

## Lift Line

Lift Line, Inc.  
1372 E Main St  
Rochester, NY 14609

Thank you for requesting an application for Lift Line services. Enclosed are the following documents:

1. Application Instructions
2. Part I -Application
3. Part II -Application (Professional Verification)
4. Authorization to Disclose Medical Information

**Part I:** can be completed by you alone or with the assistance of another person.

- ◆ Please answer all questions contained in Part I of the Application. **Failure to answer any question or to provide a recent photograph will delay processing your application.**
- ◆ Those questions which require explanations should be brief, but accurate.
- ◆ When you have completed Part I, please forward it, along with Part II, to a licensed or certified health care or rehabilitation professional who is currently treating you for your disability.

**Part II:** must be completed by a licensed or certified health care or rehabilitation professional, who is currently treating you for your disability.

**Your eligibility will be carefully determined through a certification process in compliance with the regulations of the Americans With Disabilities Act of 1990. An accurate determination depends on the answers and information provided by you for evaluation. Inaccurate or false information may lead to denial or suspension of service.**

You will be advised of your eligibility status in writing no later than 21 days after our receipt, of **both parts of your fully completed application.**

If you are denied eligibility, the reason for the denial and procedures to appeal the denial of eligibility will be detailed in that letter.

If you have any questions about the Application or the review process, please contact Lift Line at 585-654-0608.



## Rochester-Genesee Regional Transportation Authority

# APPLICATION INSTRUCTIONS FOR LIFT LINE PARATRANSIT SERVICE FOR PEOPLE WITH DISABILITIES

The Rochester-Genesee Regional Transportation Authority (R-GRTA) provides paratransit bus service through its subsidiary Lift Line. Lift Line paratransit service is for people with disabilities who have been certified as functionally unable to use Regional Transit Service (RTS) fixed route buses.

### **Eligibility:**

In order to be eligible to use Lift Line paratransit service, your disability must prevent you from using the existing accessible fixed route bus service provided by RTS.

In accordance with the “*Americans With Disabilities Act of 1990*” (ADA) and its regulations, Section 37.123(e), there are three specific circumstances under which a person would be considered ADA eligible for paratransit service:

1. The individual is unable, as a result of a physical, visual or mental impairment, and without the assistance of another individual (other than the driver of the bus) to board, ride or disembark from any vehicle in the fixed route system which is accessible to individuals with disabilities.
2. The individual with a disability could utilize an accessible vehicle but such a vehicle does not operate on the route he/she wishes to travel.
3. The individual with a disability has a specific impairment related condition which prevents travel to a boarding location or from a disembarking location on the fixed route system.

### **Certification:**

Paratransit service provided by Lift Line is curb-to-curb and is provided on an advanced reservation basis. In order to determine your eligibility to use Lift Line, you must:

1. Completely fill out Part I of this application.
2. Complete the Authorization to Disclose Protected Health Information, which accompanies this application.

3. Give the Authorization and Part II of the application to an appropriate licensed or certified professional, who is familiar with and currently treating you for your described disability, and ask them to complete Part II. (**\*\*\*Under new federal laws, the professional may be prohibited from sending the necessary information to RGRTA without receiving a completed Authorization from you\*\*\***)
4. Return the completed application to:

**Lift Line Eligibility  
1372 E Main St  
Rochester, New York 14609**

An accurate determination depends on the answers and information provided by you for evaluation. Inaccurate or false information may lead to denial or suspension of service.

Please answer all questions contained in the application. Those questions that require explanations should be brief, but accurate. A recent photograph of yourself must be included. ***Failure to answer any question or to provide a recent photograph will delay processing your application.***

All information provided by you will be kept in strict confidence and will not be released to any other party to the maximum extent permissible under law without the express written permission of the applicant.

When the completed application is received, it will be reviewed and a determination as to your eligibility will be made within 21 days or less. You will be advised in writing of your eligibility status after a review of the completed application.

**As part of the application process, RGRTA reserves the right to require the applicant to submit to an in-person interview and/or a functional assessment if necessary to determine the applicant's eligibility.**

Persons determined to be eligible to use Lift Line will receive a certification card. Persons determined to be eligible will be required to apply for recertification every three (3) years.

Persons determined not to be eligible to use Lift Line have the ability to appeal this finding within 60 days after they are notified of the determination.

If you have any questions about the application or the review process, please contact Lift Line at 654-0608.



# Rochester-Genesee Regional Transportation Authority

## PART I APPLICATION FOR PARATRANSIT SERVICE TO BE COMPLETED BY THE APPLICANT

*(Please type or print clearly in black or blue ink)*

The information on this form will be used solely for the purpose of determining eligibility for Lift Line paratransit service. The information that you furnish will be kept strictly confidential.

Name: \_\_\_\_\_

Home address \_\_\_\_\_  
(Number and Street ) (Apt. #)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security: \_\_\_\_\_  
(Month/Day/Year)

Do you need information provided in:

Large Print  Audio Tape  E-Mail  Braille

1. Do you have a disability? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes**, please describe any and all physical, mental, visual or functional disabilities, which **prevent** you from using the Regional Transit Service (RTS) bus system.

\_\_\_\_\_  
\_\_\_\_\_

How does this disability **prevent** you from boarding, riding, exiting or navigating the RTS bus system? \_\_\_\_\_

\_\_\_\_\_

*(Please attach any additional documentation which you feel will support your inability to travel to and from a boarding or disembarking location, or to board, ride or exit an RTS bus.)*

**If no**, please explain why you think you are eligible for Lift Line.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your disability a permanent condition? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

**If no**, how long do you expect to have this disability?\_\_\_\_\_

3. Do you use any of the following mobility aids? *(Please check all that apply)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Motorized wheelchair    | <input type="checkbox"/> manual wheelchair | <input type="checkbox"/> powered scooter |
| <input type="checkbox"/> personal care attendant | <input type="checkbox"/> walker            | <input type="checkbox"/> cane            |
| <input type="checkbox"/> crutches                | <input type="checkbox"/> service animal    | <input type="checkbox"/> prosthesis      |

Other:\_\_\_\_\_

4. Can you walk/travel 200 feet without the assistance of another person?

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_ **Sometimes**\_\_\_\_\_

Can you walk/travel ¼ mile without the assistance of another person?

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_ **Sometimes**\_\_\_\_\_

Can you walk/travel ¾ mile without the assistance of another person?

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_ **Sometimes**\_\_\_\_\_

Can you climb three 12-inch steps without assistance?

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_ **Sometimes**\_\_\_\_\_

Can you wait outside without support for ten minutes without assistance?

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_ **Sometimes**\_\_\_\_\_

Can you deposit your bus fare independently?

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_ **Sometimes**\_\_\_\_\_

5. Where is the closest bus stop to where you live? \_\_\_\_\_

6. How far is this stop from where you live? **within a city block** \_\_\_\_\_

**1/4 mile** \_\_\_\_\_ **1/2 mile** \_\_\_\_\_ **3/4 mile** \_\_\_\_\_ **unsure** \_\_\_\_\_

7. Do you currently ride an RTS fixed route bus independently?

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_ **Sometimes**\_\_\_\_\_

8. Have you ever received transit orientation to use the RTS bus system?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the year you received that training? \_\_\_\_\_

Name of training person/agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Was the transit training complete? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does weather impact your ability to travel? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain how weather condition(s) impact your ability to ride the fixed route bus. \_\_\_\_\_  
\_\_\_\_\_

➤ I hereby affirm that the statements made herein are true and correct and I authorize the completion of this form and/or the release of related information to R-GRTA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If someone other than the applicant completed this form on behalf of the applicant, that person must complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please **enclose a recent photograph** of yourself to be used on your Lift Line identification card. The photo can be any size, however, **the picture of your face must fit into the box below**. It is not necessary to cut the photo to fit. Please use a paper clip to attach your photo to the application. Please do not staple, glue, or tape the photo to the application.



**AUTHORIZATION TO DISCLOSE  
PROTECTED HEALTH INFORMATION**

I hereby authorize \_\_\_\_\_ **[insert professional's name]**, its officers, employees, agents, contractors, members, directors, shareholders or affiliates entrusted with handling medical records (the "Practice") to disclose to Lift Line, all of the protected health information relating to \_\_\_\_\_ (the "Applicant") reasonably necessary for the Practice to fully and accurately complete the Rochester-Genesee Regional Transportation Authority Application for Paratransit Service which application will be used by Lift Line for determining whether the Applicant is eligible for Lift Line paratransit service.

This authorization shall remain in effect until the Applicant's eligibility for Lift Line paratransit service is finally determined or sixty (60) days, whichever is shorter.

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Practice. I understand that the revocation of this authorization is not effective to the extent that the Practice has relied upon it for the use or disclosure of the Protected Health Information prior to receiving my written revocation notice.

I understand that any Protected Health Information disclosed pursuant to this Authorization to an individual or entity that is not covered by the state and federal privacy laws and regulations may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I acknowledge that the Practice will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I sign this Authorization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or Personal Representative)

**IMPORTANT:** If a Personal Representative signed above, please describe his or her relationship with the patient (e.g., parent) or other authority to sign this form on behalf of the patient (e.g., legal guardian): \_\_\_\_\_

Dear Health Care Professional:

Federal Law requires that the Rochester-Genesee Regional Transportation Authority (RGRTA) provide paratransit services to persons who cannot use fixed-route Regional Transit Service (RTS). The information you provide in the attached Professional Verification will allow RGRTA's representative to make an appropriate evaluation of the applicant and determine how we may best meet their needs. ***Please provide complete and specific information to describe how the applicant's functional abilities prevent them from using RTS and how the diagnosis impacts that ability/inability.*** In the event you must disclose protected health information about the applicant, we have provided the applicant with an Authorization to Disclose Protected Health Information and asked them to provide an executed copy to your office with this application.

In accordance with the "*Americans With Disabilities Act of 1990* " (ADA) and its regulations, Section 37.123(e), there are three specific circumstances under which a person would be considered ADA eligible for paratransit service:

1. Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.
2. Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.
3. Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

**PLEASE NOTE:** This does not include persons who find it uncomfortable or difficult to get to and from bus stops.

Resources for this service are limited, and your evaluation of each person must be based solely upon the individual's ability to use regular transit service. Your verification should consider only the presence of a disabling condition, not the applicant's age or economic status. Please exercise care in evaluating applicants for this service. False verification could result in travel limitation for persons legitimately qualified to use Lift Line. If you have any questions about the Application or the review process, please contact Lift Line at 654-0608.



# Rochester-Genesee Regional Transportation Authority

## PART II (Professional Verification) APPLICATION FOR PARATRANSIT SERVICE TO BE COMPLETED FOR A PERSON WITH A PHYSICAL, MENTAL, or VISUAL DISABILITY BY A PROFESSIONAL *(please type or print clearly in black or blue ink)*

This part of the application form should be completed by one of the following professionals **who is currently treating the applicant for their disability, and** is authorized to provide this information to R-GRTA in order to complete the application for certification:

**Check one item of six boxes to identify your profession**

- Physical Therapist certified by the American Physical Therapy Association;
- Occupational Therapist certified by the American Occupational Therapy Association;
- Certified Rehabilitation Counselor, Case Manager, or Social Worker;
- Orientation and Mobility Specialist certified by the New York State Commission for the Blind or the United States Association for the Education and Rehabilitation of the Blind and Visually Impaired;
- Qualified Mental Retardation Professional (QMRP);
- Personal Physician, Psychiatrist or Psychologist

**Applicant name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

1. In what capacity do you know the applicant and for how long? \_\_\_\_\_

2. Is the applicant your regular client? **Yes** or **No** (please circle one)

3. Please list the medical diagnoses of all disabilities which functionally prevent the applicant from: **1)** getting to an RTS bus stop; **2)** boarding an accessible RTS bus; **3)** riding or navigating an accessible RTS bus; **4)** disembarking from an accessible RTS bus; or **5)** traveling from an RTS bus stop to their destination. **(Please type or print clearly.)**

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*Please feel free to attach clinical assessments, such as OT,PT, Psychological Testing that will help establish eligibility.*

PART II, PAGE 2

4. Is the condition temporary? **Yes** or **No** (please circle one)

**If yes**, then specify the time frame (*example: 6 months*) within which you anticipate the applicant to recover. \_\_\_\_\_

5. Is this condition likely to worsen? **Yes** or **No** (please circle one)

6. In your opinion, under which of the three circumstances described in the ADA, Section 37.123(e) does the applicant qualify for paratransit service? (please check one)

(e)(1) Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

(e)(2) Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

(e)(3) Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

7. Does the applicant require use of the following? (**check each, where it applies**)

	<u>Yes</u>	<u>No</u>	<u>Sometimes</u>
manual wheelchair	_____	_____	_____
motorized wheelchair	_____	_____	_____
cane, crutches or walker	_____	_____	_____
service animal	_____	_____	_____
personal care attendant	_____	_____	_____

PART II – PAGE 3

8. Is the applicant able to do any of the following with the use of a mobility aid and without the assistance of another person?

Yes                      No                      Sometimes

Travel 200 feet?                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Travel ¼ mile?                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Travel ¾ mile?                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

9. Can the applicant climb three 12 inch steps without assistance?                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

10. Can the applicant wait outside without support for 10 minutes?                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

If “No or Sometimes”, describe in detail any factors which would have an adverse impact on the applicant’s ability to wait outside. (*Example: extreme cold*) \_\_\_\_\_

\_\_\_\_\_

11. Is the applicant able to:                      check one:    **yes**                      **no**

Give addresses and telephone numbers upon request?                      \_\_\_\_\_                      \_\_\_\_\_

Recognize a destination or landmark?                      \_\_\_\_\_                      \_\_\_\_\_

Sign his/her name?                      \_\_\_\_\_                      \_\_\_\_\_

Deal with unexpected situations?                      \_\_\_\_\_                      \_\_\_\_\_

Ask for, understand, and follow directions?                      \_\_\_\_\_                      \_\_\_\_\_

Count money and pay fare?                      \_\_\_\_\_                      \_\_\_\_\_

12. Does the applicant exhibit disruptive behavior under certain circumstances? **Yes**\_\_\_ **No**\_\_\_

If yes, would this behavior endanger him/her or other passengers?                      **Yes**\_\_\_ **No**\_\_\_

If yes, please describe what type of conditions would be likely to cause such behavior.

\_\_\_\_\_  
\_\_\_\_\_

13. **Please describe in detail** the circumstances, under which you believe the applicant could **not** independently access RTS fixed-route service?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read and check.**

I have read Part I of this application in its entirety. (Submitted by Applicant) **Yes**\_\_\_\_**No**\_\_\_\_

**I agree with the information contained in Part I as provided by the applicant.** Yes\_\_\_\_No\_\_\_\_

**If no**, please explain and provide specifics for each question you disagree with in Part I. You may attach an additional sheet if needed.

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I hereby affirm that the statements made herein are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Professional's signature)

Name: \_\_\_\_\_  
(Professional's name printed)

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_

New York License/Certification Number: \_\_\_\_\_

Please return this completed form along with Part I (previously completed by applicant) to:

Lift Line Eligibility  
1372 E Main St  
Rochester, New York 14609