

# CamTran



## ADA COMPLEMENTARY PARATRANSIT PLAN

**April 20, 2018**

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## General Information

This document constitutes the Paratransit Plan (“**the Plan**”) of the Cambria County Transit Authority (**CamTran**). Implementation of a paratransit plan is required under the provisions of the **Americans with Disabilities Act of 1990** (“**the Act**”). On September 6, 1991 the Department of Transportation (“**DOT**”) promulgated final regulations, 49 CFR Part 37 (**the Regulations**) implementing the Act. Subpart F of the Regulations (**49 CFR Subsection 37.121-159**) sets forth the requirement for a paratransit plan. The Plan is intended to detail the manner in which CamTran will comply with the requirements of the Regulations. (**Reference Section 37.139(a) (1)**). Effective July 13, 2015 CamTran is in compliance with the Reasonable Modifications Plan as listed in **49 CFR Parts 27 and 37 [Docket OST-2006-23985], RIN 2105-AE15 Transportation for Individuals with Disabilities; Reasonable Modification of Policies and Practices**.

### Service Area and Route Structure

CamTran provides fixed route service to fourteen (14) routes in the Johnstown area of Cambria County and a portion of Somerset County on weekdays, thirteen (13) on Saturdays, and nine (9) on Sundays. The rural division (**CamTran+**) services five (5) fixed routes outside of the Johnstown metro-area on weekdays and two (2) fixed routes on Saturday, with no Sunday service yet.

### Population Served

It is estimated by the Cambria County Planning Commission that the service area population is 137,732 as of 2014.

### Hours of Service

The hours of fixed route service are as follows:

**Urban Division:** Monday through Friday: 5:00am to 10:25pm; Saturday: 5:50am to 7:00pm; Sunday 8:45am to 5:56pm.

**Rural Division:** Monday through Friday: 5:20am to 8:15pm; Saturday: 8:00am to 4:00pm

### Notice to the Public

Anyone may submit a request to CamTran for an ADA Reasonable Modification or Accommodation by completing a Reasonable Modification/Accommodation Request Form. This form is available on our website at [www.camtranbus.com](http://www.camtranbus.com). You can also call our office at (814) 535-5526 to request a Reasonable Modification/Accommodation Request Form. This information shall be available to the public on the website, brochures, and any other informational materials.

## ADA Eligibility for ADA Paratransit Service

ADA Paratransit Service must be provided to all passengers described as being ADA eligible under **49 CFR §37.123**. ADA eligibility includes the following:

- The first eligibility category included, among others, persons with mental or visual impairments who, as a result, cannot “navigate the system”. This eligibility category includes people who cannot board, ride, or disembark from an accessible vehicle “without the assistance of another individual.” If an individual needs an attendant to board, ride, or disembark from an accessible fixed route vehicle (including “navigating the system”), the individual is eligible for paratransit. Eligibility in this category is based on the ability to board, ride, and disembark independently.
- The second category applies to persons who could use accessible fixed route transportation, but accessible transportation is not being used at this time, and on the route the person would travel. This concept is route based, not system based. For purposes of this standard, a route is accessible when ALL buses scheduled on the route are accessible.
- The third eligibility category concerns individuals who have a specific impairment-related condition which PREVENTS them from getting to or from a bus stop. Difficulty in traveling to or from boarding or disembarking locations is not a basis for eligibility.

## Application Process

The application form for the determination of ADA eligibility shall consist of two (2) parts. Part “A” shall be completed by the applicant. Part “B” shall be completed by a physician or an authorized representative of an approved social service agency. Part “A” and Part “B” of the application form are attached as Exhibit “A”

### Completion of part “B” by a Physician or an Approved Social Service Agency

The purpose of requiring the submission of Part “B” of the application form is to obtain the evaluation and verification of an individual’s disability by a physician or by a social agency with recognized expertise in dealing with that individual’s particular disability. Part “B” should, therefore, be completed by the physician or social service agency whose area of expertise most closely relates to the applicant’s disability. If an applicant believes that the social service agencies are not capable of providing a proper evaluation of the applicant’s disability due to religious beliefs, and doesn’t have a physician to complete the form, then the applicant should contact CamTran’s ADA Paratransit Administrator for instructions with respect to the completion of Part “B”.

## Determination of Eligibility

### Determination by the CamTran ADA Paratransit Administrator

The completed application form (both Part “A” and Part “B”) shall be submitted by the applicant to the CamTran ADA Paratransit Administrator. The CamTran ADA Paratransit Administrator shall review the application and make a determination of eligibility. A third party medical provider is utilized to determine eligibility. If the application is denied; or the determination of eligibility is restricted in a manner which is inconsistent with the recommendation of the physician or social service agency an appeal may be filed.

Applicants for ADA eligibility are required to fill out an application which is provided via mail or can be picked up at either the Woodvale or Ebensburg CamTran office or filled out on our website. The applicant needs to describe their disability or condition that prevents them from using fixed-route service. When CamTran receives the completed application, it is evaluated, and eligibility is determined based on the applicant’s functional ability to use CamTran’s fixed-route transit system. As explained by CamTran’s eligibility brochure, an applicant may be eligible for ADA paratransit service if, as a result of a specific disability or health-related condition, the applicant is:

1. Unable to travel to or from transit stops or transit center within the service area; or
2. Unable to independently board, ride, or exit an accessible fixed-route vehicle; or
3. Cannot independently “navigate the system” even if the applicant is able to get to a transit stop or transit center and can get on and off the vehicle. (Example: A person who can’t ride the bus independently, recognize bus stops, understand how to complete bus trips, determine the fare, etc.)

CamTran may request additional information, either by phone or an in-person interview with the applicant, or written medical/professional verification if one was not provided with the application. As required by ADA, CamTran notifies the applicants by letter of its decision within 21 days of receipt of the completed application. An applicant who does not get written notice of CamTran’s eligibility determination within 21 days of receipt of the completed application may ask for and receive paratransit services until a decision is made.

The determination of the CamTran ADA Paratransit administrator shall include a written explanation setting forth the basis upon which the determination was made. Such written explanation shall also advise the applicant of the application’s appeal rights under the Plan should the application be denied.

### Contact Information:

**Woodvale Office:** 502 Maple Avenue, Johnstown, PA 15901. Phone: (814) 535-5526 or TDD/Hearing Impaired: (800) 601-8466

**Ebensburg Office:** 1226 North Center St, P.O. Box 267 Ebensburg, PA 15931-0267 or (800) 252-3889 or TDD/Hearing Impaired: (800) 601-8466.

**Website:** [www.camtranbus.com](http://www.camtranbus.com)

## **Disagreement with Evaluation of Physician or Social Service Agency**

If the applicant disagrees with the evaluation of the physician or social service agency, the applicant should submit with the application a written statement containing the following: (1) The basis upon which the applicant disputes the evaluation; and (2) The eligibility status for which the applicant seeks to qualify.

### **Identity Card**

Each individual who is determined to be ADA eligible shall be issued an identification card (Exhibit B), which shall include relevant information with respect to the applicant, including any restriction on eligibility. This card will also indicate if a Personal Care Attendant is required. The identity card shall be valid for an unlimited period of time, unless the disability in question is believed to be temporary, in which case the identity card shall be valid for a period of time commensurate with the anticipated duration of the disability. CamTran reserves the right to require any cardholder to resubmit an updated application form for the purpose of verifying the individual's continued ADA eligibility.

### **Temporary Identity Card**

In the event that the ADA Paratransit Administrator does not issue a determination within twenty-one (21) days after a completed application is submitted to CamTran, the applicant shall be issued a temporary identity card and shall be treated as ADA eligible until the ADA Paratransit Administrator issues a determination denying the application or otherwise restricting the applicant's eligibility.

### **Request for Additional Information or Verification**

The ADA Paratransit Administrator may make additional requests for information concerning, and/or verification of, an individual's disability under certain circumstances to determine eligibility. Failure to comply with such requests within a reasonable time shall render an application incomplete and shall serve as a basis upon which an application may be denied or an individual's ADA eligibility otherwise restricted and/or revoked.

## Appeals Board

CamTran shall establish an Appeals Board, which shall consider all appeals from determination of eligibility (including suspension or revocation of eligibility) made by the ADA Paratransit Administrator. The Appeals Board shall consist of three (3) individuals who are appointed by the Executive Director. The decision on the appeal must be made by someone uninvolved with the initial decision to deny eligibility. The ADA Paratransit Administrator will not serve as a member of the Appeals Board [Reference 49 CFR, Section 37.125 (g) (2)].

## Filing of Appeal

An individual may appeal a determination of the ADA Paratransit Administrator with respect to eligibility by mailing to the ADA Paratransit Administrator of a written appeal requesting that the determination by the ADA Paratransit Administrator be reviewed by the Appeals Board. Oral appeals will not be accepted. The appeal must: (1) identify the determination which is the subject of the appeal; (2) specify the basis upon which the individual disputes this determination; and (3) sign and date the written appeal. The ADA Paratransit Administrator shall immediately forward the appeal to the Appeals Board.

## Time for Filing of Appeal

An appeal with respect to the denial, restrictions, suspension, or revocation of eligibility must be delivered to the ADA Paratransit Administrator no later than sixty (60) days from the date of the determination, which is the subject of the appeal. [Reference 49 CFR, Section 125 (g) (1)].

## Procedure

The Appeals Board shall afford to the appellant the opportunity to be heard and to present information and arguments, which are relevant to the determination which is the subject of the appeal. [Reference 49 CFR, Section 125 (g) (2)].

## Decision

The Appeals Board shall, to the maximum extent possible, consider the appeal and issue a written decision within thirty (30) days after the filing of the appeal. The Appeals Board may sustain, reverse, or modify the determination of the ADA Paratransit Administrator, as the Appeals Board may consider appropriate, consistent with the provisions of the Act, Regulations, and the Plan. [Reference 49 CFR, Section 37.125 (g)].

If the transit agency has not made a decision within 30 days of the completion of the appeals process, paratransit service must be provided until and unless a decision to deny the appeal is issued.

### **Denial of Eligibility**

A determination denying ADA eligibility shall remain in effect pending consideration of an appeal by the Appeals Board provided that the applicant shall be treated as ADA eligible if the Appeals Board has not issued a decision within thirty (30) days after the filing of the appeal, until a decision to deny the appeal has been issued. [*Reference 49 CFR, Section 37.125 (g) (3)*].

### **Late Appeals**

Appeals which are not filed within the time requirements shall not be considered by the Appeals Board. The Appeals Board shall have jurisdiction to determine whether an appeal was timely filed.

### **Calculation of Time**

In calculating time, the first day (date of issuance of a determination) shall not be counted and the last day shall be counted. If the last day falls on a day that the administration offices of CamTran are not open for business, the last day shall be considered to be the first day thereafter that the administrative offices of CamTran are open for business.

The ADA requires public entities operating fixed-route transportation systems to provide comparable complementary paratransit services to people with disabilities.

Essentially, complementary paratransit serves a core area of 0.75 mile-wide corridors on each side of an established fixed route. Outside the core area, 1.5 mile-wide corridors are permitted. If a paratransit-eligible individual lives in an isolated area, he or she is responsible for reaching the nearest paratransit service pickup point as determined by the authority and available upon request.

Trips can be booked for the following day. Twenty four (24) hour notice is not required and reservations can be made up to seven (7) days in advance. Trips may be booked during a transit agency's administrative offices hours of operation which are Monday through Friday 6:30 am-4:30 pm, or by leaving a telephone message after hours. Standing appointments or subscription service for regular trips, going to and from work, for example, may also be arranged. However, subscription service cannot constitute more than 50 percent of paratransit trips scheduled at a given time. Waiting lists for paratransit are prohibited, except for subscription service.

Providers can negotiate pickup times, but, trips must begin no later than one hour before or after the person's desired departure time at either end of the trip. Operators must provide service within this window even when the individual making the reservation agrees to another time period.

CamTran cannot limit the number of trips a person schedules during a given time period, and cannot place restrictions or set priorities on a trip's purpose. To reserve a trip, the only information needed is:

- The origin
- The destination
- The time of travel, and
- How many people will be traveling on that trip

CamTran will accommodate each trip request from ADA-eligible passengers on an advance reservation basis, to and from destinations within the designated CamTran service area and service times. A Trip Denial is defined as any of the following:

- When CamTran is unable to schedule the requested trip on the day the client is requesting.
- When the trip is scheduled more than one hour before or after the requested pickup time.
- When the customer requests a round trip and CamTran is only able to schedule one leg of the trip and is unable either to schedule the other trip at all, or can only schedule the other leg of the trip more than one hour before or after the requested pickup time, even if the customer declines or cancels the offered trip.

CamTran will document trip denials daily as defined above and review for accuracy, policy compliance, and for future planning purposes.

## ADA Length of Trip Restrictions

The following benchmarks shall be attained when passengers are scheduled trips:

- CamTran's goal is that all ADA travel times be equal to or less than comparable fixed-route travel times.

CamTran shall monitor these times through Ecolane with a random selection of no less than 5 trips per month. These checks shall be documented. Schedulers shall make all attempts to move trips to other runs when possible to reduce excessive travel times.

### ADA Time Sampling

On a weekly basis, the scheduler pulls one ADA trip to compare the on board time with that of the fixed route. The scheduler inputs this information into a spreadsheet that calculates the time difference between trips.

## Capacity Constraints

The regulations prohibit constraints on service through restrictions on the number of trips by an individual, waiting lists, or any operational patterns or practices. The CamTran program does not limit the number of trips, have waiting lists, or any operational pattern or practice that significantly limits the availability of service to ADA paratransit eligible persons. Such patterns or practices include, but are not limited to, substantial numbers of significantly untimely pickups for initial or return trips, substantial numbers of trip denials or missed trips, and substantial numbers of trips with excessive trip lengths. Operational problems attributable to causes beyond the control of the entity (including, but not limited to, weather or traffic conditions affecting all vehicular traffic that were not anticipated at the time a trip was schedule) shall not be a basis for determining that such a pattern or practice exists.

The Americans with Disabilities Act (ADA) does not permit transit agencies to have any capacity constraints in ADA paratransit. Capacity constraints are defined as any operational patterns or practices that significantly limit the availability of service to ADA paratransit eligible individuals. CamTran has established the standard that 95 percent of calls should be answered within three (3) minutes and 99 percent of calls should be answered within five (5) minutes. This is monitored and reported on a monthly basis.

## Scheduling/Reservations

Eligible riders may schedule all of their trips by calling the CamTran+ office at 1-800-252-3889 or (814) 471-6601 or TDD# 1-800-601-8466. Office hours are Monday through Friday from 7:00 am to 4:30 pm.

The office is not open evenings, weekends, or holidays, however, passengers calling to schedule a trip will be able to make reservations using the automated answering system 24 hours a day/7 days a week.

Prior day reservations should be scheduled by 2:00 pm the prior day or as far as one (1) week prior to travel.

Same day service and trips scheduled after the prior day reservation time are based on availability and are not guaranteed.

Trips scheduled on the previous business day or up to one week prior are negotiated within one hour before or after the requested time.

Trips cannot be prioritized. They are scheduled on a first come, first served basis.

Return trips should be scheduled when the “going” trip is scheduled; however, we understand this is not always possible.

On those occasions, return trips will be recorded as “will calls” and will be completed within an hour of the requested return time as long as you call by 4:00 pm. This will allow time for the driver to pick you up prior to the end of service for that day.

A CamTran Customer Service Representative will give you an agreed upon pickup time and a return time (if requested) for your trip. The bus operator may arrive up to 15 minutes before your pickup time or 16 minutes after the agreed upon pickup time. Under no circumstance are you required to start your trip prior to the agreed upon pickup time. However, if you are not ready to board the bus 5 minutes after the scheduled and agreed upon pickup time the driver will alert the transit authority. The scheduler will attempt to contact you to alert you that the driver has arrived via a phone call. If they cannot contact you, or you do not board the bus within 5 minutes of the bus arriving, you will be counted as a no show which will result in a no show violation, be recorded as such, and appropriate action will be taken as per CamTran’s No Show Policy.

### Definitions:

A “No-Show” occurs when a customer does not board the vehicle within five minutes of the vehicle’s arrival within the 30 minute pickup window.

A “Late Cancellation” occurs when a customer cancels a trip less than one hour before the start of the 30 minute pickup window.

CamTran’s goal is to reduce excessive no-shows and ultimately reduce costs. The intent is not to be overly restrictive, but to target habitual offenders that cause unnecessary added costs to the Authority.

### Suspensions:

No-Show trips are considered excessive and will be considered a “pattern or practice” of missed trips when a customer meets the following criteria:

- Customer has reserved 7 or more trips within any month
- Customer cancels less than one hour before pick up time any 3 trips within a month
- Customer no shows 3 consecutive trips
- The no show trips make up 20 percent or more of the scheduled trips within the month

The customer will be sent written notification that he/she has violated the Paratransit/Shared Ride No Show and Suspension Policy and is subject to suspension.

### NO SHOW POLICY SUSPENSIONS

Customers incurring excessive missed trips, as defined in this Policy, are subject to suspension for a reasonable period of time. Repeated violations of this policy will cause the length of the suspensions to be increased. The following suspension periods shall apply to violations of this policy that occur within the same rolling 12 month period.

- Step 1: The customer receives a warning letter when they’ve reached the threshold.
- Step 2: If an additional threshold is reached, the customer receives a one-week suspension. Customer will not be eligible for subscription (standing order) service for 6 months.
- Step 3: If a second threshold is met, the customer receives a 14 day suspension.
- Step 4: If a third threshold is met, the customer receives a 21 day suspension.
- Step 5: Any additional no shows incurred the customer will receive a 30 day suspension.

**Example of Application**

	No Shows									
Trips	1	2	3	4	5	6	7	8	9	10
1	NO									
2	NO	NO								
3	NO	NO	NO							
4	NO	NO	NO	NO						
5	NO	NO	NO	NO	NO					
6	NO	NO	NO	NO	NO	NO				
7	NO	NO	NO	YES	YES	YES	YES			
8	NO	NO	NO	YES	YES	YES	YES	YES		
9	NO	NO	NO	YES	YES	YES	YES	YES	YES	
10	NO	NO	NO	YES						

**Life Safety Net**

CamTran shall not exclude any person under suspension criteria from receiving life services from CamTran for:

- Dialysis
- Required Doctor Appointments
- Required Medical Tests
- Required Pharmacy Visits
- Other Life Dependent Reasons

These shall be determined by Management on a case-by-case basis. Only Managers and/or Directors shall impose suspensions or exceptions to the policy.

**Examples of No Shows beyond the Riders Control**

The ADA does not allow transit agencies to base a suspension of service on any trips missed by a rider for reasons beyond his or her control, including trips missed due to transit agency error or lateness. Those trips may not be a basis for determining that a pattern or practice of missing scheduled trips exists.

There are many circumstances that may be beyond the rider’s control, including but not limited to:

- Family emergency
- Illness that precluded the rider from calling to cancel
- Personal attendant or another party who didn’t arrive on time to assist the rider
- Rider was inside calling to check the ride status and was on hold for extended time
- Rider’s appointment ran long and did not provide opportunity to cancel in a timely way
- Another party cancelled rider’s appointment
- Rider’s mobility aid failed

- Sudden turn for the worse in someone with a variable condition
- Adverse weather impacted rider's travel plans, precluding the rider from cancelling in a timely way.

Transit agency error, which may not be counted as a rider no-show, includes but is not limited to:

- Vehicle arrived late, after the pickup window
- Vehicle arrived early, before the pickup window, and rider was not ready to go
- Vehicle never arrived
- Vehicle went to the wrong location
- Driver error

### Cancellation Policy

ADA passengers who wish to cancel a scheduled ride must notify CamTran+ at least 1 hour prior to their pickup time for a ride. Riders must contact CamTran+ at either **814-471-6601** or toll free at **800-252-3889** in order to cancel a ride. TDD# **800-601-8466**. Any cancellation not made within 1 hour of a pickup (24 hours notification preferred) will result in a no show for that trip.

#### Written Appeals

Customers must submit the completed **Notice of Appeal Form** for any appeal to be reviewed and/or considered. **The outside of the envelope should be addressed to the Attention of ADA Administrator.**

Customers must submit a letter listing the dates of the violations, documenting why they believe the violation should be excused, and any supporting documentation that is relevant to the no-show in question. These documents must be postmarked within 30 calendar days of the date on which the warning/suspension notice was issued.

#### In-Person Appeals

Customers must submit the completed Notice of Appeal Form postmarked 30 calendar days of the date on which the warning/suspension notice was issued. Customers should circle the dates of the violation from the report that they intend to appeal in person. Customers shall be contacted to schedule a meeting. Customers should be able to attend the meeting at a mutually agreed upon date and time.

No suspension will take effect if the customer has filed an appeal in accordance with the instructions and deadlines noted in this policy.

CamTran+ will advise customers in writing of its decision concerning their appeal, within seven (7) calendar days of the appeal hearing. If the decision upholds the suspension, the notice of decision will provide customers with the beginning and ending dates of the suspension period.

**Other Appeals:** If a service suspension appeal form cannot be completed within 10 days, the customer must call CamTran+ at (814) 471-6601 or 800-252-3889 or TDD 800-601-8466 and a staff member will complete the form over the phone.

### **Missed Trips**

- Missed trips are those trips missed by the transit authority.
- Time frame would be beyond the 15 minute window of the agreed upon pickup time and if the passenger elects not to travel.
- If a missed trip occurs calls are made by dispatch to all those individuals scheduled to alert them of the situation and option to keep their travel or cancel.

Under no circumstance will a no show be charged if a missed trip occurs.

### **PATTERN OR PRACTICE OF MISSED TRIPS BY THE RIDER**

The DOT ADA regulation addresses important principles about how the ADA allows transit agencies to impose service suspensions based on passenger no-shows. The DOT ADA regulation Appendix D, which provides interpretive guidance on the regulation, states: It is very important to note that sanctions could be imposed only for a “pattern of practice” of missed trips. A pattern or practice involves intentional, repeated or irregular actions, not isolated, accidental, or singular incidents. Moreover, only actions within the control of the individual count as part of a pattern or practice. Missed trips due to operator error are not attributable to the individual passenger for this purpose. If the vehicle arrives substantially after the scheduled pickup time and the passenger has given up on the vehicle and taken a taxi or gone down the street to talk to a neighbor that is not a missed trip attributable to the passenger. If the vehicle does not arrive at all, is sent to the wrong address, or to the wrong entrance to a building, that is not a missed trip attributable to the passenger. There may be other circumstances beyond the individual’s control (e.g., a sudden turn for the worse in someone with a variable condition, a sudden family emergency) that make it impracticable for the individual to travel at the scheduled time and also for the individual to notify the entity in time to cancel the trip before the vehicle comes. Such circumstances also would not form part of a sanction pattern or practice.

### **RETURN TRIP PROCEDURES**

All passengers who “no show” a trip will be automatically canceled for all other scheduled trips for the day. It is the responsibility of the passenger to call at least one (1) hour in advance of the scheduled return trip (for subsequent trip) if the passenger still needs a ride.

## ADA Vehicle/Equipment Inspection & Replacement Policy

All bus operators shall perform a pre-trip inspection (required under CDL). Any deficiencies shall be noted on the attached inspection form. Deficiencies of notable ADA equipment shall be addressed immediately with the Maintenance person and Dispatcher on duty at the time. Buses with defective wheelchair lifts, ramps, kneelers, wheelchair securement, passenger signal or informational devices shall be removed from service immediately before leaving the garage.

Defect occurring while in revenue service shall be replaced as soon as possible. This shall not exceed 30 minutes.

Should a situation occur where a defective bus cannot be removed in the maximum 30 minute window, Dispatch/Supervision shall attempt to provide the individual(s) service with any available accessible vehicle.

## ADA Bus Stop Announcements

### ADA Required

**EFFECTIVE MONDAY, MARCH 6, 1995, THE FOLLOWING MAJOR STOPS & TRANSFER POINTS ON CamTran & CamTran+ FIXED ROUTES MUST BE ANNOUNCED UNDER MANDATED FEDERAL LAW & CamTran POLICY. THESE ANNOUNCEMENTS ARE A RIGHT, NOT A PRIVILEGE. FAILURE TO CALL OUT STOPS COULD RESULT IN FINES UP TO \$10,000. THIS WILL BE MONITORED AND FAILURE TO COMPLY WILL RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.**

### INSTRUCTIONS TO THE OPERATORS

1. Announce the route destination prior to departing from the Transit Center or the end of the line.
2. As the bus approaches a time point, please state the name of the stop loud and clear.
3. If you're unsure of the location of the stop, refer to the Stop Announcement Booklet or use the running schedule for that particular route. The time points listed on the schedule are the only ones required by law to be announced.
4. If you have any questions regarding these instructions, contact the Driver Trainer.

Operators **must** become familiar with the following required stop announcements for all CamTran and CamTran+ fixed routes. These stops must be announced at all times of bus operation. ADA Bus Stop Announcement Booklets are available from Dispatch.

## Priority Seating

All CamTran buses are equipped with wheelchair lifts and ramps. These devices must be utilized if requested by a passenger.

All CamTran buses designate priority seating for seniors and people with disabilities and every vehicle has signage indicating priority seating.

Bus operators cannot require someone to move because they may have a hidden disability. However, they can ask if the passenger would voluntarily change seats for another passenger.

## Service Animals

Beginning on March 15, 2011, *all* animals are recognized as service animals under Titles II and III of the ADA.

A service animal is an animal that is individually trained to do work or perform tasks for a person with a disability.

Title II and Title III entities must permit service animals to accompany people with disabilities in all areas where members of the public are allowed to go.

**Service animals are defined as animals that are individually trained to do work or perform tasks for people with disabilities.** Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a service animal has been trained to provide must be directly related to the person's disability. Service animals whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.

**ADA Paratransit for Visitors:** Any ADA paratransit eligible rider when traveling out-of-state or visiting Pennsylvania from another area may utilize the local ADA Paratransit service for up to 21 days within a one-year period. The 21-days can be used as single days or can be consecutive days. If you will be traveling to Cambria County from another state or area and would like to use ADA Paratransit during your visit, please contact us to learn how you can schedule trips here. To speed up the process, you can request that your local ADA Paratransit agency forward proof of ADA eligibility from your home state to the Cambria County Transit Authority before visiting.

Visitors to the area serviced by the CamTran who wish to use the ADA service may:

- call: (800) 252-3889
- fax: (814) 536-5951
- write: CamTran+, Attn: ADA Eligibility Department, 1226 North Center St., PO Box 267, Ebensburg PA. 15931

CamTran requests from the visitor documentation showing that he/she has ADA paratransit eligibility with a home agency, such as a certification letter or an identification card. To speed up the process, you can request that your local ADA Paratransit agency forward proof of ADA eligibility from your home state to the Cambria County Transit Authority before visiting. For any visitor who does not have eligibility with a home agency, or resides in an area without ADA paratransit services (e.g., international visitors), the ADA Paratransit Eligibility Coordinator may request additional documentation of his/her disability such as a letter from a medical professional, an SSDI letter, or a state-issued accessible parking permit.

### **ADA Eligibility Determination of Other Jurisdictions**

CamTran shall honor the ADA eligibility determination of other jurisdictions for visitors to the Cambria County area. Visitors may avail themselves of complementary paratransit service for a period of twenty-one (21) days without separately establishing ADA eligibility under CamTran procedures. A visitor must present to the ADA Paratransit Administrator either by faxing (814) 536-5951 or mailing to 502 Maple Avenue, Johnstown, PA 15901-adequate documentation of an ADA eligibility determination in another jurisdiction in order to receive a temporary visitors' identification card. Upon receiving ADA identification card (Exhibit B), the individual can then call for a reservation at 800-252-3889 or TDD 800-601-8466. [*Reference 49 CFR, Section 37.127 (c)*].

### **Visitors without ADA Eligibility Determination from another Jurisdiction**

Visitors who wish to utilize CamTran's complementary paratransit services who have not an ADA eligibility determination from another jurisdiction may receive a temporary visitors' identification card by certifying to the ADA Paratransit Administrator [(814) 471-6601 Ext. 400] that they are unable to use fixed route service. The ADA Paratransit Administrator may require such additional verification of a visitor's disability as deemed appropriate under the circumstances. This verification can be faxed or mailed [(814) 536-

5951 or 502 Maple Avenue, Johnstown, PA 15901] for purpose of eligibility. [*Reference 49 CFR, Section 37.127*].

#### **Length of Temporary Eligibility**

A temporary visitor's identification card shall be valid for use on the paratransit system for a period not to exceed twenty-one (21) days. [*Reference 49 CFR, Section 37.127 (e)*].

#### **Appeal**

Any determination made by the ADA Paratransit Administrator under the provisions listed may be appealed in accordance with the provision above.

## Origin to Destination Service: The Right to Assistance Beyond the Curb (When Necessitated by Disability)

The Americans with Disabilities Act (ADA) classifies complementary paratransit service as origin to destination service. The ADA allows transit agencies to establish whether, or in what circumstances, they will provide door-to-door service or curb-to-curb service. In door-to-door service, the vehicle operator (driver) offers assistance from the rider's door to the vehicle, and comparable assistance at the destination. In curb-to-curb service, assistance is not provided until the rider reaches the curb. In either case, the driver is required to assist riders to enter and exit the vehicle.

**DOT requires transit agencies with curb-to-curb service to still provide assistance to riders who need it due to a disability.**

The original U.S. Department of Transportation (DOT) ADA regulation, promulgated in 1991, expressly introduced the requirement for Origin to Destination Service [**49 CFR § 37.129(a)** and **49 CFR Part 37, App D, § 37.129**]. On September 1, 2005, DOT released formal Disability Law Guidance on the subject of Origin to Destination Service. This Guidance explains that the DOT interpretation of its ADA regulation requires transit agencies that adopt a policy of curb-to-curb service as the standard service mode must still provide additional assistance to riders who need it on the basis of disability.

The **Department's ADA Regulation 49 CFR § 37.129 (a)** provides that, with the exception of certain situations in which on-call bus service or feeder paratransit service is appropriate, "complementary paratransit service for ADA paratransit eligible persons shall be origin to destination service." This term was deliberately chosen to emphasize the obligation of transit providers to ensure that eligible passengers are actually able to use paratransit service to get from their point of origin to their point of destination.

Service may be needed for some individuals beyond curb-to-curb.

It complies with the ADA for a transit provider to establish either door to door or curb-to-curb service as [their] basic mode of...service. Where the local planning process establishes curb-to-curb service as the basic paratransit service mode, however, *provision should still be made to ensure that the service available to each passenger actually gets the passenger from his or her point of origin to his or her destination point.* To meet this origin to destination requirement, service may need to be provided to some individuals, or at some locations, in a way that goes beyond curb-to-curb service.

Adverse weather conditions, a physical barrier, or the nature of a person's disability may prevent a passenger from reaching the door.

For instance, the nature of a particular individual's disability or adverse weather conditions may prevent him or her from negotiating the distance from the door of his or her home to the curb. A physical barrier (e.g., sidewalk construction) may prevent a passenger from traveling between the curb and the door of his or her destination point. In these and similar situations, to ensure that service is actually provided "from the user's point of origin to his or her destination point" *the service provider may need to offer assistance beyond the curb*, even though the basic service mode for the transit provider remains curb-to-curb. All reasonable accommodations should be used in transporting clients on their trips.

### **Informational Materials**

A brochure and information listed on the website describes CamTran's paratransit service, copies of this Plan and application forms for the determination of ADA eligibility shall be available at the Urban office, 502 Maple Avenue, Johnstown [(814) 535-5526] or TDD (814) 539-1149; at the Rural/Ebensburg office, 1226 N. Center, Ebensburg [(800) 252-3889] or TDD (800) 601-8466. A CamTran representative will mail forms upon request.

### **ADA Complementary Paratransit Services**

CamTran is committed to providing nondiscriminatory transportation services to all of its customers. CamTran prohibits discrimination in all of its programs and services on the basis of a disability.

If you feel you have been discriminated against and would like to file a complaint (complaint form attached), you may do so by downloading and completing ADA Complaint Form which can be found on our website at [www.camtranbus.com](http://www.camtranbus.com). You can also call our office at 1-800-252-3889 to request an ADA Complaint Form.

Anyone may submit a request to CamTran for an ADA reasonable modification/accommodation by downloading and completing ADA Complaint Form which can be found on our website at [www.camtranbus.com](http://www.camtranbus.com). You can also call our office at 1-800-252-3889 to request an ADA Reasonable Modification/Accommodation Request Form.

ADA Complimentary Paratransit Service is available for customers who have an origin and destination within 3/4 of a mile of a fixed route but cannot access and/or utilize the fixed route due to their disability.

Anyone with ADA related questions or inquiries should call 1-800-252-3889 or TDD 1-800-601-8466.

## Monitoring of ADA requirements

CamTran shall periodically check to ensure that key elements of ADA are being performed properly and in compliance.

Internal checks should be conducted on: (Urban and Rural)

1. Stop announcements
2. Call hold times
3. Wheelchair securement
4. Priority seating compliance
5. Lift/ramp use

CamTran can utilize several options in ensuring compliance. (Urban and Rural)

- In person observations
- Use of Security cameras
- Third party observer
- Review of complaints

Operations shall address any non-compliance in accordance with the discipline procedures in place at the time.

### Software

Urban Dispatchers utilize real time tracking of all Urban fixed route buses with MyAvail. This function is based on GPS and alerts Dispatchers on a pre-determined late parameter. It is currently set for 5 minutes late. Rural Dispatchers track Shared Ride through the use of Ecolane. Dispatchers can visibly track operators using tablets.

The following procedures address the appropriate response to requests for reasonable modifications and accommodations to CamTran's services, programs, and activities for individuals with disabilities in accordance with the Americans with Disabilities Act of 1990 (ADA), as amended. These procedures and following form may be available in an alternative format by contacting the Cambria County Transit Authority.

Reasonable modification requests should be made in advance, but it is not required.

1. Anyone may submit a request to CamTran for an ADA reasonable modification or accommodation by completing and submitting a Reasonable Modification/Accommodation Request Form ("Request"). The Requestor must state in detail what accommodation/modification she/he requires to equally access CamTran's services or programs. If the Request lacks the requisite detail, the Requestor may be contacted for additional information. A Request may be administratively closed if the Requestor cannot provide the requested information or if the Requestor no longer wishes to pursue their request.
2. Once a proper Request is received, CamTran will determine if it has authority and jurisdiction to consider the Request. The Requestor will receive acknowledgement of the Request from CamTran within ten (10) business days and should be informed of any portion of the Request where CamTran doesn't have the authority to act.
3. CamTran will review the Request to determine if it is reasonable. Request for accommodations will be considered on a case-by-case basis and may be denied on one or more of the following grounds.
  - Granting the request would require fundamental alteration of the applicable services, programs, or activities
  - Granting the request creates a direct threat to the health or safety of others
  - Granting the request would create an undue financial or administrative burden for CamTran
  - Without such accommodation/modification, the individual with a disability is otherwise able to fully utilize CamTran services, programs, or activities for their intended purposes
4. CamTran will summarize the results of its decision and provide a response to the Requestor within thirty (30) days from receipt of the complete Request. The response will include the original request, summary of relevant analysis, and CamTran's final determination along with the right to appeal and process for doing so. Should a Request be denied, in whole or in part, CamTran will recommend alternative accommodation/modifications to the Requestor.

## ADA/ Reasonable Modification/Accommodation Request Form

Reasonable modifications requests should be made in advance, but is not required.

### Section 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Please check if you have any accessible format needs:

Large Print     TDD     Audio Tape     Other

\_\_\_\_\_

### Section 2

Are you filing this request on your own behalf?     Yes     No

If you answered **“Yes”** to this question, go to Section 3.

If **“No”**, indicate name and relationship of person for whom you are filing this form.

Name: \_\_\_\_\_

Relation, if any: \_\_\_\_\_

Reason for your participation: \_\_\_\_\_

Do you have their permission to act on their behalf?     Yes     No



**Section 4**

You may attach any written materials or other information that you think is relevant to your request.

**Signature and date required below.**

Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

**Please mail this form to:**

Cambria County Transit Authority  
Attention: ADA Compliance  
502 Maple Avenue  
Johnstown, PA 15901

If you have any questions, please contact CamTran at

**(814) 535-5526**

**1-877-535-2BUS**

**TDD # 1-800 601-8466**

**Fax: (814) 536-5951**

**For Office Use Only**

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

Response Date \_\_\_\_\_

Close Date \_\_\_\_\_

Exhibit A



Application for Transportation Services

MATP, Persons with Disabilities (PWD), ADA, Senior Shared Ride– 60-64 and 65+, Public Full Fare

1. Transportation services may be available at a reduced rate, if you meet any of the following criteria:
  - Currently on Medical Assistance through the Department of Human Services
  - A person with a disability between the ages of 18-64
  - Individuals traveling along a fixed route may be eligible
  - Aged 60-64 and live in a county serviced by CamTran (or CamTran+)
  - Aged 65+
2. If you would like to apply please complete the complete application for transportation services and send it with any copies of qualifying documents to the address below.



502 Maple Avenue  
Johnstown, PA 15901

3. Applications are processed in the order that they are received
4. Incompletion, or missing information will result in a delay of processing.
5. Once processed, a representative will contact you to notify you of your eligibility

If you have any questions or need this application in an alternative format,  
Please call CamTran at **1-877-535-2BUS**.

NOTE: The information provided in this application regarding your age, disability, and county of residence will be used to determine your eligibility for shared ride transportation services under the Urban and Rural Transportation for Persons with Disabilities and Senior Share Ride programs.

Other information within the form will be used for data collection purposes, to determine your eligibility for any additional transportation programs, and provide you with the appropriate referral service, (MATP, ADA, MD/IDD). This information is kept confidential and is used only by the professionals involved in evaluating your eligibility.

**Please Print**

Ecolane Id: \_\_\_\_\_

**NEEDS ASSESSMENT**

What is your primary Language?

Do you have a medical assistance card?     \_\_\_ Yes \_\_\_ No

Do you have a vehicle in the household?     \_\_\_ Yes \_\_\_ No

Do you have a disability o the American’s w/ Disabilities Act (ADA) ? If yes, attach the *Certification of Disability Form*

Do you have any mobility devices such as....

\_\_\_ Manual Wheel Chair                             \_\_\_ Oxygen                             \_\_\_ Cane

\_\_\_ Motorized Scooter                             \_\_\_ Power Wheel Chair                             \_\_\_ Walker

\_\_\_ Crutches                             \_\_\_ Guide Dog                             \_\_\_ Other

Do you require the services of a personal care assistant or escort when you travel ( Someone that is needed to assist you during the trip or at the origin or destination)     \_\_\_ Yes \_\_\_ No \_\_\_ Sometimes

<b>HOW DID YOU FIRST LEARN ABOUT CAMTRANS PARATRANSIT SYSTEM?</b>	
___ Hospital/Clinic	___ Saw a Bus
___ Friend/Family Member	___ Senior Center
___ Case Worker	___ Advertisement
___ CamTran’s Information Services	___ Other: (Specify)

GENERAL/ QUALIFYING QUESTIONS		
First Name:	Middle Name:	Last Name:
Date of Birth:	SSN:	Age:
Current Address:		
City:	State:	Zip Code:
Email:	Home Phone	Cell Phone:
Emergency Contact #:		Relationship:

**AGE VERIFICATION:** Please send a legible photo copy of one of the listed forms of proof of age along with this application **A Medicare card is not an acceptable proof of age.** Please Check which verification you are enclosing.

<input type="checkbox"/> Armed forces discharge/ separation papers	<input type="checkbox"/> Pennsylvania ID Card
<input type="checkbox"/> Passport/ Naturalization Papers	<input type="checkbox"/> Photo motor vehicle driver's license
<input type="checkbox"/> Baptismal Certification	<input type="checkbox"/> Birth Certification (Maiden Name) _____
<input type="checkbox"/> PACE ID Card	<input type="checkbox"/> Veteran's Universal Access ID Card
<input type="checkbox"/> Statement of age from U.S. Social Security Office	<input type="checkbox"/> Resident Alien Card

**CURRENT TRAVEL INFORMATION**

Do you currently use CamTran's fixed route bus services?     Yes     No     Sometimes

Does the weather affect your ability to use CamTran's fixed bus routes service?     Yes     No  
 If yes please explain:

List your most frequent destinations and how you currently get to those locations:

Destination Where I Travel (List Below)	How often do you travel there? (Days a Week)	How do you get there? (Car, Bus, Walk, etc.)
1.		
2.		

**DUPLICATION OF TRANSPORTATION SERVICES**

Do you currently receive any transportation services?     Yes     No

Are any of your transportation costs paid for by another program or organization? (Select from the below all that apply)

<input type="checkbox"/> Senior Citizens Shared Transportation Program	<input type="checkbox"/> Office of Vocational Rehabilitation (OVR)
<input type="checkbox"/> Medical Assistance Transportation Program	<input type="checkbox"/> Mental Health/ Health Rehabilitation (MH/IDD)
<input type="checkbox"/> Americans w/Disabilities Act Complementary Paratransit	<input type="checkbox"/> Area Agency on Aging
<input type="checkbox"/> Group Home (Where you live)	<input type="checkbox"/> Other (Specify please): _____

**ENVIRONMENT AROUND YOUR RESIDENCE**

How many steps are there at the entrance you use at your residence? \_\_\_\_\_

Can you get to a vehicle without the help of another person? \_\_\_Yes \_\_\_No

How would you describe the terrain where you live? \_\_\_Steep \_\_\_Hill \_\_\_Paved Lane \_\_\_Unpaved Lane

Are there sidewalks in your neighborhood? \_\_\_Yes \_\_\_No

**DEMOGRAPHIC INFORMATION** — The following information is not required for Shared Ride to sponsor 85% of your trip fare. This information is required by the Office for Aging, Inc. for reporting purposes.

Ethnic Information:

African American \_\_\_ Am Indian/ Alaskan Naïve \_\_\_ Asian American/ Pacific Islander \_\_\_ Hispanic \_\_\_ White \_\_\_

Do you live alone? \_\_\_Yes \_\_\_No

Do you have adequate housing? \_\_\_Yes \_\_\_No

**INCOME AND HOUSEHOLD RELATED DATA**

*If you are **NOT** registered for the Medical Assistance Transportation Program (MATP), you may qualify, and this program could pay all of the cost for your eligible trips to medical appointments.*

**After reviewing the chart below I think that....**

\_\_\_\_\_ I'm already registered with MATP \_\_\_\_\_ I may qualify for MATP \_\_\_\_\_ I do not qualify for MATP

**UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**2017 POVERTY GUIDELINES**

Household Size (Select One)	Annual Income (Please Select only one)		
___ 1 ___ 2	___ Less than \$11,770	___ \$11,771- \$17,930	___ \$17,931- \$23,985
___ 3 ___ 4	___ \$23,986-\$29,425	___ \$29,425- \$30,135	___ \$30,136- \$39,825
___ 5 ___ 6	___ \$39,826- \$42,615	___ \$42,615- \$48,500	___ \$48,501- \$55,095
___ 7 ___ 8	___ \$55,096- \$60,625	___ \$60,626- \$65,140	___ \$65,141-- \$71,025
	___ \$71,026_ \$81,425	___ \$ 81,426- \$85,230	___ \$85,231-- \$91,825
	___ \$91,826-- \$97,710	___ \$97,711- \$102,225	___ \$102,226 +

<b>MEDICAL ASSISTANCE INFORMATION (if applicable)</b>	
Access Card# _____ - _____ - ____ - ____	
Recipient # _____	Card Issue # _ _
Do you Receive any of the following services?	___ Methadone ___ Dialysis ___ STAP- Camp Name
	___ After School Services ___ Other _____

**RELEASE OF INFORMATION CERTIFICATION OF APPLICATION**

I certify that the information contained in this application is correct and truthful to the best of my knowledge. I understand the purpose of my application is to determine if I am eligible to participate in transportation programs delivered by CamTran.

I give my permission to CamTran to contact a healthcare or other professionals that I designate for additional information to verify that I am a person with a disability. \_\_\_ Yes \_\_\_ No

By signing below I hereby agree to report any changes in circumstances immediately to this Service Provider regarding my eligibility for funding assistance I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing purposes and that giving knowingly false statements is a criminal offense. I understand that I have a right to request a Department of Human Services hearing. This affirmation statement covers this application and all attachments regarding my trips from medical providers to which I am traveling, in order to comply with the PA Department of Human Services regulations, you have my permission to do so. This information will be held by only the Service Provider and its agents in the strictest confidence and will not be shared with any other agency, except the professionals from which we are receiving the information.

Your Signature (or name of person who completed the form) \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number : \_\_\_\_\_

**Mailing Instructions: Please check the following before mailing your application:**

\_\_\_\_\_ **Include a copy of ONE form of proof of age**

\_\_\_\_\_ **Include a copy of any other important documents such as the Certification of Disability Form**

\_\_\_\_\_ **Sign the Release of Information and Certification of Application section**

## MOBILITY FUNCTIONAL ASSESSMENT

For each below question, check **ONE** answer. Your answers should be based on how you fell most of the time; under normal circumstances, using your mobility equipment; and whether you can perform this activity independently.

**Without the help of someone else , can you:**

Walk up and down three steps if there are handrails on both sides?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Use the telephone to get information?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Cross the street, if there are curb cuts?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Ride up and down a wheelchair lift with handrails on both sides?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Find your way to the bus stop, if someone shows you the way?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Currently travel by yourself?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Wait 10 minutes in good weather outdoors without a place to sit?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Step on and off the curb from a sidewalk?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Travel up and down gradual hill on the sidewalk, in good weather?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
Travel 3 level blocks, on the sidewalk, when the weather is good?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Unsure
If you are able to do this, how long does it take you?	<input type="checkbox"/> < 5 min	<input type="checkbox"/> 5– 10 min	<input type="checkbox"/> > 10 min	<input type="checkbox"/> Unsure
Have you ever gotten lost when traveling alone?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

If the weather is good and there are no barriers in the way, what is the furthest you can walk or travel outdoors on a level sidewalk, using your mobility aid? (Please select the box which most closely your answer)

<input type="checkbox"/> I cannot travel alone	<input type="checkbox"/> Less than 1 block	<input type="checkbox"/> 3 blocks	<input type="checkbox"/> 6 blocks	<input type="checkbox"/> Curb in front of house
<input type="checkbox"/> 9 blocks	<input type="checkbox"/> More than 9 blocks	Other _____		

Have you ever received training to learn how to use the bus or travel around the community? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, which agency or person provided the training?	When were you hired?
Did you successfully complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	
Was your training route specific? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which routes did you learn?
Would you like to participate in training to learn to ride the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Exhibit B

I.D. No. \_\_\_\_\_

**CamTran**  
ADA PARATRANSIT BUS PASS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

PERSONAL CARE ATTENDANT REQUIRED  YES  NO

The person identified on this card is ADA Paratransit eligible subject to the following conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Toll Free Reservation/Information Number:  
(800) 252-3889

## EXHIBIT C

### **Cambria County Transit Authority ADA Discrimination Complaint Procedures**

The Cambria County Transit Authority (CamTran) is committed to providing nondiscriminatory transportation services to all of its customers and potential customers. CamTran prohibits discrimination in all of its programs and services on the basis of a disability. The following procedure has been established for filing and handling complaints of any alleged acts of discrimination due to a disability.

Any person who believes that they have been subjected to discrimination on the basis of a disability, may file a complaint alleging discrimination with CamTran. Complaint forms are available at our Administrative offices in Johnstown (502 Maple Avenue, Johnstown, PA 15901) and Ebensburg (1226 North Center Street, Ebensburg, PA 15931) or on our website at [www.camtranbus.com](http://www.camtranbus.com). Complaints must be filed and received no more than 180 days after the alleged incident. All complaints must be completed in full. Individuals may file a complaint with the ADA Administrator, 1226 North Center Street, Ebensburg, PA 15931 or by calling 1-800-252-3889.

All written complaints will be acknowledged in writing at the mailing address provided on the complaint form, within ten (10) business days of receipt of the complaint. The ADA Administrator will proceed with an investigation within ten (10) business days of receipt of the complaint. If additional information is needed to resolve the case, CamTran may contact the complainant via mail. The complainant has five (5) business days from the date of the letter requesting additional information to send the requested information. If the additional information is not received within five (5) business days, CamTran can administratively close the case. A complainant may also be administratively closed if the complainant no longer wishes to pursue their case.

Confidentiality will be maintained as far as practicable. If it is necessary to identify the complainant, the same shall be advised in advance and shall be told why it is necessary to identify him/her. If the complainant is not willing to release their name, and the case cannot proceed without this information, the case will be considered "closed" and the complainant will be notified in writing.

A decision will then be reached upon consultation between the ADA Administrator and the Executive Director. The decision will be rendered in writing within ten (10) business days after completion of the investigation. A copy of the written decision will be promptly furnished to the complainant. The case will either be closed because there was not a violation or if corrective or remedial action is found warranted, such decision will state the findings and the actions the agency has taken to address the violation.

The aggrieved complainant may make an appeal from the decision of the Executive Director and the ADA Administrator within three (3) business days of the date of notification of the decision of the Executive Director and ADA Administrator. Such appeal must be made in writing within ten (10) business days after notice of decision by the Executive Director and ADA Administrator. The appeal will then be settled by the CamTran Board of Directors. The decision of the CamTran Board of Directors shall be in writing and final.

If the complainant wishes to have a representative present at any discussion between the same and the ADA Administrator, the request will be honored and a representative will be given an opportunity to be present.

Any individual who files a complaint or who testifies, assists, or participates in any manner in an investigation or hearing will be safeguarded against intimidation, coercion, or discrimination in any manner. All such acts against complainants or other participants should be reported immediately to the ADA Administrator, who will notify the Executive Director.

Complaints may also be filed with the Federal Transportation Administration's Office of Civil Rights, no later than 180 days after the date of alleged discrimination, US Department of Justice, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section-1425 NYAV, Washington, D.C. 20530.

This document is available in accessible formats (large print, audio tape and TDD) upon request. To obtain information regarding these accessible formats, please contact the ADA Administrator at 1-800-252-3889 or 1-800-601-8466 for TDD.

## Cambria County Transit Authority ADA Complaint Form

CamTran prohibits discrimination in all of its programs and services on the basis of a disability. If you feel you have been discriminated against because of a disability, please provide the following information in order to assist us in processing your complaint.

Please submit your complaint to:

**ADA Administrator**  
**Cambria County Transit Authority**  
**1226 North Center Street**  
**Ebensburg, PA 15931**

Please print clearly.

### Section I:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Accessible Format Requirements: [ ] Large Print [ ] TDD [ ] Audio Tape [ ] Other: \_\_\_\_\_

### Section II:

Are you filing this complaint on your own behalf? [ ] Yes\* [ ] No

\*If you answered "yes" to this question, go to Section III.

Please supply the name and relationship of the person you are completing the complaint form for:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please explain why you have filed for a third party: \_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. [ ] Yes [ ] No

### Section III:

Date of Incident (MM/DD/YYYY): \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Transit Service (Fixed route/Reserve-a-Ride/Paratransit/Inclined Plane/Other): \_\_\_\_\_

Route Name/Number: \_\_\_\_\_ Vehicle Number: \_\_\_\_\_

Direction of Travel: [ ] Inbound [ ] Outbound

Mobility Aid Used (if any): \_\_\_\_\_

Provide the name of the person(s) who discriminated against you. If unknown, please provide descriptive information to help identify the employee.

\_\_\_\_\_  
\_\_\_\_\_

Please explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use a separate sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names and contact information for any and all witnesses.

\_\_\_\_\_  
\_\_\_\_\_

#### **Section IV:**

Have you previously filed an ADA complaint with CamTran?  Yes  No

Have you filed a complaint with a Federal, State or local agency, or with any Federal or State court?  Yes  No

If yes, check all that apply:

Federal agency  Federal court  State agency  State court  Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name and Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State and Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **Section V:**

You may attach any written materials or other information that you think is relevant to your complaint.

I affirm that I have read the above and that the information is true to the best of my knowledge and belief. **Signature and date required.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Exhibit D

Revised: May 24, 2017

Dear Paratransit Service Applicant:

Thank you for requesting the enclosed complementary Paratransit Eligibility Application from the Cambria County Transit Authority (CamTran). Please complete the application and return it to:

Cambria County Transit Authority  
Attention: Michele, 502 Maple Ave, Johnstown, PA 15901.

Complementary ADA paratransit service is for people who are functionally unable to use CamTran's fixed route service some or all of the time due to a disability.

"Fixed route service" means CamTran buses that run on fixed schedules in Cambria County. ADA paratransit service provides pick-ups and drop-offs to any location not more than 3/4 mile from the fixed routes, during the same days and hours as the fixed routes.

The application process allows us to determine if you are eligible for paratransit service based on criteria outlined in Federal law. You may be eligible for paratransit service if your disability prevents you from using CamTran's fixed route service in one or more of the following ways:

1. If you cannot independently (except for the assistance of a bus driver operating a lift) board, ride, or disembark from an accessible CamTran bus due to a disability.
2. If you are unable to travel to or from a bus stop or wait a reasonable period of time at a bus stop due to a disability.

Eligibility is based on your current functional ability to ride CamTran buses. It is not based on your age, trip purpose, financial resources, ability to drive, name of your disability or medical diagnosis, or not having bus service where you live.

Please note that your application for paratransit eligibility may be processed more quickly if you can submit any medical diagnosis or other documentation to support your contention that you are functionally disabled. Also, you may be contacted for additional information to verify your disabling condition. All information will be kept confidential.

As indicated in the Accessible Transit Services brochure, your application will be reviewed by qualified rehabilitation professionals. These professionals are trained to determine if your disability qualifies you for paratransit service, as defined by the two definitions presented in the brochure. These professionals will make an eligibility recommendation to the Transit Authority, with the Authority making the final recommendation.

After we receive your application and verification from your physician or social service agency, we will have twenty (20) days to determine if you are eligible for complimentary Paratransit Service. **All information must be received within 60 days of the date of your application. Otherwise, your application will be discarded and you will have to reapply.** You will be notified by mail of the determination. If you are determined to be eligible, you will receive an ADA complementary Paratransit Service Eligibility Card, along with specific information on how to use the paratransit service. Please keep in mind that the paratransit service is not free; reasonable fares will be charged.

Upon request a supervisor will provide "travel training" by coming to your residence with a bus to train you for our service.

## QUESTIONS???

Questions on any of the information contained in this application may be clarified by calling or writing the Cambria County Transit Authority.



### **Cambria County Transit Authority (Main Office)**

**502 Maple Ave**

**Johnstown, PA 15901**

**(877) 535-2BUS**

**(814) 535-5526**

**TDD: (814) 539-1149**

**Fax: (814) 536-5951**



### **Cambria County Transit Authority**

**CamTran +**

**PO Box 267**

**1226 North Center Street**

**Ebensburg, PA 15931**

**1-800-252-3889**

**(814) 471-6601**

**TDD: 1-800-601-8466**