GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY VISITORS SELF-CERTIFICATION FOR ADA PARATRANSIT SERVICE

For persons who need ADA Paratransit Services but do not reside in jurisdictions that offer Paratransit Service.

What is Paratransit Service?

The Americans with Disabilities Act of 1990 ensures that nondiscriminatory accessible transportation service is available for persons with disabilities. The law contains provisions for the acquisition of accessible vehicles by public and private entities, requirements for ADA complementary paratransit service by public entities operating a fixed-route transit system, and nondiscriminatory accessible transportation service.

Federal regulations define the ADA paratransit service area as being within ³/₄ mile of a local fixed route when that route is in operation. If you have a disability that prevents you from using the regular fixed-route service, you may be eligible for Paratransit.

Greater Cleveland Regional Transit Authority ("GCRTA") Paratransit is a "shared-ride", origin-to-destination service available for those who, due to a functional disability or condition, are unable to use the fixed-route system. Eligibility may be unconditional, temporary, or under certain conditions.

To register as a self-certifying visitor:

- 1. Provide Documentation of the applicant's place of residence in a jurisdiction where complementary paratransit service is not provided within the region and, if the disability is not apparent, of your disability.
- You or your designee must fill out Sections I III COMPLETELY. This information is necessary to complete your profile so that your service can be scheduled accurately. If there are questions that you cannot answer, or if you need assistance completing this form, please call ADA Registration Office at (216) 566-5124. To be considered complete, every question on the application must be answered. If not, it will be returned to you for completion.

2.	Mail your original application to:	Fax:	Email:
	GCRTA-ADA Eligibility	216-350-5284	customerservice@gcrta.org
	1240 West 6th Street		
	Cleveland, Ohio 44113-1331		

3. After the completion of the "Visitors Self-Certification for ADA Paratransit Service" process, you will be granted ADA paratransit eligibility status for up to 21 calendar days in a 365-day period.

Greater Cleveland Regional Transit Authority Self-Certification for Cuyahoga County Visitor Paratransit Service – PART I PLEASE PRINT/ TYPE IN BLUE OR BLACK INK

SECTION I: Visitor Information

	□ First Time Visitor	□ Recertificatio	on - ID#
Name:			
First		M.I.	Last
Street Address:			
City:		State:	Zip:
Day Phone:		Evening Phone:	
Date of Birth:	//_		Sex: 🗆 Male 🗆 Female
Emergency Contac	ct Person:		
Day Phone:		Evening Phone:	
Relationship to Ap	oplicant:		

SECTION II: Disability and Health Condition Information

1. Why are you applying for Paratransit Services?

2. What disability have you been diagnosed with? (if not apparent, provide documentation)

3. Does your disability prevent you from using the regular bus or rail service?

□ Yes,	explain	below	🗆 No
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4. Is your disability considered permanent? □ Yes □ No				
If no, how long do you expect	to have this disability?			
5. Does you require a personal ca	are attendant? 🛛 Yes 🗆 No			
6. Do you currently use any mobility aids or specialized equipment? Yes No				
If yes, please select all that apply:				
 ☐ Manual Wheelchair ☐ Scooter ☐ Crutches ☐ White Cane ☐ Brace(s) 	 Oversize Wheelchair Service Animal Portable Oxygen Communication Board Other (please specify): 	 Power Wheelchair Cane Walker Prosthesis 		

SECTION III: Visitor Self-Certification

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. Legal Guardians must provide documentation.

Applicant Signature or Legal Guardian

OR, if applicant is unable to sign:

Authorized Representative Printed Name

Authorized Representative Signature (Attach proof of guardianship if applicable)

Date

Relationship to Applicant

____/____/_____

____/____/_____

Date