



FLEX Paratransit Service Application **A Service of the Lake Havasu City Transit Division**

Pursuant to the requirements of the Americans with Disabilities Act of 1990, enhanced paratransit service is a shared-ride public transportation service offered specifically to passengers with mobility limitations who cannot access the fixed route bus system due to a functional or cognitive disability. Enhanced paratransit is an alternative to fixed route service. However, fixed route service should be the first choice for transportation before making a paratransit reservation. This paratransit service is a **Curb-to-Curb** service.

Paratransit service hours are concurrent with the fixed route schedule. Presently, paratransit service is provided to origins and destinations within the ADA required ¼-mile corridor surrounding the fixed routes and to origins and destinations beyond the ADA service requirement that are located within the Lake Havasu City Transit service area.

Provided with this letter is the application for paratransit service, along with the **mandatory health care provider verification form**, as well as customer guidelines and policies. A health care verification form is provided on Page 4 of this packet. All passengers seeking paratransit service are required to visit a licensed health care professional to document the presence of a disability and a description of how the disability prevents use of the fixed route system. Dial-a- Ride paratransit service is provided only to those passengers who have a confirmed disability that prevents their use of the fixed route bus system.

Passengers approved for the service will be added to the paratransit rider listing. Paratransit eligibility expires three years from the date of approval. Recertification of eligibility will be required upon expiration. The three year approval timeframe includes passengers categorized as having a permanent disability.

Once eligibility is granted, passengers may schedule rides through the Lake Havasu City Transit Office. Transit personnel are available 9:00 am through 4:00 pm Monday through Friday. Passengers may schedule rides for next day service* or up to seven days in advance. Please remember that paratransit is a shared ride service.

Please refer to the FLEX Paratransit Guideline on the Lake Havasu City Transit website at www.lhctransit.org or call 928-453-7600 to receive a mailed copy.

***IF AVAILABLE**

After completing the application, please retain pages 5 & 6 for your reference, and **return pages 2, 3 & 4**

you travel times with a Personal Care Attendant (PCA) or Caregiver?
YES NO

you use a service animal?
YES NO

If so, please describe what type of animal and for what specific purpose it was trained.

Please note: Service animals must be kept under the control of their owner at all times. If the animal acts out of control or causes a major disturbance, the animal may be removed from the bus.

Is your disability: Permanent Temporary

If temporary, I expect it to last until _____

PLEASE NOTE:

- Passengers using wheelchairs or other mobility aids exceeding the design capacity of the vehicle's securement areas may be transported at the driver's discretion. Service will be declined if safety or vehicle integrity is compromised.
- Oxygen tanks must be in a portable carrier.
- A passenger needing to travel with a Personal Care Attendant (PCA) or Caregiver is instructed to indicate that need during this registration process. Unless the need for a PCA/Caregiver is indicated on the application, any accompanying the medically qualified individual on trips will be considered a companion.

I hereby certify that, to the best of my knowledge, the information given in this application is correct and I authorize the health care professional identified to provide additional information to Lake Havasu City Transit regarding my general mobility.

Signature of Applicant _____ **Date** _____

If someone other than the Applicant completed this application, the following information must be provided:

Name of person completing application (Please Print) _____

Relation to applicant _____ Phone Number _____

Health Care Professional Certification Medically Qualified Verification Form

Important Instructions for Healthcare Providers

As a requirement of the Americans with Disabilities Act of 1990, Lake Havasu City Transit Complementary Paratransit is a federally subsidized public transportation service set aside for passengers who are prevented from using the fixed route service due to a mobility limitation. Paratransit is not intended to include persons who find it inconvenient or even difficult to get to or from fixed route bus stops. Disability alone is not an automatic qualifying determinant for ADA Paratransit service. As a medical provider, you are uniquely familiar with the general health and abilities of your patient. As such, please provide answers to the following questions as they relate to mobility limitations resulting from a functional or cognitive disability.

Disability verification for _____
P A T I E N T N A M E

1. Does the applicant have a mobility limitation due to a functional or cognitive disability that is permanent or temporary in nature? Yes No

If yes, please answer the following questions.

2. In your professional opinion, does the patient's mobility limitation prevent him or her from reasonable access and use of the Lake Havasu City Transit fixed route bus stops? Yes No

If yes, please describe how the disability prevents access to or use of the fixed route bus system:

I hereby certify this information to be true and correct to the best of my knowledge.

Signature _____ Date _____

Health Care Professional Printed Name _____

Health Care Professional License Number _____

Address _____

City _____ State _____ ZIP _____

Phone _____