



PART PARATRANSIT INFORMATION

Please Keep this Brochure for Future Reference



WHAT IS PARATRANSIT?

Putnam Area Rapid Transit (PART) Paratransit is an origin-to-destination transportation system for those Putnam County residents who are unable to use the regular PART public transportation service due to a physical, mental, or visual disability. PART Paratransit operates specially modified vans to transport riders with a range of disabilities, including those who use wheelchairs.

WHO IS ELIGIBLE TO USE PARATRANSIT?

A person may be eligible to use PART Paratransit under the following guidelines:

- Service shall be provided to those persons **within 3/4-mile of a PART fixed-route** and have a destination that is within 3/4-mile of a PART fixed-route. **THIS IS NOT A COUNTYWIDE SERVICE.**
- Service is complementary to the PART fixed-route. **It is for persons with physical, mental, or visual disabilities who are unable to use accessible fixed-route transit service.**
- Service is provided only after a certification process, which includes certification by a doctor, psychiatrist, ophthalmologist, optometrist, or other medical professional affirming that an individual is unable to ride on public transportation due to a disability.
- Age alone does not entitle a person to use paratransit.
- Disabled visitors who reside in a location outside of Putnam County and have been ADA Certified by the jurisdiction in which they reside are eligible for 21 days of service over a one-year period beginning on the day service was first rendered. After this time, they must be certified by Putnam County.
- Disabled visitors who have no documentation and reside in a location outside of Putnam County are presumed eligible for paratransit service for 21 days over a one-year period beginning on the day service was first rendered. After this time, they must be certified by Putnam County.

WHEN DOES PARATRANSIT OPERATE?

- Paratransit operates on the same schedule as the PART 1, 2, & 5 fixed-route transit service.
Monday – Friday: 4:00 a.m. to 9:00 p.m. | Saturday: 7:30 a.m. to 6:00 p.m. | Sunday: No PART service.
- PART/Paratransit does not operate on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, or Christmas.
- If the PART fixed-route service is operating on snow routes, then paratransit service will be comparable to the snow route.

HOW MUCH DOES IT COST TO RIDE PARATRANSIT?

A paratransit one-way trip costs **\$3.25**. A trip begins when a person boards a bus and ends when a person gets off the bus. Cash (**exact change only**) is accepted on board paratransit vehicles as well as checks made payable to the "Commissioner of Finance". Paratransit tickets are also available to purchase in any quantity via cash, check, or credit/debit cards at the Putnam County Transit Facility located at 841 Fair Street, Carmel, NY 10512 between 9:00 a.m. – 5:00 p.m. mid-September to mid-June, and 8:00 a.m. – 4:00 p.m. mid-June to mid-September.

CAN A RIDER TAKE A COMPANION ON PARATRANSIT?

Yes, a paratransit rider may be accompanied by one personal care attendant and/or one personal companion. A personal care attendant is considered a person traveling as an aide to facilitate the travel of a person with a disability. **A personal care attendant will not be charged a fare.** A companion is considered a person other than an attendant who may be traveling with a disabled person. **A companion will pay the same fare as the paratransit rider.** Additional companions may be allowed if space is available. All personal companions and attendants must have the same origin and destination points. **Service animals are also welcome to accompany a paratransit rider without prior notice and at no additional charge.**

HOW MUCH ASSISTANCE CAN A DRIVER OFFER A RIDER?

As paratransit is an origin-to-destination service, riders must be able to meet the van outside their homes. Drivers are not permitted to enter riders' homes or carry riders or wheelchairs up or down stairs. Paratransit drivers can provide assistance between the vehicle and the first doorway for riders who need additional assistance to complete the trip. Paratransit drivers will help riders board the vehicle, secure all seat belts, and lock down wheelchairs if necessary.

ARE THERE ANY OTHER RESTRICTIONS?

- All passengers in wheelchairs that are transported on a paratransit vehicle must have their wheelchair secured in the provided securement devices in the designated locations on the vehicle. In no case will a wheelchair passenger be allowed to ride in the aisle.
- The operator reserves the right to negotiate trip scheduling within one hour of the requested time. Paratransit is not a taxi or limousine service; your trip may be combined with one or more other trip requests.
- A maximum of 50% of the system capacity can be dedicated any time of the day to the optional paratransit subscription service.
- Paratransit may be used as a feeder bus to the regular PART fixed-route bus.
- If a rider has three or more missed trips (no-shows and/or late cancellations) within a 30-day period, this will enact a review of their trips to determine the existence of a pattern or practice of missed trips.
- A person, whose behavior threatens or has threatened the safety of paratransit personnel or other passengers may be denied service or have service suspended.

HOW DOES ONE APPLY FOR PARATRANSIT?

Applications are available both in English and in Spanish on our website, or you may call, email, or write to us to request an application. A completed application will take no longer than 21 days to process from the date it is received by the Putnam County Planning Department.

- Website: <https://putnamcountyny.gov/transportation#Paratransit>
- Phone: **(845) 878-3480** and/or **(845) 878-7433** (Translation services are available upon request). For the hearing impaired, please dial 711 (free) to be automatically connected to a TRS communications assistant.
- Email: transit@putnamcountyny.gov
- Write to: Putnam County Department of Planning, Development & Public Transportation at 841 Fair Street, Carmel, NY 10512

HOW DOES ONE ARRANGE FOR A PARATRANSIT TRIP?

Once you are certified and receive your ID card, call (845) 878-7433 (for the hearing impaired, dial 711) during the hours of 9 a.m. to 5 p.m. on the day preceding desired service. Translation services are available upon request.

When you make the call, simply say you are calling to schedule a paratransit trip. You will be asked your name, address, phone number, Paratransit card ID number, your destination, when you would like to leave and return, and if you have special needs. If you need to cancel or reschedule your trip, please call (845) 878-7433.

**PART APPLICATION FOR ADA PARATRANSIT ELIGIBILITY:
APPLICANT INSTRUCTIONS**

1. Applicant/Guardian/Preparer: Please complete the entirety of PART I and sign the Certification form.
2. After completing PART I, please have a qualified Medical Professional complete PARTS II, III, or IV (choose one) and have them sign the appropriate certification.
PART II: Physically Handicapped
PART III: Visually Handicapped
PART IV: Mentally Handicapped
3. Lastly, please **return the completed application along with a current photo** for an ID card (shoulders up) via mail, email, or fax to:

Mail: *Putnam County Department of Planning,
Development, and Public Transportation
841 Fair Street
Carmel, NY 10512*

Email: Email a scanned PDF copy of your application and a current digital photo to transit@putnamcountyny.gov

Fax: Fax a copy of your application to (845) 808-1948 and send a current digital photo via email or mail.

PLEASE NOTE:

- **Incomplete applications will not be considered.** All questions must be answered or answered with not applicable (N/A) if question does not apply.
- If you have any questions when completing this form, please call (845) 878-3480 and/or (845) 878-7433, or email transit@putnamcountyny.gov.
- For the hearing impaired please use the 711 Relay service.
- Translation services are available upon request.
- For more information about our transit services, please visit <https://putnamcountyny.gov/transportation>.

PART I

Please answer the following 18 questions as completely as possible (**type or print clearly**), if a question does not apply to you, clearly mark N/A in the answer space provided.

1. Name: _____

Last 4 digits of SSN: _____

2. Address: _____

City: _____ State: _____ Zip: _____

Nearest Intersection: _____

3. Phone Number: (home): _____ (cell/work): _____

4. Email Address: _____

5. Date of Birth: _____ Male: _____ Female: _____

6. Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (home): _____ (cell/work): _____

Email Address: _____

7. What is the disabling condition(s) which prevents you from using the PART fixed-route bus service?

8. How does this disability prevent you from using the PART fixed-route bus service? *Please explain completely. Use an additional sheet if needed.*

9. Are there any other effects of your disability of which we need to be aware?

10. Do you use any of the following mobility aides? (*Check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Electric Scooter (i.e. Amigo, Rascal, etc.) |
| <input type="checkbox"/> Personal Care Attendant | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Other (describe): _____ |

11. Have you ever received travel training? *Yes* ____ *No* ____

a) Agency that trained you: _____

b) Was the training successfully completed? *Yes* ____ *No* ____

c) Are there any limitations to your travel training? *Yes* ____ *No* ____ *If yes, please explain:*

12. Can you understand printed or verbal transportation information such as bus schedules (including TDD, audiotape, or large print)? *Yes* ____ *No* ____ *If yes, please explain:*

13. Can you calculate the correct fare and place it in the fare box? *Yes* ____ *No* ____ *If yes, please explain:*

14. Can you locate seats or hand rail stanchions within the bus? *Yes* ____ *No* ____ *If yes, please explain:*

15. What conditions that relate to your disability would make it difficult for you to reach your destination after getting off the bus? *Please explain:*

16. Do you intend to use the paratransit service to attend programs provided by an agency? *Yes* ___ *No* ___ *If yes, please answer the following:*

a) What is the name of the agency that is sponsoring the program or services you will be attending?

Name of Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contact Person: _____

b) Does the agency provide transportation? *Yes* ___ *No* ___

c) Are you eligible for that transportation? *Yes* ___ *No* ___

17. How did you hear out about our paratransit service? *(Check all that apply)*

___ T.V. _____ Planning Department

___ Newspaper _____ Medical Professional

___ Radio _____ Service Provider

___ PART Employee _____ Other: _____

18. Are you enrolled in Medicaid? *Yes* ___ *No* ___

If yes, please answer the following:

a) Medicaid Number: _____

b) What type of transportation have you been approved for by Medicaid?

Public Bus _____ Taxi _____ Ambulette _____ Ambulance _____

CERTIFICATION

I hereby certify, under penalty of perjury, that all statements made on this application are true, to the best of my knowledge, and I authorize the completion of the remainder of this form by a qualified professional. I have read and understand, to the best of my knowledge, all the information contained in this application. I understand, to the best of my knowledge, that all statements made in this application may be subject to investigation and verification. I understand, to the best of my knowledge, that the COUNTY OF PUTNAM will rely upon the statements made in this application, whether or not the COUNTY OF PUTNAM has investigated the statements contained in this application. I understand, to the best of my knowledge, that the COUNTY OF PUTNAM may discontinue or change its paratransit program without notice. If the COUNTY OF PUTNAM should find that I have not followed the program's guidelines, my paratransit services will be taken away and I will not be eligible to reapply for the paratransit program. I understand, to the best of my knowledge, that it is a crime to allow anyone else to use my identification card or for me to continue to use the card if I am no longer disabled as defined by the paratransit program. **I agree to notify the Putnam County Department of Planning, Development, and Public Transportation at (845) 878-3480 if I no longer need paratransit service.**

I hereby certify, to the best of my knowledge, that the information given is correct.

Signature of Applicant or Legal Guardian: _____

Name of Applicant or Legal Guardian (Print): _____

Date Signed: _____

PREPARER: If this application has been prepared by a person who is not the applicant or a legal guardian, please complete the following:

Signature of Preparer: _____

Name of Preparer (Print): _____

Date Signed: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

MEDICAL PROFESSIONAL INSTRUCTIONS

Dear Medical Professional:

The applicant who has asked you to complete and sign this form is applying for eligibility on the PART Paratransit service. Please read the following information carefully since it may affect your response.

Who Qualifies for Paratransit?

Paratransit service is designed to serve those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disability Act (ADA), disability alone does not qualify a person to ride paratransit. A person must be FUNCTIONALLY unable to use the fixed-route bus service. Service is provided to the following three general groups of persons with disabilities:

1. Persons who have specific impairment-related conditions which make it **IMPOSSIBLE**, not just difficult, to travel to or from a bus route location point.
2. Persons who need a wheelchair lift and a wheelchair lift-equipped bus is not available on the route when they need to travel.
3. Persons who are unable to board, ride, or exit from a PART bus even if they are able to get to a location point on the route and the bus is equipped with a wheelchair lift.

What is Paratransit?

Paratransit is an alternative, origin-to-destination, demand-responsive service. It is designed to “complement” the fixed-route service in terms of schedule times and service areas.

Origin-to-Destination provisions of ADA mean that **ASSISTANCE** is provided to individuals between the door of their starting point or destination and the paratransit vehicle. In addition, paratransit is only required to provide service if both the starting and destination points are **within ¾ of a mile of a fixed-route** bus route during the hours when that route is in operation.

Please Complete the Appropriate Form for the Applicant:

PART II: to be completed by a qualified Medical Professional for a **physically handicapped** person.

PART III: to be completed by a qualified Medical Professional, Ophthalmologist or Optometrist for a **visually handicapped** person.

PART IV: to be completed by a qualified Medical Professional or Psychiatrist for a **mentally handicapped** person.

PART II - PHYSICAL HANDICAP

Please have a qualified Medical Professional respond to the following 10 questions as completely as possible (**type or print clearly**) and sign the following certification.

1. Name of Individual: _____
2. Medical Diagnosis of Handicapping Condition:

3. Is this condition temporary? *Yes* ____ *No* ____
(If yes, expected duration until: _____)
4. Is this condition likely to become worse? *Yes* ____ *No* ____
5. Is this person able to walk without the assistance of another person?
a) 200 feet? *Yes* ____ *No* ____ *Only with Great Difficulty* ____
b) ¼ mile? *Yes* ____ *No* ____ *Only with Great Difficulty* ____
6. Is this person able to climb one, 16" step and two, 10" steps?
Yes ____ *No* ____ *Only with Great Difficulty* ____
7. Is this person able to wait outside without support for 10 minutes?
All of the time ____ *Some of the time* ____ *Not at all* ____
8. Is this person able to ride in an automobile (including getting in and out?)
All of the time ____ *Some of the time* ____ *Not at all* ____
9. Does this person require the use of any of the following mobility aids?

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Service Animal
<input type="checkbox"/> White Cane	<input type="checkbox"/> Crutches
<input type="checkbox"/> Walker	<input type="checkbox"/> Electric Scooter (i.e. Amigo, Rascal, etc.)
<input type="checkbox"/> Personal Care Attendant	<input type="checkbox"/> Braces
<input type="checkbox"/> Cane	<input type="checkbox"/> Other (describe): _____

10. Are there any other effects of this person's condition which Putnam County should be made aware? *Yes*____ *No*____ *If yes, please describe:*

CERTIFICATION

Please review the medical information provided in this application and fill/sign the following certification as appropriate. The information you provide will help us to serve those who need paratransit most.

I, _____ certify _____
(Print Name of Professional) (Print Name of Patient)

to be a disabled person and that the medical information provided in this application is accurate to the best of my knowledge and is consistent with the applicant's medical diagnosis.

Signed this _____ *day of* _____, 20____

Signature of Physician: _____

Name of Physician (Print): _____

License Number: _____

Office/Network Name: _____

Office/Network Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone Number: _____

PART III – VISUAL HANDICAP

Please have a qualified Medical Professional, Ophthalmologist, or Optometrist respond to the following 7 questions as completely as possible (**type or print clearly**) and sign the following certification.

1. Name of Individual: _____
2. Medical Diagnosis of Handicapping Condition:

3. Is this condition temporary? *Yes* ____ *No* ____
(*If yes, expected duration until:* _____)
4. Is this condition likely to become worse? *Yes* ____ *No* ____
5. Visual Acuity: ***Right Eye:*** ____/____ ***Left Eye:*** ____/____
6. Visual Field: ***Right Eye:*** Horizontal _____
Vertical _____ ***Left Eye:*** Horizontal _____
Vertical _____
7. Are there any other effects of this person's condition which Putnam County should be made aware? *Yes* ____ *No* ____ *If yes, please describe:*

CERTIFICATION

Please review the medical information provided in this application and fill/sign the following certification as appropriate. The information you provide will help us to serve those who need paratransit most.

I, _____ certify _____
(Print Name of Professional) (Print Name of Patient)
to be a disabled person and that the medical information provided in this application is accurate to the best of my knowledge and is consistent with the applicant's medical diagnosis.

Signed this _____ day of _____, 20_____

Signature of Physician: _____
Name of Physician (Print): _____
License Number: _____
Office/Network Name: _____
Office/Network Address: _____
City/Town: _____ State: _____ Zip: _____
Telephone Number: _____

PART IV – MENTAL HANDICAP

Please have a qualified Medical Professional or Psychiatrist respond to the following 7 questions as completely as possible (**type or print clearly**) and sign the following certification.

1. Name of Individual: _____

2. Medical Diagnosis of Handicapping Condition:

3. How does this condition affect the individual's ability to use the PART fixed-route bus service?

4. Is this person able to:

- | | |
|--|------------------|
| a) Give their address and telephone number on request? | Yes ____ No ____ |
| b) Recognize streets and bus numbers? | Yes ____ No ____ |
| c) Sign his/her name? | Yes ____ No ____ |
| d) Deal with an unexpected situation? | Yes ____ No ____ |
| e) Ask for and understand directions? | Yes ____ No ____ |

5. Is this condition:

- | | | |
|---|------------------|--|
| a) Temporary | Yes ____ No ____ | (If yes, expected duration until: _____) |
| b) Subject to significant improvement with treatment? | Yes ____ No ____ | |
| c) Likely to become worse? | Yes ____ No ____ | |

6. Should this person be accompanied while using Putnam County Paratransit Service? Yes ____ No ____

7. Are there any other effects of this person's condition which Putnam County should be made aware? Yes ____ No ____ If yes, please describe:

CERTIFICATION

Please review the medical information provided in this application and fill/sign the following certification as appropriate. The information you provide will help us to serve those who need paratransit most.

I, _____ certify _____
(Print Name of Professional) (Print Name of Patient)

to be a disabled person and that the medical information provided in this application is accurate to the best of my knowledge and is consistent with the applicant's medical diagnosis.

Signed this _____ day of _____, 20____

Signature of Physician: _____

Name of Physician (Print): _____

License Number: _____

Office/Network Name: _____

Office/Network Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone Number: _____