

# **CITY OF PIGEON FORGE**

## **FUN TIME TROLLEY**

### **City of Pigeon Forge Fun Time Trolley Complementary Paratransit Service Policy**

The City of Pigeon Forge Fun Time Trolley System will provide a complementary paratransit transportation service to persons with disabilities who live  $\frac{3}{4}$  of a mile or less from fixed routes, or inside the city limits of Pigeon Forge. Individuals must meet the provisions of the Americans with Disabilities Act (ADA) of 1990. ADA requires public transit agencies to provide complementary paratransit service to people with disabilities who cannot access Fun Time Trolley fixed route system.

Individuals who are interested in using the Fun Time Trolley complementary paratransit service must apply and be found eligible. Applicants are required to provide information to the City of Pigeon Forge Fun Time Trolley System paratransit service to determine eligibility to utilize the complementary paratransit service.

Once application is completed and returned to:  
City of Pigeon Forge  
Fun Time Trolley  
P.O. Box 1350  
Pigeon Forge, TN. 37868-1350

A decision will be made on the application within 21 days. The applicant will be informed of the decision by mail. If a decision is not made within 21 days, Fun Time Trolley will provide complementary paratransit service until a final decision is made within 30 days.

If applicant is determined not eligible for complementary paratransit fixed route service, the individual may appeal that decision. Individuals have 60 days from the date of the letter informing them of an eligibility denial to request an appeal with City of Pigeon Forge Fun Time Trolley. All requests for an appeal must be in writing and should be mailed to:

City of Pigeon Forge  
Fun Time Trolley  
P.O. Box 1350  
Pigeon Forge, TN. 37868-1350

The City of Pigeon Forge Fun Time Trolley appeal panel has 30 days to make a decision on the appeal.

**Please answer the following questions as completely as possible. If a question does not apply to you, mark N/A in the space provided. Please note this application must be filled out in its entirety or it will be returned.**

**General Information:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

**Emergency Contacts:**

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

Telephone number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

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

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

Telephone number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

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

**Statement of Disability:**

Please check the reason(s) why you are seeking City of Pigeon Forge Fun Time Trolley complementary paratransit eligibility.

- I can use regular Fixed Route buses to go most places.
- I can use regular Fixed Route buses sometimes, but only if they are equipped with wheelchair lifts.
- I can NEVER use a Fixed Route bus because ( Explain briefly): \_\_\_\_\_  
\_\_\_\_\_

Do you require a Personal Care Attendant (PCA)? (A PCA is a person who must travel with you to assist in performing medical or personal tasks)

- YES
- NO

Do you use any mobility aids? (Check all that apply)

- I do not use mobility aids
- Manual Wheelchair
- Motorized Wheelchair
- Walker
- Crutches
- Service Animal
- Prosthesis
- Portable Oxygen Tank
- Leg Brace
- Other \_\_\_\_\_

Using a mobility aid or on your own, how far can you travel? Check all that apply.

- I cannot travel outside my house / apartment.
- I can get to the curb in front of my house / apartment.
- I cannot travel more than 200 feet.
- I can travel up to ¼ mile.
- I can travel up to ½ mile.
- I can travel up to ¾ mile.

If you use a wheelchair or scooter, how wide is it? \_\_\_\_\_ inches.

How heavy is it when occupied? \_\_\_\_\_ pounds,

How do you currently travel to your frequent destinations? (Check all that apply)

- Buses
- Taxi
- Drive myself
- Para- Transit
- Other \_\_\_\_\_

Please check box that best describes your current living situation:

- 24 hour care or Skill Nursing Facility
- Assisted Living Facility
- I receive assistance from someone that comes to my home to help with daily living activities
- I live with family members who help me
- I live independently (without assistance of another person)

Which of the following best describes you if you had to wait outside for a ride? (Check only one response)

- I could wait by myself for ten to fifteen minutes
- I could wait by myself for ten to fifteen minutes only if I had a seat and shelter
- I need someone to wait with me because \_\_\_\_\_  
\_\_\_\_\_

To better understand your needs please list the trips that you will make most frequently using City of Pigeon Forge Fun Time Trolley complementary paratransit fixed route service. Please list origin of trip and destination and the number of trips to that destination each week.

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From the following list, please check off all disabilities or symptoms that prevent you from boarding, riding or disembarking from fixed route buses. **All areas checked off must be stated in the doctor's certification part of this application.**

**General Medical Condition**

- Cancer
- Diabetes
- Renal
- Organ Transplant
- Other: Specify \_\_\_\_\_

**Vision / Hearing / Speech Conditions**

- Aphasia
- Cataracts
- Glaucoma
- Diabetic Retinopathy
- Visual Field Deficit
- Night Blindness
- Partially Blind
- Legally Blind
- (20/20 or worse)
- Totally Blind  
(No light perception)
- Deaf
- Deaf / Blind
- Other: Specify \_\_\_\_\_

**Heart & Circulatory Conditions**

- Angina
- Congestive Heart Failure
- Edema
- Heart Surgery
- High Blood Pressure
- Other: Specify \_\_\_\_\_

**Neuromuscular Conditions**

- Cerebral Palsy
- Brain Injury
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's Disease
- Quadriplegia
- Spinal Bifida
- Stroke
- Vertigo / Dizziness
- Other: Specify \_\_\_\_\_

**Lung & Breathing Conditions**

- Allergies
- Asthma
- Cystic Fibrosis
- Emphysema
- Other: Specify \_\_\_\_\_

**Bone & Joint Conditions**

- Amputation
- Broken Bone
- Arthritis
- Osteoarthritis
- Osteoporosis
- Other: Specify \_\_\_\_\_

**Cognitive / Psychological**

- Alzheimer's
- Autism
- Dementia
- Mental Retardation
- Panic Disorder
- Schizophrenia
- Other: Specify \_\_\_\_\_

Is your disability described above:  Temporary OR  Permanent

**Applicant’s Certification, Consent of Release of Application Information**

I understand that my application will be returned if it is not completed. I confirm that all the information that I provide on this application is true to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to the revocation of my certification. I understand that a false statement made herein may result in the rejection of my application for paratransit fixed route service.

I agree to notify the City of Pigeon Forge Fun Time Trolley System if I no longer need complementary paratransit fixed route service for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using complementary paratransit fixed route service may be grounds for suspending or revoking my eligibility to participate in this program.

In the event that I apply for paratransit eligibility in another county, I hereby authorize the City of Pigeon Forge Fun Time Trolley System to release the information on my paratransit application to such agency.

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SIGNATURE OF APPLICANT

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DATE

**\* PLEASE NOTE THIS APPLICATION MAY TAKE UP TO 21 DAYS TO PROCESS.**

**\* PLEASE HAVE YOUR MEDICAL DOCTOR COMPLETE THE REMAINDER OF THIS APPLICATION.**

### **PROFESSIONAL CERTIFICATION**

Dear Doctor:

The applicant who asked you review the information on the application and to sign this form is applying for eligibility for the City of Pigeon Forge Fun Time Trolley System complementary paratransit service. Please read the following information carefully since it may affect your response. Please write clearly.

#### **Qualifications for Paratransit**

Paratransit service is designed to serve ONLY those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disabilities Act (ADA), disability alone does not qualify a person to ride paratransit. A person must be FUNCTIONALLY unable to use the fixed route bus service.

Service is provided to the following two general groups of persons with disabilities.

1. Persons, who have specific impairment – related conditions which make it IMPOSSIBLE not just DIFFICULT to travel to or from the bus stop.
2. Persons, who are unable to board, ride or exit from the fixed route buses even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.

#### **What is Paratransit?**

Paratransit is an alternative, origin to destination demand – responsive public transportation service. It is designed to “mirror” the fixed route bus service in terms of service times and areas.

Origin to destination and “mirroring” provisions of ADA mean that assistance is provided to individuals between the first door of their starting point or destination and the paratransit vehicle. Assistance is provided to help board and exit vehicles. In addition, paratransit is required to provide service only if both the starting point and the destination of a trip are located within  $\frac{3}{4}$  mile of the City of Pigeon Forge Fun Time Trolley fixed route service, or within the city limits of Pigeon Forge during hours when route is operating.

**DOCTORS CERTIFICATION**

Please review the medical information provided in the application and fill out the certification as is appropriate and sign the document. The information you provide will assist us in serving ONLY those who need paratransit.

Certification of Disability: **(PLEASE PRINT CLEARLY AND LEGIBLE)**

I, (Name of Physician): \_\_\_\_\_ certify that  
\_\_\_\_\_ (Name of Patient) to be a severely disabled  
person who has been a patient of mine since \_\_\_\_\_ (Date)  
and whose diagnosis is \_\_\_\_\_

**Please describe the physical and / or cognitive condition and how it functionally prevents the applicant from using fixed route bus service.**

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

I also certify that the medical information provided in the application is accurate to the best of my knowledge and is consistent with the applicant’s medical diagnosis.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
(City) (State) (Zip)



UNDERSTANDING THIS APPLICATION FORM

I understand that the purpose of this application form is to determine if I, the applicant am eligible to use the paratransit fixed route service according to the guidelines of the American with Disability Act.

I understand that this application cannot be processed if it is not complete. I understand that City of Pigeon Forge Fun Time Trolley may contact my healthcare professional / agency to verify my disability.

I understand that a City of Pigeon Forge Fun Time Trolley manager may need to talk to me or see me at a later date to clarify or get further information.

I understand that all information will be kept confidential; only the information required will be disclosed to those who perform those services.

I understand the application process can take up to **21 days** from the time City of Pigeon Forge Fun Time Trolley office receives a complete application. If my application is returned for clarification or additional information, this can delay the process. I will receive notification of determination of this application.

I understand that I may appeal the determination within **60 days** after receipt of written notification if I am determined not eligible for paratransit fixed route service or if I am dissatisfied with my eligibility type.

I understand if the City of Pigeon Forge Fun Time Trolley office receives new information regarding a change in my functional or cognitive ability, my eligibility status may be reviews and changed.

I certify that the information provided on this application is true and correct to the best of my knowledge.

I understand that falsification of information may result in denial of service as well as penalty under the law.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Applicant's Signature)

CO-SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Guardian or Person assisted with this application)

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

City of Pigeon Forge Fun Time Trolley  
Complementary Paratransit Appeal Process

The FDA requires that fixed route services establish a process to appeal decisions if they are denied access to the City of Pigeon Forge Fun Time Trolley System complementary paratransit fixed route service. The City of Pigeon Forge Fun Time Trolley has established an appeals procedure for persons whose applications for complementary paratransit fixed route eligibility are denied or for persons who have received suspension notices for other reasons.

Individuals may file an appeal when the City of Pigeon Forge Fun Time Trolley denies complementary paratransit service for any of the following reasons:

- Denial of Eligibility
- Suspension resulting from excessive No-Shows or Late Cancellations
- Suspensions for Disruptive Behavior

The City of Pigeon Forge Fun Time Trolley will inform an applicant or clients of a decision to deny eligibility status or to suspend service by letter. Individuals have 60 days from the date of the letter informing them of an eligibility denial to request an appeal. Request for an appeal must be sent in writing to the City of Pigeon Forge Fun Time Trolley at the following address:

City of Pigeon Forge  
Fun Time Trolley  
P.O. Box 1350  
Pigeon Forge, TN. 37868-1350

The appeal process allows individuals an opportunity to state their intent to appeal. The appeal process is an opportunity to be heard and present information. The appeals board panel will consist of the Transportation Director, Administrative Assistant, and the Project Coordinator. The Appeal Panel will issue a final written decision within 30 days of the appeal hearing. A written notification of an appeal determination, with reasoning will be sent to applicant. The City of Pigeon Forge Fun Time Trolley will not provide service to individuals who are pursuing an eligibility appeal. If the appeal panel has not made a decision within 30 days after the hearing, temporary paratransit fixed route service will be provided. The temporary service will continue until a decision on the appeal is reached.

If you have any questions about the appeal process contact the \_\_\_\_\_ at (865) 453-6444