

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 **18** 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 page A **5 & 6 of 18**?
- 2. Have you included a **color** passport photo? **pg. 7 of 18** (Solid white background, no hats, no glasses)
- 3. Have you read and completed correctly pages **8 of 18 to 14 of 18**?
- 4. Have you answered all questions, signed your name and dated the form on page **14 of 18**?
- 5. Was **Part B**: Licensed Professional Verification pages **16,17 & 18 of 18** completed and signed by a licensed Professional?

Once the application is correct and complete please mail the **original** application (**No Copies**)to:

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

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 ambulate 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 is 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.**

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

Failure to complete the form properly will cause a delay in the eligibility determination. (After the determinations are made, qualified clients can receive an eligibility status up to a maximum of 5 years.) Each client will receive an ID that will have the expiration date will be indicated on the card.

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 $\frac{3}{4}$ 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 $\frac{3}{4}$ mile radius service rule. The applicant must however get him/her self 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 _____

Please check one: First Application _____ Re-certification _____

Previous Certification ID #

Last Name _____ First Name _____

MI _____

Street
Address _____

City _____ State _____

Zip Code _____

Home Phone Number () _____

Cell Phone Number () _____

Date of Birth _____

Male _____ Female _____

Alternate mailing
address: _____

Emergency Contact
Name: _____

Emergency Contact Phone Number () _____

Relationship _____

Email Address for correspondence: _____

Closest bus stops to your residence.

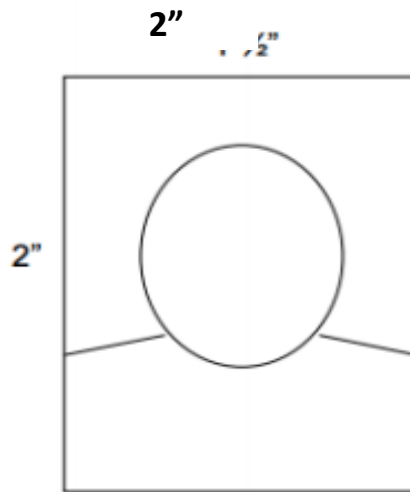
(If you are not sure, please call (516) 228-4000, use option 2 C.I.D)

Name of subdivision or apartment complex: _____

Nearest major intersecting street:

NICE Paratransit Application

Please Attach Passport Type Photo Below:



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 hats or glasses. Without the proper photo, your application will be **returned** which will **delay** your application process.

NICE Paratransit Application

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 does affect you.

11. Are there any other physical or mental disabilities that impact your FUNCTIONALABILITY 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 assistant (PCA) to travel with you to provide transportation assistance? Yes No If yes, please explain the specific assistance you require.

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.

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) is 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 Applicant signature space)**

Applicant Signature: _____

Date: _____

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) _____ (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 ORIGINALS 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

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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: _____

Licensed Professional's Information

7. 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 18. *****



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 original ink documents. We cannot accept photo copies or faxes.