



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

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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](http://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**

to: Lake Havasu City Transit, 900 London Bridge Road, Bldg. B, Lake Havasu City, AZ 86404

## Lake Havasu City Transit Paratransit Service Application

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Received applications will be processed within a period of 21 days or less and all applicants will be notified of their eligibility with a letter sent via U.S. mail. If you have any questions about the Lake Havasu City Dial-a-Ride paratransit service please call (928) 453-7600.

Paratransit service is intended for those who have a mobility limitation resulting from a functional or cognitive disability that prevents the reasonable use of fixed route bus service. This does not include persons who find it inconvenient or difficult to get to or from regular bus stops. Disability is not an automatic qualifying determinant for ADA Paratransit bus service; a mobility limitation must be present.

Name \_\_\_\_\_  
LAST FIRST

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Email address \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Please check if this is a TDD line [ ]

Cell phone number \_\_\_\_\_ Please check if this is a TDD line [ ]

Emergency contact information:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mobility Aids:** Will you use any of the following when you use paratransit service?

Please check that all apply:

manual wheelchair  power wheelchair  power scooter  cane/crutches

white cane  walker  portable oxygen

other \_\_\_\_\_

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.

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**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 \_\_\_\_\_

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## 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 \_\_\_\_\_  
PATIENT NAME

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 \_\_\_\_\_