

Capital Transit V.I.P. BUS PASS For Persons with Disabilities Eligibility Criteria and Conditions

What is it?

The V.I.P. bus pass is for persons with disabilities who use Capital Transit. It allows qualified individuals to ride free. Persons certified as "ADA eligible" may also use the Care-A-Van service. The V.I.P. pass is intended to increase the availability and convenience of public transit to persons with disabilities in Juneau.

Who is eligible?

Any person who presents proof of one of the following conditions is eligible to obtain a V.I.P. bus pass:

1. Is currently eligible for Social Security Disability Benefits or currently receives Supplemental Security Income Benefits due to a disability.
2. Is currently certified by the Veterans Administration at a 40 percent or greater disability level.
3. Has a valid Medicare Card issued by the Social Security Administration.
4. Is certified by a licensed physician as meeting one of the medical criteria listed on the following page.

To use the Care-A-Van service an individual must be certified as eligible under the Americans with Disabilities Act (ADA) requirements. These persons must also have their physician complete the last page of this application, Request for Certification of ADA Paratransit Eligibility.

Where is it issued?

Eligible persons may apply for a V.I.P. bus pass at the Capital Transit office at 10099 Bentwood Place or the City and Borough of Juneau Sales Tax Office in the Municipal Building, 155 South Seward Street. Simply bring in the completed form found on the last pages of this information and a valid photo identification card.

How long is it valid?

Passes issued to persons with permanent disabilities will be valid indefinitely. No renewal is necessary. Temporary passes may be issued to persons with disabilities that will last no longer than a year, including those persons qualifying under Section 6.,4. of the Medical Eligibility Criteria. These passes will carry an expiration date and may be renewed only if the disability continues beyond that date.

What does it cost?

There is no charge to obtain the pass. Replacement passes may be obtained for a fee of \$2.00.

How does it work?

The pass is an identification card which is used by the holder to board the bus at no cost. The holder of a valid pass must simply show the pass to the bus driver as they board. The pass must be shown each time they board and must be surrendered to the driver if requested. Persons certified as ADA Paratransit Eligible may also use the Care-A-Van service at no cost. These persons may also use the V.I.P. pass to access paratransit service in other communities across the United States.



Medical Eligibility Criteria

SECTION 1. NON-AMBULATORY DISABILITIES

1. **Wheelchair-User.** Impairments which, regardless of cause, confine disabled individuals to wheelchairs.

SECTION 2. SEMI-AMBULATORY PHYSICAL DISABILITIES

1. **Restricted Mobility.** Impairments which cause disabled individuals to walk with difficulty including, but not limited to, individuals using a long leg brace, a walker or crutches to achieve mobility or birth defects and other muscular/skeletal disabilities, including dwarfism, causing mobility restriction.
2. **Arthritis.** Disabled persons who suffer from arthritis causing a functional motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic handicap; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic handicap.)
3. **Loss of Extremities.** Disabled persons who suffer anatomical deformity of, or amputation of both hands, one hand and one foot, or, lower extremity at or above the tarsal region. Loss of major function may be due to degenerative changes associated with vascular or neurological deficiencies, traumatic loss of muscle mass or tendons, bony or fibrous ankylosis at unfavorable angle, or joint subluxation or instability.
4. **Cerebrovascular Accident.** Disabled persons displaying one of the following, four months post-CVA:
 - a. Pseudobulbar palsy; or
 - b. Functional motor defect in any of two extremities; or
 - c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.
5. **Respiratory.** Disabled persons suffering respiratory impairment (dyspnea) of Class 3 or greater as defined by 'Guides to the Evaluation of Permanent Impairment: The Respiratory System.' Journal of the American Medical Association, 194:919 (1965).
6. **Cardiac.** Disabled persons suffering functional classifications III or IV, and therapeutic classifications C, D, or E cardiac disease as defined by Diseases of the Heart and Blood Vessels - Nomenclature and Criteria for Diagnosis, New York Heart Assoc. (6th Edition).
7. **Dialysis.** Disabled persons who must use a kidney dialysis machine in order to live.
8. **Disorders of Spine.** Persons disabled by one or more of the following:
 - a. Fracture of vertebra, residuals or, with cord involvement with appropriate motor and sensory loss.
 - b. Generalized osteoporosis with pain, limitation of back motion, paravertebral muscle spasms, and compression fracture of vertebra.
 - c. Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position and one of the following:
 - 1) Calcification of the anterior and lateral ligaments as shown by x-ray.
 - 2) Bilateral ankylosis of sacroiliac joints and abnormal apophyseal articulation as shown by x-ray.
9. **Nerve Root Compression Syndrome.** A person disabled due to any cause by:
 - a. Pain and motion limitation in back of neck; and
 - b. Cervical or lumbar nerve root compression as evidenced by appropriate radicular distribution of sensory, motor and reflex abnormalities.
10. **Motor.** Persons disabled by one or more of the following:
 - a. Faulty coordination or palsy from brain, spinal or peripheral nerve injury.
 - b. A functional motor deficit in any two limbs.
 - c. Manifestations significantly reducing mobility, coordination and perceptiveness not accounted for in prior categories.

SECTION 3. VISUAL DISABILITIES

1. Persons disabled because of:
 - a. Visual acuity of 20/200 or less in the better eye with correcting lenses;
 - b. Contraction of visual field:
 - 1) So the widest diameter of visual field subtending an angular distance is no greater than 20 degrees; or

- 2) To 10 degrees or less from the point of fixation; or
 - 3) To 20 percent or less visual field efficiency.
2. Disabled persons who, by reason of a visual impairment, do not qualify for a Driver's License under regulations of the Alaska State Department of Motor Vehicles.

SECTION 4. HEARING DISABILITIES

1. Persons disabled because of hearing impairments manifested by one or more of the following:
 - a. Better ear pure tone average of 90 dB HL (unaided) for tones at 500, 1000, 2000 Hz.
 - b. Best speech discrimination score at or below 40% (unaided) as measured with standardized testing materials.
2. Eligibility may be certified by a physician or by an audiologist certified by the American Speech, Language, Hearing Association.

SECTION 5. NEUROLOGICAL DISABILITIES

1. **Epilepsy**
 - a. Persons disabled by reason of:
 - 1) A clinical disorder involving impairment of consciousness, characterized by uncontrolled seizures (grand mal or psychomotor) substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
 - a) Diurnal episodes (loss of consciousness and convulsive seizure); or
 - b) Nocturnal episodes which show residuals interfering with activity during the day; or
 - c) A disorder involving petit mal or mild psychomotor seizures substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
 - i. Alteration of awareness or loss of consciousness; and
 - ii. Transient postictal manifestations of conventional or antisocial behavior.
 - b. Persons exhibiting seizure-free control for a continuous period of more than six (6) months duration are not included in the statement of epilepsy defined in this section.
2. **Neurological Handicap.** A person disabled by cerebral palsy, muscular sclerosis, or other neurological and physical impairments not controlled by medication.

SECTION 6. MENTAL DISABILITIES

1. **Developmental Disabilities.** A person disabled due to mental retardation or other conditions found to be closely related to mental retardation or to require treatment similar to that required by mentally retarded individuals and,
 - a. the disability originates before such individual attains age 18,
 - b. has continued, or can be expected to continue, indefinitely,
 - c. the disability constitutes a substantial handicap to such individual.
2. **Adult Mental Retardation.** Disabled persons who by reason of accident or illness occurring after age 18 are in a substantially similar condition to a developmentally disabled individual.
3. **Autism.** Persons disabled by reason of a syndrome described as consisting of withdrawal, very inadequate social relationships, language disturbances, and monotonously repetitive motor behavior appearing generally before the age of six and characterized by severe withdrawal and inappropriate response to extend stimuli.
4. **Mentally Disordered Disabilities (Emotionally Disturbed).**
TEMPORARY PERMITS ONLY.
Those persons diagnosed as substantially disabled by mental disturbances who:
 - a. Are living in a board and care home and receiving state or federal financial assistance and participate in a state or federally funded work activity center or workshop; or
 - b. Are living at home under supervision and participation in a state or federally funded state or federal work activity center or workshop; or
 - c. Are participating in any training or rehabilitation program established under federal, state, borough or city governmental agencies.

Capital Transit V.I.P. BUS PASS

Application

Name _____

Address, mailing _____

residence _____

Telephone Home _____ Work _____

Date of Birth _____ Height _____ Weight _____

If you are eligible on the basis of items 1, 2, or 3 listed under Who is Eligible, please attach evidence and sign below. If you are eligible on the basis of item 4, the Medical Eligibility Criteria, please have your physician complete the bottom half of this page. If you are applying for certification of ADA paratransit eligibility, please have your physician complete the back of this form also.

I hereby authorize the physician below to release any information necessary to complete this certification. I understand that if any of the statements made on this certification are false, I will lose the privileges granted by the V.I.P. bus pass. I understand the pass remains the property of Capital Transit and must be surrendered to a Capital Transit employee upon demand.

Applicant's Signature _____ Date _____

Physician's Certification for Persons with Disabilities

I certify that _____ meets
applicant's name

the medical eligibility criteria, Section _____ . _____ , and is disabled
section number

temporarily _____ , or permanently _____ *(please check one)*.

To the physician: The applicant must meet a specific criteria listed under the medical eligibility criteria.

Physician's signature _____ Date _____

Physician's name _____

Telephone _____ Address _____

To determine eligibility for the Care-A-Van service, please continue on the back of this form.

This section needs to be completed by the physician
for Care-A-Van services.

Physicians's Certification of ADA Paratransit Eligibility

To the physician: Federal law requires that Capital Transit provide paratransit service (Care-A-Van) to persons who cannot use regular bus service. Please answer each of the questions below. These responses will be the basis for a determination of whether this person can use the regular bus service.

1) If the persons has a disability effecting mobility, is the person:

Able to move 200 feet without the assistance of another person?	Yes _____	No _____
Able to move 1/4 mile without the assistance of another person?	Yes _____	No _____
Able to climb three 12-inch steps without the assistance of another person?	Yes _____	No _____
Able to wait outside without support for 10 minutes?	Yes _____	No _____
Does this person use any mobility aids including a guide dog, or personal care attendant? Please describe:		

2) If the person has a cognitive disability, is the person able to:

Give addresses and telephone numbers upon request?	Yes _____	No _____
Recognize a destination or landmark?	Yes _____	No _____
Deal with unexpected situations, or change in routine?	Yes _____	No _____
Ask for, understand and follow simple directions?	Yes _____	No _____
Safely negotiate traffic as a pedestrian?	Yes _____	No _____

3) If the person has a visual impairment:

Does this person have visual disability meeting the Medical Eligibility Criteria Section 3.1.?	Yes _____	No _____
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If there any other effect of the disability of which the transportation provider should be aware?

To qualify as "ADA eligible", this individual must be incapable of performing any one of the described actions described in parts 1 or 2, or have a visual disability as described in part 3.