

APPLICATION FORM

ADA PARA EXPRESS ELIGIBILITY

This application will be used solely to determine ADA eligibility for the Para Express and Friendly Bus. Please complete this application to the best of your ability. The information on this application will be confidential and will only be released with your permission.

Please use the back of the application if you need additional space.

PLEASE PRINT OR TYPE:

NAME: _____

ADDRESS: _____ APT. _____

CITY OR TOWN: _____ ZIP _____

TELEPHONE (Home): _____ (Work): _____

DATE OF BIRTH: _____ MEDICAID NUMBER: _____

Please give us the name and telephone number of someone we can call in the event of an emergency.

Name: _____ Telephone Number: _____

Relationship to you: _____

Type of Eligibility: Conditional Temporary Conditional Permanent

Unconditional Temporary Unconditional Permanent

1) Do you have a disability, which prevents you from using the City Express fixed-route bus service? Yes No

If yes, please describe any and all physical, mental, visual, or functional disabilities which prevent you from using City Express fixed-route bus services.

2) Is this condition temporary? _____

3) If yes, what is the expected duration? _____

4) Do you have a visual impairment? Yes No Sometimes

If yes or sometimes, please explain:

5) Please check the following descriptions which best apply to your disability:

	I can not	Sometimes	I have no Difficulty
Using Stairs	_____	_____	_____
Riding Buses	_____	_____	_____
Reading Informational Signs	_____	_____	_____
Standing in a Moving Vehicle	_____	_____	_____
Hearing Spoken Directions or Announcements	_____	_____	_____
Processing Spoken Directions or Announcements	_____	_____	_____
Walking $\frac{3}{4}$ mile	_____	_____	_____

If sometimes, please explain: _____

6) Do you use any of the following mobility aids? (Check all that apply)

Manual Wheelchair_____ Electric Wheelchair_____ Powered Scooter_____

Prosthetic Device and/or Brace _____ Cane _____ Crutches _____

Walker _____ Service Animal _____ Segway _____

Do you use a wheelchair or scooter? Yes No

How wide is it? _____ inches

How heavy is it when occupied? _____ pounds

This information is not used to determine paratransit eligibility. It is the applicant's responsibility to know the dimensions of their mobility device and whether it exceeds the definition of a common wheelchair.

The Americans with Disabilities Act of 1990 defines a common wheelchair as **no more than 30 inches wide, 48 inches long, when measured 2 inches above the ground and weighing no more than 600 pounds when occupied.**
If your mobility device exceeds these dimensions, the ADA does not guarantee paratransit service.

7) Do you need to travel with someone who will assist you with your trip?

Always _____ Sometimes _____ Never _____

8) Do you currently use the City Express service? _____ Yes _____ No

9) Have you ever received mobility / travel training? _____ Yes _____ No

If not would you consider participating in this training? _____ Yes _____ No

10) Are you able to locate fixed-route bus stops, destinations, locations, or cross streets independently? Yes No Sometimes

If no or sometimes, please explain: _____

11) Are you able to wait outside without assistance or support for ten (10) minutes?

Yes No Sometimes

If no or sometimes, please explain: _____

12) Are you able to wait longer than 15 minutes? Yes No Sometimes

If so, how long can you wait? _____minutes

13) What is the closest bus stop to your house? (Location of stop)_____

14) Please use this space to tell us anything else you would like us to know about your travel challenges: _____

I , the applicant, understand that in order to be eligible to use ADA Para Express service, I must have a disability which makes me unable to use the City Express fixed route service.

I agree to notify Home Healthcare Hospice and Community Services of any changes in the status of my disability that affects my ability to use complementary paratransit service. I understand that providing false information in this application could result in a loss of ADA paratransit service as well as a penalty under the law.

I hereby certify that I am the individual requesting certification for ADA complementary paratransit service and that all information contained in this application is true and accurate:

SIGNED: _____ DATE: _____

If this application is being filled out by someone other than the person requesting certification, please complete the following:

Name _____

Relationship to applicant _____

Phone # _____

Signature _____