



Are you currently an ETA access rider?

☐ Yes ☐ No

ID number: _____

ETA access ADA Paratransit Service Application

ETA access, operated by the El Paso Transportation Authority is a shared-ride, origin to destination transportation service provided to customers who are unable because of their disability to use ETA paseo fixed route buses. Fixed route buses operate on set routes. ETA follows the Americans with Disabilities Act (ADA) of 1990 eligibility standards that fall into three categories:

- Category 1 : A person with a disability who cannot navigate the transit system without assistance.
- Category 2 : A person with a disability who requires an accessible vehicle when one is not available.
- Category 3 : A person with a disability who is unable to reach the transit stop.

ADA paratransit service is provided in the same areas, times and days as the ETA paseo fixed route buses. Rides are reserved one to seven days in advance, with same-day service available on a limited basis. Service is provided for all trip types—trips are not prioritized based on trip type (e.g. medical, shopping, personal travel).

If you are a person with a disability who cannot travel on ETA paseo fixed route buses, you may be eligible for ETA access ADA paratransit service. If you are sometimes able to use ETA paseo fixed route buses, you may be eligible for ETA access ADA paratransit service for those trips that you cannot make by ETA paseo fixed route bus because of your disability.

Please read these instructions carefully before completing the application. If you have any questions about the services, eligibility, or need assistance, please call ETA access ADA paratransit eligibility program at (915) 247-0505 or 711 (if you use a TDD/TTY) or email director@elpasotransportationauthority.org. In order for your application to be considered complete, all questions, must be answered.

The purpose of the application is to provide a fair opportunity for you to describe barriers in the environment and how your disability prevents you from using ETA paseo fixed route buses. Information contained in this application will be kept confidential and shared only with professionals involved in evaluation your eligibility status to utilize ETA access.

Important: At times, ETA access may request phone interview and/or an In-Person Functional Assessment to obtain more information regarding your application. If an In-Person Functional Assessment is requested, this will evaluate your most limiting functional ability, potentially involving simulated trips, assessing skills like balance, coordination, and safety. This optional process is completed by a licensed Physical or Occupational Therapist and is free of charge. ETA access will provide transportation for an In-Person Functional Assessment. During this time, you may provide any additional information pertaining to your application that you may deem necessary.



800 E. Overland Avenue, Room 423
El Paso, TX 79901
Office: 915.273.3838

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General Applicant Information

Please complete, sign, date and mail to the ETA access Eligibility Program, at PO Box 920451, El Paso, TX, 79901, eFax to: 1 (915) 247-0505, or email to: director@elpasotransportationauthority.org.

This form can also be dropped off at Transdev's Office located at 700 W. San Francisco Avenue, El Paso, TX, 79901, Monday through Friday, 8 a.m.-5 p.m.

Please Print

1. Name: _____

2. Address: _____ Apt: _____ Zip Code: _____

3. Home #: _____ Cell Phone #: _____

Email address: _____

4. Date of Birth: _____ Gender: _____

5. Emergency Contact Information:

Name: _____

Telephone #: _____ Relationship: _____

Name: _____

Telephone #: _____ Relationship: _____

6. Would you prefer to receive future written information in an alternative format? Please mark desired format.

☐ Standard Print

☐ Large Print

☐ Email address: _____

☐ Spanish Format

☐ Other: _____

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About your Disability

7. Do you have a disability which prevents you from using the ETA paseo fixed-route?
(The fixed-route system consists of the ETA paseo buses that follow a route with bus stops)

☐ Yes ☐ No

8. If yes, please describe any physical, cognitive, visual, or functional disabilities which prevent you from using the ETA paseo fixed-route bus service below:

9. Is your disability or disabilities a permanent or temporary condition?

☐ Permanent ☐ Temporary

10. Do you have a visual impairment?

☐ Yes ☐ No

11. Do you have a hearing impairment?

☐ Yes ☐ No

12. Are you able to travel independently after dark?

☐ Yes ☐ No ☐ Sometimes

If you indicated 'no' or 'sometimes', please explain:

13. Are you able to independently locate an audible cross walk indicator and successfully cross an intersection?

☐ Yes ☐ No ☐ Sometimes

If you indicated 'no' or 'sometimes', please explain:



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14. Are you able to independently navigate through a bus terminal and locate your desired bus stop?

☐ Yes ☐ No ☐ Sometimes

If you indicated 'no' or 'sometimes', please explain:

15. Do you currently take any medication?

☐ Yes ☐ No

If yes, does your medication impact your ability to utilize the ETA paseo fixed-route system? If so, Please explain:

16. Do weather conditions affect your disability? If so, please explain how:

17. Do you use a mobility device?

Please mark all that apply:

- | | | |
|---|---|--|
| ☐ Portable Oxygen | ☐ Crutches | ☐ Walker |
| ☐ White Cane | ☐ Service Animal | ☐ Leg Braces |
| ☐ Powered Wheelchair | ☐ Powered Scooter | ☐ Prosthesis |
| ☐ Manual Wheelchair | ☐ Walking Cane | ☐ Communication Board |
| ☐ Respirator | ☐ Other, please explain: | |
- _____

18. Do you require assistance to/from the front door of your home?

☐ Yes ☐ No

19. Do you require a Personal Care Attendant?

☐ Yes ☐ No



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Physician or Health Care Professional's Verification

I certify that the information I have provided herein is a fair representation of this applicant's medical impairment or condition and is accurate to the best of my knowledge.

I understand that the information provided herein will be used for the sole purpose of determining the applicant's eligibility for ADA paratransit services.

I also agree that ETA Access may contact me for clarification of any information I have provided and that I will reply in good faith.

Physician/Licensed Healthcare Professional Full Name:

Institution/ Facility / Agency Name:

Street Address: _____

Suite#: _____

City: _____ State: _____ Zip Code: _____

License Number: _____ Telephone: _____

Signature: _____

Date: _____

Please also attach the physician/ licensed healthcare professional signature on institution/ facility/ agency letterhead.



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Current Mode of Transportation and Navigating the ETA paseo System

20. Are you currently able to utilize the ETA paseo system?

☐ Yes ☐ No

21. If you answered 'no' please answer the following questions:

a. Why are you not able to use ETA paseo buses?

b. Are there times when you would be able to use it? If so, under what circumstances?

c. Are there any physical or environmental barriers in the ETA paseo system which prevent you from using it? (i.e., inaccessible bus, lack of curb cuts or ramps/sidewalks, dirt, gravel, etc.)

22. Do you think with enough training that you would be able to utilize ETA paseo buses?

23. If you utilize the fixed-route system, how often do you utilize the service?

- ☐ Daily
- ☐ 1-2 a week
- ☐ 1 -2 a month
- ☐ Never utilized fixed-route

24. Are you able to independently and without assistance walk up to ¼ mile (about 4 blocks)?

☐ Yes ☐ No



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25. Are you able to wait outside without assistance or support for up to 10 (ten) minutes?

☐ Yes ☐ No ☐ Sometimes

If you indicated 'no' or 'sometimes', please explain:

26. Do you have the ability to recognize landmarks of your destination without assistance?

☐ Yes

☐ No

☐ With assistance from _____

27. Do you have the ability to deal with unexpected changes in your route?

☐ Yes ☐ No ☐ Sometimes

If you indicated 'no' or 'sometimes', please explain:

28. Have you ever gotten lost while traveling alone?

☐ No, I've never been lost while traveling alone.

☐ No, I've never been alone.

☐ Yes, I've been lost.

29. If you answered yes, were you able to find your way back?

☐ Yes, I was able to find my way back, alone.

☐ Yes, with help.

☐ No.

30. If you couldn't find your way back, what did you do? Please explain what happened:



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31. Do you utilize a smart phone, if so are you able to contact ETA for assistance with route information?

☐ Yes ☐ No ☐ Sometimes

If you answered 'no' or 'sometimes', please explain:

32. Would you be interested in learning how to utilize the fixed route through Travel Training with a certified trainer? This program is free of charge.

☐ Yes ☐ No

33. Should we have further questions regarding your application, do you authorize ETA to contact your Doctor and/or Certified Agency for further questions?

☐ Yes ☐ No

34. List the top (3) three locations that you often travel with your current mode(s) of transportation.

A. Where do you go? _____

Address? _____

How often do you go there? _____

How do you get there now? _____

B. Where do you go? _____

Address? _____

How often do you go there? _____

How do you get there now? _____

C. Where do you go? _____

Address? _____

How often do you go there? _____

How do you get there now? _____



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Functional Ability Questionnaire

Your answers to the following questions will help ETA access better understand your functional ability in specific areas. For each question, please check one answer. Your answer should be based on whether you can perform this activity independently without assistance.

Can you...

1. Use the telephone to call ETA dispatch for route information and schedules?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

2. Walk up and down (3) three steps if there are handrails?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

3. Walk up or down a gradual hill on the sidewalk, if the weather is good?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

4. Find your own way to the bus stop if someone shows you the way once?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

5. Are you able to walk up to (1) one city block without taking a rest break?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:



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6. Are you able to wait (10) ten minutes at a bus stop that has no shelter or bench?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

7. Are you able to cross a controlled intersection within the allotted time provided?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

8. Are you able to travel alone?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

9. Are you able to transfer from one ETA paseo bus to another?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

10. Are you able to navigate through a bus terminal independently?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

11. Are you able to verify, and pay the correct fare?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:



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12. Are you able to keep track of time?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

13. Are you able to provide personal information? (i.e., phone number, name, address)

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

If you answered 'never' or 'Not Sure', please explain:

14. Should we have further questions regarding your application, would you be willing to participate in an In-Person Functional assessment? Information about this optional process can be found on page 1 of this application.

☐ Yes ☐ No

15. Did you require assistance in completing this application?

☐ Yes ☐ No

If yes, how did that person assist you?

Important: ETA will only use this information to determine your eligibility to use ETA access. ETA will keep this information confidential and secure and will only use it for transportation-related purposes. ETA may also use the contact information provided to solicit feedback about the access service including providing the telephone and name to a third-party to carry-out periodic surveys. **If you do not wish to participate in surveys or receive calls check here:** ☐

I certify that all information is true and correct. I agree that if any information given to ETA is false or misleading, ETA may reconsider my right to participate in the ETA access program. I understand that I may be asked to have an in-person interview to verify the information provided is correct. If asked to come in, ETA will provide transportation.

Signature: _____

Date: _____