

# ROVER



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## PARATRANSIT SERVICE POLICIES AND PROCEDURES

City of Murfreesboro  
Public Transportation  
4765 Florence Road  
Murfreesboro, TN 37129  
PH: (615) 217-6837

[www.murfreesborotn.gov](http://www.murfreesborotn.gov)

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# Rover ADA Paratransit Policies and Procedures

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### **DEFINITIONS**

**ADA** – Americans with Disabilities Act of 1990

**ADA Paratransit** – A service that is designed to be complementary to fixed-route bus service and is provided to individuals who are unable to ride the fixed-route buses

**Destination** – The ending point of an ADA Paratransit trip

**Fare** – The cost to take one ADA Paratransit trip

**Fixed-route service** – Service provided on a repetitive, fixed schedule basis along a specified route with vehicles stopping to pick-up and deliver passengers to specific locations

**“No-show”** – A late cancellation, cancellation at the door or not being ready at the scheduled pick-up time and location

**Origin** – The beginning point of an ADA Paratransit trip

**PCA** – Personal Care Attendant, someone designated or employed specifically to help an individual with a disability meet his or her personal needs in daily living activities.

**Service Animal** – Animals specifically trained to assist an individual with living independently

**Trip** – Travel from one origin to one destination

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### **PARATRANSIT SERVICE**

Paratransit is an alternative, origin to destination, demand-responsive public transportation service. It is designed to be complimentary to the fixed-route bus service in terms of service times and areas. Paratransit service is provided by the City of Murfreesboro under contract with Mid-Cumberland Human Resource Agency.

### **ADA PARATRANSIT**

ADA Paratransit service is designed to serve only those individuals with disabilities that prevent them from using the fixed-route bus system. Under the Americans with Disabilities Act of 1990 (ADA), disability alone does not automatically qualify an individual to use paratransit services. ADA Paratransit is an origin to destination service. Assistance will be provided between the first doorway of the pick-up location (origin) to the first doorway of the Drop-off location (destination). Paratransit service is required to be provided within  $\frac{3}{4}$  of a mile from all fixed bus routes during the times in which the buses are operating. At this time Rover offers its paratransit service to our entire service area.

### **WHO QUALIFIES FOR PARATRANSIT?**

ADA Paratransit services are designed to provide public transportation service to individuals that are functionally unable to use the fixed-route bus service. Individuals that are eligible for paratransit service will generally fall into one of the two categories described below.

1. Individuals who have specific impairment-related conditions which make it impossible (not just difficult) to travel to and from the bus stop.
2. Individuals who are unable to board, ride or exit from the buses even if they are able to get to the bus stop and the bus is equipped with a wheelchair ramp/lift.

Individuals may be certified for permanent, temporary or conditional eligibility. Permanent – the reason for your eligibility is unlikely to change, and you will continue to remain eligible for the service

Temporary – the reason for your eligibility is limited in its duration, and at the end of that time frame you will no longer be eligible for the service

Conditional – the reason for eligibility is circumstantial (e.g. snow and ice or when it's dark) and you are only eligible during these times

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## **POLICIES**

### **GENERAL POLICIES**

1. Passengers must pay the fare upon boarding the vehicle.
2. No smoking, eating, drinking or disruptive behavior is allowed.
3. Limit conversations with the driver to questions regarding services so they may concentrate on driving safely.
4. Remain seated until the vehicle has come to a complete stop at your destination.
5. Passengers may only carry items on to the vehicle that can be carried in one trip and can be safely stored inside the vehicle.
6. Do not leave any personal items on the van. Rover and the Paratransit Service Provider are not responsible for any items left unattended.
7. Respirators, portable oxygen and service animals are allowed aboard the vehicles.
8. Mobility devices, including wheelchairs and scooters, are required to be secured to the vehicle.

### **SERVICE AREA**

Paratransit service is offered anywhere within the Rover service area. A map showing our fixed routes and service area will be provided upon request. Origins and destinations outside of this area will not be served. Only locations where the vehicle can be safely parked and passengers can safely board and exit the vehicle will be served.

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### **DAYS AND HOURS OF OPERATION**

Days and hours of service are Monday through Friday 6:00 am until 6:00 pm, and Saturday 9:00 am to 4:30 pm. Service will be provided to all areas at the same time that bus service would begin in those areas. Transportation service is not available on Sunday. Service does not operate on the following holidays: New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day/Day After, Christmas Eve and Christmas Day.

### **RESERVATION POLICY**

Reservations for next day service and up to 14 days in advance can be made between the hours of 8:00 am and 4:30 pm Sunday through Friday. Reservations will not be taken before or after these hours. On Sundays and holidays before a service day, reservations may be taken via answering machine.

When scheduling your appointment(s) please have all pertinent information ready. The dispatcher will need your name, address, phone number, requested pick-up time, address and due time as well as your destination address. In order to maximize the efficiency of our service and serve as many people as possible your trip may be scheduled up to one hour earlier or later than your requested pick-up time. Please be ready for the driver one hour prior to your requested time.

Please keep track of the dates and times for the appointments you make. No reminder or follow-up calls will be made.

### **CANCELLATION POLICY**

If it is necessary to cancel your appointment please do so before your scheduled pick-up time. Passengers who are not ready for the scheduled pick-up time cause the system to run behind schedule and inconvenience other passengers. If you are not ready to depart when the vehicle arrives for pick-up or cannot be located at the pick-up location it will be considered a "no-show".

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### **LATE POLICY**

In order to provide service to as many people as possible, it is essential that all passengers be ready at their scheduled time. Passengers who are not ready for the scheduled pickup time cause the driver to fall behind schedule and inconvenience other passengers. Therefore, there is a five-minute limit to the amount of time paratransit drivers will wait for a late passenger.

It is the passenger's responsibility to be ready and waiting at their door (or curb, if they are able) by their scheduled pick-up time. If the passenger is not ready and at the door within five minutes of the scheduled pickup time, and has not called the dispatcher to reschedule or cancel the trip, the driver will notify the dispatcher and depart for the next pickup. If possible, a passenger who has missed their pick-up will be worked back in when, and if, space and time permits.

### **"NO-SHOW" POLICY**

"No-shows" are detrimental to the effective operation of the service and deny other passengers efficient public transportation. "No-show" penalties are calculated on a 12 month basis. All "no-shows" will be logged in the client's file. "No-shows" beyond your control (e.g. late pick-up, family or medical emergency) or operator error will not be counted against you. On the 11<sup>th</sup> "no-show" a warning letter will be sent to the client. The 12<sup>th</sup> "no-show" will result in 60 day suspension of service. The passenger has the right to appeal the suspension decision. Appeals must be received in writing to City of Murfreesboro, Transportation Department, 111 West Vine St. Murfreesboro, TN 37130. Passengers who appeal will be allowed to continue using the service until an appeals decision has been made. Notification of an appeals decision will be sent in writing.

### **FARE POLICY**

The fare for an ADA paratransit trip is \$2.00 each way. Fare must be paid in exact change.

You may bring a Personal Care Attendant (PCA) with you at no extra charge; however, the need for a PCA must be indicated on your application or notice given to reservations when the trip is booked before they are able to ride free. You may also bring a companion with you on your trip. Companions must pay the \$2.00 per trip fare. Additional companions will be accommodated if

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space is available on the vehicle. Please inform the dispatcher when you make your appointment if you will have a PCA or companion accompanying you.

### **PASSENGER ASSISTANCE POLICY**

We are an origin to destination service and are required to provide assistance between the vehicle and the first doorway for customers who need additional assistance to complete the trip. We will not go into your home or into the location of your destination. If you are in a wheelchair and do not have a ramp or are unable to maneuver it by yourself, we suggest that you have a personal care attendant accompany you. When necessary the operator will assist individuals with disabilities in the use of the 4-point tie down securement system and shoulder belt. It is the policy of Rover and Mid-Cumberland that all mobility devices be secured. Service may be denied if a passenger refuses. If you are not in a wheelchair, and need the lift, it will be deployed upon request.

If you are not able to carry your groceries or shopping bags to or from the vehicle, we will allow our operators to carry whatever they can carry in one trip to the door of your home or apartment building. We will not go into your home.

### **POLICY ON PORTABLE BREATHING AIDS / SERVICE ANIMALS**

Individuals with disabilities using respirators or portable oxygen and service animals are permitted on fixed-route bus and paratransit. Oxygen tanks must be secured so they do not move during transport.

### **VISITOR POLICY**

Out-of-town visitors will be eligible for ADA Paratransit if they are eligible to use the ADA Paratransit provided by their home system. Visitors must provide proof of paratransit certification from their home system. Once eligibility is confirmed, Visitors may schedule service for the next day. Visitors will be provided only 21 days of paratransit service per calendar year. Individuals intending to use the service for more than 21 days will be required to apply for certification.

## **PROCEDURES**

### **HOW TO APPLY FOR ADA PARTRANSIT CERTIFICATION**

To apply for ADA Paratransit certification, an application (Attachment 1) must be completed and approved by the Paratransit Eligibility Coordinator. The application requests information about the nature, extent, effect and duration of



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your disability. A medical doctor is required to fill out the professional certification portion of the application.

Upon completion of the application you may mail it to the address listed on the application. Please ensure that the application is 100% complete. Missing or incomplete information could result in a decision being delayed.

Once your application is received, it will be evaluated and you will receive written notification of the decision within 21 days. If a decision has not been made within 21 days you may be allowed to use the service until you have been notified of the decision to deny.

If you have any additional questions about the application process or paratransit service, please call (615)801-3039.

### **HOW TO APPEAL IF YOUR APPLICATION IS DENIED**

The ADA requires that transportation providers establish a process for persons to appeal decisions if they are denied access to paratransit services. The Rover System has established an appeals procedure for persons whose application for paratransit eligibility is denied or for persons who have received suspension notices for other reasons. An individual may file an appeal when Rover denies paratransit service for any of the following reasons.

1. Denial of eligibility
2. Suspension resulting from excessive “no-shows” or cancellations
3. Suspension for seriously disruptive behavior

Rover will inform an applicant or client of a decision to deny eligibility status or to suspend service by letter. Individuals have 60 days from the date of the letter to request an appeal. Request for an appeal must be sent in writing to the following address:

Rover  
City of Murfreesboro, Transportation  
111 West Vine St.  
Murfreesboro, TN 37130  
Attention: Asst. Transportation Director

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The appeals process will allow individuals an opportunity to be heard and to present arguments to the appeals board. The administrative appeals board consists of the Assistant Transportation Director, Operations Manager and Paratransit Eligibility Coordinator. Individuals who have submitted an appeal will be notified of the decision of the appeals board in writing within 30 days. If no decision has been made by Rover regarding the appeal within 30 days, paratransit service will be provided until and unless a decision to deny the appeal is issued by Rover.

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### **HOW TO SUBMIT A COMPLIMENT, COMPLAINT OR SUGGESTION**

If you would like to make a suggestion, recognize someone in our organization who provided you with excellent service or bring an issue with the service you were provided to our attention, please complete the compliment, complaint and suggestion form (Attachment 2). After you have completed the form simply mail it to:

Rover

City of Murfreesboro, Transportation

111 West Vine St.

Murfreesboro, TN 37130

Attn: Assistant Transportation Director

Please provide your name, phone number and address so that we may contact you in order to discuss or clarify the issue.



## Eligibility Application for Complimentary ADA Paratransit Services

**OFFICE USE ONLY**

Date    Received

Date    Processed

Date    Approved

Date    Denied

Date    Notified

Status Code\_

1. **ADA Category 1:** A person who is unable to board, ride, or exit any vehicle independently on the fixed route system that is readily accessible to and usable by persons with disabilities.
  2. **ADA Category 2:** A person who needs the assistance of a wheelchair lift and one is not available on the fixed route service during the time the individual wishes to travel. (All Rover fixed route vehicles are fully accessible).
  3. **ADA Category 3:** A person who has an impairment-related condition that prevents getting to or leaving a bus stop.
  4. If all spaces are not completed this form will be returned.
  5. Please read the entire application and print neatly or type; only one person per application.
- This application is available in accessible format. If you have any questions regarding this application or need assistance completing the form, please call (615) 801-3039, or TDD (615) 849-2689.

**Section 1—Personal Information**

Date of Application: \_

Name (Please Print): \_

Address: \_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_

Home Telephone: \_\_\_\_\_ Work/Cell Telephone: \_

Birth Date: \_\_\_\_\_ Email Address: \_

**Emergency Contact** (Application will be returned if left blank.)

Name: (Please Print): \_

Address: \_

Home Telephone: \_\_\_\_\_ Work/Cell Telephone: \_

Relationship: \_

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***I certify that information provided in this application is true, authorize the health care professional certifying this application to release information about my disability to ROVER and Mid-Cumberland Human Resource Services***

Applicant's Signature: \_

**If this application has been completed by someone other than the person requesting reduced-fare eligibility, that person MUST FULLY COMPLETE the following:**

Name of Individual or Agency: \_

Address: \_

(City / State / Zip): \_

Phone: Fax Number: \_

Signed: \_\_\_\_\_ Date: \_

# Eligibility Application for Complimentary ADA Paratransit Services

## Section 2—Disability Information

1. Please describe your impairment and/or illness and check any applicable items below (examples include blindness, multiple sclerosis, heart condition): \_

- a. Visually Impaired: Total \_ Partial \_ Vision: Right 20/\_ Left 20/ \_  
b. Hearing Impaired: \_  
c. Mentally or Developmentally Impaired: \_  
d. Mobility Device: Powered \_ Manual \_ Scooter \_  
e. Crutches: Braces \_ Walker \_ Prosthesis \_ Other \_  
f. Other Mobility Limitations or Physical Impairments (please describe): \_

2. Do you require someone to assist you when you travel using transit? (It is a disabled rider's responsibility to provide a personal care attendant and a properly functioning mobility device. No fare is charged for a personal care attendant riding with a disabled rider.)  
(Do not leave blank) YES \_ NO \_

3. Do you use any of the following aids? (Check all that apply)

Wheelchair; if Your Wheelchair Is Larger Than a Common Wheelchair (30 Inches Wide; 48 Inches Long ; more than 600 lbs. when occupied), please describe it: \_

- \_ Powered Scooter. If you use a scooter, will you be able to transfer to a seat? Yes \_ No \_  
\_ Service Animal \_ Alphabet Board \_ Oxygen Tank  
\_ Other Assistive Devices. If yes, please describe: \_

## Section 3—Health Care Professional Certification

This certification must be completed by a licensed or certified health care professional , and received by Rover within 60 days of the health care professional's signature. Information will remain on file with Rover and is not subject to public review.

Name of Health Care Professional: \_

License Number/State Issued: \_

Phone: \_

Address: \_

City, State, Zip: \_

Check One: \_ Physician: (Specialty) \_

- \_ Physician's Assistant \_ Nurse Practitioner \_ Audiologist \_ Podiatrist  
\_ Optometrist \_ Licensed Clinical Psychologist \_ Certified School Psychologist  
\_ Licensed Occupational Therapist \_ Licensed Physical Therapist

Expected duration of applicant's disability:

- \_ Temporary: Short Term conditions likely to improve within one year  
\_ Long-Term: Condition with potential for improvement or long periods of remission  
\_ Permanent: Conditions with absolutely no expectation of improvement

I certify that the applicant is affected by the impairment/illness described, and as a result, requires the assistive devices described, and is unable to use mass transportation services as effectively as persons who are not so affected.

Signature: \_

Date: \_

**Please Return Application to:**

ROVER Eligibility Coordinator  
4765 Florence Road  
Murfreesboro, TN 37129

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## ATTACHMENT 2

### COMPLIMENT, COMPLAINT AND SUGGESTION FORM

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Date of service \_\_\_\_\_

Please select one of the following

- Compliment
- Complaint
- Suggestion

In the space below please provide a description of the event. Please provide as much detail, including the names of all parties and places involved.

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Mail the completed form to:  
Rover  
City of Murfreesboro, Transportation  
111 West Vine St.  
Murfreesboro, TN 37130  
Attn: Assistant Transportation Director