RED APPLE TRANSIT
AMERICANS WITH DISABILITY ACT (ADA)
PARATRANSIT PROGRAM APPLICATION

The attached application must be completed by individuals who wish to apply for eligibility in the Red Apple Transit's ADA Paratransit program (Door to Door service). Red Apple Transit personnel are involved in this review and approval process. A contractor for the City of Farmington operates the public transit system and paratransit service.

To Apply for ADA Eligibility:

1. Applicants must fill out pages 2-7 and 9 completely. Your licensed physician, social worker, or health care professional must fill out Page 8.

2. The completed application is then mailed to:

   Red Apple Transit-Paratransit Application
   c/o Capacity Builders Inc.
   210 N. Auburn Ave
   Farmington, NM 87401

3. You will be notified of your ADA eligibility status within 21 working days of the date that we receive your completed application.

4. You will be scheduled for an interview by the contractor’s supervisor to complete the application process.

All applications that are not entirely and correctly completed will be returned to the applicant and not processed.

When approved, the applicant will follow the guidelines listed in the ADA Riders Information Guide Paratransit Service Red Apple Transit (see attached).
RED APPLE TRANSIT  
Application for Paratransit Service

This application is an opportunity for you to provide the Red Apple Transit with a description of the barriers in your environment and how your disability prevents you from using the bus and rail service.

The more information you provide, the better Red Apple Transit will understand your ability and travel challenges. Please complete this application as thoroughly as possible and to the best of your ability. If there are questions that you cannot answer, or if you need assistance to complete this form, please call the Red Apple Transit Customer Service at (505) 325-3409.

In order to be considered complete, every question on the application must be answered. If not, it will be returned to you for completion. Your licensed physician or health care professional must complete part VIII of this application, the Medical Professional Certification.

PLEASE PRINT/TYPE IN BLUE OR BLACK INK.

Name: _____________________________________________

Last First M.I.

Address: _____________________________________________

City: __________________________ State: ______ Zip: ______

Phone: (Home): __________________________ (Work): __________________________

Social Security Number: __________________________ Date of Birth: __________

** Note: Red Apple Transit uses Social Security Numbers for tracking applications only.**

The Office of Civil Rights advises that recipients may use the last four digits of the SSN or may provide the SSN voluntarily, but recipients will not be denied service if SSN is not provided.

Sex: ☐ Male ☐ Female

Emergency Contact Person: _____________________________________________

Phone: (Home): __________________________ (Work): __________________________

Relationship to Applicant: _____________________________________________

Date entered in system__________ Form Reviewed Yes___ No___ Date __________

Eligibility Approved Yes___ No___

Date __________

OFFICE USE ONLY
Please Check All That Apply

☐ I ride the buses frequently.

☐ I ride the buses sometimes, if the conditions are right.

☐ I ride the buses when I am feeling well.

☐ I can only ride the buses if they have a wheelchair lift or low floor.

☐ I have a vision impairment that prevents me from ever getting to and from the bus, even with training.

☐ I could learn to use the bus service if someone taught me.

☐ I am not sure if I can use the bus service.

☐ I can never use the bus service by myself.

☐ There is no bus service in my area.

☐ I am not able to use the bus service for other reasons. Please explain:

☐ I don't like to use the fixed route bus service.

Do you currently use the fixed/regular bus service? ☐ Yes ☐ No

If yes, which routes do you use?

If yes, do you need the assistance of another person and what aid does that person perform for you?

If yes, is there anything about riding the bus that is difficult for you?

Have you ever used the fixed/regular bus service? ☐ Yes ☐ No

If yes, why did you stop?

Which bus routes serve your home neighborhood?
What is the closest bus/train stop to your home? (Please give an intersection)  

Can you get to the bus stop nearest to your home by yourself? □ Yes □ No  
If no, why not?  

Can you cross any street by yourself? □ Yes □ No  
If no, please explain.  

Can you wait at the bus stop for up to 30 minutes? □ Yes □ No  
If no, please explain.  

Are you able to grasp handles or railings, or coins or tickets while boarding or exiting the transit vehicle? □ Yes □ No  
If no, please explain.  

Are you able to maintain your balance and tolerate public transit movement when seated? □ Yes □ No  
If no, please explain.  

Can you understand and follow directions to get you to your destination? □ Yes □ No  
If no, please explain.  

Does weather affect your ability to use the bus/train system? □ Yes □ No  
If yes, please explain.  

Have you ever received training on how to use the bus system? □ Yes □ No  
If yes, Which agency provided the training?  
When was the training provided?  
Did you successfully complete the training? □ Yes □ No  
Would you like to receive travel training? □ Yes □ No
How would you describe the terrain where you live? (e.g., flat, steep hills, gradual sloping hills, etc.)

Are there sidewalks in your neighborhood? ☐ Yes ☐ No

List the last 5 most frequent destinations you traveled to and how you traveled there:
Destination Address / Frequency of Travel / How do you get there now?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I understand that the purpose of this application is to determine if I am eligible for Red Apple Transit's Paratransit services and that Transit staff may need to talk to me later to get more information. Additionally, I understand that I may be required to attend an in-person interview as part of this application process.

By signing this application, I certify that I have been truthful in answering this form and that the information that I have provided is correct to the best of my knowledge. I understand that falsification of this information could result in a loss of Paratransit service. I agree to notify Red Apple Transit if I no longer need to use the Paratransit service.

__________________________________________  ____________________________
Signature                                      Date
Name of Person Giving Assistance: ____________________________

Address: ____________________________________________

City: __________________________ State: _____ Zip: __________

Phone: (Home): __________________ (Work): __________________

Relationship to Applicant: __________________________________

________________________________________________________

APPLICANT AUTHORIZATION

I authorize the professional(s) listed below to release to Red Apple Transit information about my disability and health condition and its effects on my ability to travel on Red Apple Transit buses. I understand that I may revoke this authorization at any time.

________________________________________  ____________
Signature                                           Date

(All medical information, which you or your health care professional provide, will be kept confidential to the extent permitted under the law except that the information may be shared with other professionals or agencies involved in the determination of your eligibility.)
TO BE COMPLETED BY YOUR LICENSED PHYSICIAN
OR HEALTH CARE PROFESSIONAL.

PLEASE PRINT OR TYPE IN BLACK OR RED INK.

Name: ____________________________________________

Office Address: ___________________________________

City: ___________________ State: ____ Zip: ___________

Office Telephone Number: ___________________________

License/ Certification No.: ______________________ State: ___________

Profession: Please check.

_____ Physician _____ Social Worker

_____ Other, please specify: __________________________________

Must initial each statement to which you agree.

_____ I certify that I have treated the Applicant and am familiar with his/ her disability
and health condition.

_____ I certify that I have read and agree with the Applicant’s information in its entirety.

_____ I certify that the Applicant is UNABLE to ride Red Apple Transit’s fixed route (regular) bus
services.

Why is applicant unable to use regular service. Please explain in detail:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If condition is not permanent, please indicate duration __________________________

I understand that false certification may be reported to the licensing jurisdiction under the
State of New Mexico or appropriate code for state of license/ certification.

_________________________________  ______________________
Signature                      Date
Application will not be accepted if this oath is omitted. You must personally appear before a notary public or other authorized official for this purpose.

I solemnly affirm that the information I have provided on this application is complete and true to the best of my knowledge and belief and that intentional deception herein may be considered as significant cause for the disqualification of the ADA Paratransit Program. I will not loan my card to anyone. I also understand that Red Apple Transit employees are authorized to confiscate my I.D. card if it is used improperly.

I understand that falsification of this application may be considered grounds for termination in the disabled program. I understand that it is a criminal offense to make false statements before a notary public and I may be liable for a criminal offense should false statements be attributed to this application.

________________________
Signature of Applicant

Subscribed and duly sworn before me according to the law, by the above named applicant this ___day of ____________20___, in Farmington, County of San Juan and the State of New Mexico.

________________________
Notary Public

________________________
Commission Expires
What is/are your disability/disabilities? 

Does your disability prevent you from using the regular (fixed route) bus or rail service by yourself? ☐ Yes ☐ No

If Yes, please explain: 

Do you need someone to accompany you to travel outside the home (example, personal care assistant)? ☐ Yes ☐ No

If Yes, how often? 

Have you had a disability for more than one year? ☐ Yes ☐ No

Is your disability considered permanent? ☐ Yes ☐ No

If No, how long do you expect to have a disability? 

Does your disability change from day to day? ☐ Yes ☐ No

If Yes, please explain. 

Do you use a mobility aid? ☐ Yes ☐ No

If Yes, please circle all that apply to you:

Manual wheelchair/Motorized Wheelchair/Scooter

Service Animal (Guide Dog)/Cane/Crutches

Brace(s)/Walker/Portable Oxygen

White Cane

Other (please specify): 

3 | Page