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SVRTA PARATRANSIT SERVICES

ADA Complementary Paratransit Application Packet

Welcome to SVRTA Paratransit Services

Thank you for your interest in the Steel Valley Regional Transit Authority (SVRTA) ADA Complementary Paratransit Service. This service is available to individuals with disabilities who are unable to use the fixed-route bus system due to functional limitations.

Documents Included in This Packet

1. Paratransit Service Information & Policies
2. Paratransit Eligibility Application (New Applicants & Recertification)
3. Medical Verification Form
4. ADA Paratransit Eligibility Policy Summary
5. Applicant Rights and Appeals Process

How to Apply

1. Complete the enclosed Paratransit Eligibility Application in full.
2. Include detailed information about your disability and how it affects your ability to use fixed-route transit.
3. Have the Medical Verification section completed by a licensed healthcare provider.
4. Submit the application by mail, email, fax, or in person to the SVRTA office.
5. Applications are reviewed within 21 days of receipt. You will be notified of the determination in writing.
6. If eligibility is granted, certification is valid for up to 3 years.
7. If denied, you have the right to appeal within 60 days of the notice.

Need Assistance?

If you need help completing this form or would like the application in an alternate format (large print, Braille, audio, or electronic), please call **740-282-6145** (voice) or Ohio Relay Service: **711**. You may also request formats at **www.svrta.com**.

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Sincerely,

Heather Dinger
Assistant Transit Manager
Steel Valley Regional Transit Authority

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PARATRANSIT SERVICE INFORMATION & POLICIES

Eligibility Basis: Eligibility for SVRTA ADA Complementary Paratransit Service is not based solely on a medical diagnosis, but on the applicant's functional ability to independently use fixed-route transit services, consistent with 49 CFR §37.125.

Service Area	Within a ¾-mile corridor of existing SVRTA fixed-route bus service, per ADA requirements. Trips must begin and end within this area.
Days & Hours	Same days and hours as SVRTA fixed-route service.
Capacity Constraints	SVRTA does not impose capacity constraints on ADA complementary paratransit service. This includes, but is not limited to: trip denials; excessive trip lengths; substantial numbers of significantly untimely pickups; and substantial numbers of missed trips.
Pickup Window	30-minute window (±15 minutes from scheduled time). A trip is considered on-time if the vehicle arrives within this window. Pickups outside this window may be considered late. Riders must be ready at the start of the window. Drivers will wait up to 5 minutes after arrival.
Base Fare	$1.00 per one-way trip. Exact fare or annual pass required. Drivers cannot make change. Fare due at boarding.
Certification Period	3 years from date of approval. Riders will be notified prior to expiration.

Personal Care Attendants (PCAs)

- A PCA may ride free when assisting an eligible rider.
- PCA eligibility must be documented and approved in the rider's file.
- A PCA assists with boarding, exiting, communication, or personal care.
- Please notify SVRTA at the time of booking if a PCA will accompany you.

Companion Policy

- Companions (not PCAs) must pay the full $1.00 fare or have a valid annual pass.
- One companion is permitted per trip unless space allows for more and prior approval is granted.
- Companions must board and travel with the eligible rider.

Booking & Cancellation

- Trips must be scheduled by the close of the previous business day.
- Same-day trip requests may be accommodated based on availability but are not guaranteed.
- Cancellations must be made at least 2 hours prior to the scheduled pickup.
- Repeated no-shows or late cancellations may result in suspension of service.

Subscription (Standing Order) Service

SVRTA offers subscription service for trips that occur on a regular and recurring basis (e.g., trips to work, dialysis, or school). Subscription trips are automatically scheduled without requiring a call for each trip.

- To request subscription service, contact SVRTA at 740-282-6145.
- Subscription service will not exceed 50% of total scheduled trips at any given time to ensure availability for all riders.
- Subscription service may be modified or cancelled if rider needs change.
- Subscription service is approved in two-week increments. Riders must confirm or renew their subscription every two weeks.

Trip Purpose

SVRTA does not restrict trips based on purpose. Riders may use paratransit service for any trip purpose within the service area and hours of operation.

No-Show & Late Cancellation Policy

SVRTA monitors no-shows and late cancellations to ensure efficient service. All no-shows and late cancellations will be reviewed to determine if they were within the rider's control. A no-show or late cancellation beyond the rider's control (including illness, emergencies, severe weather, or service-related issues) will not be counted. SVRTA will not suspend service without prior written notification and a meaningful opportunity to appeal.

Suspension threshold: 30% or more of scheduled trips in a calendar month, with at least three (3) no-show occurrences — based on a pattern or practice of no-shows within the rider's control. Riders will be notified and provided an opportunity to appeal any suspension.

Eligibility Types

FULL ELIGIBILITY	You are unable to use fixed-route transit under any circumstances. You qualify for all paratransit service hours and areas provided under ADA.
CONDITIONAL	Conditional eligibility is provided when a rider can use fixed-route transit under certain conditions but requires paratransit for specific trips or circumstances (e.g., no sidewalks or curb cuts, weather extremes, inability to navigate transfers or distances). Applicable

	conditions will be clearly documented in your file and applied when booking rides.
TEMPORARY	You are temporarily unable to use fixed-route transit due to a short-term medical condition (e.g., injury, recovery). Eligibility expires on the date indicated by your healthcare provider on the Medical Verification Form. You will be notified before expiration and may reapply if the condition persists.

Rider Rules

All riders must comply with the following while using SVRTA paratransit service:

- Be ready and waiting within the pickup window
- Follow driver instructions at all times
- Maintain respectful behavior toward drivers and other passengers
- Refrain from eating, drinking, or smoking on the vehicle

Disruptive or unsafe behavior may result in suspension of service.

Visitor Policy

Visitors to the SVRTA service area who are ADA paratransit eligible in another jurisdiction may use SVRTA service for up to 21 days within a 365-day period. Documentation of eligibility may be required.

Reasonable Modification Policy

SVRTA will make reasonable modifications to policies, practices, or procedures when necessary to ensure accessibility for individuals with disabilities. Requests may be denied if they would create a direct threat to health or safety, fundamentally alter the nature of the service, or result in an undue burden.

Origin-to-Destination & Curb-to-Curb Service

SVRTA provides origin-to-destination paratransit service. While service is generally provided curb-to-curb — meaning the driver picks you up at the curb of your confirmed origin and drops you off at the curb of your destination — additional assistance beyond the curb will be provided when required due to a rider's disability, consistent with ADA requirements.

- Drivers will provide reasonable assistance to riders when necessary, including boarding, exiting, and securing mobility devices.
- Drivers are not permitted to enter private residences or unsafe areas.
- Riders should be ready and waiting at the curb within the designated pickup window.
- If additional assistance is needed beyond the curb, please inform SVRTA when booking so appropriate accommodations can be arranged.

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Service Equivalency

SVRTA ensures that ADA complementary paratransit service is provided in a manner comparable to fixed-route service in terms of service area, hours of operation, and response time, in accordance with 49 CFR Part 37 and ADA regulations. SVRTA ensures no capacity constraints are imposed that would limit the availability of service to ADA-eligible riders.

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PARATRANSIT ELIGIBILITY APPEAL PROCESS

If your application for paratransit eligibility is denied, or you disagree with the eligibility determination (e.g., conditional or temporary eligibility), you have the right to appeal SVRTA's decision.

How to File an Appeal

1	**Submit Your Appeal in Writing** Appeals must be submitted within 60 calendar days from the date on your eligibility determination letter. Send your appeal to: SVRTA Appeals Committee 555 Adams Street Steubenville, OH 43952 Or by email: hdinger@svrta.com
2	**Schedule an Appeal Hearing** You may request an in-person hearing or submit a written or verbal statement. SVRTA will contact you to schedule the hearing within 10 business days of receiving your appeal.
3	**Review by Appeals Committee** Your appeal will be reviewed exclusively by individuals who were not involved in the original eligibility determination, ensuring a fully independent and impartial review. You may present documentation or bring someone to speak on your behalf.
4	**Decision Notification** You will receive written notification of the final decision within 30 days of the hearing. The decision of the Appeals Committee is final.
5	**Interim Service During Appeal** If your original application was for initial eligibility and a decision is not made within 21 days, you will be provided paratransit service on a temporary basis until a final decision is rendered.

ADA Complaint Process

If you believe you have been denied ADA complementary paratransit service or otherwise discriminated against on the basis of disability, you have the right to file a complaint. Complaints must be submitted within 180 days of the alleged incident. All complaints will be investigated and a written response will be provided. SVRTA maintains records of all ADA complaints and

investigations. Each complaint is reviewed in a timely manner, and corrective actions will be taken when appropriate.

File a Complaint with SVRTA

Mail	SVRTA ADA Coordinator PO Box 1177 Steubenville, OH 43952
Phone	740-282-6145
Email	hdinger@svrta.com

File a Complaint Directly with the FTA

You also have the right to file a complaint directly with the Federal Transit Administration (FTA) Office of Civil Rights at any time, regardless of whether you have filed with SVRTA.

Phone	1-888-446-4511 (toll-free)
Email	FTA.ADAassistance@dot.gov
Online	www.transit.dot.gov/regulations-and-guidance/civil-rights/file-complaint-fta
Mail	FTA Office of Civil Rights Attn: ADA Program 1200 New Jersey Ave SE Washington, DC 20590

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ACKNOWLEDGMENT OF PARATRANSIT POLICIES

All individuals approved for SVRTA Paratransit Service will be required to sign this acknowledgment form confirming that they understand and agree to follow SVRTA Paratransit Rider Rules and Policies, including:

- The responsibilities of using curb-to-curb service
- Fare requirements and acceptable payment methods
- The role and rules for Personal Care Attendants (PCAs) and companions
- The use of an annual bus pass (if applicable)
- The cancellation and no-show policy
- Eligibility categories and service limitations, if applicable

Your signature below confirms that you have reviewed the rider guidelines and understand your rights and responsibilities while using SVRTA Paratransit services.

I acknowledge that I have read and understand the SVRTA Paratransit Rider Rules and Policies.

Signature: _____ **Date:** _____

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PARATRANSIT ELIGIBILITY APPLICATION

For use by New Applicants and Recertifications. All sections must be completed and submitted for your application to be reviewed.

Application Type: ☐ **New Applicant** ☐ **Recertification**

Part 1: Applicant Information

Full Name:		**Date of Birth:**
Street Address:		
City:	**State:**	**ZIP Code:**
Phone Number:		**Email Address:**

Emergency Contact

Name:	**Relationship:**	**Phone Number:**

Mobility Information

1. Do you use any of the following? (Check all that apply)

☐ None ☐ Crutches ☐ Power Scooter ☐ Support Cane ☐ Picture Board
☐ Portable Oxygen
☐ White Cane ☐ Manual Wheelchair ☐ Service Animal ☐ Walker ☐ Power Wheelchair ☐ Alphabet Board

2. Using a mobility aid, how many blocks can you travel on level ground? ☐ <1 block ☐ 2–4 blocks ☐ 4+ blocks

3. Without a mobility aid, how many blocks can you travel on level ground? ☐ <1 block ☐ 2–4 blocks ☐ 4+ blocks

4. Do you need someone to travel with you? ☐ Yes ☐ No ☐ Sometimes

5. Have you had travel training? ☐ Yes ☐ No

6. I learned: ☐ General bus travel ☐ Specific routes

7. Did you finish the training? ☐ Yes ☐ No

8. Which specific routes did you learn?:

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Disability or Health Condition

Primary condition (check one):

☐ Amputation ☐ Alzheimer's/Dementia ☐ COPD ☐ Autism ☐ Other: _____

Fixed-Route Bus Information

1. Do you use the public bus system? ☐ Yes ☐ No
   Days per week: _____ Days per month: _____
2. Current travel methods: ☐ Bus ☐ Driven by others ☐ Taxi ☐ Self-drive
3. Is the bus accessible to you? ☐ Yes ☐ No
4. Can you reach the bus stop independently? ☐ Yes ☐ No
   If no, explain: _____
5. Distance to bus stop: ☐ <1 block ☐ 2–4 blocks ☐ 4+ blocks
6. Can you understand directions? ☐ Yes ☐ No ☐ Sometimes
7. Can you board lift-equipped buses? ☐ Yes ☐ No
8. Can you wait 15 minutes at the stop? ☐ Yes ☐ No
   If no, explain: _____
9. Can you grasp railings? ☐ Yes ☐ No
10. Are there environmental barriers that make it difficult to reach a bus stop (hills, lack of sidewalks, weather, traffic)?
    ☐ Yes ☐ No
    If yes, describe: _____
11. Can you identify the correct stop? ☐ Yes ☐ No

Part 1 Certification — Applicant

I certify that the above information is true and accurate. I understand that falsifying information may result in service denial or legal action.

Applicant Signature: _____ **Date:** _____

If signed by an authorized representative:

Representative Name: _____ **Relationship to Applicant:** _____

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Signature:	**Date:**
Phone:	**Address:**

Part 2: Medical Release Authorization

I authorize SVRTA to contact my medical provider to obtain information necessary to determine my eligibility for paratransit services.

Applicant Name:		**Date of Birth:**
Medical Provider Name:		**Specialty:**
Provider Phone:		**Provider Address:**
City:	**State:**	**ZIP:**

Applicant Signature:	**Date:**

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PARATRANSIT MEDICAL VERIFICATION FORM

To the Healthcare Provider:

Your patient is applying for ADA paratransit services provided by SVRTA. Paratransit eligibility is based on functional limitations that prevent the applicant from independently using fixed-route transit services. This form is one component of the eligibility determination and will be considered alongside the applicant's self-reported information. No single factor, including medical diagnosis, is solely determinative of eligibility. Please complete the following based on your professional knowledge of the applicant's abilities.

Applicant Information

Name of Applicant: **Date of Birth:**

Today's Date:

Diagnosis and Functional Impact

1. What is the medical condition or disability affecting the applicant?:

2. How does this condition impact their ability to independently use a fixed-route bus?:

3. Are the effects of this condition:

☐ Permanent ☐ Temporary (anticipated end date: _____)

4. Does this applicant require a personal care attendant (PCA) when traveling? ☐ Yes ☐ No ☐ Occasionally

Functional Limitation Review

Please rate the applicant's functional ability in each category on a scale from 0 (no limitation) to 3 (severe limitation):

Functional Area	0	1	2	3
Mobility (walking, getting to/from bus stops)	☐	☐	☐	☐
Cognitive Ability (understanding directions, signage, bus use)	☐	☐	☐	☐

Endurance/Stamina (waiting 10–15 minutes, remaining seated)	☐	☐	☐	☐
Environmental Barriers (terrain, weather sensitivity, lack of sidewalks)	☐	☐	☐	☐
Use of Aids/Companions (mobility devices, service animals, PCA)	☐	☐	☐	☐

Additional relevant functional limitations or considerations:

Provider Certification

Provider Name:	**Title:**
Medical License / ID Number:	**Facility or Agency:**
Phone:	**Email:**
Address:	

I certify that the information provided is accurate to the best of my knowledge and is based on professional evaluation of this patient.

Signature:	**Date:**

SUBMISSION INSTRUCTIONS & PROCESSING TIMELINE

Before submitting your application, please review the checklist below to ensure all required sections are completed.

Required Documents Checklist

- ☐ Completed Paratransit Eligibility Application (New or Recertification)
- ☐ Signed Applicant Certification
- ☐ Completed Medical Release Form (Part 2 of Applicant Application)
- ☐ Completed Medical Verification Form (filled out by a licensed healthcare provider)

Submit all completed parts of this application. Incomplete packets will be returned.

Where to Submit

Mail	Steel Valley Regional Transit Authority PO Box 1177 Steubenville, OH 43952
Fax	(740) 282-4524
Phone	740-282-6145
Email	hdinger@svrta.com
In Person	555 Adams Street, Steubenville, OH 43952

Processing Time

SVRTA will respond within 21 days of receipt of a complete application. If eligibility is denied, written notice and appeal instructions will be provided. If a decision is not reached within 21 days on an initial eligibility application, temporary service will be provided until a final decision is rendered.