



Town of Taos  
Transportation Division  
ADA HANDI-VAN Policy and Application

### **WHAT IS THE HANDI-VAN?**

The **HANDI-VAN** is a public transportation service offered by the Town of Taos Transit Division that provides curb to curb transportation services for persons with disabilities of all ages and who, due to disability, cannot utilize the Chile Line Fixed Route. The **HANDI-VAN** provides service to passengers traveling to and from any location located within three-quarters (3/4) of a mile of the fixed transit line. The **HANDI-VAN** uses special ADA accessible vehicles equipped with hydraulic lifts and wheel chair tie-downs. All transit drivers are specially trained in defensive driving, customer sensitivity, and ADA regulations.

### **WHO IS ELIGIBLE FOR HANDI-VAN?**

Eligible persons include residents and visitors to the Town of Taos who have completed the application, meet the eligibility criteria, and have been certified as eligible by a personal physician. Visitors may obtain services by submitting a completed application and certification which shall receive an expedited eligibility determination, or by providing documentation of eligibility in their hometown. If a visitor provides documentation of eligibility in a different location but expects to be in the Town of Taos for more than thirty (30) days, or if the individual is a frequent visitor and user of the HANDI-VAN, the Town of Taos may request that the individual establish local eligibility.

ADA regulations describe eligibility as follows:

- I. Any person with a disability who is unable, as a result of a physical or mental impairment, to board, ride, or disembark from an accessible public bus without the assistance of another person (except the operator of a wheelchair lift).
- II. Any individual with a disability who uses a wheelchair and wishes to travel on an accessible fixed route bus on which the wheelchair lift cannot be used safely at the desired bus stop; or if temporary conditions at the bus stop beyond Chile Lines' control prevent the safe use of the bus stop by all passengers.
- III. Any person with a disability who has a specific impairment-related condition which prevents him/her from traveling to or from a bus stop. Architectural and environmental barriers such as distance, terrain, or weather alone do not form a basis for eligibility. However, a person may be eligible if the interaction of the disability and barriers prevents him/her from traveling to or from a bus stop.

### **HOW CAN I ESTABLISH ELIGIBILITY FOR HANDI-VAN?**

- I. Completely fill out the HANDI-VAN application.

- II. Have a Personal Physician, Registered Nurse, or Social Worker certify that you are unable to use our regular Fixed Route buses.
- III. Once the application is received in our offices an interview will be scheduled between the applicant and a HANDI-VAN representative in order to complete the certification process.  
Approved applicants must have a Personal Physician, Registered Nurse, or Social Worker recertify them for services every three (3) years or when the applicant's physical address has changed.

Completed applications with physician certification may be faxed to (575) 751-2049, or may be mailed or hand-delivered to the following addresses:

**Mailing Address**

Town of Taos  
Transportation Division  
400 Camino de la Placita  
Taos, NM 87571

**Physical Address**

Chile Line Office  
1032 Dea Lane  
Taos, NM 87571  
Next to the Town of Taos Recycling Center

Applications will be reviewed within 7-10 business days. Should eligibility questions arise, an advisory committee will make the final determination with assistance from medical personnel. The advisory committee reserves the right to conduct a personal interview with any and all applicants.

**WHEN CAN I USE HANDI-VAN?**

Upon approval of the application, a representative of the Transit Division will inform the passenger of the terms of use. Please allow up to twenty-one (21) days for processing the application and determining eligibility. The terms of use must be reviewed by the applicant prior to using HANDI-VAN services. **HANDI-VAN** follows the Chile Line Fixed Route Hours of operation.

**HOW DO I ASK FOR SERVICE?**

1. Calls to schedule an appointment should be done at least 48 and 72 hours in advance. Office hours are from 8:00 A.M. to 5:00 P.M. Monday- Friday. Reservations can be made up to fourteen (14) days in advance. If someone is not available for you to speak with to schedule an appointment, please leave a telephone message with the date and time of the requested pick-up and someone will get back with you by the end of that business day.
2. Calls for next day service must be made no later than 5:00 p.m.
3. We have an established number of appointments that are taken each day. After that, each request will be placed on a waiting list. Requests for same-day service will only be allowed upon availability of space.
4. **HANDI-VAN** is **NOT** an ambulance service and cannot be requested for emergencies.

All requests are the responsibility of the passenger or their representative.

**Personal Care Attendants and Companions**

If you require the assistance of a Personal Care Attendant please make that notation on the application or have your physician note it in the certification. The attendant may travel with you at no extra charge and should be mentioned each time service is requested.

Drivers may assist a passenger in getting on or off the vehicle. **However, drivers are NOT permitted to enter a building or home to assist the passenger.** Passengers needing assistance should travel with an attendant.

A maximum of two (2) companions, or one (1) companion if the passenger is also traveling with an attendant, may accompany **HANDI-VAN** passengers and are accepted on a space available basis only. Companions must have the same origin and destination as the passenger they are accompanying and are required to pay the regular Chile Line fare unless qualifying as an attendant. If the companion is a child, you may be required to provide safety restraints for the trip, depending upon the child's age. Family members and Friends accompanying the passenger will be regarded as companions and not attendants unless the family member or friend is acting in the capacity of an attendant.

### **NO SHOW POLICY**

Unfortunately, since the full cost of the **HANDI-VAN** trip exceeds the fare charges, passengers who do not cancel their appointment at least two (2) hours before the scheduled pick-up time will be assessed as a No Show. Three (3) No Shows within any thirty (30) day period represents a pattern or practice of missing trips and may result in the suspension of riding privileges. No Shows will be documented as follows and may result in the following sanctions:

- I. A verbal notification will be issued to the passenger for the first occurrence and may result in loss of privileges for that day.
- II. A written notification will be issued to the passenger for the second occurrence and may result in a five (5) day suspension of riding privileges.
- III. A third occurrence may result in complete loss of privileges and a new application may need to be completed and resubmitted for future use of **HANDI-VAN** services.

Circumstances beyond the passengers control resulting in a No Show will not be counted against the passenger. Qualifying circumstances include but are not limited to passenger illness, family emergencies, mobility aid failure, cancelled or delayed appointments, adverse weather conditions, and other similar circumstances. Qualifying circumstances will be evaluated on a case-by-case basis by the Transit Superintendent.

### **RIGHT TO APPEAL**

Passengers have the right to appeal decisions made by the Transit Superintendent regarding the No Show Policy and sanctions for misconduct. All such appeals must be made by submitting a written statement to the Public Works Director detailing the reasons suspension or loss of privileges are inappropriate as applied to the passenger. Such an appeal shall be submitted within thirty (30) days following the suspension or loss of privileges. Passengers making an appeal must show that one or more of the following criteria apply to their individual case:

No Show Policy

- I. One or more of the missed trips should not have been assessed as a No Show. The passenger must explain why the missed trip should not have counted as a No Show.
- II. The passenger's disability prevented him/her from calling to cancel one or more scheduled trips or from taking the trips.
- III. The loss of service would cause severe hardship (e.g., loss of job or interruption of critical medical treatment).

#### Sanctions for Misconduct

- I. The misconduct was not due to the fault of the passenger.
- II. The proposed sanction is disproportionate to the nature and seriousness of the misconduct.

The proposed sanction will be stayed pending the outcome of the appeal. A Decision by the Public Works Director must be made in writing within five (5) working days after the Director's receipt of the appeal and shall be made on a case-by-case basis. The Director's decision may be appealed to the Town Council within thirty (30) days of the issuance of the Director's decision. The Council's decision shall be final.

### **SUSPENSION OF SERVICES FOR MISCONDUCT**

Riding privileges may be revoked, suspended, or denied due to any interference with the safe operation of the vehicle caused by the passenger. Interference with the safe operation of the vehicle includes violent behavior, illegal conduct, seriously disruptive conduct, conduct that causes mental or physical stress to the driver or other passengers, or **any** other behavior detrimental to the general conduct of otherwise routine transportation. The term of suspension, revocation, or denial of services shall depend on the nature and seriousness of the prohibited conduct.

To the extent feasible, the passenger shall be notified in writing that the Town of Taos proposes to suspend, revoke, or deny service, citing the specific basis for the sanction. If it is not possible to notify the individual prior to imposing the proposed sanction, then the individual shall be notified, if a valid address is available, within five (5) days thereafter.

### **HOW MUCH AND WHEN DO I PAY FOR HANDI-VAN?**

**HANDI VAN** Services are available at a rate of twenty-five cents (\$0.25) one-way or fifty cents (\$0.50) round trip. Fares must be paid at the time of pick-up. **Exact fare only.** Drivers are unable to provide change and passengers will instead receive a transfer slip for any payment received above the fare charge.

### **HANDI-VAN CONDITIONS OF USE**

To provide the most efficient service to all its users, we ask you to observe the following:

1. Although drivers will do their best to adhere as closely to scheduled pick-up times as possible, pick-up times may vary slightly due to circumstances beyond the driver's control. Therefore, all passengers should be ready for pick-up at least fifteen (15) minutes before their scheduled pick-up time, and must anticipate and be prepared for actual times pick-up of up to fifteen (15) minutes after their originally scheduled time. Due to the high number of pick-ups drivers must complete, **the driver will not wait longer than five (5) minutes for any passenger and will mark the passenger as a NO SHOW if the passenger is**

**not ready within that time.** The driver is not required to notify passengers of exact pick-up times.

2. HANDI-VAN should be notified of cancellations ahead of time and as early as possible, but no later than two (2) hours before the scheduled pick-up time. Failure to timely notify HANDI-VAN of a cancellation may result in a No Show determination and a notification of loss of privilege may be issued.
3. Remember, drivers have other pick-ups and drop-offs on the route. Please do not ask the driver to take you home first or for special arrangements as this will cause delays in the schedule. Please schedule your pick-up time early enough to account for other pick-ups or drop-offs that may be completed during your trip. HANDI-VAN cannot be responsible for any of passenger's late arrivals or missed appointments and does not guarantee arrival times.
4. If you plan on having several stops during a single trip, please call the office to schedule each stop separately. Do not ask the driver to drop you off at a location that was not previously scheduled. All pick-ups and drop-offs must be scheduled through the office by calling (575) 751-4459. Be sure to allow for a minimum of thirty (30) minutes between your first pick-up and the second one for each round trip. Drivers are not permitted to wait for a passenger. Each pick-up is considered a separate trip and passengers must pay the fare for each trip.
5. There is a five (5) bag limit for all groceries and goods purchased during the scheduled trip and must be carried by the passenger or their attendant. The driver will hand them to the passenger but will not carry them out of the store or into their home.
6. When feasible, we may call passengers to notify them of a slight change in the pick-up times when necessary to accommodate better scheduling for all passengers. The scheduling office will try to give preference to medical appointments when scheduling pick-ups and drop-offs. All passengers are asked to be flexible and accommodating to these minor schedule changes.
7. Occasionally, a pick-up may be delayed because of excessive traffic, mechanical failure, or when a vehicle is not immediately available. **PLEASE BE PATIENT.** HANDI-VAN drivers are trained to adhere to scheduled pick-ups and drop-off times as closely as possible without jeopardizing passenger safety. For these reasons, passengers are asked to be prepared for pick-up up to fifteen (15) minutes prior to and after their scheduled pick-up time.
8. If you find another way home after a drop-off and will not need further scheduled HANDI-VAN services that day, please inform the office as soon as possible. Failure to do so may result in a No Show determination and a notification of loss of privilege may be issued.
9. **HANDI-VAN** drivers may not solicit or accept gifts of any value that benefit the employee's personal or financial interest if it may be reasonably inferred that the gift is intended to influence the driver's actions or judgment.

10. All complaints regarding vehicles, drivers, routes, etc. should be directed to the Chile Line Supervisor at (575) 751-4459.



Town of Taos  
Transportation Division  
400 Camino de la Placita  
Taos, NM 87571  
(575) 751-4459

**HANDI-VAN Application**

*Please type or print all information*

*Mail the completed application to the above address*

The information obtained in this certification process will be used by the Town of Taos Chile Line for the provision of transportation services. The information will not be provided to any other person or agency.

**First Time Applicant**

**Renewal Applicant**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please answer all the following questions to the best of your ability. This will help to determine your eligibility for services. Please check all that apply:**

Which of the following best describes your disability?

\_\_\_\_\_ a. The condition I have prevents me from using the Chile Line Fixed Route permanently.

\_\_\_\_\_ b. The condition I have is temporary and I should be able to use the Chile Line Fixed Route by \_\_\_\_\_ (date).

\_\_\_\_\_ c. The condition I have is intermittent \_\_\_\_\_% of the time and I will not be able to the Chile Line Fixed Route.

How does this disability prevent you from using the Chile Line Fixed Route?

\_\_\_\_\_ Boarding

\_\_\_\_\_ Riding

\_\_\_\_\_ Disembarking

Please explain, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require a Personal Care Attendant?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

Do you require use of a mobility aid?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

If so please check all that apply

\_\_\_\_\_ Manual Wheel Chair  
\_\_\_\_\_ Scooter  
\_\_\_\_\_ Walker  
\_\_\_\_\_ Crutches

\_\_\_\_\_ Motorized Wheel Chair  
\_\_\_\_\_ Cane  
\_\_\_\_\_ Guide Dog  
\_\_\_\_\_ Other

\_\_\_\_\_  
\_\_\_\_\_

What best describes your ability to use accessible fixed route buses?

\_\_\_\_\_ With little or no difficulty  
\_\_\_\_\_ With great difficulty  
\_\_\_\_\_ Cannot use at all  
\_\_\_\_\_ Could use if there were curb cuts where I need them  
\_\_\_\_\_ Could use if had appropriate schedule and route training

To help the Transportation Division better prepare to serve you, please list by name and address the three (3) locations you will *most frequently* travel to and from using this service:

To:

From:

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

In the event of an emergency whom shall we contact?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

If this application has been filled out by someone other than the person requesting certification, that person must complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

THIS SECTION IS TO BE  
COMPLETED BY ATTENDING PHYSICIAN  
*Please type or print all information*

The Chile Line HANDI-VAN is a limited transportation service for disabled individuals who, because of mental or physical disabilities find it impossible to use the regular Fixed Route system.  
*Please complete the following information.*

Describe the type of disability in detail and how it prevents the use of our Fixed Route buses.

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Is this disability \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary, if temporary what is the expected duration? \_\_\_\_\_

In your opinion, should this individual bring a personal attendant on each trip?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

If yes, explain why? \_\_\_\_\_

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\_\_\_\_\_  
Physician's Name *Please Print*

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone number *to be contacted at during business hours*

\_\_\_\_\_  
Physical Address