

Putnam County Transportation Department

POLICY & PROCEDURES MANUAL

PART System

Fixed Route & Complementary

Paratransit Service



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ARTICLE I

Introduction

In 1990, both the New York State Legislature and the United States Congress enacted legislation that has a substantial impact on the provision of transportation services to the transit disabled. Both the State Legislation, Section 15-c of the Transportation Law and the Federal Americans with Disabilities Act of 1990 ("ADA"), require mass transit providers to achieve accessibility of their fixed route bus service and provide complementary paratransit service for those disabled individuals who are incapable of accessing fixed-route service.

This manual is designed to clearly set forth the County's policy and procedures for implementing the requirements of the legislation relating to transportation. The manual will serve as the Transportation Department's (herein after referred to as the Department) guide to providing daily transportation services. It will also serve as a guide for passengers as to how services are provided and the steps to take to receive service.

ARTICLE II

Accessibility Policy

The transit system consists of fully accessible fixed-route vehicles and a comparable paratransit service. The system is able to accommodate passengers who are unable to board, ride, or disembark from a fixed-route transit vehicle even if they are able to get to a boarding location and even if the vehicle is accessible. As well as those passengers with specific impairment-related conditions who cannot travel to a boarding location in order to get to their destination.

ARTICLE III

Complementary Paratransit Service Area

The service area shall include all origin and destination points within $\frac{3}{4}$ mile of a PART fixed route. The PART Fixed Route includes 4 routes operating weekdays, 3 routes operating annually on Saturdays, and a seasonal route that operates on weekends only. Paratransit is eligible in the corridors along these routes in the hours they are in service. Passengers that are eligible for comparable paratransit service must have an origin and destination within $\frac{3}{4}$ mile of a PART fixed-route. Outside the County borders, passengers will board or disembark only at destinations indicated on the PART fixed-route schedule. Putnam County does not have an operating franchise to board passengers at other locations in neighboring counties.

ARTICLE IV

Service Provisions

The following shall apply to all PART fixed route and paratransit vehicles and services:

1. All passengers in wheelchairs with a specification of a 50" x 32" ramp not to exceed 800 lbs. maximum lifting capacity when occupied that are transported in a vehicle must have the wheelchair secured in the provided securement devices in the designated locations on the vehicle.
2. Should a wheelchair with a specification of a 50" x 32" ramp not to exceed 800 lbs. maximum lifting capacity be difficult to secure, the operator will use their best effort to secure the wheelchair. In no case will the wheelchair rider be refused service because the wheelchair may not be securable to the driver's satisfaction. The driver may request that the wheelchair passenger transfer to a regular seat for safety reasons, but they cannot force the passenger to transfer. In no case will a wheelchair passenger be allowed to ride in an aisle.
3. Transit personnel will help in the securement of wheelchairs and in boarding and disembarking when necessary or requested to do so. If it is necessary to leave their seats to provide assistance, transit personnel shall do so.
4. The operator will allow non-wheelchair users to use lifts or ramps to enter the vehicle.
5. Stops shall be announced by a vehicle driver at major intersections, transfer points, and at other intervals to provide orientation, and at any other destination points of a person with a disability upon request.

6. The operator shall ensure that vehicle operators and other personnel make use of accessibility related equipment or features.
7. The operator shall make available to individuals with disabilities adequate information concerning transportation services, using accessible formats such as the 711 Relay, or enlarged print schedules. Information shall be provided upon request.
8. The operator shall not refuse to permit a passenger who uses a lift to board or disembark from a vehicle at any designated stop unless the lift cannot be deployed, the lift shall be damaged if it is deployed, or temporary conditions at the stop, not under the control of the operator, preclude the safe use of the stop by all passengers.
9. The operator will not prohibit an individual from travelling on a vehicle if the individual uses a respirator or personal oxygen supply that is consistent with DOT hazardous material rules.
10. The operator will allow adequate boarding and disembarking time for individuals with disabilities.
11. At locations where more than one route serves the same stops, the operator shall assist a passenger with visual impairment or other disability to identify the proper vehicle to enter or be identified to the vehicle operators as a person seeking a ride.
12. (a) When an individual with a disability enters a vehicle, and because of a disability, the individual needs to sit in a seat or occupy a wheelchair securement location, the operator shall ask the following persons to move in order to allow the individual with a disability to occupy the seat or securement location.
 - i. Individuals, except other individuals with a disability or elderly persons, sitting in a location designated as priority seating for elderly and handicapped persons (or other seat as necessary).
 - ii. Individuals sitting in a fold-down or other movable seat in a wheelchair securement location.
- (b) The operator is not required to enforce the request that other passengers move from priority seating areas or wheelchair securement locations.
- (c) In all signage designating priority seating areas for elderly persons and persons with disabilities, or designating wheelchair securement areas, the operator shall include language informing persons sitting in these locations that they should comply with requests by transit provider personnel to vacate their seats to make room for an individual with a disability. This requirement applies to all fixed route vehicles when they are acquired by the operator's existing fixed route vehicles.
13. Service shall be provided to all origin and destination within a $\frac{3}{4}$ mile of a PART fixed route as described in this manual as Article III: Complementary Paratransit Service Area. Paratransit drivers will provide assistance between the vehicle and the first doorway for

riders who need additional assistance to complete the trip.

14. The operator shall have reservation service available during normal business hours of the day preceding desired service. Normal business hours are considered to be 9 a.m. to 5 p.m. **Reservations for paratransit service must be made at least 24 hours in advance.**
15. Service for comparable paratransit will be provided origin to destination.
16. The trip requested must be at the same time and same days as the fixed route transit service. Response time shall be as near to the fixed route time as possible; but, certainly within one hour.
17. There will be no restricting a person's use of paratransit based on trip purpose. The operator will not engage in "*pattern or practice constraints*" such as chronic late pick-ups, "*no-shows*" or trip denials. The operator reserves the right to negotiate trip scheduling within one hour of the passenger's desired travel time. If the operator cannot provide service within one hour of the requested time, it shall be considered a denial of service.

A maximum of 50 percent of the system capacity can be dedicated at any time of the day to subscription service. The one exception to this is if there is excess non-subscription capacity at a given time. In that case, subscription component of the service could be expanded.

Paratransit can be utilized as a complimentary bus in the event that fixed route is running late.

18. Service animals are permitted on transit vehicles.
19. The County will transport a personal care attendant (PCA) and/or a personal companion with the passenger. The operator cannot require that a personal care attendant accompany the passenger. A personal care attendant (PCA) means a person traveling as an aide to facilitate travel by a person with a disability. A companion means a person, other than an attendant who may be traveling with a paratransit eligible passenger. There must be documentation obtained during the eligibility process that certifies that a personal care attendant is necessary. All persons accompanying the disabled passenger must have the same origin and destination as the passenger.
20. Fares charged for paratransit passengers will be determined by the Commissioner/Deputy Commissioner of Planning or the Transportation Manager. Fares will be set following the County policy for fare changes as outlined in Article XI. Fares paid by companion(s) are calculated in the same manner. Personal care attendants are to provide assistance to the passenger and are not considered companion(s). Personal care attendants traveling with eligible passengers will not be charged. Likewise, there is no charge for service animals.
21. The operator cannot require the wheelchair passenger to use seatbelts and shoulder harnesses, unless the operator mandates the use of these devices by all passengers.

Lifts, Equipment, & Maintenance

1. Lifts are to be operated every morning prior to scheduled service to check performance.
2. Lifts are to be checked on a preventative maintenance basis every 5,000 and 6,000 miles.
3. Vehicle operators are to report inoperable lifts immediately to the General Operations Manager. If the vehicle is in service, radio communication is used.
4. When a lift is discovered to be inoperable, the vehicle will come out of service before the beginning of the vehicle's next service day and the lift will be repaired within three to five days, depending on part availability.
5. When the lift is inoperable in any vehicle and the vehicle is out of service, a complementary paratransit vehicle will be available for use if a substitute route vehicle does not have a lift.
6. If there is no spare vehicle available to take the place of a vehicle with an inoperable lift, such that taking the vehicle out of service will reduce the transportation service the operator is able to provide, the operator may keep the vehicle in service with an inoperable lift for no more than three days from the day on which the lift is to be discovered to be inoperative.

Training

The operator shall ensure that personnel are trained to proficiency, as appropriate to their duties, so that they operate vehicles and equipment safely and properly assist and treat individuals with disabilities who use the service in a respectful and courteous way, with appropriate attention to the difference among individuals with disabilities.

A R T I C L E V
Performance Standards

The following performance standards will help determine if adequate capacity is available to meet demand and to help monitor operator service performance. The objective of the standards is to help identify a pattern or practice of service delivery that restrict trips.

Performance Standard: There shall be a no missed trip goal.

Definition of a Missed Trip: A trip that is not provided to a rider as scheduled. Reasons for the missed trip will be problems under the operator's control such as no vehicle, tight scheduling, or no driver. It shall not include problems beyond the operator's control such as traffic problems or weather.

Measures: Missed trips shall be recorded on daily paratransit reports and carried forward on to monthly and annual reports. Department staff will also monitor this measure through complaints directly received from riders.

Performance Standard: Riders are entitled to a reasonable length of trip between origin and destination.

Definition of an Excessively Long Trip: A trip that is at least twice as long as what might normally be expected.

Measures: Trip length will be monitored from the daily paratransit reports where trip records show revenue mileage. This mileage can be determined to be excessive based on origin and destination and Department staff knowledge of the service area.

Performance Standard: A rider must not confront any availability of service limitations.

Definition of Service: As set forth in Article IV: Service Provisions.

Measures: Service provisions are monitored through a contract, daily trip reports, random phone calls to test reservation system, random road and bus stop checks. Other methods such as County employees riding a vehicle may also be used.

The Department shall monitor daily trip records in order to track performance and avoid delays.

ARTICLE VI
Eligibility Guidelines for Complementary Paratransit

Putnam County shall provide paratransit service as a complement to fixed route service. This service shall be for persons with disabilities who are unable to use accessible fixed route transit service or for wheelchair persons on days when only a non-accessible bus is operating on the fixed route. **Fare for paratransit shall be \$3.25** until otherwise changed according to County policy.

The following are the various definitions of paratransit eligible individuals:

1. Individuals with permanent or temporary disabilities in the following categories shall be eligible for the service at all times, or with respect to a particular type of trip or a trip under particular conditions, even when the fixed route system is completely accessible:
 - i. Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment) and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities;
 - ii. Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system;
2. Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time when such a vehicle is not being used to provide designated public transportation on the route will be eligible for service.
3. A personal care attendant, a companion, and a service animal shall be eligible for paratransit service with the disabled passenger. Origin and destination points must be the same. A companion may be denied a ride if space is not available on the bus.
4. Individuals with disabilities shall be presumptively “*ADA Paratransit Eligible*” if the County has not made an eligibility determination within 21 days of the submission of a completed application. Such presumptive eligibility shall remain in effect until and unless the County determines that the individual is ineligible.
5. Putnam County will provide complementary paratransit service available to visitors who present documentation that they are ADA paratransit eligible in the jurisdiction in which they reside. If a visitor with a disability does not present such documentation, the transit entity may require documentation of the individual’s place of residence and of his or her disability, if the disability is not apparent. A transit operator is not required to provide service to a visitor for more than 21 days during any 365-day period; after that, the visitor

may be required to apply for eligibility through the same processes that has been established and set forth in this manual as Article VI: Application Procedure. Visitor requests from neighboring municipalities will be entered into the dispatching database within 2 days.

6. **No-Show** occurs when the vehicle arrives at the pick-up location within the 30- minutes pick-up window and the customer does not board the vehicle within 10 minutes of the vehicle arriving. Reservation times are based upon a 30-minute pick-up window. Passengers must be ready to board the bus 15 minutes before and after their negotiated pickup time. PART vehicles may arrive up to 15 minutes before the designated pickup time and will not wait more than 10 minutes from its arrival within the half hour window; it is possible the bus will leave before the scheduled pickup time. It is important to be ready to board the bus as soon as possible after it arrives.
7. A person whose **behavior** threatens or has threatened the safety of paratransit personnel, other passengers, or service animals may be denied service or have service suspended. An individual in this situation who wishes to appeal a denial of service or a suspension of service may follow the appeals process set forth in this manual as Article IX: Disruptive Behavior Threat & Appeals Policy.
8. **Trip Cancellation:** Trips can be cancelled by calling (845) 878-7433 and speaking with a dispatcher up until one hour prior to the scheduled trip
9. **Excessive Missed Trips:** If a rider has three or more missed trips (no-shows and/or late cancellations) within a 30-day period, this will enact a review of their trips to determine the existence of a pattern or practice of missed trips. The rider's frequency of use and proportion of trips missed will be analyzed in this review. If it is determined that the rider has established a pattern or practice of missed trips, the rider will be in violation of the County's **No Show/Late Cancellation Policy** and will be sent a letter indicating the dates of the violations
10. **Suspensions:** Customers incurring excessive missed trips as defined above are subject to suspension for a reasonable period of time. Repeated violations of this Policy will cause the length of suspensions to be increased. The following suspension periods shall apply to violations of this Policy that occur within the same rolling 12-month period.

1 st Violation	Warning Notice
2 nd Violation	1 Week Suspension
3 rd Violation	4 Week Suspension
4 or more Violations	4 Week Suspension

In addition, subscription service will be cancelled after the rider's second violation.

Any suspended subscription service customer must reapply for subscription service if he/she wishes to be considered for a new subscription.

Suspensions resulting from missed trip violations are temporary and will not affect a passenger's eligibility to use regular PART service after the suspension period expires.

Missed trips beyond rider's control or due to bus company or transit agency error, will not be counted as No-Shows.

Missed trips beyond rider's control include but are 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.
- 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.

Bus company or 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, and left before the pickup window.
- Vehicle never arrived.
- Vehicle went to the wrong location.
- Driver didn't follow correct procedures to locate the rider.
- Rider cancelled in a timely way but the cancellation was not recorded correctly or wasn't transmitted to the driver in a timely manner

Riders, who miss trips for reasons beyond their control, should keep note of reasons for missed rides and contact PART as soon as possible to avoid having those trips labeled as no-shows/late cancellation.

11. Notice of **Suspension**: PART will send a notice of suspension to riders in violation of this Policy. The notice will identify each late cancellation and/or no-show made by the rider. The notice will also advise the rider of the dates when the suspension begins and ends, as well as the date the rider can begin to use paratransit again. See Article X for more information.

Fixed Route Half-Fare Eligibility Policy

- I. **Elderly**: Elderly persons shall be permitted to ride the PART transit bus for half-fare at all times of the day. An elderly person is defined as being over the age of 60. Documentation required to substantiate proof of age shall be a Medicare card, an Office for Aging card, or a fixed route, Half-Fare Certification Card issued by the Department.
- II. **Disabled**: Disabled persons shall be permitted to ride the PART transit bus for half-fare at all times of the day. A disabled person is defined as meeting any of the conditions defined in the definitions below:

Blind: Having central visual acuity of 20/200 or less in the better eye with the use of correcting lens, whose peripheral vision is limited to a level of ten degrees. (Putnam County will accept the New York State Commission for the Blind and Visually Handicapped Certification of Blindness in lieu of a separate medical examination).

Deaf: Complete lack of bone conduction in both ears or a hearing loss of 80 decibels or greater as verified by audiometric testing.

Ambulatory Disability: The person is unable to move about without the aid of a wheelchair, walker, crutches, or a cane; or:

The person suffers from a heart or respiratory ailment which makes it impossible or unadvisable to walk for long distances; or:

The person has an obvious and serious disorder of gait which substantially interferes with the use of mass transportation facilities

Developmental Disability: A handicapping condition originating before age 22 and continuing indefinitely which is attributed to Cerebral Palsy, Autism, Neurological Impairment, Mental Retardation or Epilepsy.

Mentally Retarded: The person has an I.Q. of 69 or less or has a physical or mental impairment resulting in restriction of function. The County of Putnam will accept a certificate from an accredited institution for treatment or education of the mentally retarded. *As determined by the Stanford-Binet, W.I.S.C., W.A.I.S., or conversion of the Raven Progression Matrices.

Mental Illness: The person has a mental disease, or a mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person so afflicted requires care, treatment, and rehabilitation by a psychiatrist or psychologist in a mental hospital or certified day program.

Documentation required to substantiate proof of a disability shall be an MTA card or a fixed route, Half-Fare Certification Card issued by the Department.

- III. Student: A student must be enrolled in high school or full time in college to receive student certification. Full time is defined as 12 semester hours or more. Documentation required to substantiate student status will be a current student identification card or a fixed route Student Certification Card issued by the department.
- IV. Children under 13 are half-fare.

A R T I C L E V I I

Application Procedure: General Information

The Department and its bus operators are the sources of information for PART fixed route and comparable transit services. For fixed route and comparable paratransit schedule and service information or an application for comparable paratransit service, or half-fare certification the Department can be reached via:

Call: (845) 878-RIDE (7433)
 (845) 878-3480
 711 Relay for the Hearing Impaired

Fax: (845) 808-1948

Write or In Person: Putnam County Department of Transportation, 841 Fair Street, Carmel, NY 10512.

Online: Application and Information also available at the website address: <http://www.putnamcountyny.com/transportation/>. Also, the Department can be reached via email at planning@putnamcountyny.gov.

Applications are to be completed and returned to the Putnam County Department of Transportation either by mail, fax, or in person. A sample application form for ADA comparable paratransit service is included as Appendix A. A sample application form for half-fare disability is included as Appendix B. A sample application form for half-fare elderly and student certifications are included as Appendices C and D, respectively.

Applications for Comparable Paratransit Service

Completed applications will be reviewed and decided upon by a Putnam County Planner (or, his/her designee) and the Manager (or, his/her designee) of the bus company providing service to the County. If an application is approved, the applicant will proceed to get a certification of eligibility card. If an application is disapproved, the application and findings shall be reviewed by the Putnam County Commissioner/Deputy Commissioner of Transportation or Transportation Manager. If the Commissioner/Deputy Commissioner or Transportation Manager decides service should be provided, the applicant may proceed to get a certification of eligibility card. If the Commissioner/Deputy Commissioner or Transportation Manager agrees with the decision to deny service, the applicant has the right to appeal under the process set forth in this manual as Article X.

The applicant will be notified in writing within 21 days of the receipt of a completed application of an approval or denial of transportation service. If the County has not made a determination within 21 days, the applicant shall be presumed eligible for service and service shall remain in effect until and unless the County determines that the individual is ineligible.

If an applicant is determined eligible, a Certificate of Eligibility for ADA Paratransit Service will be issued. The card will be a photo identification card and shall contain the following information:

- a) name of the eligible individual
- b) name of the certifying transit provider
- c) telephone number of the provider
- d) expiration date (if any)
- e) any conditions or limitations on eligibility
- f) need for personal care attendant
- g) signature of provider

To obtain a Certificate of Eligibility Card, an applicant may come to the office of the Putnam County Department of Transportation at 841 Fair Street, Carmel, NY 10512. This office will take the necessary photo and issue the card. A fee of \$5.00 will be charged for the card. If a current photograph is provided, it should be about 1" x 1 1/4" in size, and a \$3.00 fee will be charged. Instead of coming to the office, an applicant may return a current personal photograph, about 1" x 1 1/4" in size. The rear of the photo must be signed by the applicant or legal guardian. If completing an application by mail, no fee will be charged. The finalized card will be returned to the applicant by mail

Applications for Half-Fare Certification

Applications for Half-Fare Certifications will be reviewed by Department staff. If an application is in order and the required proofs are provided, a fixed route, Half-Fare Certification Card may be issued. If additional information or a clarification is needed, the applicant will be notified.

If an applicant is determined eligible for half-fare certification, a fixed route, Half-Fare Certification Card may be issued. The card will be a photo identification card and shall contain the following information:

- a) name of the eligible individual
- b) name of the certifying transit provider
- c) telephone number of the provider
- d) expiration date (if any)
- e) eligibility status
- f) signature of provider

A sample card is included as Appendix E.

To obtain a Fixed-Route, Half-Fare Certification Card, an applicant may come to the office

of the Putnam County Department of Transportation at 841 Fair Street, Carmel, NY 10512. This office will take the necessary photo and issue the card. A fee of \$5.00 will be charged for the card. If a current personal photograph is provided, it should be about 1" x 1 1/4" and a \$3.00 fee will be charged. Instead of coming to the office, an applicant may return a current personal photograph, about 1" x 1 1/4" in size. The rear of the photo must be signed by the applicant or legal guardian. If completing an application by mail, no fee will be charged. The finalized card will be returned to the applicant by mail.

A R T I C L E V I I I *Determination of Eligibility*

Paratransit is an alternative, origin-to-destination, demand responsive service. It is designed to “complement” the fixed route service in terms of times and areas.

Origin to destination provisions of ADA means **assistance** is provided to individuals between the door of their starting point or destination and the paratransit vehicle. In addition, paratransit is only required to provide service if both the starting and destination points are within ¾ of a mile of fixed route bus during the hours when that route is in operation.

Determination of Eligibility for complementary paratransit service shall be based on functional ability in regard to each and every part of the system and throughout all the hours of its operation. In essence, a person's eligibility will be determined by both the needs of that individual, as established by the eligibility certification process, and by the operation of the system along its routes.

Paratransit service is designed to serve 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 three general groups of persons with disabilities:

1. Persons who have specific impairment-related conditions which make it **impossible** – not just difficult – to travel to/from a bus route location point.
2. Persons who need a wheelchair lift and a wheelchair lift-equipped bus is not available on the route where they need to travel.
3. Persons who are unable to board, ride, or exit from a PART bus even if they are able to get to a location point on the route and the bus is equipped with a wheelchair lift.

****Applicants for paratransit must have their disabilities certified by medical professionals whether for the physically, visually, or mentally handicapped as outlined in the application process.*

Applications can be attained in person at the Office of the Department of Transportation, online at <http://www.putnamcountyny.com/transportation/#para>, or over the phone by calling (845) 878-3480.

ARTICLE IX

Putnam County Disruptive Behavior Threat & Appeals Policy for PART & Paratransit

I. **Basis for enforcement through FTA Circulars**

“If a person is violent, seriously disruptive, or engaging in illegal conduct...the provider may, consistent with established procedures for all riders, refuse to carry the passenger.” [49CFR 37.5 App. D]

“...a person who poses a significant risk to others may be excluded (from service) if reasonable modifications to the public accommodation’s policies, practices, or procedures will not eliminate the risk” [29CFR 36.208]

This is interpreted as PART does not require a public accommodation to permit an individual to participate in or benefit from goods, services, facilities, privileges, advantages, and accommodations of that public accommodation when the individual poses a direct threat to the health and safety of others.

PART in determining whether an individual poses a direct threat to the health or safety of others, a public accommodation must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence to ascertain: The nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk. [CFR36.208)

II. **Direct Threat**

"Direct threat" is defined by Federal regulations as posing a "significant risk to others".

It is not discrimination under this part for an entity to refuse to provide service to an individual with disabilities because that individual engages in violent, seriously disruptive, or illegal conduct. However, an entity shall not refuse to provide service to an individual with disabilities solely because the individual's disability results in appearance or involuntary behavior that may offend, annoy, or inconvenience employees of the entity or other persons. The Preamble to 49 CFR Sec. 37.125h states an important reminder: ... it is only in very few and compelling situations that an entity, is entitled to refuse service to an otherwise eligible person....

With regard to 'direct threat', U. S. Department of Justice regulations state in 28 CFR Sec. 36.208b: In determining whether an individual poses a direct threat to the health or safety of others, a public accommodation must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures will mitigate the risk.

III. Local Regulatory Basis

Decisions about refusing service to PART riders are left to the discretion of the Commissioner of Transportation and the Transportation Manager. This policy applies to both ADA and fixed route riders.

The operator and PART staff must be mindful of the critical importance of maintaining confidentiality concerning information about riders' identity, personal circumstances, disability status, etc.

Conduct prohibited under these headings which warrant suspension include, but are not limited to:

- a) Destruction of public property (the vehicle, and/or its furnishings; PART facilities)
- b) Doing violence to others or to oneself
- c) Behavior that is seriously unruly, seriously disruptive, threatening, or frightening to others
- d) Behavior that interferes with the safe operation of the vehicle
- e) Violating PART's Service Animal Policy by failing to control one's service animal
- f) Violating PART's operating rules governing the provision of transportation system-wide
- g) Engaging in illegal conduct
- h) Other conduct judged by the Transportation Manager to represent an actual or potential threat to the health, safety or wellbeing of oneself, the operator, other passengers, and/or personnel
- i) Fare evasion or fare non-payment related incident
- j) Use of alcohol or illicit substance
- k) Equipment tampering
- l) Threatening/abusive telephone calls
- m) Fraudulent use of Paratransit
- n) Disruptive Behavior
- o) Loud abusive language
- p) Littering and creating unsanitary environmental condition
- q) Smoking/open flame
- r) Failure to follow direction of the operator
- s) Improper hygiene
- t) Other unsafe conduct (PART's discretion)

IV. Due Process Requirement

In suspending service "for cause", Appeals Policy and process must be followed. PART must provide administrative due process to the customer, as follows:

1. Adequate documentation must be on file to support the decision that a cause for suspension has been identified and carefully investigated, and that action is warranted.
2. If sanctions are imposed, the customer must be notified ahead of time in writing or in accessible format.
3. If an immediate sanction is imposed, a verbal notification must be swiftly followed by the required written or accessible format notice.
4. The notice must identify the basis for the proposed action with specifics and describe the proposed sanction. It must notify the customer of his/her right to appeal and how to file an appeal

5. Decisions must be subject to appeal in a hearing before the next quarterly meeting of the Putnam County Transportation Advisory Council (TAC). The TAC decision is final and binding.

V. The Hearing:

1. The rider has the right to present written and oral information and arguments.
2. The rider has the right to representation or to bring a supporting person.
3. Relevant records and personnel must be made available to the rider.
4. Other persons can testify.

A R T I C L E X
Paratransit Appeals Process

If an applicant for complementary paratransit service is denied service, the following steps will take place:

1. The applicant will be notified in writing (or in an appropriate medium) by the Department via certified mail that the requested service has been denied. This notice shall set forth the reasons for the denial of service and the procedures which may be utilized to appeal the decision.
2. The applicant who is denied service must notify the Putnam County Department of Transportation of his/her intent to appeal the denial decision within 60 days of the date of denial. The date of denial will be the date on the notification letter described in Step I above. A person who has had paratransit service, but who has displayed a "no show" pattern or threatening behavior as described in Article V: Eligibility Guidelines, must appeal a suspension of service notification within 30 days of the date on the suspension notification letter. It is suggested that an applicant use certified mail to file intent to appeal a denial of service notification letter or a suspension notification letter.
3. All appeals will be heard by an Appeals Committee composed of members of the Transportation Task Force. Persons on the Appeals Committee shall not have been involved in the initial decision. The Appeals Committee shall render a decision within 30 days of the date of receipt of an appeal notice from the applicant. During the 30-day appeals process, no service shall be provided. If, however, an appeal has not been decided within 30 days, presumptive eligibility applies until a final decision is reached
4. The Department will notify the applicant in writing (and/or an appropriate medium) via certified mail of the date, time, and place of the Appeals Committee meeting. The applicant may appear before the committee, send a representative, and/or send further written information for the committee to consider.
5. The decision of the Appeals Committee shall be made in writing (and/or in an appropriate medium, if requested) and will state the *basis* for the decision. The decision of the Appeals Committee will be sent to the applicant via certified mail.

6. A denial of service by the Appeals Committee may be further appealed in the courts as civil rights complaint.

ARTICLE XI
*Procedure for Public Comment Process on
Fare & Service Changes*

- I. Fare Change(s): any increase or reduction in any fare in the PART system, including but not limited to; fixed route, paratransit, seasonal trolley, commuter shuttle.
 1. See Section IV of Article XI below.
- II. Major Service Change(s): any route change that would expand or reduce service that is over 10% of the weekly revenue mileage of all existing fixed routes excluding the trolley service. This will include a change in service areas, days of service and/or scheduled times.
 1. See Section IV of Article XI below.
- III. Minor Service Change(s): increasing or reducing less than 10% of the weekly revenue mileage of all existing fixed routes excluding the trolley service. This will include a change in service areas, days of service and/or scheduled times.
 1. Based on input from PART, the Commissioner/Deputy Commissioner or Transportation Manager approves or denies contemplated service changes.
 2. Upon arrival, the Commissioner/Deputy Commissioner or Transportation Manager notifies the County Executive of the change(s).
- IV. Procedures to Implement Fare/Major Service Changes

The following procedures will be used when Fare/Major Service changes are being planned:

1. Discuss the proposed changes internally. Internally means within the Planning Department and with the Transit Operator.
2. Analyze all fare and major service changes according to the procedures set forth in item V of Article XI below.
3. Discuss the proposed changes with the County Executive as part of, among other things, the County Executive's proposed budget.
4. Finalize changes with the County Executive as part of the proposed budget.
5. Once the County Executive's proposed budget is released to the County Legislature, cooperate with the news media and the Legislative Committees in reviewing the department proposals.
6. Public Hearings are held by the County Legislature to receive input from the public. Public is to be given a 30-day notice prior to a hearing.
7. Receive comments at hearing(s) or by mail; and, as appropriate, integrate comments into the proposed changes, if any. Operational and financial constraints will determine if/how comments are addressed. Comments at the hearing(s) will be recorded in the form of minutes.
8. County Legislature adopts final budget containing route/fare changes.
9. County Executive has opportunity for veto of Legislative changes.

10. County Legislature has opportunity to override any veto by County Executive.
11. Fare changes/route changes become final.

V. Procedures to Analyze all Fare and/or Major Service Changes

Although Putnam County is considered a non-large fixed route transit provider, for purposes of Title VI, Putnam County will analyze all fare changes and major service changes as defined in Section I and II of Article XI above. The following steps will be implemented in connection with the analysis:

- Communication of changes will be done through the public hearing process and notices will be placed in the buses to inform people of pending proposed changes, and advertised in the officially designated newspapers, and County website.
- Route changes will be analyzed by comparing where the proposed changes will take place with the Census Tract maps which show minority and low-income populations.

For span of service changes that would reduce or expand hours and days of service, input would be sought from the ridership through comments made to the drivers or received at the office regarding requests for such changes. An informal survey might also be conducted of the ridership. Additionally, input from the business community or some other entity requesting service might be used as well as petitions presented from various groups to help determine usage.

In regard to fare changes, the ridership and general public will be presented opportunities to comment at public hearings or in writing. There are various payment options and methods to pay and there are discount plans. Feedback will be focused on input regarding the amount of the fare increase and whether or not it is reasonable for minority and low-income populations. In this regard, the cost of alternate travel modes in the area will be evaluated.

The County will determine whether or not the proposed changes have any discriminatory impact by analyzing the characteristics of the people in the area that would be impacted by the changes. Changes should not be focused on only a minority and/or low-income area in a manner that creates a hardship for only that area.

If any adverse effects are evident from a fare change or major service change, the County will review the changes and determine if any actions can be implemented to minimize, mitigate or offset any adverse impacts. Possible strategies might include any or all of the following alternatives:

- Minimize fare increases through added discounts on existing payment options.
- Create new alternative payment options with discounts.
- Determine if alternative transportation service options in the area are feasible either from a cost stand-point and/or availability stand-point and be prepared to make recommendations regarding these services.
- Provide sufficient notice of proposed changes to allow adequate time for people to find an alternate means of travel.

Finally, if an analysis demonstrates a disparate impact on low-income and minority populations, the County will document that the proposal meets a substantial need that is in the public interest and that alternatives would have more severe adverse effects than the preferred alternative. It is likely that a cost-benefit analysis would be done to help define the final course of action. In the next several years, it is likely that budgetary constraints and funding sources will weigh heavily on the evaluation of alternatives. In short, service will be balanced against what the taxpayer can afford and in light of any newly imposed New York State property tax cap.

A R T I C L E X I I

Curbside Call Out Procedure

In accordance with 49 CFR Part 37.161-167, Putnam County's procedure for compliance with the Americans with Disabilities Act for curbside callout for fixed route bus services is as follows:

Operators of PART vehicles in revenue service will conduct curbside call outs in the following manner:

- As the bus arrives at one of the designated call out stops, the driver will:
 - Take the bus out of gear,
 - Activate the parking brake,
 - Get up from their seat,
 - Stand in the doorway of the bus,
 - Call out the time, route number, and destination of the route (for example: "*This the 2:00 bus to the Jefferson Valley Mall!*"), and
 - Board passengers and continue on with their trip.

- As the bus nears a non-designated stop that is an official stop on the route the driver will:
 - Call out the upcoming stop loud enough for passengers in the rear of the bus to hear, or
 - Use the interior loudspeaker to call out the upcoming stop

- The designated call out stops are:
 - Hannaford's
 - DSS
 - Any stop along any route where a prospective passenger is standing in the near vicinity but does not board or approach when the bus stops
 - Requested stops.

A R T I C L E X I I I
Ridership Ticket Instructions

The drivers of PART vehicles will handle ridership tickets in the following manner:

1. **Collect Fare:** Note the number of fares to be collected per run beneath the fare classifications. You are to collect the amount for the appropriate fare classification. Use passenger counters to get a tally.

Full Fare: \$2.50

Student: \$1.25

Seniors & Disabled: \$1.25

*Students & seniors must have an accepted I.D. as outlined in the Fixed Route Half-Fare Eligibility Policy.

2. **Transfers:** Passengers boarding your vehicle with a transfer pass must pay the appropriate fee for that color (Blue \$0.75 and Green \$0.25). The time marked must be within 1 hour from a connecting bus. If the passenger is transferring FROM “*out of county*” i.e. BeeLine or HART, collect ticket and no fare and mark the spot “*out of the county rcvd.*” If passenger is transferring TO BeeLine or HART, you must collect normal transfer fare (\$0.75 full, \$0.25 half-fare), check it off as a transfer, give the passenger a blue or green ticket and then mark a white ticket “blue” or “green” to put in your canister so that we know you collected the transfer fee. If you do not have a white transfer ticket, you may put a blue or green one in and write “OCC Transfer” on it. Since the passenger is taking the transfer ticket with him, we need to identify how many people are transferring out of the County. We cannot do this by using regular transfer tickets.
3. **Tickets:** Do not confuse tickets with monthly passes or transfers. Monthly passes have a deep discount. Blue tickets are full fare customers who have paid in advance for their rides and do not include transfers. The customer can either give you another ticket for the transfer or purchase the transfer separately. Green tickets are for disabled and elderly customers ONLY.
4. **Monthly:** A monthly pass is issued through this office and has the customer’s name on it. It is only good for the month stamped. Monthly passes include free transfers between all connecting PART routes – do not collect fees for transfers from a monthly customer. Monthly passes are accepted from Westchester County and HART. Please mark the appropriate spot on the ridership ticket under monthly passes when a customer shows his pass from either Westchester County or HART (connecting routes only).
5. **Metro North Uniticket:** Unitickets are purchases at Metro North stations only. We do not accept 1-trip train to bus tickets, we do accept monthly and weekly Unitickets but they must be clearly identified that they are for the Brewster Putnam Station, check month stamped and color. The colors change each month. Please check off “*Metro North Uniticket*” (MNR UT) on your ridership ticket.

ARTICLE XIV
ADA Reasonable Modification Policy

The Putnam County Transportation Department is committed to providing safe, reliable, efficient, and accessible service to its customers. To ensure equality and fairness, the Department will make reasonable modifications to policies and procedures to ensure that individuals with disabilities have equal access to all of its services.

Requests 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 fundamentally alter the nature of PART's service, programs, or activities;
- Granting the request could create a direct threat to the health or safety of the requestor or others;
- Granting the request would create an undue financial or administrative burden for PART; or
- Without such modification, the individual with a disability is otherwise able to fully use PART's services, programs, or activities for their intended purpose.

In determining whether to grant a requested modification, the Department will be guided by the provisions of United States Department of Transportation at 49 CFR Appendix E to Part 37.169.

When choosing among alternatives for accommodations, priority will be given to those methods that offer services, programs and activities to qualified individuals with disabilities in the most integrated setting appropriate for the needs of the individual(s) with disabilities. In any case in which the Department denies a request for an accommodation, the Department will attempt to ensure that the individual with a disability receives the services or benefits provided by PART by other means that conform to this procedure.

Anyone who would like to request a modification of policies or procedures in a PART service can send their request to: Putnam County Transportation Department, 841 Fair Street Carmel, NY 10512.

Process for Requesting Modifications/Accommodations for Individuals with Disabilities

1. Requests for modifications of PART's policies, practices, or procedures to accommodate an individual with a disability may be made either in advance or at the time of the transportation service.
2. PART is best able to address and accommodate a request when customers make their requests for modifications in advance. The process for making a request is as follows:

3. Advance Requests:

- When making a request, please thoroughly describe what is needed in order for you to use the service, and why this assistance is necessary.
- Whenever feasible, a request for modification to PART's service should be made in advance before PART is expected to provide the service. PART will review your request and will make every effort to communicate in advance whether or not the requested modification can be made.
- If the modification is not made, PART will provide the reason for the denial of the request. Requests may be denied on one or more of the following grounds:
 - Granting the request would fundamentally alter the nature of PART's service, programs, or activities;
 - Granting the request could create a direct threat to the health or safety of the requestor or others; or Granting the request would create an undue financial or administrative burden for PART; or
 - Without such modification, the individual with a disability is otherwise able to fully use PART's services, programs, or activities for their intended purpose.
- Requests may be made through the following means:
 - Call (845) 878-3480 ext. 48105.
 - Email to transit@putnamcountyny.gov
 - Fax to (845) 808-1948.

4. Same Day Requests:

- When a request for modification cannot practicably be made and determined in advance, you may make a request on the same day, at the time of, or during service.
 - You should make your request to the bus operator.
 - Please describe in detail what accommodation you require and why it is necessary in order to use the service.
- Bus Operators may grant a request if such request is reasonable and meets the requirements of this procedure
- If the Bus Operator is unsure if the request can be granted or declined, she/he is required to consult with Dispatch to receive direction.
- Requests may be denied on the following grounds:
 - Granting the request would fundamentally alter the nature of PART's service, programs, or activities;
 - Granting the request could create a direct threat to the health or safety of the requestor or others;
 - Granting the request would create an undue financial or administrative burden for PART; or
 - Without such modification, the individual with a disability is otherwise able to fully use PART's services, programs, or activities for their intended purpose

- Operator availability may be very limited when providing service and if the request would require extended consideration, we may not be able to grant your request immediately, and you may be encouraged to submit a written request for further consideration in future trips.
- PART's ability to grant the requested modifications may vary by route, day of travel, time of day, or other circumstances. For example, while a request may be able to be granted in one instance, that same request may be denied in another instance if granting the request would fundamentally alter the nature of the service or create a safety threat, or if the request is not a functional necessity.
- In the case of a denial of a request, PART will take, to the maximum extent possible and in compliance with its policies, any other appropriate actions to ensure you receive service.

5. Designated employee for compliance:

The Department has designated the Transportation Manager, as the employee responsible for ensuring compliance of this procedure and for administering the prompt and equitable resolution of any related complaints. Contact information is as follows:

Complaint Process and Contact Information:

Complaints regarding the administration of or compliance with this procedure shall be made in writing either by letter or email addressed to the Transportation Manager.

Putnam County Transportation Department
841 Fair Street
Carmel, NY 10512
vincent.tamagna@putnamcountyny.gov

A P P E N D I X A



***PART
APPLICATION FOR ADA
PARATRANSIT ELIGIBILITY***

APPLICANT INSTRUCTIONS

- Applicant, Guardian, or Preparer complete Part I and sign application and certification.
- Have appropriate Professional complete Parts II, III, or IV and have Professional sign certification.
- Return completed Application to:

Putnam County Department of Transportation

841 Fair Street

Carmel, NY 10512

Fax: (845) 808-1948 (original to follow in mail)

- NOTE: Incomplete applications will not be considered. All questions must be answered or answered with not applicable (N/A) if question does not apply.
- If you have any questions when completing this form, please call any of the following numbers:
(845) 878-3480
(845) 878-7433
- For the Hearing Impaired please use the 711 Relay Service
- Translation services available upon request.

Website: www.putnamcountyny.com/transportation

***PART I. Questions 1-17 To Be Completed by the Applicant
(Type or Print Clearly)***

Please answer the following questions as completely as possible, if a question does not apply to you, clearly mark N/A in the answer space provided:

1. Name: _____
Last 4 digits of SSN: _____
2. Address: _____
City: _____ State: _____ Zip: _____
Nearest Intersection: _____
3. Telephone Number (home): _____ (cell or work): _____
4. Date of Birth: _____ Male: _____ Female: _____
5. Please provide the name of someone you would like us to contact in case of an emergency:
Name: _____ Relationship: _____
Address: _____ City/State: _____ Zip: _____
Telephone (home): _____ (work): _____
6. What is the disabling condition(s) which prevents you from using our fixed-route bus service? _____

7. How does this disability prevent you from using regular bus service?
Please explain completely. Use an additional sheet if needed:

8. Are there any other effects of your disability of which we need to be aware?

9. Do you use any of the following mobility aides? (*Check all that apply*)

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Service Animal
<input type="checkbox"/> White Cane	<input type="checkbox"/> Crutches
<input type="checkbox"/> Walker	<input type="checkbox"/> Electric Scooter (i.e. Amigo, Rascal, etc.)
<input type="checkbox"/> Personal Care Attendant	<input type="checkbox"/> Braces
<input type="checkbox"/> Cane	<input type="checkbox"/> Other (describe): _____
10. Have you ever received travel training? *Yes* ___ *No* ___
 - a) Agency that trained you: _____
 - b) Was the training successfully completed? _____
 - c) Are there any limitations to your travel training?

Please explain:

11. Can you understand printed or verbal transportation information such as bus schedule information (including TDD, audiotape or large print?)

Please explain: _____

12. Can you calculate the correct fare and place it in the fare box? *Please explain:*

13. Can you locate seats or hand rail stanchions within the bus? *Please explain:*

14. What circumstances that relate to your disability would make it difficult for you to reach your destination after getting off the bus? *Please explain:*

15. Are you using the paratransit service to attend programs provided by an Agency? *Yes__ No__ If yes, please answer the following:*

- a) What is the name of the agency that is sponsoring the program or services you will be attending?

Name of Agency: _____

Address: _____

Phone#: _____ Contact Person: _____

- b) Does the agency provide transportation? *Yes__ No__*

- c) Are you eligible for that transportation? *Yes__ No__*

16. How did you find out about our paratransit service? *(Check all that apply)*

T.V. Planning Department

Newspaper Professional

Radio Service Provider

PART Employee Other: _____

17. Are you enrolled for Medicaid? *Yes*__ *No*__
- a) Please give Medicaid #:_____
 - b) What type of transportation have you been approved for by Medicaid?
 __ public bus __ taxi __ ambulette __ ambulance

CERTIFICATION

I hereby certify, under penalty of perjury, that all statements made on this application are true, to the best of my knowledge, and I authorize the completion of the remainder of this form by the appropriate professional. I have read and understand, to the best of my knowledge, all the information contained in this application. I understand, to the best of my knowledge that all statements made in this application may be subject to investigation and verification. I understand, to the best of my knowledge, that the COUNTY OF PUTNAM will rely upon the statements made in this application, whether or not the COUNTY OF PUTNAM has investigated the statements contained in this application. I understand, to the best of my knowledge, that the COUNTY OF PUTNAM may discontinue or change its paratransit program without notice. If the COUNTY OF PUTNAM should find that I have not followed the program’s guidelines, my paratransit services will be taken away and I will not be eligible to reapply for the paratransit program. I understand, to the best of my knowledge, that it is a crime to allow anyone else to use my identification card or for me to continue to use the card if I am no longer disabled as defined by the paratransit program.

I agree to notify the Putnam County Department of Transportation at (845) 878-3480 if I no longer need paratransit service.

I hereby certify, to the best of my knowledge, that the information given is correct.

Signature of Applicant or Legal Guardian: _____
 Print Name of Applicant or Legal Guardian: _____
 Date Signed: _____

PREPARER: If this application has been prepared by a person who is not the applicant or a legal guardian, please complete the following:

Signature of Preparer: _____
 Print Name of Preparer: _____
 Dated Signed: _____
 Address: _____
 City/Town: _____ State: _____ Zip: _____
 Phone #: _____

**PROFESSIONAL CERTIFICATION
INSTRUCTIONS**

Dear Doctor:

The applicant who has asked you to complete and sign this form is applying for eligibility on the PART Paratransit service. Please read the following information carefully since it may affect your response.

Who Qualifies for Paratransit?

Paratransit service is designed to serve those persons whose severity of disability prevents them from using public transportation. Under the Americans with Disability 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 three 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 a bus route location point.
2. Persons who need a wheelchair lift and a wheelchair lift-equipped bus is not available on the route when they need to travel.
3. Persons who are unable to board, ride, or exit from a PART bus even if they are able to get to a location point on the route and the bus is equipped with a wheelchair lift.

What is Paratransit?

Paratransit is an alternative, origin-to-destination, demand-responsive service. It is designed to “complement” the fixed-route service in terms of times and areas.

Origin-to-Destination provisions of ADA mean that **ASSISTANCE** is provided individuals between the door of their starting point or destination and the paratransit vehicle. In addition, paratransit is only required to provide service if both the starting and destination points are within $\frac{3}{4}$ of a mile of a fixed-route bus route during the hours when that route is in operation.

PART II: to be completed by a Medical Doctor for a physically handicapped person.

PART III: to be completed by an Ophthalmologist or Optometrist for a visually handicapped person.

PART IV: to be completed by a Psychiatrist or Medical Doctor for a mentally handicapped person.

(Please complete the appropriate form)

PART II: Questions 18-27 to be Completed for the Physically Handicapped Person by a Medical Doctor. (TYPE OR PRINT CLEARLY)

Name of Applicant: _____

18. Medical Diagnosis of handicapping condition: _____

19. Is this condition temporary? ___ Yes ___ No (If yes, Expected duration until: _____)

20. Is this condition likely to become worse? ___ Yes ___ No

21. Is this person able to walk without the assistance of another person:

a) 200 feet? ___ Yes ___ No ___ Only with great difficulty.

b) ¼ mile? ___ Yes ___ No ___ Only with great difficulty.

22. Is this person able to climb a 16” step and two 10” steps?

___ Yes ___ No ___ Only with great difficulty.

23. Is this person able to wait outside without support for 10 minutes?

___ All of the time; ___ Some of the time; ___ Not at all!

24. Is this person able to ride in an automobile (including getting in and out?)

___ All of the time; ___ Some of the time; ___ Not at all!

25. Does this person require the use of the following:

___ Wheelchair

___ Service Animal

___ White Cane

___ Crutches

___ Walker

___ Electric Scooter (i.e. Amigo, Rascal, etc.)

___ Personal Care Attend.

___ Braces

___ Cane

___ Other (describe): _____

26. Is there any other effect of the condition of which Putnam County should be aware?

(Please describe): _____

27. 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 help us to serve those who most need paratransit.

I, _____ certify _____
(Print Name of Physician) (Print Name of Patient)

to be a disabled person and 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: _____
 Print Name of Physician: _____
 License Number: _____
 Address: _____

 Telephone No.: _____

PART III: Questions 28-34 to be Completed for the Visually Handicapped Person by a Medical Doctor, Ophthalmologist, or Optometrist. (Type or Print Clearly)

Name of Applicant: _____

28. Medical diagnosis of handicapping condition: _____

29. Is this condition temporary?
 ___ Yes ___ No (If yes, Expected duration until: _____)

30. Is this condition likely to become worse? ___ Yes ___ No

31. Visual Acuity: **Right Eye:** ___/___ **Left Eye:** ___/___

32. Visual Field: **Right Eye:** Horizontal _____ **Left Eye:** Horizontal _____
 Vertical _____ Vertical _____

33. Is there any other effect of the condition of which Putnam County should be aware?
Please describe: _____

34. 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 help us to serve those who most need paratransit.

I, _____ certify _____
 (Print Name of Professional) (Print Name of Patient)

to be a disabled person and 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__

41. 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 help us to serve those who most need paratransit.

I, _____ certify _____
(Print Name of Professional) (Print Name of Patient)

to be a disabled person and 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 Professional: _____

License Number: _____

Address: _____

Telephone No.: _____

A P P E N D I X B

**APPLICATION AND CERTIFICATION FOR
DISABLED FIXED-ROUTE HALF-FARE
CERTIFICATION CARD**

INSTRUCTIONS

- Applicant, Guardian, or Preparer completes Applicant’s section and signs certification.
- An applicant must meet at least one of the definitions of disabled set forth on page 3 of this application to be eligible for a Disabled, Fixed-Route, Half-Fare Certification Card.
- Have a Physician complete ‘Physician Section’ and sign certification.
- Return completed application to:

Putnam County Department of Transportation
841 Fair Street
Carmel, NY 10512
Fax #: (845) 808-1948

Website: www.putnamcountyny.com

- Note: Incomplete applications will not be considered. All Questions must be answered or answered with “Not Applicable” (NA) if question does not apply.
- If you have any questions in completing this form, please call any of the following numbers:

(845) 878-3480
(845) 878-7433
Hearing Impaired 711 Relay

**APPLICATION AND CERTIFICATION FOR
DISABLED FIXED-ROUTE HALF-FARE
CERTIFICATION CARD**

APPLICANT’S SECTION

- 1. Name: _____
Last 4 digits of SSN: _____
- 2. Address: _____
_____ Zip: _____
- 3. Telephone No. (Home) _____ (Work) _____
- 4. Date of Birth: _____ Male Female
- 5. Please provide the name of someone you would like us to contact in case of an emergency.

Name: _____ Relationship _____
 Address: _____
 Telephone (Home) _____ (Work) _____

CERTIFICATION

I hereby certify, under penalty of perjury that all statements made on this application are true, to the best of my knowledge, and I authorize the completion of the remainder of this form by the appropriate professional and the release of any medical information necessary to process this application. I have read and understand, to the best of my knowledge, all the information contained in this application. I understand, to the best of my knowledge that all statements made in this application may be subject to investigation and verification. I understand, to the best of my knowledge, that the COUNTY OF PUTNAM will rely upon the statements made in this application whether or not the COUNTY OF PUTNAM has investigated the statements contained in this application. I understand, to the best of my knowledge, that the COUNTY OF PUTNAM may discontinue or change its half-fare program without notice. If the COUNTY OF PUTNAM should find that I have not followed the program’s guidelines, my half-fare services will be taken away and I will not be eligible to reapply for the half-fare program. I understand, to the best of my knowledge, that it is a crime to allow anyone else to use my identification card

(continued)

or for me to continue to use the card if I am no longer disabled as defined by the half-fare program. I agree to notify the Putnam County Transportation Department

at (845) 878-3480: 711 Relay for Hearing Impaired if I no longer need half-fare privileges.

I hereby certify, to the best of my knowledge, that the information given is correct.

(Signature of Applicant or Legal Guardian) (Date)

(Print Name of Applicant or Legal Guardian)

PREPARER: If application has been prepared by a person who is not the applicant or a legal guardian, please complete the following:

Signature of Preparer: _____ Date: _____
Name (Print): _____
Address: _____
City/Town: _____ State: _____ Zip: _____
Phone #: _____

PHYSICIAN SECTION

I, _____ am a physician licensed to practice under
(*print name of physician*)
the laws of the State of New York. It is my medical opinion that the applicant identified on this form is a “disabled person” within the meaning of that term as set forth by the definitions below:

Please check one:

___ **Blind:** Having central visual acuity of 20/200 or less in the better eye with the use of correcting lens, whose peripheral vision is limited to a level of ten degrees. (Putnam County will accept the New York State Commission for the Blind and Visually Handicapped Certification of Blindness in lieu of a separate medical examination).

___ **Deaf:** Complete Lack of bone conduction in both ears or a hearing loss of 80 decibels or greater as verified by audiometric testing.

___ **Ambulatory Disability:** The person is unable to move about without the aid of a wheelchair, walker, crutches, or a cane, or:

- The person suffers from a heart or respiratory ailment which makes it impossible or inadvisable to walk for long distances, or:
- The person has an obvious and serious disorder of gait, which substantially interferes with the use of mass transportation facilities.

___ **Developmental Disability:** A handicapping condition originating before age 22 and continuing indefinitely which is attributable to Cerebral Palsy, Autism, Neurological Impairment, Mental Retardation, or Epilepsy.

___ ***Mentally Retarded:** The person has an IQ of 69 or less or has a physical or mental impairment resulting in restriction of function. The County of Putnam will accept a certificate from an accredited institution for treatment or education of the mentally retarded.

***As determined by the Stanford-Binet, W.I.S.C., W.A.I.S., or conversion of the Raven Progression Matrices.**

___ **Mental Illness:** The person has a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person so afflicted requires care, treatment, and rehabilitation by psychiatrist or psychologist in a mental hospital or certified day program.

Is the disabling condition, checked above, permanent?

Yes ___ No ___ If no, how long will the condition last: _____

Physician: _____
(Signature) (License Number) (Telephone No.)

A P P E N D I X C

APPLICATION FOR ELDERLY

FIXED-ROUTE HALF-FARE CERTIFICATION CARD

Instructions

- Complete all questions and sign certification.
- If completing by mail, send copy of proof of age with application.
- If completing in person, bring copy of proof of age with you. You must be 60 years of age or over to be eligible for an Elderly, Fixed-Route Half-Fare Card.
- Return completed application to:

*Putnam County Department of
Transportation
841 Fair Street
Carmel, NY 10512
Fax: (845) 878-6721*

- **Note:** Incomplete applications will not be considered.
- If you have any questions in completing this form, please call any of the following numbers:

(845) 878-3480

(845) 878-7433

For the Hearing Impaired please use the 711 Relay Service

**APPLICATION FOR ELDERLY
FIXED-ROUTE HALF-FARE CERTIFICATION CARD**

1. Name: _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. Telephone No. (Home): _____ (Work): _____

4. Date of Birth: _____ Male: () Female: ()

4. Last 4 digits of SSN: _____

If completing application by mail, attach copy of proof of age. Such proof may include a driver's license, birth certificate, or similar proof showing date of birth. If applying in person, please bring proof of age.

I hereby certify under penalty of perjury, that the information provided in this application is true. If found to be false, I also understand that my half-fare certification will be terminated.

Signature: _____ Date: _____

A P P E N D I X D

**APPLICATION FOR PART
STUDENT I.D. CARD**

INSTRUCTIONS

- Complete all questions and sign certification.
- If completing by mail, send a copy of proof of student status with application such as most recent report card.
- If completing in person, bring copy of student status with you. You must be enrolled in high school or full-time in college to receive a Student I.D. Card. Full-time is defined as 12 semester hours or more.

- Return completed application to:

Putnam County Department of Transportation
841 Fair Street
Carmel, NY 10512
Fax #: (845) 878-6721

- Note: Incomplete applications will not be considered.
- If you have any questions in completing this form, please call any of the following numbers:

(845) 878-3480

(845) 878-7433

For the Hearing Impaired please use the 711 Relay Service

**APPLICATION FOR PART
STUDENT I.D. CARD**

APPLICANT’S SECTION

1. Name _____

Last 4 digits of SSN _____

2. Address: _____

City/State: _____ Zip: _____

3. Telephone No. (Home) _____ (Work) _____

4. Date of Birth: _____ Male Female

5. Name of School Attending: _____

6. Name of Contact at School for Enrollment Verification:

If completing application by mail, attach copy of proof of student status. Such proof may include student I.D. card or recent report card. If applying in person, please bring proof of enrollment.

I hereby certify under penalty of perjury that the information provided in this application is true. If found to be false, I also understand that my Student I.D. card will be invalidated.

(Signature of Applicant or Legal Guardian)

(Date)

(Print Name of Applicant or Legal Guardian)

APPENDIX E

Paratransit/Half Fare Certificate of Eligibility Examples

Bus #	Start	End	Fares	Transfers	DSS Passes	Tickets	Monthly Pass

By signing this cover sheet, I certify that times are accurate. I understand that if I have questions or concerns about payroll practices I can contact my supervisor and contact (877) 687-2338

PUTNAM COUNTY SENIOR CITIZEN

Place Photo Here

17

PART TICKET BOOK
ONE TICKET PER TRIP
(THIS IS NOT A TRANSFER TICKET)

3

PART TICKET BOOK
ONE TICKET PER TRIP
(THIS IS NOT A TRANSFER TICKET)

PART MONTHLY PASS

Name: _____
Month: _____

Putnam County is (845) 878-7433
Schedule Info: (845) 878-7433
9 a.m. to 5 p.m. (Mon-Fri)
4:30 a.m. to 9:00 p.m. (M-F)
7:30 a.m. to 5:30 p.m. (Sat.)
Transfer Putnam Transit

TRANSFER PUTNAM TRANSIT

Good only for ONE CONTINUOUS passage to a Connecting Putnam Transit Route at Putnam Plaza within a 60 minute

TRANSFER PUTNAM TRANSIT

Good only for ONE CONTINUOUS passage to a Connecting Putnam Transit Route at Putnam Plaza within a 60 minute

PARATRANSIT TICKET
Good for One Trip

To purchase tickets call:
845-878-3480 9:00 am-4:00 pm M-F

Bus Schedule Information call:
845-878-7433
www.putnamcountyny.com

FULL FARE

SENIOR/DISABLED

BACKSIDE

HART Transit Thank You TRANSFER

ISSUED: 06:20p
Tue 28 May 13
BUS: 507
ROUTE: 6
EXPIRE: 06:40p

Coordinator Phone #: (845) 878-7433 (RIDE)
711 Relay for Hearing Impaired
MaryEllen Odell, County Executive
Can also be used as Half-Fare on PART bus system

Please peel off card and keep letter for reference.

Putnam County, NY ADA Paratransit Eligibility Certification

Name: Mickey
ID#: P-556
Expires: 4/18/19
Personal Care Attendant: No
Eligibility Conditions: 3

Coordinator Phone #: (845) 878-7433 (RIDE)
711 Relay for Hearing Impaired
MaryEllen Odell, County Executive
Can also be used as Half-Fare on PART bus system

Please peel off card and keep letter for reference.

PART

FROM	TO	TIME
1	2	6:00 am
2	3	7:00
3	4	8:00
4	5	
5	6	

0024757

PART

FROM	TO	TIME
1	1	6:00 am
2	2	7:00
3	3	8:00
4	4	
5	5	
6	6	

0049738

016601

LNK BRW Mall NTW/N.M.

TIME 6:30 AM 7:00 7:30 8:00 8:30

MONTH JAN FEB MAR APR MAY JUN

01 0803 EXPIRES 09/30/04 0807138024 08856615

Signature: _____

BREWSTER PUTNAM
CHPAQUA 5

Monthly OCT 01

MetroCard
Bus Transfer

Westchester Transfer

Insert this way / This side facing you

A P P E N D I X F**TITLE VI COMPLAINT PROCEDURE**

Putnam County's Department of Planning, Development, and Public Transportation (the Department) complaint procedure is established to implement Procedures that comply with Title VI of the Civil Rights Act of 1964, as amended, as well as related statutes and regulations. The provisions include, but are not limited to, prohibiting discrimination on the grounds of race, color, or national origin. Subrecipients may adopt this procedure or develop their own. However, subrecipients are required to have Title VI Complaint investigation and tracking procedures.

Title VI Complaint Procedure

The complaint procedure applies to federally assisted projects and subrecipients to the Department in their administration of programs and projects related to programs funded in part by the Federal Transit Administration.

Complaints will be in writing, signed by the person(s) or their representative and must include the complainant(s) name, address, and telephone number. Allegations of discrimination received by fax or e-mail will be acknowledged and processed. Allegations received by phone will be documented in writing and provided to the complainant(s) for confirmation or revision before processing. Complaint forms are available from the Department at the address below.

Complaints should be submitted on a "Title VI Discrimination Complaint Form" addressed to Vincent Tamagna, Transportation Manager at the:

Department of Planning, Development, and Public Transportation
841 Fair Street Carmel, NY 10512
Phone: (845) 878-3480, ext. 48109
Fax: (845) 808-1948
Email: vincent.tamagna@putnamcountyny.gov

If you do not feel comfortable filing a complaint with the Title VI Coordinator, complaints may be filed with the Putnam County Personnel Director at the:

Putnam County Personnel Department
110 Old Route 6, Building 3 Carmel, NY 10512
Phone: (845) 808-1650
Fax: (845) 808-1921

The procedure shall follow a timely process as follows:

Once a complaint is received it will be reviewed within 30 days and a meeting of the Putnam County Transportation Advisory Council (TAC) shall be convened for review of the alleged complaint. The TAC shall confidentially and independently review the complaint. A response to the complainant will be sent with a determination made by the TAC and the Putnam County Transportation Manager shall respond in writing via certified mail within 45 days. In the event it is determined that any corrective measure or action need be taken the Transportation Manager is responsible for correcting the issue and implementing any necessary change.

Who may use this complaint procedure?

Employees of contractors, consultants, other subrecipients, cities, town and localities may use this complaint procedure. Also, any person who believes they have been subjected to discrimination, retaliation or prohibited by any of the Civil Rights authorities, based upon race, color, or national origin, may file a written complaint. The affected individual or a representative may file the complaint. It is the policy of the Department that all subrecipient employees have the right to present a claim of discrimination without interference, intimidation, coercion, restraint or retaliation (whether written, verbal or implied).

What about your right to file with outside agencies?

Complaints may be submitted to the Federal Transit Administration (FTA), New York State Department of Transportation (NYSDOT), the United States Department of Transportation (USDOT), and the United States Department of Justice (USDOJ).

This procedure does not deprive you of your right to file a complaint with:

- The New York State Division of Human Rights at: www.dhr.ny.gov
- The U.S. Equal Employment Opportunity Commission at: www.eeoc.gov
- The U.S. Department of Transportation at: www.dot.gov
- The U.S. Department of Justice at: www.usdoj.gov
- Federal Transit Administration at: www.fta.dot.gov

The Department and subrecipients shall prepare and maintain a list of any active investigations conducted by entities other than FTA, lawsuits, or complaints naming the Department and/or subrecipient that allege discrimination on the basis of race, color, or national origin. The list shall include the date of the investigation, lawsuit, or complaint; and actions taken by the Department or subrecipient in response to the investigation, lawsuit, or complaint.

Required Documentation and Time Frame(s)

All complaints to the Department will be processed in a timely manner.

If you are an employee of a contractor, consultant, other subrecipient, city, town or locality and believe that you have been discriminated against, you may take the following **immediate** steps to place the person on notice that the behavior is unacceptable:

Inform the individual committing the discriminatory act(s) that you object to the treatment and want it to stop. This is a very important, but often overlooked step. In many situations, simply informing the offending party of the objectionable behavior will often times result in an end to the behavior(s).

If the objectionable treatment continues, or if an isolated incident is severe in your estimation, follow the Discrimination Complaint Procedure set forth above.

This discrimination policy is posted on the Putnam County website at <https://www.putnamcountyny.com/transportation> and is advertised annually by public notice in the official newspaper. Notices are also posted on transit vehicles in English and Spanish.

DISCRIMINATION COMPLAINT FORM
PERTAINING TO CLASSES PROTECTED BY TITLE VI
 On the Basis of Race, Color, or National Origin

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		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.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you 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:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed please use the back of this form.				

Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact Person:
Title:
Telephone:

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

Signature and date required below.

Signature Date

Please submit this form in person at the address below, or mail this form to:

Vincent Tamagna
 Putnam County Department of Planning, Development & Public Transportation
 841 Fair Street
 Carmel, NY 10512
 Email: vincent.tamagna@putnamcountyny.gov
 Fax: (845) 808-1948

A P P E N D I X G
ADA COMPLAINT PROCEDURE

Putnam County's Department of Planning, Development, and Public Transportation (the Department) complaint procedure is established to implement Procedures that comply with Title II of the Americans with Disabilities Act of 1990 (ADA), as amended, as well as related statutes and regulations. The provisions include, but are not limited to, prohibiting discrimination on the grounds of disability in its services, programs or activities. Subrecipients may adopt this procedure or develop their own.

ADA Complaint Procedure

The complaint procedure applies to federally assisted projects and subrecipients to the Department in their administration of programs and projects related to programs funded in part by the Federal Transit Administration.

Complaints will be in writing, signed by the person(s) or their representative and must include the complainant(s) name, address, and telephone number. Allegations of discrimination received by fax or e-mail will be acknowledged and processed. Allegations received by phone will be documented in writing and provided to the complainant(s) for confirmation or revision before processing. Complaint forms are available from the Department at the address below.

Complaints should be submitted on a "ADA Discrimination Complaint Form" addressed to Vincent Tamagna, Transportation Manager at the:

Department of Planning, Development, and Public Transportation
841 Fair Street Carmel, NY 10512
Phone: (845) 878-3480, ext. 48109
Fax: (845) 808-1948
Email: vincent.tamagna@putnamcountyny.gov

If you do not feel comfortable filing a complaint with the Transportation Manager, complaints may be filed with the Putnam County Personnel Director at the:

Putnam County Personnel Department
110 Old Route 6, Building 3 Carmel, NY 10512
Phone: (845) 808-1650
Fax: (845) 808-1921

The procedure shall follow a timely process as follows:

Once a complaint is received it will be reviewed within 30 days and a meeting of the Putnam County Transportation Advisory Council (TAC) shall be convened for review of the alleged complaint. The TAC shall confidentially and independently review the complaint. A response to the complainant will be sent with a determination made by the TAC and the Putnam County Transportation Manager shall respond in writing via certified mail within 45 days. In the event it is determined that any corrective measure or action need be taken the Transportation Manager is responsible for correcting the issue and implementing any necessary change.

Who may use this complaint procedure?

Employees of contractors, consultants, other subrecipients, cities, town and localities may use this complaint procedure. Also, any person who believes they have been subjected to discrimination, retaliation or prohibited by any of the Civil Rights authorities, based upon disability, may file a written complaint. The affected individual or a representative may file the complaint. It is the policy of the Department that all subrecipient employees have the right to present a claim of discrimination without interference, intimidation, coercion, restraint or retaliation (whether written, verbal or implied).

What about your right to file with outside agencies?

Complaints may be submitted to the Federal Transit Administration (FTA), New York State Department of Transportation (NYSDOT), the United States Department of Transportation (USDOT), and the United States Department of Justice (USDOJ).

This procedure does not deprive you of your right to file a complaint with:

- The New York State Division of Human Rights at: www.dhr.ny.gov/
- The U.S. Equal Employment Opportunity Commission at: www.eeoc.gov
- The U.S. Department of Transportation at: www.dot.gov
- The U.S. Department of Justice at: www.usdoj.gov
- Federal Transit Administration at: www.fta.dot.gov

The Department and subrecipients shall prepare and maintain a list of any active investigations conducted by entities other than FTA, lawsuits, or complaints naming the Department and/or subrecipient that allege discrimination on disability. The list shall include the date of the investigation, lawsuit, or complaint; and actions taken by the Department or subrecipient in response to the investigation, lawsuit, or complaint.

Required Documentation and Time Frame(s)

All complaints to the Department will be processed in a timely manner.

If you are an employee of a contractor, consultant, other subrecipient, city, town or locality and believe that you have been discriminated against, you may take the following **immediate** steps to place the person on notice that the behavior is unacceptable:

Inform the individual committing the discriminatory act(s) that you object to the treatment and want it to stop. This is a very important, but often overlooked step. In many situations, simply informing the offending party of the objectionable behavior will often times result in an end to the behavior(s).

If the objectionable treatment continues, or if an isolated incident is severe in your estimation, follow the Discrimination Complaint Procedure set forth above.

This discrimination policy is posted on the Putnam County website at <https://www.putnamcountyny.com/transportation> and is advertised annually by public notice in the official newspaper. Notices are also posted on transit vehicles in English and Spanish.

DISCRIMINATION COMPLAINT FORM
PERTAINING TO CLASSES PROTECTED BY THE AMERICANS WITH DISABILITIES ACT
On the Basis of Disability

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		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.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you 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:				
I believe the discrimination I experienced was based on (check all that apply):				
[] Disability				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed please use the back of this form.				

Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact Person:
Title:
Telephone:

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

Signature and date required below.

Signature Date

Please submit this form in person at the address below, or mail this form to:

Vincent Tamagna
 Putnam County Department of Planning, Development & Public Transportation
 841 Fair Street
 Carmel, NY 10512
 Email: vincent.tamagna@putnamcountyny.gov
 Fax: (845) 808-1948