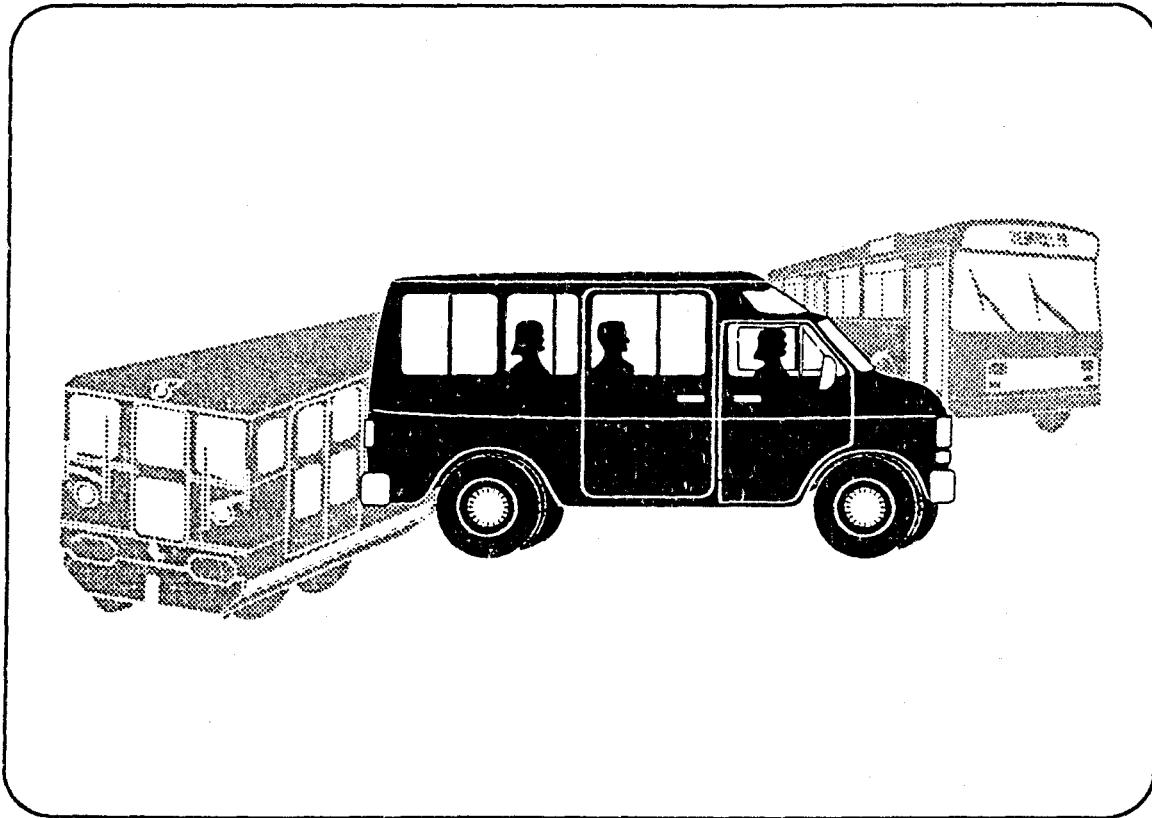


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MASON CITY

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N81
1992

TRANSIT ADA PLAN 1992-1997



NIACOG

**NORTH IOWA AREA
COUNCIL OF
GOVERNMENTS**

121 Third Street N.W.
MASON CITY, IOWA 50401

HV3023
.M3
N81
1992

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MASON CITY TRANSIT SYSTEM AMERICANS WITH DISABILITY ACT PLAN

SECTION I - General Information About Mason City Transit and Easter Seal Society

Mason City Transit

19 Delaware
Mason City, Iowa 50401
Phone Number: (515) 421-3616
FAX Number: (515) 423-5369
Contact Person: Chuck Hammen

Easter Seal Society

525 1st NE
Mason City, Iowa 50401
Phone Number: (515) 423-2200
FAX Number: N/A
Contact Person: Kevin Kramer

SECTION II - Description of Existing Fixed Route System

POPULATION SERVED: 29,040

SERVICE AREA: The entire City is served by Fixed Route Transit service as defined by the ADA guidelines. (See Attached Map)

ROUTE STRUCTURE: Five routes operate on half-hour headways and one paired route operates on one-hour headways. (See Attached Map)

DAYS AND HOURS OF SERVICE: Service is offered Monday through Friday from 6:30 A.M. until 5:30 P.M.

FARE STRUCTURE: The cost to all passengers of this service is 50 cents for all one way trips.

NUMBER OF VEHICLES: The System currently has 12 buses. Two of the vehicles are equipped to accommodate 17 passengers and are primarily used for backup service, with the remaining 10 vehicles accommodating 21 passengers. None of the vehicles within the present fleet are handicap accessible as defined by the ADA Regulations. One vehicle has been ordered which will meet ADA vehicle guidelines, and two more are to be procured within fiscal year 1992 which will also meet these guidelines.

ACCESSIBILITY: The current transit system is 0% wheelchair accessible, however, there are no designated restrictions for those who can and are willing to use the service.

SECTION III - Description of Existing Paratransit Services

ELIGIBILITY REQUIREMENTS: All persons who are not able to use the fixed route service are entitled to use the paratransit service offered by Easter Seal Society. The City of Mason City contracts with Easter Seals to provide service for handicapped individuals who cannot use fixed route service. Currently there is not an established criteria for determining who is eligible to use this service other than to schedule an appointment with Easter Seal Society for paratransit service. The elderly and handicapped predominantly use this service.

SERVICE AREA: Easter Seal L.I.F.T buses cover the entire city and are currently in compliance with ADA for meeting the same service area requirement as the fixed route service.

RESPONSE TIME: Response time for the paratransit service is equal to that of the fixed route service although difficult at certain times to meet depending on the trip request. Part of the difficulty lies in the fact that the fixed route service operates on thirty minute headways which means that Easter Seals service must be able to deliver service within a half hour or less. Easter Seals is able to meet this time frame due in part to the advanced reservations which are recommended to all passengers. The recommended reservation is a minimum of one day in advance. Same day requests are also accepted but not recommended. Service for same day requests are not guaranteed but in 90% of the cases are worked into the schedule with little or no delay. On return rides, customer's call when they need the service.

FARES: Paratransit service within Mason City costs patrons \$3 per one-way ride which currently does not meet the ADA requirements.

RESTRICTIONS ON TRIP PURPOSE: There are currently no restrictions with regard to trip purpose. Easter Seals L.I.F.T service is open to all persons willing to schedule a ride and pay the cost charged for service.

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HOURS AND DAYS OF SERVICE: Easter Seal L.I.F.T paratransit service operates Monday through Friday, from 8:30 A.M. until 3:00 P.M. Currently does not meet the ADA requirements.

CAPACITY CONSTRAINTS: Currently there are no capacity constraints established for the service provided by Easter Seal. Service is open to the public.

FLEET: The paratransit fleet consists of seven full-time vehicles and one backup vehicle. All of the vehicles are lift equipped, however five of the vehicles should either be replaced or rehabilitated if they are to continue operating transit service. A variety of modifications will be required to make all or some of the vehicles meet ADA requirements. All of these vehicles are used for service other than paratransit requests.

RIDERSHIP INFORMATION: There are currently 1,096 clients in the Mason City area that use Easter Seal transit service. Over 90% of the requested rides come from either elderly, handicapped, or disabled persons. In some cases a human service agency or medical facility requesting service for a client, or patient unable to use fixed route transit service will request the service of Easter Seals.

SECTION IV - Description of the Proposed Complementary Paratransit Service

ESTIMATE OF DEMAND AND DESCRIPTION OF ESTIMATION METHODOLOGY: Based on all of the information gathered from Easter Seal Society, Dept. of Human Services, Handicap service agencies and related programs it is estimated that there are 200 people who reside in Mason City that could not use the present fixed route service and would rely solely on paratransit service. Through this interview process it is difficult to determine if all persons who are handicapped and/or disabled have been identified as a potential paratransit qualifier under the ADA regulations. Using the estimated percent of total U.S. population eligible for ADA complementary service (1.48%) and apply it to Mason City, an

MASON CITY TRANSIT SYSTEM AMERICANS WITH DISABILITY ACT PLAN

estimated 430 people would be eligible to use the service. It is fair to say based on the interviews and the national estimation that between 200 and 430 persons would be eligible to use the ADA paratransit service within Mason City on a regular basis, and an additional estimated 350 to 575 persons on a situational basis. The reason for the larger estimate than the national average is due in part to the large number of elderly that reside in Mason City which is nearly 20% of the population.

ANALYSIS OF DIFFERENCES BETWEEN CURRENT SERVICE AND REQUIRED SERVICE:

Based on the six service criteria and required operating standards the system meets four of the six criteria including service area, response time, trip purpose and capacity constraints. The areas where the paratransit system is currently deficient includes fares, and hours and days of service. Vehicles for both the fixed route and the paratransit will also need to be brought up to ADA standards, as well as the way in which information is delivered to the public. There will need to be an established format for eligibility determination process and appeals.

DESCRIPTION OF PLANNED MODIFICATIONS TO FIXED ROUTE SERVICE

The City of Mason City will replace eleven of the systems vehicles within the next five years with ADA acceptable vehicles. This will allow all routes to be handicap accessible. The city will support Easter Seals financially for the paratransit service that is provided to ADA eligible passengers, and provide financial assistance for capital expenditures that involve paratransit service, (acquisition of one ADA accessible vehicle and a TDD machine). Mason City will also look into route and schedule modifications to better meet the needs of persons who will use fixed route service when the system meets full compliance through a fleet of ADA accessible vehicles. Immediate modification of routes and schedules may ease the pressure in which the paratransit operation must deliver service, and will compliment the paratransit service much more effectively. Due to the increased operating cost that the implementation of the

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ADA will create, the proposed study will look at ways the fixed route and paratransit service can operate more cost efficiently.

**DESCRIPTION OF
PLANNED
MODIFICATIONS TO
PARATRANSIT
SERVICE**

Easter Seal paratransit service will alter its hours of service to meet those of the City transit service, and will adjust its fares in order to meet the minimum requirements of the ADA. One of the vehicles will be modified to accommodate ADA eligible passengers. Same day service will be guaranteed to ADA eligible passengers, with the recommendation that the passenger make a reservation of at least one business day in advance. There will be no restrictions on the number of days in advance that a person makes a reservation for paratransit service.

**TIMETABLE
FOR IMPLEMENTATION**

January 27, 1992 - Eligibility applications will be available to the public for ADA approval or disapproval to use the paratransit service. (See attached forms and procedures).

August 1, 1992 - September 30, 1992 - Study of transit routes and schedule to determine ways to improve service delivery at lower operating costs, as well as find ways to meet the needs of those who would rather use paratransit service but should use fixed route service. In addition the study will look at ways to improve bus stop sites for handicapped persons. The city is applying for special project funding for fiscal year 1993 in order to accomplish this study. Order TDD machine for use in paratransit service delivery offered by Easter Seals. Machine will be procured by the City of Mason City. Easter Seals will have one vehicle completely brought up to the ADA requirements and standards during this time.

October 1, 1992 - Implement changes to fixed route service based on the outcome and analysis of the study. Implement equal hours of paratransit service by Easter Seals L.I.F.T program. Persons eligible to use paratransit will only be offered service with the ADA accessible vehicle. Same day service for paratransit eligible passengers will be guar-

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anteed, with the recommendation that a minimum of a one day reservation be given to Easter Seals for service.

**TIMETABLE
FOR IMPLEMENTATION
CONTINUED:**

July 1, 1995 - Easter Seals will begin to charge fares that are acceptable under the ADA guidelines which includes double the fare charged by the fixed route service. At this time the paratransit service will meet all of the ADA requirements. The reason for the delay in charging "equal fares" is due to the cost of operating the service. If the City were to implement this at an earlier date there would be no guarantee that it could subsidize the paratransit service. The City is currently looking at several financial options in order to pay for the expansion of paratransit service. There is no question that financial constraints will play a major role in the amount of time it takes the City to fully comply with the regulations. It is expected that the ADA regulations will increase the operating budget by \$100,000 to \$150,000 per year once all the requirements are in place.

July 1, 1997 - By this time the entire fixed route service should have enough ADA accessible vehicles to provide ADA service on all routes. At this time adjustments will be implemented to the paratransit service requirements.

**FIVE YEAR
CAPITAL AND
OPERATING BUDGET:**

Fiscal Year 1993	\$\$\$\$\$\$\$
Paratransit Operating Budget	76,850
Paratransit Vehicle Modification*	1,875
Fixed Route Operating Budget	240,000
Fixed Route Transit Study*	900
Three ADA Vehicles*	29,250
TDD Machine*	<u>125</u>
TOTAL	349,000

Fiscal Year 1994	
Paratransit Operating Budget	90,000
One Paratransit Vehicle	9,700
Fixed Route Operating Budget	252,000
Two ADA Vehicles*	<u>19,550</u>
TOTAL	371,250

MASON CITY TRANSIT SYSTEM AMERICANS WITH DISABILITY ACT PLAN

**FIVE YEAR
OPERATING AND
CAPITAL BUDGET
CONTINUED....**

Fiscal Year 1995	
Paratransit Operating Budget	95,000
Fixed Route Operating Budget	264,600
Two ADA Vehicles*	<u>19,500</u>
TOTAL	379,000

Fiscal Year 1996	
Paratransit Operating Budget	100,000
Fixed Route Operating Budget	277,800
Two ADA Vehicles*	<u>19,500</u>
TOTAL	397,300

Fiscal Year 1997	
Paratransit Operating Budget	105,000
Fixed Route Operating Budget	291,700
Two ADA Vehicles*	<u>19,500</u>
TOTAL	416,200

* INDICATES LOCAL MATCH ONLY

SECTION V - Description of the Proposed Eligibility Determination Process

**ELIGIBILITY
PROCESS:**

Step 1:

Persons with a disability or impairment may call Easter Seals or Mason City Transit for an eligibility form for individual to complete.

Step 2:

A panel of two persons will review all applications. One panel representative will be from the City and one from Easter Seals. The applicant will list a doctor or therapist who is familiar with the persons disability. In cases where the panel has a question about the persons disability or needs more information, the panel will contact the professional indicated on the request form.

Step 3:

After reviewing the eligibility form, the panel will send out notices to the individual whether or not they have been approved for ADA paratransit service. If approved a I.D. card will be sent to the Individual. During the review process, all applicants will be allowed

MASON CITY TRANSIT SYSTEM AMERICANS WITH DISABILITY ACT PLAN

to use paratransit service until notified by the panel concerning their eligibility.

TRIP ELIGIBILITY: Once a person has been determined eligible for paratransit service, he/she may call Easter Seals to reserve a ride. Under the following conditions ADA trips will be denied:

1. Person lives outside the City limits.
2. Service is requested for a time period when service is not offered. (Sunday Service).
3. Person is conditionally eligible for paratransit based on conditions other than fixed-route service and those conditions do not exist.

APPEAL PROCESS: An appeal process has been developed to allow the applicant the opportunity to have their transportation needs reviewed a second time. This review will be completed by an impartial panel of three persons, selected by the City. These persons will have no affiliation with the transit or paratransit system.

The applicant, or his/her representative, may submit in writing or in person additional information or justification for paratransit service. If the applicant wishes to appeal the decision, he/she has 45 days after notification by eligibility panel to initiate the process. This process should be completed by the appeal panel within approximately 30 days, and no later than 45 days, after this notification is received in the City Transit Office.

MASON CITY TRANSIT SYSTEM AMERICANS WITH DISABILITY ACT PLAN

SECTION VI - Description of the Public Participation Process Used to Develop the Plan

- December 5, 1991- Meeting at the North Iowa Area Council of Governments (NIACOG) between Paul Colton - Planner, Sarah Speed - Regional Transit Administrator, J.P. Golinvaux - IDOT Air and Transit District Representative, Chuck Hammen - Mason City Administrative Services Director, Kevin Kramer - Director of Easter Seals Society. A three hour discussion took place concerning the implications of the ADA to the present Mason City Transit Service and Paratransit Service and potential ways to meet the guidelines. How to pay for the additional service that would be required was also brought up.
- December 18, 1991 - A one hour meeting between Paul Colton of NIACOG, and Kevin Kramer of Easter Seals was held at the NIACOG offices to determine the best approach for Easter Seals to alter its service in order to meet the ADA requirements. Much concern was brought up about the ability for the City to contract with Easter Seals for the Service. Accessible vehicles was another topic of concern discussed, with the conclusion being that one of the vehicles could be retrofitted to meet the requirements quite easily.
- January 16, 1992 - Paul Colton of NIACOG presented information about the ADA legislation and its affects on transit, in particular the service that was currently being provided in Mason City and how that would change. Many of the representatives in attendance represented agencies that worked with persons of disabilities. Most of those in attendance were unaware of the implications of the legislation, and were somewhat upset about some of the changes that were going to have to be met. Many were quite happy with the service that Easter Seals was currently delivering and wanted the service to continue even though some of the clients of these representative wouldn't meet the ADA eligibility criteria. It was suggested that these persons could still use Easter Seals,

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but that they would have to pay a higher fare, and would not be guaranteed service due to the needs of those who would be ADA eligible and thus would have first priority.

January 17, 1992 - Meeting at NIACOG between Paul Colton, Kevin Kramer, and Chuck Hammen, to discuss final plan, make changes and discuss unsolved problems. The meeting lasted two and one half hours in which the participants had a great deal of success in coming up with some options and ways to meet the requirements.

January 21, 1992 - Chuck Hammen presented the plan to the Mason City Council for approval. Several questions were asked concerning cost and implementation dates. The council passed the resolution unanimously.

During the entire period numerous phone calls were made by the planner to a variety of agencies related to persons with disabilities, for input and feedback to different ideas. Many were in favor of the plan and wanted to see improved fixed route service in order to meet their clients needs.

APPENDIX TO MASON CITY TRANSIT ADA PLAN 1992-1997

MASON CITY TRANSIT ELIGIBILITY FORM FOR EASTER SEALS SERVICE

PLEASE COMPLETE THIS FORM TO HELP THE MASON CITY TRANSIT SYSTEM DETERMINE HOW IT MAY BEST MEET YOUR TRANSPORTATION NEEDS. PLEASE PRINT THE INFORMATION. ALL INFORMATION CONTAINED IN THIS FORM WILL BE CONFIDENTIAL.

UPON COMPLETING THIS FORM PLEASE SEND TO:
MASON CITY TRANSIT
19 DELAWARE
MASON CITY, IOWA 50401

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

TELEPHONE NUMBER: WORK _____ HOME _____

DATE OF BIRTH: _____

1. WHAT KIND(S) OF TRANSPORTATION DO YOU CURRENTLY USE (CHECK ALL THAT APPLY?)

_____ FRIENDS OR RELATIVES _____ TAXI _____ OWN CAR

_____ MASON CITY BUS _____ EASTER SEALS _____ SOCIAL SERVICE

_____ OTHER (specify) _____

2. DURING DAILY ACTIVITIES DO YOU USE STEPS?

_____ YES _____ NO

3. IF YES TO QUESTION 2, WHAT IS THE MAXIMUM NUMBER OF STEPS? _____

4. IF YES TO QUESTION 2, APPROXIMATELY HOW HIGH IS THE TALLEST STEP? _____

5. IF NO TO QUESTION 2 WHY NOT? _____

6. WITH WHAT LEVEL OF DIFFICULTY DO YOU CLIMB STEPS IN YOUR DAILY LIFE?
_____ MUCH DIFFICULTY _____ SOME DIFFICULTY
_____ LITTLE DIFFICULTY _____ NO DIFFICULTY

7. WOULD YOU REQUIRE A LIFT OR RAMP TO ACCESS A TRANSIT VEHICLE?
_____ YES _____ NO

8. PLEASE INDICATE THE EASE OF LIFTING YOUR FEET 10 INCHES.
_____ EASY _____ SLIGHT DIFFICULTY _____ GREAT DIFFICULTY
_____ ONLY WITH ASSISTANCE _____ IMPOSSIBLE

9. UNDER NORMAL CONDITIONS, WHAT IS THE MAXIMUM DISTANCE YOU CAN WALK OR ROLL YOUR WHEELCHAIR?
_____ ONE BLOCK _____ TWO BLOCKS _____ THREE BLOCKS
_____ MORE THAN THREE BLOCKS

14. CAN YOU FIND A BUS STOP WITHOUT THE HELP OF SOMEONE ELSE? IF NOT EXPLAIN WHY:

_____ YES _____ NO

15. CAN YOU DECIDE WHAT BUS TO GET ON AND TELL WHERE TO GET OFF? IF NO, EXPLAIN WHY:

_____ YES _____ NO

16. HAVE YOU BEEN DIAGNOSED BY A PHYSICIAN AS HAVING ANY OF THE FOLLOWING (CHECK ALL THAT APPLY)

- _____ CHRONIC FATIGUE _____ BLINDNESS
- _____ IMPAIRED MOBILITY _____ CARDIOPULMONARY CONDITION
- _____ SEVERE COMMUNICATION DISABILITIES
- _____ LACK OF COGNITIVE ABILITY TO REMEMBER AND FOLLOW DIRECTIONS
- _____ SPECIAL SENSITIVITY TO TEMPERATURE

17. IF YOU HAVE ONE OF THE CONDITIONS IN QUESTION 16, PLEASE EXPLAIN HOW THIS AFFECTS YOUR DAILY MOBILITY IN GETTING AROUND?

18. IS YOUR CONDITION PERMANENT OR TEMPORARY?

_____ PERMANENT _____ TEMPORARY (indicate when
problem will be cured) _____

IN ORDER TO DETERMINE THE BEST TRANSPORTATION FOR YOU, THE CITY BUS SYSTEM MAY NEED TO CONTACT A PHYSICIAN OR OTHER PROFESSIONAL TO OBTAIN ADDITIONAL INFORMATION. PLEASE COMPLETE THE FOLLOWING INFORMATION.

THE FOLLOWING PHYSICIAN _____ HEALTH CARE PROFESSIONAL _____

REHABILITATION PROFESSIONAL _____ CHECK ONE IS FAMILIAR WITH MY PHYSICAL /MENTAL ABILITIES AND IS AUTHORIZED TO PROVIDE INFORMATION TO THE CITY BUS SYSTEM.

NAME: _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____

DAYTIME PHONE NUMBER: _____

I, _____, STATE THAT INFORMATION CONTAINED IN THIS
(print your name)
FORM IS TRUE AND ACCURATE.*

CHECK THE MOST APPROPRIATE LINE:

_____ I AM PHYSICALLY ABLE TO SIGN MY NAME

_____ I AM NOT PHYSICALLY ABLE TO SIGN MY NAME

_____ I SIGN MY NAME WITH AN "X"

_____ I CAN SIGN MY NAME ONLY AT TIMES

(your signature) (or witness if unable to sign)

(Date)

* IF INFORMATION CONTAINED IN THIS APPLICATION IS FOUND TO BE UNTRUE, APPLICANT COULD BE DENIED OR REMOVED FROM EASTER SEALS SERVICE ELIGIBILITY.

MASON CITY TRANSIT APPLICATION RESULTS

Dear _____:

The Mason city transit system has completed its review of your application for Easter Seals bus service. Based on information contained in your application and from the person you indicated was familiar with your transportation needs, the Mason City Transit System certifies you as follows for paratransit and / or fixed-route, city bus service.

Your are:

_____ NOT Easter Seals Eligible (ADA Eligible) as defined by federal regulations and are therefore eligible for city bus service only. You may use Easter Seals transit service but at a cost of \$3.00 per one way ride.

_____ Easter Seals Eligible (ADA eligible) as defined by federal regulations and are eligible for/under the following services/conditions:

_____ City bus service only

_____ Easter Seals service

_____ Conditional paratransit service

Conditions that make you eligible for Easter Seals service are:

If you wish to appeal this certification the attached sheet explains the City's appeal process.

Date application received by the City: _____

Date Passenger Notified: _____

Signature of review officer: _____

Date: _____

APPEAL PROCESS FOR EASTER SEALS TRANSIT SERVICE

Within 45 days from the notification date listed on your eligibility evaluation form, submit to the City of Mason City your desire to appeal your eligibility for Easter Seals transit service. This request must be in writing and mailed to the following address:

**Charles Hammen
City Hall
19 Delaware
Mason City, Iowa 50401**

Within 5 working days of your written notice to appeal, the City will notify you of the date, time and location of your appeal hearing. You, or a representative for you, may be present to state your case to the appeals committee.

Within five working days after the hearing, a written response stating the following will be mailed to you:

- * Committee's decision
- * Reason for the decision
- * If eligible for paratransit service, an explanation of service for which you're eligible.

The committee's decision on this application will be final and binding for one year from the date of the appeals committee's written response. If your condition changes, you may submit a new application. The new application must be accompanied by a physician's statement indicating applicant's change of condition.

MASON CITY TRANSIT COVERAGE

