



**Birmingham Jefferson County Transit Authority**  
1801 Morris Avenue  
Birmingham, Alabama 35203

**Applicant (Recertification) for Paratransit Service:**

The information in this application is needed to establish your eligibility for Paratransit service under the Americans with Disability Act (ADA). The ADA requires that comparable transportation be provided to persons with functional disabilities who, because of their disability, are unable to access or use regular bus service. If you believe that you have a disability that prevents you from using a BJCTA/MAX Transit bus, please complete the enclosed application and return it to the Birmingham Jefferson County Transit Authority as indicated on the application.

A complete application has the following three parts:

1. Application (The Application should be completed and signed by the applicant, or their representative.)
2. Release of Information Form (The Release of Information form should be completed and signed by the applicant, or their representative.)
3. Medical Verification (The Medical Verification should be completed and signed by one of the licensed medical professionals indicated on the verification form.)

In order for the BJCTA to evaluate your application for Paratransit eligibility, it may be necessary for the BJCTA to contact a physician or other licensed health care professionals to confirm the information you have provided. It is important that all parts of this form are completed and returned promptly. If the application is not complete, it will be returned to you for completion, which will delay the determination process. It could also delay your transportation. A determination regarding your eligibility for Paratransit service will be made within 21 days after receipt of the completed application. You will be notified in writing as to the decision on eligibility.

If eligibility is denied, the written notification of denial of services will also include information as to how you may appeal the decision.

If you have any questions, or if you need help in completing this application, please call BJCTA Paratransit at (205) 521-9048 or (205) 521-0180.

BJCTA does not collect fares for travel to and from Paratransit eligibility assessments, interviews, or photo ID issuance. These services are provided at no cost to the rider.

**BJCTA/MAX**  
 Recertification Application



**Return this application to:**

**BJCTA-MAX**  
 Post Office Box 10212  
 Birmingham, Alabama 35202-0212  
**Email:** ada@bjcta.org  
**Fax:** (205) 521-0182

**Americans with Disabilities Act**

The Americans with Disabilities Act states that an eligible individual is an individual with a disability who is unable without the assistance of another individual to board, ride or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.

APPLICANT INFORMATION						
First Name		Last		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
Date of Birth						
EMERGENCY CONTACT						
First		Last				
Street Address				Apartment/Unit #		
City		State		Zip		
Phone						
Has your condition changed since your last application with max? If so please explain.						



This form must be completed and signed by one of the following licensed medical professionals: Physician, Clinical Social Worker, Psychiatrist, Rehabilitation Specialist, Audiologist, Ophthalmologist, Psychologist, Registered Nurse

\* Altering statements made by licensed professionals will nullify the "Medical Verification Form" and subsequently the entire application will be returned

APPLICANT INFORMATION			
Date		Date of applicant's last visit	
First Name		Last	M.I.
1. Capacity in which you know the applicant.			
2. Please describe the applicant's impairment/condition in layman's term.			
3. Please describe the impact this impairment/condition has on the applicant's ability to use the fixed route buses.			
4. Is the impairment/condition permanent			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
5. If temporary, when will the applicant be able to resume normal travel?			
6. Under what circumstances do the impairment/ condition flare up?			
7. How far can the applicant walk without assistance? Please check one.			
<input type="checkbox"/> 300 Feet	<input type="checkbox"/> 500 Feet	<input type="checkbox"/> 600 Feet	<input type="checkbox"/> 1,320 Feet
8. Does the applicant use any of these mobility devices? Please check all that apply.			
<input type="checkbox"/> White Cane	<input type="checkbox"/> Motorized Wheel Chair	<input type="checkbox"/> Crutches	
<input type="checkbox"/> Braces	<input type="checkbox"/> Cane	<input type="checkbox"/> Scooter	
<input type="checkbox"/> Orthopedic Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Other:	
9. How far can the applicant travel using a mobility device? Please check one.			
<input type="checkbox"/> 300 Feet	<input type="checkbox"/> 500 Feet	<input type="checkbox"/> 600 Feet	<input type="checkbox"/> 1,320 Feet
10. Does the impairment/condition prevent the applicant from getting to, or from a bus stop?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
11. If yes or sometimes please explain.			
12. Does the impairment/condition prevent the applicant from waiting at a bus stop?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

13. How long can the applicant wait, if sitting?	Standing?	Using a mobility device?	
Minutes:	Minutes:	Minutes:	
14. Does the weather affect the applicant's ability to travel?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	
15. If yes or sometimes please explain.			
16. Does the applicant have the capability to do the following? Check all that apply.			
<input type="checkbox"/> Give address & phone number	<input type="checkbox"/> Recognize destinations and landmark	<input type="checkbox"/> Deal w/unexpected changes in routes	<input type="checkbox"/> Understand and follow directions
Does the applicant require a (PCA) Personal Care Attendant when traveling by bus?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

I certify that the information contained herein is true and correct to the best of my knowledge and ability.

Printed Name:	Signature/Date:	
Professional Title:	Phone:	
Name of Clinic/Agency		
Address:		
City:	St:	Zip:

Please return this form to:

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<b>PART 2</b>						
<b>APPLICANT INFORMATION</b>						
First Name		Last		M.I.	Date	
Address			Apartment/Unit #			
City		State		ZIP		
Phone			E-mail Address			
Applicant's Signature						
<b>PERSONS TO CONTACT FOR INFORMATION</b>						
Professional Title						
First		Last				
Street Address				Apartment/Unit #		
City		State		Zip		
Phone			Fax			
Professional Title						
First		Last				
Street Address				Apartment/Unit #		
City		State		Zip		
Phone			Fax			
Professional Title						
First		Last				
Street Address				Apartment/Unit #		
City		State		Zip		
Phone			Fax			

I authorize my physician, case manager, doctor, professional, mobility trainer, neurologist, etc. (listed above) to discuss my diagnosis, treatment plan, prognosis for the purpose of determining my ability to use regular public transit buses, trolleys, trains, etc., that are accessible to and usable by individuals with disabilities. I understand that an in person interview may be necessary to complete the application process.

In order to fully understand the functional limitations of your disability, MAX or its agents may need to speak to your case manager, doctor, professional, mobility trainer, neurologist, etc. After reading this release, please sign it, and list the names, addresses, phone, and fax numbers of the professionals most familiar with your functional abilities. (Please note: This authorization is good for one year only. If your condition changes after that time, a new "release" will have to be submitted.)

<b>For office use only-Do not write in this box.</b>			
Approval/Denial Date		Expiration Date	
Disability		Mobility Device	
<b>Restrictions</b>			
Personal Care Attendant Required?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Out of Service Area?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
ADA Service Area	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Dialysis & Medical only			
Chemo/Radiation only			
Temporary with conditions			
Temporary with no conditions			
Comments:			
Certification#			

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