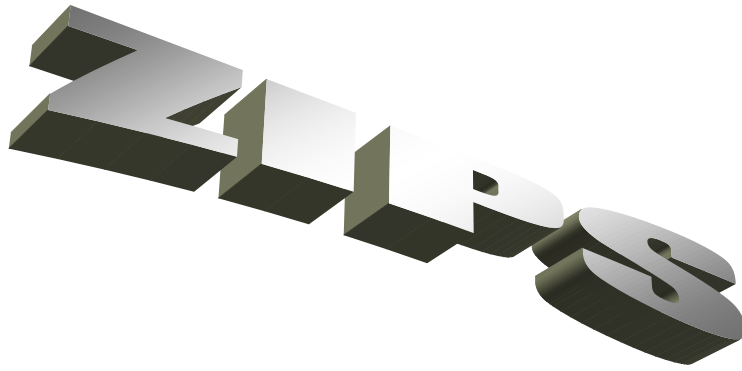


Rochester Public Transit
4300 East River Rd NE
Rochester, MN 55906
Tel # (507) 328-2439
Fax # (507) 328-2432



FOR MORE INFORMATION ON OUR PROGRAM GO TO WWW.RPTRIDE.COM

The Zumbro Independent Passenger Service (ZIPS) is a door-to-door transportation system for persons who cannot use Rochester Public Transit due to a disability. All ZIPS vehicle are wheelchair accessible. The service is administered by the Rochester Department of Public Works. Operation of the service including dispatching, drivers, and maintenance is provided by a private company under contract to the City. This program meets all the guidelines prescribed by section 12143 of The ADA act of 1990.

HOW TO APPLY- You must submit an application and be approved before you can use ZIPS. Applications can be mailed to you and are obtained by calling the above number, or going to www.rptride.com

SERVICE AREA- Area includes the City of Rochester and four surrounding townships of Cascade, Haverhill, Marion, and Rochester. (See attached Map)

OPERATING HOURS

Weekdays & Evenings:

First Pick up: 5:00 AM

Last Pick up: 10:30PM

Saturdays, Sundays, and Holidays:

First Pick up: 6:00 AM

Last Pick up: 7:00PM

*Holidays are: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day

FARES are subsidized by local, State, and Federal tax money.

FARES:

5 Ride Punch Pass for \$15.00

1 Single Ride Fare = \$3.00

*Purchase tickets from the driver.

RESERVATIONS are made by calling 288-8404, by calling at least **one day** in advance. Riders are scheduled on a first come first served basis. When you call, be prepared to tell the dispatcher the time and place you would like to be picked up and whether or not you need a return ride. You should be ready for your pick-up at least **10 minutes** before the reservation time.

CANCELLATION of service must be made one hour before your scheduled pick-up time. A continual pattern of "No Shows" is cause for suspension of service.

COMPANIONS/ATTENDANTS- You may have one companion ride with you. The driver will punch your ticket an additional time for companions. Personal Care Attendants (PCAs) travel at no extra charge. Free travel for a PCA must be requested in writing prior to riding.

COMMENTS/COMPLAINTS/SUGGESTIONS should be directed to:

Rochester Public Transit/ ZIPS

4300 East River Road NE

Rochester, MN 55906

Or call the above phone number or go to www.RPTRIDE.com

ZIPS SERVICE AREA

75TH ST NW/NE

65TH ST NW

55TH ST NW

18TH AVE NW

HWY 63

41ST ST NW

HWY 52

VIOLA RD

WEST CIRCLE DRIVE

19TH ST NW

EAST CIRCLE DRIVE

2ND ST SW

BROADWAY

HWY 14

60TH AVE SW/NW

80TH AVE NE/SE

MARION RD SE

50TH AVE SE

40TH ST SW

11TH AVE SE

60TH ST SW/SE

REVISED 7/01

CERTIFICATION# _____

APPLICATION FOR ZIPS DIAL-A-RIDE * ROCHESTER, MINNESOTA

INSTRUCTIONS: (Please print or type). All applicants must submit Part A and B. Part B is to be completed by a physician. Persons requesting certification due to a mental disability must also complete Part C.

If you need assistance in completing this application call the Parking and Transit Division at the above number.

PART A THIS SECTION TO BE COMPLETED BY APPLICANT OR LEGAL GUARDIAN

FULL NAME _____ DATE OF BIRTH _____
ADDRESS _____ TELEPHONE # () _____
CITY, STATE, ZIP _____
DESCRIBE YOUR DISABILITY _____

DO YOU USE ANY OF THE FOLLOWING DEVICES? _____ YES _____ NO
IF YES, CHECK WHICH ONES: _____ WHEELCHAIR _____ LEG BRACE
_____ CANE _____ WALKER
_____ OTHER, DESCRIBE _____

CAN YOU USE ROCHESTER PUBLIC TRANSIT BUSES? _____ YES _____ NO _____
YES, UNDER CERTAIN CONDITIONS (DESCRIBE CONDITIONS): _____

CAN YOU USE ROCHESTER PUBLIC TRANSIT BUSES IF THEY ARE WHEELCHAIR ACCESSIBLE?
_____ YES _____ NO

ARE YOU PRESENTLY OR EVER BEEN APPROVED FOR ZIPS SERVICES? _____ YES _____ NO
IF YES, PLEASE GIVE ID NUMBER _____

IN CASE OF EMERGENCY WHO SHOULD WE CONTACT?
NAME: _____ TELEPHONE # _____

I hereby certify the above information is complete and accurate. I also give permission to the physician identified below to supply the requested information.

Signature of Applicant or Guardian _____ Date _____

PART B THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN

ZIPS Service is for persons who **CANNOT** use regular Rochester City Lines buses for one or more of the following reasons. (Please check ALL CRITERIA which apply to the above named person).

- _____ 1. THE PERSON IS CONFINED TO A WHEELCHAIR.
- _____ 2. THE PERSON HAS A PHYSICAL FUNCTIONAL DISABILITY WHICH PREVENTS WALKING TO AND FROM A BUS STOP OR NEGOTIATING BUS STEPS.
- _____ 3.* THE PERSON HAS A SENSORY HANDICAP OR MENTAL FUNCTIONAL LIMITATION THAT PREVENTS THEM FROM USING, OR LEARNING TO USE REGULAR ROUTE BUS SERVICE AS OPERATED BY ROCHESTER CITY LINES.

*Persons with a mental disability must submit Part C.

(Physicians certification continued)

DESCRIBE HOW THE DISABILITY PROHIBITS THE PERSON'S USE OF REGULAR BUS SERVICE: _____

IS THIS NEED FOR ZIPS SERVICE (CHECK ONE)

- PERMANENT
- TEMPORARY IF YES, STATE DURATION
- SEASONAL OR CONDITIONAL (EG. COLD WEATHER MONTHS,
EVENINGS ONLY, NON-ROUTE TRIPS)

IF SEASONAL OR CONDITIONAL, STATE UNDER WHAT CIRCUMSTANCES DOES THIS PERSON NEED ZIPS SERVICE _____.

COULD THIS PERSON, WITH ADEQUATE TRAINING LEARN TO USE REGULAR ROCHESTER CITY LINES BUS SERVICE? YES NO

IF NO, EXPLAIN _____

IF YES, WHAT LENGTH OF TIME WOULD YOU ESTIMATE THIS PERSON WOULD NEED TO ACQUIRE THE NECESSARY TRANSPORTATION SKILLS? _____

IF THIS PERSON USES A WHEELCHAIR, CAN THEY BE TRANSFERRED TO A SEAT?
 YES NO

I CERTIFY BY MY SIGNATURE THAT _____, IN MY
(Applicant's name)
PROFESSIONAL OPINION MEETS THE CRITERIA AS I HAVE INDICATED ABOVE.

SIGNATURE _____

PLEASE FILL OUT COMPLETELY:

NAME (PLEASE PRINT) _____

TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

RETURN THIS APPLICATION TO: Rochester Public Transit
4300 East River Road NE
ROCHESTER, MN 55906

DO NOT WRITE BELOW THIS LINE

Circle one: Approved Disapproved
Circle one: Permanent Temporary Seasonal Conditional

Reviewed by:

Date: _____ I.D. NUMBER ISSUED _____

PART C ZIPS DIAL-A-RIDE/ROCHESTER, MINNESOTA

CERTIFICATION FOR PERSONS WITH A MENTAL DISABILITY

THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN, LICENSED PSYCHOLOGIST OR ORIENTATION AND MOBILITY SPECIALIST.

Name of Applicant _____

Name of Professional Completing this Form _____

Telephone (____) _____

Relationship to Applicant _____

1. Does the applicant become disoriented or overly anxious in unusual travel situations? (Examples -- forgets own name, destination, travel routes, etc.)
_____ Yes _____ No. Comments:

2. Is the applicant able to compare information cards with signs, bus route numbers, landmarks, etc.?
_____ Yes _____ No. Comments:

3. Is the applicant able to ask for and understand assistance if lost?
_____ Yes _____ No. Comments:

4. Is the applicant able to follow directions and maintain attention to traveling?
_____ Yes _____ No. Comments:

5. Is the applicant able to cross streets in traffic safely?
_____ Yes _____ No. Comments:

6. Could this person, with adequate training learn to use regular Rochester City Lines bus service? _____ Yes _____ No
If no, explain _____

7. Is there any other information that should be considered in making a determination regarding the type of transportation service this individual's needs? _____

I certify that the above information is true and accurate.

Signature of Professional

Date

THIS FORM SHOULD BE RETURNED WITH THE PHYSICIANS CERTIFICATION TO:
ROCHESTER PUBLIC TRANSIT
4300 EAST RIVER ROAD NE
ROCHESTER, MINNESOTA 55906

MUST BE RETURNED WITH ZIPS APPLICATION

RIGHTS OF SUBJECTS OF GOVERNMENTS DATA
"TENNESSEN WARNING"
APPLICANTS FOR ZIPS DIAL-A-RIDE

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; and confidential information is the information which is not available to you or the public. The information we collect from you is either public or private.

Public information includes the name and address of the applicant. All other information collected on the application is considered private.

The information collected and required from you is used for the following purposes:

- To distinguish you from other clients by the same or similar name.
- To determine your eligibility for services provided by the City of Rochester.
- To make reports, do research and evaluate our program.
- To investigate reports of persons who may receive services fraudulently.

You are not required to provide the information. However, if you do not supply the required information, the City of Rochester will not be able to determine your eligibility for service.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the program. Persons or agencies with whom this information may be shared include:

1. City of Rochester department personnel involved in determining your eligibility or administering the program in connection with which the applicant is submitted.
2. Olmsted County departmental personnel involved in the program.
3. City Council members (only that information needed to approve the application).
4. Federal, State, County and local and contracted public auditors.
5. Law enforcement personnel in the cases of suspected fraud related to the applications.
6. These individuals or agencies to which you give your express written permission.
7. The bus service company and its employees that need to know.
8. The Subcommittee on ZIPS Eligibility of the Citizens Advisory on Transit to review cases of contested eligibility.
9. Medical, mental health and social service agencies listed to by you as a reference.
10. Guardians or other legal custodians or conservators (if you have one).

If you have questions about why we share information with any of these persons or agencies, please contact us.

Unless otherwise authorized by state statutes or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the authority who is responsible for data practices management for the City who is:

City Clerk
City Hall
201 4th Street S.E.
Rochester, MN 55904
(507) 328-2900

I have read and understand the above information regarding my rights as a subject of government data.

Applicant (please print) _____

Signature of Applicant or Guardian

Date