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# BH & CC TRAMWAY

## AMERICANS WITH DISABILITIES SERVICE PLAN

The City of Black Hawk/BH & CC Tramway provides bus service operated under contract by MV Transportation (MV). The deviated fixed route diverges on demand to provide equivalent service to locations within ¾ mile of the route. Service requests must be accessible by an adequate road surface, generally paved, with grade, access and adequate right-of-way that will accommodate maneuvering/turnaround of a transit vehicle safely. Service requests must be made to MV Dispatch 2 hours in advance. Information helpful to scheduling a deviation request is provided in the Deviation Service Request. An ADA Comment Form is available for suggestions and complaints. All service is fare free.

Rescue plan includes commitment to a back-up vehicle being immediately available with Fleet Shop with personnel available to deliver replacement vehicle for service. Vehicles used by the BH & CC Tramway are required to be ADA accessible or use of a backup paratransit vehicle must be available. Other general provisions of the ADA also apply to the operation of the services provided by the BH & CC tramway. This plan outlines the service requirements expected of MV as the contractor “standing in the shoes” of the BH & CC Tramway.

1. Accessible equipment must be available on request.
   1. Pick-up by and drop-off from wheelchair equipped vehicle will be limited to designated stops and to regularly scheduled route times.
   2. BH & CC Tramway will be responsible for providing lift-equipped vehicle and will be responsible for equipment maintenance including lift and securement straps. In the event a vehicle has an inoperable lift and no accessible replacement vehicle is available, the BH & CC Tramway, serving an area of 50,000 or less population, may keep the vehicle with the inoperable lift in service for no more than five days.
   3. All “common wheelchairs” must be transported.
2. Access to information – all print materials must be available in accessible formats.
   1. Accessible material must be available upon request and in a form that the person can use.
3. Access to communication – information must be available by telephone (TTY/TDD Relay Services) upon request.
4. Employee Training – Personnel must be trained in proficiency to operate vehicles and equipment safely and treat individuals with disabilities in a respectful and courteous way.
5. Riders must be permitted to travel with service animals that are trained to assist them.
6. Riders must be allowed to travel with respirators and portable oxygen.
   1. Service can be denied if transporting hazardous materials.
7. Personal Care Attendants must be permitted to accompany rider and should not be charged a fare.
8. Additional charges cannot be imposed even if additional services are required.
9. Adequate time for boarding/disembarking time must be provided.

Reference: 49 CFR Parts 27,37, and 38, FTA Circular 4710.1 Updated July 6, 2021



**Deviation Service Request**

All vehicles are wheelchair accessible and operated in compliance with the Americans with Disabilities Act. Deviation from the route is available for all riders if your location is within ¾ mile of the route. Service requests must be accessible by an adequate road surface, generally paved, with grade, access and adequate right-of-way that will accommodate maneuvering/turnaround of a transit vehicle safely.

Riders are requested to call MV Transportation Dispatch at 303-761-3145 in advance (at least two hours prior to desired pickup time) to request off-route pickups. Please be prepared to provide the following information for us to better serve you.

Rider Contact Information:

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

Prefer to be called: (i.e. Mrs. Smith, Bob, etc.…)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Nearest Cross Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information:

Who should we contact in case of emergency or if we are unable to contact you at your regular numbers? (family, friend, neighbor, case worker, etc.)

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

Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobility Limitation Information:

Mobility Aids: Will you use any of the following when you ride? \_\_\_ No \_\_\_0 Yes

Please check all that apply

\_\_ Manual Wheelchair \_\_ Power Wheelchair \_\_ Power Scooter \_\_ Cane \_\_ Walker

PLEASE NOTE: A wheelchair, scooter or other mobility device must be able to fit onto our bus lifts. This means it must be no more than 30 inches wide and 48 inches long, and weigh less than 600 pounds when occupied. Oxygen tanks must be in a portable carrier.

Do you use a service animal? \_ No \_ Yes (PLEASE NOTE: All service animals must be kept under the control of their owners’ at all times and comply with local animal safety regulations)

Updated July 6, 2021

ADA Comment Form

BH & CC Tramway is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 303-582-1324 or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response.

BH & CC Tramway, Public Works Director, 987 Miners Road., PO Box 68, Black Hawk CO 80422, tisbester@cityofblackhawk.org

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION I: TYPE OF COMMENT (Choose One)\* | | | | | | | | | |
| Compliment\_\_\_ | Suggestion\_\_\_ | | Complaint\_\_\_ | | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ADA Related? Y / N | |
| SECTION II: CONTACT INFORMATION | | | | | | | | | |
| Salutation [Mr. /Mrs. /Ms., etc.]: | | | | | | | | | |
| Name: | | | | | | | | | |
| Rider ID (if applicable): | | | | | | | | | |
| Street Address: | | | | | | | | | |
| City, State, Zip code: | | | | | | | | | |
| Phone: | | | | | Email: | | | | |
| Accessible Format Requirements: | | Large Print\_\_ | | | TDD/Relay\_\_ | | Audio Recording\_\_ | | Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SECTION III: COMMENT DETAILS | | | | | | | | | |
| Transit Service : BH & CC Tramway | | | | | | | | | |
| Date of Occurrence: | | | | | Time of Occurrence: | | | | |
| Name/ID of Employee(s) or Others Involved: | | | | | | | | | |
| Vehicle ID/Route Name or Number: | | | | | | | | | |
| Direction of Travel: | | | | | | | | | |
| Location of Incident: | | | | | | | | | |
| Mobility Aid Used (if any): | | | | | | | | | |
| If above information is unknown, please provide other descriptive information to help identify the employee: | | | | | | | | | |
| Description of Incident or Message [Text box on web form for narrative]: | | | | | | | | | |
| SECTION IV: FOLLOW-UP | | | | | | | | | |
| May we contact you if we need more details or information? | | | | | | | Yes | | No |
| What is the best way to reach you? (Choose One)\* | | | | Phone | | | Email | | Mail |
| If a phone call is preferred, what is the best day and time to reach you? | | | | | | | | | |
| SECTION V: DESIRED RESPONSE (Choose One)\* | | | | | | | | | |
| - Email response  - Telephone response  - Response by U.S. Postal Mail | | | | | | | | | |

Policies for response will include

* Date of receipt: Process Start
* Date of assignment for investigation: within 5 working days
* Date of resolution: within 10 working days
* Date of communication to complainant: within 5 working days