Paratransit Travel (door-to-door transportation)

This fact sheet has general information. It is not intended as legal advice. Only an attorney can give you legal advice to help you with a problem, or answer a question.

Paratransit Service in Utah

The Utah Transit Authority (UTA) operates the Paratransit Service American’s with Disabilities (ADA) Program as a service for people with physical, cognitive, or visual disabilities who are unable to independently use the UTA fixed route bus service. UTA’s Paratransit service area provides pick-up and drop-off (curb-to-curb service) as long as the origination and destination places are located within 3/4 of a mile of an existing fixed bus route during the route’s regular service hours.

Eligibility

Disability alone does not determine Paratransit eligibility. The decision is based on the applicant’s functional ability to use the fixed-route bus. Many people with disabilities use the fixed-route bus system. The buses and trains are 100% wheelchair accessible with lift-equipped or low-floor access. Drivers often assist passengers with disabilities in using the fixed-route bus service. People who are able to use the fixed-route bus and TRAX rail service should do so whenever possible.

1. Get an application
   • Request an application from the UTA Paratransit Mobility Center by calling either (801) 287-2263 or toll-free (877) 882-7272 or online at: rideuta.com.
   Note: UTA’s dedicated TDD number (801) 287-4657 has been discontinued. If you are deaf or hearing impaired use either a teletypewriter (TTY) or computer equipment with TTY capability to place your telephone calls, dial 711 (Relay Utah) then give the Relay operator the Paratransit Scheduling number (287-7433). Calls are only accepted using the video relay services, if you have equipment available.

2. Gather your information
   • Gather your information and any required medical documentation. Medical documentation is required to document mental illness, vision-related disability, and/or seizure or epilepsy.

3. Know your coordinates
   • Figure out if you are within 3/4 of a mile
of a fixed-route bus service area. If you are unsure, call UTA at (801) 287-2879 and provide your address. UTA will let you know if you are in the services area. If you are not, UTA can give you the closest service point which you would need to reach to get Paratransit service.

4. Make an appointment
- **DO NOT MAIL YOUR APPLICATION.** Instead, call (801) 287-2263 and make an appointment for an in-person evaluation and functional assessment, if required. You must complete an in-person evaluation to be eligible to ride Paratransit.

5. Receive a decision
- Paratransit approval may be either 1) unconditional, 2) temporary, 3) only while learning the fixed-route system, 4) conditional (like in special circumstances), or 5) denied.

### Appeal Process

Applicants who disagree with the outcome of their Paratransit application may file an appeal. Applicants have sixty (60) days after the decision to file their appeal. Additional information about the Appeal Process is available through UTA’s ADA Compliance Officer, who can be reached at (801) 287-3536. If you feel you have been discriminated against, you may fill out the attached Federal Transit Administration Office of Civil Rights Complaint Form.

For More Information...

If you have further questions, or would like more information in general, please contact the Disability Law Center (DLC). Our services are offered statewide and free of charge. **Materials are also available in alternative formats such as audio, large-print, Braille, and Spanish.**

Call (800) 662-9080 or visit our office to speak confidentially with a Short Term Assistance Advocate. Office hours are Monday-Friday, 9:00 AM to 4:00 PM.

Disability Law Center  
205 North 400 West  
Salt Lake City, UT 84103  
(800) 662-9080  
disabilitylawcenter.org/contact  
disabilitylawcenter.org/accessibility

---

This publication is funded in part by the U.S. Department of Health and Human Services, the Center for Mental Health Services, the U.S. Department of Education and the Social Security Administration. The contents of this publication are the sole responsibility of the authors and do not represent the official view of these agencies.
The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring of public transportation, which includes ensuring that providers properly implement Title II of the Americans with Disabilities Act of 1990 (the ADA), the Department of Transportation (DOT) ADA regulations, and Section 504 of the Rehabilitation Act of 1973.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible ADA deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.

**Section I**

Name: __________________________________________________________________________

Address: __________________________________________________________________________

Telephone Numbers: (Home) ______________________ (Work) _____________________________

E-Mail Address: ____________________________________________________________________

Accessible Format Requirements?  Large Print _______  Audio tape ______________________

TDD ___________  Other_______________________________________________________

**Section II**

Are you filing this complaint on your own behalf? Yes ____ No ____

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining: ________

____________________________________________________________

Please explain why you have filed for a third party. _________________________________________

__________________________________________________________________________________

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes ____ No ____

**Section III**

Have you previously filed an ADA complaint with FTA? Yes____ No____

If yes, what was your FTA Complaint Number? ____________________________________________

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]
Have you filed this complaint with any of the following agencies?

Transit Provider ____ Department of Transportation ____ Department of Justice___________________

Equal Employment Opportunity Commission ____ Other ______________________________

Have you filed a lawsuit regarding this complaint?  Yes____ No____ If yes, please provide a copy of the complaint form.

[Note: This above information is helpful for administrative tracking purposes.]

Section IV

Name of public transit provider complaint is against: _______________________________________

Contact person: _________________________ Title: _______________________________________

Telephone number: __________________________________________________________________

On separate sheets, please describe your complaint. You should include specific details such as
names, dates, times, route numbers, witnesses, and any other information that would assist us in our
investigation of your allegations. Please also provide any other documentation that is relevant to this
complaint.

Section V

May we release a copy of your complaint to the transit provider?   Yes ____ No ____

May we release your identity to the transit provider?          Yes ____ No ____

Please sign here: _______________________________     Date: ______________________

[Note: We cannot accept your complaint without a signature.]

Please mail your completed form to:

Director, FTA Office of Civil Rights
East Building – 5th Floor, TCR
1200 New Jersey Ave., SE
Washington, DC 20590