



## PARATRANSIT SERVICES

602 N. Staples St. Corpus Christi, Texas • [www.cccta.org](http://www.cccta.org)

### B-Line Paratransit Certification Application

B-Line service is an origin to destination shared ride public transportation serving people with disabilities who are prevented from using the Corpus Christi Regional Transportation Authority's (CCRTA) fixed route service.

#### Here's How to Apply

- Step 1.** Applicant is to complete PART 1 of this B-Line application. If you have any questions, please call us for assistance at 361-883-2287.
- Step 2.** Take this application to your next appointment with your licensed healthcare professional who is most familiar with your disabilities. Ask the licensed healthcare professional to complete PART 2.
- Step 3.** Mail or deliver your B-Line application to:  
CCRTA Paratransit Eligibility Program  
602 N. Staples St.  
Corpus Christi, TX 78401  
Applications may be faxed to 361-883-1983.
- Step 4.** When your application is received, CCRTA's Eligibility Program Administrator or a representative will contact you to schedule an in-person interview and assessment. All applicants must participate in the in-person interview and assessment process.
- Step 5.** After completion of the assessment process, we will notify you of your eligibility status by mail within 21 business days of your assessment.

*NOTE: A completed application is required, both Part 1 and Part 2.  
Incomplete applications may be returned.*

**Call 361-883-2287 to request your  
Paratransit Certification Application**



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### **B-Line Paratransit Eligibility Case Review**

The results of your assessment are reviewed by CCRTA to determine if you are eligible for Paratransit Services. Applicants will be notified of eligibility status by mail within 21 business days. For more information you may call 361-883- 2287.

- **Becoming ADA Eligible for Paratransit Services**  
Applicants become ADA paratransit eligible on a conditional, unconditional, or temporary basis.
- **Conditional Eligibility**  
Customers with conditional eligibility can use fixed route service for some trips.
- **Unconditional Eligibility**  
Customers with unconditional eligibility may use B-Line for any trip. Customers may choose to use fixed route service if they wish. B-Line eligible customers may travel with a Personal Care Attendant (PCA) on fixed route service with no charge to the PCA.
- **Temporary Eligibility**  
Temporary eligibility is provided to customers with a temporary disability that prevents them from using fixed route service. These customers may use B-Line for any trip for the expected duration of the disability.
- **Notification of Eligibility**  
Applicants are notified by mail within 21 business days of the results.
- **Contesting Eligibility Determination**  
An appeal process is available to any person who is denied eligibility for B-Line services, or who disagrees with an eligibility decision or specific conditions of eligibility.

Please contact us at 361-883-2287 if you need information in an alternative format.

## PART 1. Applicant

To be completed by the applicant. Please print or type.

### Applicant Information

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: XXX - \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_  
(street, apt., city, state, zip)

Mailing Address: (If different from above) \_\_\_\_\_  
(street, apt., city, state, zip)

Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

How does your disability prevent you, the applicant, from using CCRTA's fixed route bus service? \_\_\_\_\_

Do you use CCRTA's fixed route bus service? (Check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how often? \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly

What would help you to ride the fixed route service? (Check all that apply)

\_\_\_\_\_ Knowing more about fixed route service      \_\_\_\_\_ An accessible bus  
\_\_\_\_\_ Learning how to use the fixed route bus      \_\_\_\_\_ Communication aid  
\_\_\_\_\_ Accessible bus routes where I need to go      \_\_\_\_\_ Other (please note below)

#### FOR OFFICE USE ONLY

ID # \_\_\_\_\_ Recertification: \_\_\_\_\_ Yes \_\_\_\_\_ No

Expiration Date: \_\_\_\_\_ Application Received: \_\_\_\_\_

Eligibility Condition: \_\_\_\_\_

#### NOTES

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

## PART 1. Continued

### Disability Information:

B-Line provides service to those who are prevented from using CCRTA's fixed route bus service due to a physical, intellectual or psychiatric disability.

**Please describe your disability below:**

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### Mobility Aids (check all that are used in the community):

<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Straight Cane	<input type="checkbox"/> Guide Dog
<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Long White Cane	<input type="checkbox"/> Personal Care Attendant
<input type="checkbox"/> Oversized Wheelchair	<input type="checkbox"/> Quad Cane	<input type="checkbox"/> Other
<input type="checkbox"/> Power Scooter	<input type="checkbox"/> Walker	<input type="text"/>

### In case of emergency, please notify:

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

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

### Acknowledgement of Release of Information:

I verify that all statements are true and correct. I understand that supplying false information can disqualify my application and/or subsequent eligibility. I authorize the Corpus Christi Regional Transportation Authority (CCRTA) to obtain essential medical information necessary for determination of paratransit eligibility. I also agree to appear for an in-person evaluation by the CCRTA and/or its acting agency for a determination of paratransit eligibility.

Applicant's Signature: \_\_\_\_\_

**If this application is completed by someone other than the applicant, that person must provide the following information:**

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

Relationship: \_\_\_\_\_ Phone (\_\_\_\_\_) - \_\_\_\_\_

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

## PART 2. Licensed Healthcare Professional

**To be completed by a physician or other licensed healthcare professional who is familiar with the applicant's disability.**

Federal law requires that individuals with a disability that prevents them from using fixed route bus service be provided ADA paratransit service. The law requires the CCRTA to 'strictly limit' ADA paratransit to persons meeting the regulatory requirements. The information you provide will assist us in making an appropriate evaluation of this request and its application to specific trip requests. Thank you.

B-Line provides service to those individuals who are prevented from using CCRTA fixed route bus service due to a physical, cognitive or psychiatric disability. **The applicant must have a disability. Please provide all medical diagnoses resulting in disability that affect the applicant's ability to use fixed route. ICD Codes or diagnoses may be listed.**

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Is the condition temporary? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, expected duration until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date)

Are there environmental conditions (heat/cold) that would have a negative impact on the person's condition(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What are the conditions and what is the impact? \_\_\_\_\_

**If the person has a psychiatric disability affecting their ability to use a fixed route bus, please explain.**

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**If the person has a visual impairment, please explain visual acuity with best correction:**

Visual Fields: \_\_\_\_\_ Right eye \_\_\_\_\_ Left eye \_\_\_\_\_ Both eyes  
Visual Acuities: \_\_\_\_\_ Right eye \_\_\_\_\_ Left eye \_\_\_\_\_ Both eyes

**If the person has a cognitive disability, please provide an IQ and/or standardized test results and explain how they are prevented from riding a fixed route bus.**

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I have reviewed this application and based on my professional knowledge of the applicant, I certify that the above statements are true and correct.

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

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

Business Phone: \_\_\_\_\_ State License # \_\_\_\_\_

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