



CALL-A-BUS APPLICATION

If you require this application or information in another format such as larger print, Braille, or on tape, please contact your local Centro Customer Service at one of the numbers below:

Onondaga County:	442-3400
Oswego County:	342-4400
Cayuga County:	253-5765
Oneida County:	
Utica	797-7803
Rome	336-5310

WHAT IS THE CENTRO BUS?

Centro buses operate along fixed routes on an established schedule. The buses are accessible with lifts, ramps and low floors, have the ability to kneel, have preferential seating for people with disabilities and seniors, have stop announcements and places to secure wheelchairs. Reduced fares are available for seniors and people with disabilities.

WHAT IS CALL-A-BUS?

Call-A-Bus is a safety net; a public transportation system provided to meet the needs of people with disabilities who would use the Centro bus if they could. It operates at the same times and in the same areas as the Centro bus.

Call-A-Bus service is NOT:

- **human services sponsored transportation or for special event group trips. It is not designed to meet the needs of every disabled person. Some people may require more service or assistance than Call-A-Bus can provide.**
- **Senior Transportation or Rides for Work services. These programs have a different application.**
- **for individuals who can use the bus all of the time, but do not want to because it is inconvenient.**
- **door through door service. Drivers do not escort passengers inside buildings. They will escort passengers to and from an outer door, when requested in advance.**

CALL-A-BUS APPLICATION INSTRUCTIONS

Under the provisions of 49 CFR, Part 37 of the U.S. Americans with Disabilities Act (ADA), the Central New York Regional Transportation Authority provides transportation services to individuals who are determined to be eligible due to one of the following situations:

1. Any person, who is unable, as a result of a physical, visual or mental disability, to board, ride or exit a Centro fixed route bus, without the assistance of another person.

2. Any person, who could use the Centro fixed route bus BUT the route they wish to travel on does not have an accessible bus.

3. Any person with a disability, who has a specific impairment related condition that makes it IMPOSSIBLE for them to travel to a Centro bus stop.

How to Apply for Call-A-Bus
This is a two part application.

Part 1 is to be completed by the applicant or someone assisting the applicant.

Part 2 must be completed by a licensed, certified, degreed or registered healthcare provider, such as a physical or occupational therapist, a physician, nurse practitioner or physician assistant, a masters level social worker, a psychologist, a psychiatrist or other healthcare professional. The healthcare provider should be someone who is familiar with your abilities.

When both parts of the application are complete, please send it to:

For Onondaga, Oswego and Cayuga Counties:

**Call-A-Bus
PO Box 820
Syracuse, NY 13205-0820**

For Oneida County:

**Centro of Oneida
185 Leland Ave
Utica, NY 13502**

We will notify you when we have received your completed application and it is being reviewed. Incomplete applications cannot be processed and are returned to the applicant.

You may be asked to come in for a functional assessment if we cannot make a determination based upon your application. We will coordinate this visit to make it convenient for you and we

will provide the transportation and assessment at no charge to you. We may also contact your healthcare professional to clarify information they have provided. All information is kept confidential.

When your eligibility for Call-A-Bus has been determined, we will notify you in writing.

There are different eligibility categories.

CONDITIONAL ELIGIBILITY means that we believe you can use the Centro bus for some of your trips, but not all of them. Call-A-Bus service can be requested when there are situations making a bus trip impossible, such as snow and ice covering walkways or you must walk farther than you are able to do. We consider these conditions when you call to request a trip.

ELIGIBILITY IN ALL CASES means that you cannot use the Centro bus or you can never get to a bus stop due to your disability.

TEMPORARY ELIGIBILITY means that you have a short term disability that prevents your use of the Centro bus or getting to and from a bus stop.

Call-A-Bus eligibility determinations are good for up to 3 years. Your eligibility letter will have the expiration date. You may submit a new application whenever your abilities to travel change. We may ask you to complete another application if we have reason to believe your abilities have changed.

You have the right to appeal your eligibility determination. A copy of the Appeal Procedures will be included with your eligibility letter.

If someone other than the Applicant is completing this form, please provide the following:

1. Your Name _____

2. Phone _____ **3. E mail address:** _____

4. Address _____

5. Relationship to Applicant _____

6. Signature _____

7. Date _____

PART 1. TO BE COMPLETED BY THE APPLICANT OR THEIR DESIGNEE.

PLEASE PRINT CLEARLY.

8. Today's Date _____

9. Purpose of this Application

- I am applying as a new Call-A-Bus customer.
- I am an active CALL-A-BUS customer and my abilities have changed. I would like to update my records.
- My eligibility is expiring. I am recertifying to continue to receive CALL-A-BUS Services.

PERSONAL INFORMATION

10. Applicant's First Name _____

11. Last Name _____

12. Male ____ **Female** ____ **13. Date of Birth** ___/___/___

14. Home Address

15. Is this your mailing address Yes ____ No ____

If no, please provide your mailing address

TELEPHONE NUMBERS

16. Home _____

(optional) Work _____

(optional) Cell or Mobile Phone _____

(optional) E mail address _____

17. How do you communicate? Speaking _____ ASL _____
With a device, if yes please describe: _____

18. Primary Language:
English _____
Other _____, please describe: _____

Alternate Contact Person [if you wish, you may give us the name and telephone number of someone who may act on your behalf].

Name _____

Relationship to Applicant _____

Telephone Numbers _____

APPLICANT'S TRAVEL ABILITIES AND HISTORY

19. I travel to the following places often
(provide addresses and how you get there)

Address _____ I travel by _____

20. Please tell us why you are seeking Call-A-Bus service:

21. I can travel, but I need the help of another person, a personal care aide or an escort: Yes _____ No _____
[If yes, you must provide your own aide or escort.]

22. Please check any statement that describes your abilities.

- My abilities do not change much from day to day**
- Each day my abilities change without warning**
- My abilities are improving with time**
- My abilities are getting worse with time**
- My abilities seem to change with a change in the weather or time of day**

Please check a response (Yes, Sometimes, No, Don't know) for each of the following statements:

CHECK A RESPONSE BOX

23. I drive my car to where I need to go	Yes	Sometimes	No	
24. I have someone drive me to where I need to go	Yes	Sometimes	No	
25. I use the Centro Transit Bus	Yes	Sometimes	No	
26. I can get to the Centro Bus Stop near my home	Yes	Sometimes	No	Don't know
27. I can get from the Bus Stop to the place I want to go	Yes	Sometimes	No	Don't know
28. I know where to get off the bus	Yes	Sometimes	No	Don't know

29. I know how to transfer from one bus to another	Yes	Sometimes	No	Don't know
30. I can put money or a transit pass in the fare box.	Yes	Sometimes	No	Don't know
31. I can get on and off a bus without assistance.	Yes	Sometimes	No	Don't know
32. I can wait outside at the bus stop	Yes	Sometimes	No	Don't know
33. I can learn to ride the bus	Yes	Sometimes	No	Don't know

34 I can travel on my own (walking, using my wheelchair or scooter, using my cane or walker): Check One Only

- I cannot travel on my own at all
- I can go One (1) block
- I can go Three (3) blocks (1/4 mile)
- I can go Six (6) blocks (1/2 mile)
- I can go Nine (9) blocks (3/4 mile)
- My power wheelchair or scooter gives me the mobility to travel long distances.

35. I can get to the bus stop near my home:

Yes _____ No _____ I do not know where it is _____

35a. If you answered No, please tell us why you cannot get to the bus stop?

35b. Where is the bus stop? Please name the street and the “cross” street _____

Please check a response (yes, sometimes, no, don’t know) for each of the following statements:

36. I can wait outside in cold weather for 10 minutes	Yes	Sometimes	No	Don't know
37. I can wait outside in hot weather for 10 minutes	Yes	Sometimes	No	Don't know
38. I can ask for and follow directions	Yes	Sometimes	No	Don't Know
39. I want to learn to use the Centro Transit Bus	Yes	Sometimes	No	Don't know
40. I have used the Centro bus in the past year	Yes	Sometimes	No	Don't know
41. I feel safe and comfortable using the Centro Transit Bus	Yes	Sometimes	No	Don't Know

**42. I use the following aids or devices when I travel:
check all that apply.**

NONE _____

Manual wheelchair _____

Power wheelchair _____

Power scooter _____

Walker _____

Cane _____

White Cane _____

Crutches _____

Service Animal _____

Hearing Aid _____

Portable Oxygen or Breathing device _____

Personal Care Attendant or Escort _____

43. Please tell us, in your own words, what is preventing you from using the Centro Bus system.

If you need more space, please use the back of this sheet.

Call-A-Bus does not provide mobility aids for passengers.

We can assist people with common wheelchairs measuring no more than 30" by 48", measured 2" from the ground.

The weight limit, the person and their mobility device can be up to 600 pounds, combined weight.

A service animal is a specially trained animal that provides assistance to the person. Family pets are not service animals.

I, the undersigned Applicant, understand that the purpose of this Application is to determine my eligibility to use CALL-A-BUS. I hereby certify that all information provided by me on this application is, to the best of my knowledge, true and accurate. I understand that the willful falsification of any information I have provided, could result in a cancellation of any CALL-A-BUS service that I may have previously been qualified to receive.

HIPAA Authorization

I, or my authorized representative, request that health information be released by my health care provider in order to complete the attached form, in accordance with New York State law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that I have the right to revoke this authorization at any time by writing to the health care provider except to the extent that action has already been taken based on this authorization. I understand that signing this authorization is voluntary. Information disclosed under this authorization might be re-disclosed by the recipient and this re-disclosure may no longer be protected by federal or state law. This authorization will expire one year from the date below.

SIGNATURE

DATE

Please have your healthcare provider complete Part 2.

Part 2. Health Care Provider's Verification

Call-A-Bus Application for _____

The individual named above has requested the use of CALL-A-BUS services under the Americans with Disabilities Act of 1990. Eligibility for CALL-A-BUS is strictly limited to individuals whose disability prevents them from using a Centro Transit Bus or getting to and from a Centro Bus Stop.

PLEASE NOTE THAT Centro BUSES AND MANY BUS STOPS ARE ACCESSIBLE TO MANY PEOPLE WITH DISABILITIES. Buses have ramps or lifts, will “kneel” for those who have difficulties with stairs, have special seating available near the front of the bus and drivers make stop announcements to help with orientation. Service animals and personal care attendants are welcome on buses.

Centro buses and CALL-A-BUS vehicles can accommodate wheelchairs that measure 30” by 48” when measured 2 inches above the ground. Larger wheelchairs may not fit safely on the lifts or ramps.

Centro buses and CALL-A-BUS vehicles have ramps and lifts for people whose total weight (person and mobility device) is 600 pounds or less. Some obese persons with oversized power wheelchairs exceed this weight limit and we cannot accommodate them.

CALL-A-BUS service is not medical transportation with door through door service. Our drivers will escort a person from the front door to the vehicle, but cannot go into a building to escort a passenger from an interior office.

CALL-A-BUS does not provide monitors on its vehicles. A passenger must be able to travel alone or have a personal care attendant or escort, provided by the passenger.

Eligibility for CALL-A-BUS is determined by functional ability. Therefore, we ask that you describe what the applicant can and cannot do.

PLEASE COMPLETE THE FOLLOWING AND PAGES 14 THROUGH 16

The HIPAA authorization is on page 12.

H1. I, _____ have reviewed Part 1 of this application.

H2. Applicant's diagnoses _____

H3. If the applicant is taking medication that impacts behavior, balance, memory or other activities of daily living, please describe the effect on their ability to travel independently.

**Are any of the following affected by his/her disability?
IF YES, A COMMENT IS REQUIRED.**

Description	Yes	No	Comments
H4. Vision			Acuity with correction? Peripheral vision?
H5. Hearing			
H6. Speech and communications			
H7. Exposure to heat, cold, humidity or pollutants			
H8. Ability to wait for up to 15 minutes (balance, strength)			
H9. Orientation to time and place			
H10. Ability to ask for and follow directions			
H11. Ability to cross streets			

Are any of the following affected by his/her disability, continues?	Yes	No	Comments
H12. Socially appropriate with strangers			
H13. Short and Long Term Memory			
H14. Problem solving skills			

H15. Is the goal of traveling independently (even if limited to neighborhood or to and from employment) within the context of treatment?

Yes _____ No _____

H16. Applicant's condition is: permanent _____ temporary _____

**H16a. If temporary, how long is the condition expected to affect abilities?
_____ (months)**

**H17. Applicant's condition is:
relatively stable _____ changes every day _____**

H18. Applicant can walk, or travel with a manual or power wheelchair independently up to _____ blocks.

H18a. If not able to travel, please explain why.

H19. Is there any other effect of this person's disability or disabilities that will impact the ability to travel? Please consider their physical, cognitive, and sensory abilities and their mental health status, if appropriate.

Thank you for your time. Your Stamp here:

PLEASE PRINT CLEARLY

If not stamped, your name:

How long have you known the applicant: _____

Title/Degree: _____

License # _____

Office Phone #: _____

Office, Agency or Clinic Name: _____

Signature: _____

[signature is required, or application will be returned as incomplete.]

Date: _____