Guide to Handitran Special Transportation Service

Handitran
Provides the City of Arlington special transportation service for senior citizens and persons with disabilities, preventing them from safely operating an automobile. Handitran offers door-to-door, shared-ride, demand response service while operating mini-buses equipped with wheelchair accessible features. Taxicabs are contracted to supplement services provided.

Drivers are trained to assist passengers in boarding and exiting the vehicles used for this service.

Handitran is a common carrier and shall not be used as emergency medical service, nor do our drivers provide attendant-type services.

Please read this information carefully to familiarize yourself with the type and level of service Handitran provides.

Eligibility
Handitran service is available to individuals who, because of physical or mental disability preventing them from safely operating an automobile, and/or 65 years of age or over. Passengers must be able to sit upright in a wheelchair or vehicle seat. Lap belts are highly recommended for passengers traveling in wheelchairs, they provide an extra level of protection and assist in keeping the rider in the wheelchair.

Sign-up process
1. Completely fill out and sign the attached Handitran Service Application.
2. Senior citizens (65 and over) must provide proof of age with the application.
3. Persons under 65 with disabilities must have their physician certify the application.
4. A $10.00 application fee is due at the time of application. Payment of this fee does not guarantee availability of rides; it serves only to activate the passenger on the list of passengers eligible for service.

Once the application is accepted and approved, we will contact you to begin scheduling and a letter of acceptance is mailed to you. Those applicants who are denied service have the right to appeal within 10 days of the denial date.

Handitran service area
Handitran offers service, anywhere within the city limits of Arlington and up to a mile and a half outside of the Arlington city limit. Trips to, and from, public schools for students are not allowed, AISD provides bus services for students. Work, non-public school, medical, essential personal and recreational trips are all allowed, on a first come, first serve basis.

Handitran charges
In addition to the one-time $10.00 Application Fee, there is a $2.00 charge for each one-way trip. As this is a City of Arlington program, one leg of each trip must be in Arlington. Passengers may choose one of two options for fare payment:

Exact fare of $2.00, as our drivers do not carry change. We also offer a fare-owed option for passengers who do not have exact change and/or the fare for their trip. Call the Administrative Office for current balance and to make payments on any balance owed.

For frequent riders, monthly Handi-passes are available. The cost is $55.00 and will cover the payment of unlimited trips throughout a calendar month. Monthly passes do not guarantee trips. Please call the admin office for further information about monthly passes. Riders must pay their fares upon boarding the vehicle. Unused passes are not refundable.

Wheelchairs Accommodations
“Assistive Devices,” as defined by the Americans with Disabilities Act, are accommodated. If a mobility device exceeds the capacity of the vehicle, the operator may ask the passenger to transfer to a seat, as it may be difficult to safely secure the passenger within the certain mobility devices. It is the passenger’s choice to transfer or remain in their mobility device. Passengers in wheelchairs must have the proper equipment necessary to keep them safely in the wheelchair. This includes, but is not limited to, lapbelts, footrests with toe or heel straps, and brakes in working order. Brakes must be operational, or transport will be denied.

Hours of Operation

<table>
<thead>
<tr>
<th>Administrative Office Hours</th>
<th>Monday Through Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Hours</td>
<td>8:00 a.m. to 5:00 p.m.</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>7:00 a.m. to 10:00 p.m.</td>
<td>8:00 a.m. to 9:00 p.m.</td>
</tr>
<tr>
<td>Scheduling &amp; Dispatch Office</td>
<td>To Schedule a Ride</td>
<td>8:00 a.m. to 4:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>To Cancel a Ride</td>
<td>24 hours (recorded)</td>
</tr>
<tr>
<td></td>
<td>To Check on Rides</td>
<td>7:00 a.m. to 10:00 p.m.</td>
</tr>
</tbody>
</table>
Guests and Attendants
A passenger may schedule up to two guests, or escorts, to travel with them, if space is available. Each guest is charged the regular fare of $2.00.

An attendant who is required as an aide to the passenger may ride free. Guests and attendants must be scheduled at the time the reservation is made to ensure seating is available.

Scheduling a Trip
Certification with Handitran or a monthly pass does NOT guarantee trip opportunities. The Scheduling Office accepts service requests between 8:00 a.m. and 4:30 p.m., Monday through Friday. Passengers may schedule up to 14 days in advance of the trip. Because schedules often run full, we suggest passengers attempt to schedule as far in advance as possible to be accommodated at their preferred times. All trip requests are taken on a first-come, first-served basis. The following information is required when requesting service:

- Passenger name and service I.D. number;
- Type of assistive device, such as a wheelchair or cane, if any;
- If any guests, attendant or service animal will accompany the passenger;
- Phone number; update
- An exact address where the passenger will be picked up
- Exact address and description of the place for drop-off (ex. doctor's office, a grocery store). A phone number of the destination is helpful if available;
- The time due at the destination; and
- The time a return trip is needed.

Same-day scheduling is permitted on a space-available basis. Requests by passengers for same-day changes on the schedule may be permitted if the schedule can accommodate the change.

Refusals may occur when Handitran cannot accommodate a trip due to limited capacity. All requests are made on a space-available basis. Trips may be denied due to a lack of capacity.

On-Board Policies
Handitran may arrive for pick-up 15 minutes before or after the promised or negotiated time. Passengers need to be ready 15 minutes prior to the promised or negotiated time. To avoid delaying other passengers, drivers are required to wait only five minutes, if no contact is made with the passenger, before proceeding on their route. If the passenger is not ready, they may be “given” a “no show.” Drivers are not allowed to go into residences or other facilities to look for passengers.

Seatbelts must be worn in both buses and taxis. For passenger safety, drivers are not allowed to put the vehicle in motion until seatbelts are fastened. For the comfort of all passengers, food, drink or smoking is not permitted. Profanity or abusive conduct is not permitted and may result in suspension or termination of service. Both bus and taxi drivers are prohibited from accepting tips. Drivers are not allowed to make changes in scheduled times or destinations without authorization from the Dispatch Office.

Bags and Packages
Passengers should limit their carry-on packages to no more than the equivalent of five (5) full, brown paper grocery bags, or 10 plastic grocery bags, unless an attendant travels with the passenger to load and unload the packages. Packages are limited to no larger than a brown paper grocery bag and can weigh no more than 20 pounds. The ultimate decision on whether these items can be safely transported belongs to the driver.

What If Handitran is Late?
Handitran’s goal is to arrive within 15 minutes of the scheduled pick-up time 95% of the time. On occasion, Handitran may run later than scheduled due to traffic, weather or other unforeseen conditions. If the bus is 15 minutes past the scheduled pick-up time, the passenger should confirm the pick-up time using the phone APP, online or by contacting the scheduling office for estimated arrival times.

What If the Passenger Is Not Ready For the Return Trip?
If a passenger is unable to be ready at the scheduled return time, they should call 817-275-3704, thirty minutes prior to the pick-up time so the bus/taxi can avoid an unnecessary trip and the passenger can avoid the recording of a “no show.” Then, when the passenger is ready, they should call us back. The trip will then be worked back into the schedule at our earliest convenience. No guarantees of return are made, especially during night service hours, when service is limited, or towards the end of service hours, when vehicles have been taken out of service.

Cancellations and No Shows
When it is necessary to cancel a trip, passengers are asked to cancel as soon as possible using the phone APP, online or by contacting the office as soon as possible so that time slot may be available for another user. Cancellations must be made 30 minutes prior to the trip to avoid a “no show”.

No Shows: Because we deliver trips in a rideshare, demand-response schedule, passengers who “no show” create a problem for all passengers scheduled that day. We ask that you schedule the trips you intend to take and cancel or forego scheduling the trips you are not prepared to take. Passengers who have multiple no shows are subject to suspension of Handitran service.

If a passenger no shows at the origination point, any return trips scheduled will automatically be cancelled. If a passenger no shows on a return trip, they must contact Handitran to attempt to schedule (based on availability) another return trip.
Self-service and App
For your convenience we have an APP available for IPhone and Android use. There is also a website available for public use. Both features offer you more flexibility in your Handitrans experience. They allow you to monitor you trip, see upcoming travel arrangements, current ETAs, cancel and even schedule new trips. Your email address is required, and you must agree to our terms of service. These convenient features allow you to get information without the need to call. By signing up for self-service and APP access, you are agreeing to receive occasional emails from Handitrans. Your email addresses will not be sold/released to marketing companies. For more information, please contact the administration office.

Please call the Handitrans Administrative Office should you have questions about any of Handitrans’s policies

RELEASE AND INDEMNIFICATION

I covenant and agree that, for and in consideration of the City of Arlington allowing me to use the Handitrans special transportation system, I do hereby agree to waive all claims, release, indemnify, defend and hold harmless the City of Arlington, its employees, agents, sponsors and volunteers assisting in the Handitrans program, from any and all damages, claims, or liability of any kind, whatsoever, which may arise by reason of injury to or death of any person, or for loss of, damage to, or loss of use of any property occasioned by any error, omission, violation of Handitrans’s rules or regulations, or negligent act by me. Such indemnity will apply whether the damages, claims, or liability arise in whole or in part from the error, omission, violation of Handitrans’s rules or regulations, or negligence of me or the City of Arlington. It is my expressed intention that the indemnity provided for in this paragraph is indemnity by me to indemnify and protect the City of Arlington from the consequences of the City of Arlington’s own negligence, whether that negligence is the sole or concurring cause of the injury, death or damage.

BY SIGNING BELOW, I ACKNOWLEDGE:

RECEIPT OF POLICY INFORMATION: I have received the preceding information concerning Handitrans policies and procedures and agree to abide by these policies.

VERIFICATION AND RELEASE OF INFORMATION: I verify the information contained on this application for service is true and correct to the best of my knowledge. I also authorize Handitrans personnel to obtain verification of any information given in this application, including, but not limited to pertinent medical information necessary for clarification of ridership eligibility.

RELEASE AND INDEMNIFICATION: I have read the above release and indemnification, understand its terms and conditions, and execute it voluntarily and with full knowledge of its significance.

Dated, this, the ______ day of _________________________, 20______.

X

Applicant’s Signature (Or Legal Guardian w/Power of Attorney)

(Please provide copy of Power of Attorney)

Application for Handitrans Special Transportation Service

Applicant’s Name __________________________  Home Phone __________________________

Date of Birth __________________________ Age ___  Gender ___

Address __________________________ Apt. # ___ City/State/Zip __________________________

Name of Apartment Complex or Nursing Home: __________________________________________________________

Email __________________________

Person to Contact In Case of Emergency __________________________ Home Phone __________________________

Address __________________________ Other Phone __________________________

City/State/Zip __________________________ Relation __________________________
Does the applicant require an attendant or supervision during transport?  
☐ Yes  ☐ No  
Explain:

Assistive Devices Used (Check All That Apply):

☐ Cane  ☐ Service Animal: __________________  ☐ Standard Manual Wheelchair
☐ Crutches  ☐ Portable Oxygen  ☐ Electric Conventional
☐ Walker  ☐ Other: ______________________  ☐ Powered Scooter

What is the brand and/or model number (if available) of the mobility device?  
__________________________________________________________________________

If using a service animal, what service does the animal provide?  
__________________________________________________________________________

If using wheelchair, does your residence have a wheelchair ramp for multiple steps?  
☐ Yes  ☐ No  ☐ N/A  
(Driver cannot take a wheelchair up or down a step higher than 6” or more than one step; ramps must be secure)

Do you require assistance from the driver?  ________________  ☐ Yes  ☐ No

Do you have any condition of which we should be aware?  ________________  ☐ Yes  ☐ No

Have you ever filled out a Handitran service application before?  ________________  ☐ Yes  ☐ No

DISABILITY CERTIFICATION

This page must be completed by a physician for applicants with disabilities who are under 65 years of age. Failure of physician to complete this portion of form may lead to delay of certification or non-certification of applicant. This section is not required for applicants 65 years of age or older if proof of age is submitted; however, it is suggested it be completed in addition to the proof of age to provide disability information.

ATTENTION PHYSICIAN:

An individual wishing to be certified with Handitran must be a senior citizen (65 years of age or older) or transportation restricted by virtue of a physical/mental disability. The program is a subsidized shared-ride service that provides transportation to persons who have a physical or mental disability that prevents their safe operating of a motor vehicle.

☐ This applicant is not transportation restricted as described above.
☐ This applicant is transportation restricted as described above, and outlined as follows:

1. What is the applicant's specific disability or medical diagnosis? If the applicant's disability is obesity related, please provide current weight:
__________________________________________________________________________

2. Is the applicant's disability temporary or permanent?  ☐ Temporary  ☐ Permanent

If temporary, how long will the applicant need service?
☐ Less than one month  ☐ Six months to one year
☐ One to three months  ☐ One to two years
☐ Three to six months  ☐ Over two years

3. Does the patient have a history of/currently have violent tendencies or will the patient present a behavioral problem during transport?  
☐ Yes  Explain: ____________________________________________________________
☐ No

Physician’s Signature ____________________________  Date Completed ____________________________
Physician’s Name ____________________________  Phone Number ____________________________
Address ____________________________  Fax Number ____________________________
City/State/Zip ____________________________