop □ Yes □ No
   Communicate important information upon request □ Yes □ No
   Ask for, understand and follow directions □ Yes □ No
   Travel 200 feet (1 city block) □ Yes □ No
   Travel 1/4 mile (3 city blocks) □ Yes □ No
   Travel 1/2 mile (6 city blocks) □ Yes □ No
   Deal with unexpected situations □ Yes □ No
   Safely travel through crowded facilities □ Yes □ No

6. Describe the applicant's visual impairment. Mark all that apply.
   □Totally Blind □ Legally Blind □ Glaucoma □ Macular degeneration
   □ Retinal Detachment □ Retinopathy □ Cortical Blindness □ Cataracts
   Other:
   _____

   _____

7. Does the client require a PCA? □ Yes □ No
   If yes, please explain why?
   _____

   _____

Licensed Professional's Information

Please Print Name and Title of Health Care Professional

Full Name: _____

Title: _____

Clinic/Business: _____

Street Address:_____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax No.: _____

E-mail (optional): _____

New York State Professional License, Registration or Certification Number:

_____

Agency Issuing License/Certification: _____

*****NOTE: Licensed Professional signature is required on page 15. *****

NICE Paratransit Application

I have reviewed all of the information contained in this application, and hereby certify that all the information is true and correct to the best of my knowledge and ability. I certify that the applicant named herein is under my professional care. I hereby swear and affirm that the applicant is disabled as indicated.

Signature of Licensed Professional: _____

Date: _____

Additional Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please return the original completed documents.