



***Providing Courteous and Responsive  
Transportation***

**PARATRANSIT SERVICE AND  
ADA ELIGIBILITY APPLICATION  
AND INFORMATION**



## ADA PARATRANSIT APPLICATION FORM

Please complete this application to the best of your ability and be as thorough as possible. If you have difficulty answering any questions on the application, or if you need assistance completing this form, please call *Debbie Calkins or Bruce Morrow* at (928) 634-2287. **In order for the application to be considered complete, every question on the application must be answered. We cannot begin processing the application until it is complete.** If a question does not apply to you, please write 'Not Applicable' or 'NA'.

The purpose of this application is to provide an opportunity for you to describe how your disability prevents you from riding the fixed-route system. This includes any environmental and/or physical barriers that prevent you from riding the fixed-route buses. The more complete and accurate the information you provide is, the better CAT will understand your abilities and travel challenges. Information contained in this application will be kept confidential and will only be shared with the professionals involved in the evaluation of your eligibility for CAT, or others if disclosure is required by law.

There are three sections to this application. Parts A and B are to be filled out by the applicant or by someone on the applicant's behalf. Part C is to be filled out by a professional familiar with the applicant's functional abilities. The application will not be accepted or considered complete until all three parts are completed in full and submitted to CAT.

### **PART A Applicant Data**

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*Please Print:*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please provide us with the name of the person you would like us to contact in case of an emergency. Select someone who will not be riding with you.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**To be completed by any person assisting the applicant with the completion of this application:**

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

**To whom should we send correspondence (information regarding eligibility, late trips, missed trips, etc.)? Information may only be sent to one person.**

Self

Case Manager

Other

**If Case Manager or other, please fill out the following information:**

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Will you need future materials in an alternative format? If yes, please circle one:**

Braille

Large Print

Email

Disc

**INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT**

1) What is the disability that prevents you from using the fixed-route system?

\_\_\_\_\_

2) Is your disability considered permanent? \_\_\_\_\_ Yes \_\_\_\_\_ No

3) If no, how long do you expect to have this disability? \_\_\_\_\_

4) Does your disability change from day to day? \_\_\_\_\_ Yes \_\_\_\_\_ No

5) If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6) When using Paratransit service, does your health condition/disability require you to travel with a personal care attendant (PCA\*)?

\* A PCA is a person traveling as an aide who is designated or employed by a person with disabilities to help that person meet his or her personal needs and/or facilitate travel.

CAT Paratransit is a **curb to curb** service. Our operators are not allowed to enter any structure to find you or assist you to the curb. You must be able to get to and from the curb, either on your own or with a PCA. If you are unable to get to the curb independently, please have a friend, relative, home health care assistant, or other assistant to help you with your mobility needs.

7) Designate any mobility devices you use (check all that apply):

Manual Wheelchair _____	Service Animal _____	Prosthesis _____
Motorized Wheelchair _____	White Cane _____	Crutches _____
3 Wheeled _____	Cane _____	Portable Oxygen _____
4 Wheeled _____	Walker _____	Other _____
Brand Name _____	Braces _____	_____

***Required of all wheelchair and scooter users:***

Is this device more than 30 inches wide?

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

Is this device more than 48 inches long?

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

Is the combined weight of device and occupant more than 800 pounds?

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

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**INFORMATION REGARDING ANY VISUAL IMPAIRMENT**

Please fill out this section if you have a visual impairment.

1) Name of Eye Disease/Condition: \_\_\_\_\_

2) My vision is worse during these conditions:

\_\_\_\_\_ Bright sunlight

\_\_\_\_\_ Dimly lit or shaded places

\_\_\_\_\_ Night time

\_\_\_\_\_ I see the same in different lighting conditions

\_\_\_\_\_ I have no vision at all



**INFORMATION ON THE ENVIRONMENT AROUND YOUR HOME**

5) If you currently use the fixed-route system, which routes do you use? \_\_\_\_\_  
\_\_\_\_\_

8) What is the closest bus stop to your home? Please give the location (ex: Corner of Fourth and Route 66): \_\_\_\_\_

9) Can you get to this stop by yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

10) If no, what prevents you from getting to this stop? \_\_\_\_\_

**INFORMATION ON WEATHER-RELATED CONDITIONS**

1) Does the weather affect your ability to use the fixed-route bus system? \_\_\_\_\_ Yes \_\_\_\_\_ No

2) If yes, please explain how the weather affects your ability to use the fixed-route system: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION REGARDING YOUR OPINIONS ABOUT CERTAIN ASPECTS OF ACCESSIBLE FIXED-ROUTE BUS SERVICE**

Please read each question carefully and circle the number that indicates whether you agree, disagree, or are not sure. Agree=1 Disagree=2 Not Sure=3

	Agree	Disagree	Not Sure
1) The fixed-route system is too complicated for me to figure out.	1	2	3
2) I'm not at all interested in using the fixed-route service for my transportation.	1	2	3
3) I have to have a seat on the bus and I'm afraid I won't get one.	1	2	3
4) Everyone on the bus will be inconvenienced since it takes me longer to board the bus.	1	2	3
5) Riding the bus makes me more vulnerable to crime. I'm afraid for my safety.	1	2	3
6) I'm afraid I'll get off at the wrong stop.	1	2	3
7) Lower fixed-route bus fares compared to fares are an incentive for me to ride the bus.	1	2	3

	Agree	Disagree	Not Sure
8) Taking my trips by fixed-route bus would take me too long.	1	2	3
9) I need assistance securing my wheelchair and I don't think the fixed-route drivers would assist me.	1	2	3
10) I'd have to get up earlier in the morning to ride the fixed-route, which would be a problem.	1	2	3
11) If the bus moves before I am seated, I believe I might fall.	1	2	3

**INFORMATION ON TRAVEL/MOBILITY TRAINING**

- 1) Have you ever received training to learn how to use the fixed-route bus or to travel around the community? \_\_\_\_\_Yes \_\_\_\_\_No
- 2) If yes, by which agency were you trained? \_\_\_\_\_
- 3) Did you successfully complete training? \_\_\_\_\_Yes \_\_\_\_\_No
  - a. If yes, which routes/trips did you learn in training? \_\_\_\_\_

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- b. If you did not complete training, would you like to participate in training to learn to ride the fixed-route bus? \_\_\_\_\_Yes \_\_\_\_\_No

**PLEASE READ THE FOLLOWING STATEMENTS AND CHECK THOSE WHICH BEST DESCRIBE WHAT YOU BELIEVE IS YOUR ABILITY TO USE THE TRANSIT FIXED-ROUTE SYSTEM. YOU MAY SELECT MORE THAN ONE.**

- I can use the fixed-route bus sometimes, if the conditions are right.
- I have difficulty understanding and/or remembering all of the things I need to do to find my way to and from the bus.
- I have a temporary disability which prevents me from getting to the bus stop. I will need only until I recover.
- I believe I could learn to ride the fixed-route bus, if someone would teach me.

- I have difficulty or cannot climb stairs and can only board a bus with a lift/ramp.
- I have a visual disability which prevents me from getting to and from the bus.
- The severity of my disability changes from day to day. I can ride the fixed-route bus only when I am feeling well.
- I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use the fixed-route system.
- I have never attempted to ride the fixed-route buses.
- I am not sure if I can ride the fixed-route buses.

**I am:** (circle one)

<b>A.</b> Familiar with what to do if I miss my bus	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>B.</b> Able or recognize destinations, bus stops, or landmarks	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>C.</b> Adversely affected by air pollution (smog, fumes, perfume)	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>D.</b> Unable to travel at night due to night blindness	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>E.</b> Able to recognize printed information	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>F.</b> Able to hear and process spoken words or auditory information	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>G.</b> Able to communicate needs	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>H.</b> Able to follow directions	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>I.</b> Able to deal with unexpected situations or changes in routine (example: bus detours)	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>J.</b> Able to safely and effectively travel through crowded and/or complex facilities	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>K.</b> Able to recognize curbs and other drop offs	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>L.</b> Able to travel independently along sidewalks and other pedestrian ways	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>M.</b> Able to cross streets independently	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
<b>N.</b> Able to find the correct bus stop	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>



- |  |            |           |                  |
|--|------------|-----------|------------------|
| <b>O.</b> Able to identify the correct bus   | <b>Yes</b> | <b>No</b> | <b>Sometimes</b> |
| <b>P.</b> Able to safely enter/exit the bus (this includes stepping up three steps with maximum height of 16 inches) | <b>Yes</b> | <b>No</b> | <b>Sometimes</b> |
| <b>Q.</b> Able to deposit fare into the fare box or show bus pass  | <b>Yes</b> | <b>No</b> | <b>Sometimes</b> |
| <b>R.</b> Able to get to a set wheelchair position and remain seated during a bus trip                               | <b>Yes</b> | <b>No</b> | <b>Sometimes</b> |

**If you circled “No” or “Sometimes” to any of the items in the “I am” section, please explain:**

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**MOBILITY TRAINING HISTORY AUTHORIZATION FORM**

If you have received mobility training, it may be necessary to contact the agency that provided your training. Please complete the following information as an authorization for the agency that provided your mobility training to release the specific information regarding your training to Cottonwood Area Transit.

Name of Agency\_\_\_\_\_

Name of Individual(s) that provided training\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

I hereby authorize the certifying entity to contact any agency or professional indicated to verify documentation of functional abilities and limitations.

**Applicant’s Signature or Mark**\_\_\_\_\_

**Date**\_\_\_\_\_

**Witness**\_\_\_\_\_

**Date**\_\_\_\_\_

## INFORMATION REGARDING YOUR FUNCTIONAL ABILITY

Your answers to the questions in this section will help us to better understand your functional ability in specific areas. For each question, circle one answer. Your answers should be based on your ability to complete these tasks independently according to how you feel most of the time, under normal circumstances, using your mobility equipment.

### Without the help of someone else, can you:

- 1) Walk up and down three steps if there are handrails on both sides?  
Always      Sometimes      Never      Not Sure
- 2) Use the telephone to get information?  
Always      Sometimes      Never      Not Sure
- 3) Travel one level block on the sidewalk when the weather is good?  
Always      Sometimes      Never      Not Sure
- 4) If you are able to do this, how long does it take you?  
Less than five minutes      Five or more minutes      Not Sure
- 5) Cross the street, if there are curb cuts?  
Always      Sometimes      Never      Not Sure
- 6) When the weather is good, travel three level blocks on the sidewalk?  
Always      Sometimes      Never      Not Sure
- 7) If you are able to do this, how long does it take you?  
Less than ten minutes      Ten or more minutes      Not Sure
- 8) Wait ten minutes at a bus stop that does not have a seat or a shelter, if the weather is good?  
Always      Sometimes      Never      Not Sure
- 9) Travel up or down a gradual hill on the sidewalk, if the weather is good?  
Always      Sometimes      Never      Not Sure
- 10) Find your way to the bus stop, if someone shows you the way once?  
Always      Sometimes      Never      Not Sure
- 11) Step on and off the curb from a sidewalk?  
Always      Sometimes      Never      Not Sure
- 12) If you need the assistance of another person, what do they do for you?

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13) Have you ever gotten lost when traveling alone?

\_\_\_\_\_ Yes \_\_\_\_\_ No, I never travel alone \_\_\_\_\_ No, I've never gotten lost

a) If yes, what was the outcome of the situation? \_\_\_\_\_

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

14) If the weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk, using your mobility aid?

_____ I can't travel outdoors alone at all	_____ Less than 1 block
_____ 3 blocks	_____ 6 blocks
_____ 9 blocks	_____ More than 9 blocks
_____ Not Sure	_____ Other (explain) _____

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

I certify that I have been truthful in answering this form and that the information that I have provided is correct. I understand that the purpose of this application is to determine if I am eligible to use Paratransit services and that I may be required to do an in-person interview if additional information is needed to determine my eligibility.

\_\_\_\_\_  
Applicant's Signature or Mark

\_\_\_\_\_  
Date

**Please review the application to make sure that you have answered all of the questions to the best of your ability. If there are questions that you cannot answer, please state why you cannot answer these questions. Thank You!**

**INFORMATION RELEASE FORM**

In order for us to evaluate your request, it may be necessary to contact a professional to confirm the information you have provided or to answer any additional questions we may have. This person may or may not be the person you have chosen to fill out Part C of this application. Please complete the following information and authorization form. The individual filling out the application cannot be the person listed below. This form does not need to be signed by the professional listed on the form. It must be completed by you or by a person on your behalf.

- \_\_\_\_\_ Health Care Professional (includes nurses, physical therapists, rehabilitation specialists, etc.)
- \_\_\_\_\_ Case Manager
- \_\_\_\_\_ Social Worker
- \_\_\_\_\_ Physician
- \_\_\_\_\_ Other (please explain) \_\_\_\_\_

The following professional (please check one above) is familiar with my disability and functional abilities and is authorized to provide the required information to Cottonwood Area Transit for certification. In the space provided below, please provide the name and information of a professional that is familiar with your abilities.

Name \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
\_\_\_\_\_ City State Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I hereby certify that the information given above is correct. I understand that if my application is not found to be eligible, that I may appeal such determination within 60 calendar days and that I will be advised of the procedures for such an appeal. I hereby authorize Cottonwood Area Transit to contact the professional or agency listed above to verify documentation of functional abilities.

**Applicant’s Signature or Mark** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_

## PART C Professional Verification

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Please take this section of the application to a professional for verification of your disability and your functional abilities. We prefer that this section be filled out by someone who is not only familiar with your diagnosis, but who is also familiar with your mobility. We suggest taking these forms to a Case Manager, Social Worker, Health Care Professional (Nurse, Physical Therapist, Rehabilitation Specialist, etc), or Physician. If you have any questions regarding what professionals will be accepted or if the professional you have chosen is charging you a fee for the completion of this paperwork, please call the CAT Office and speak with Debbie Calkins or Bruce Morrow (928) 634-2287.

### GUIDELINES FOR PROFESSIONAL VERIFICATION

Your patient/client has requested eligibility for CAT Paratransit transportation service. Because of your professional relationship with this applicant, you are uniquely qualified to help clarify his or her **functional abilities and limitations**. The following are guidelines for using Paratransit. These guidelines may help you in understanding the types of information we need in order to determine the applicant's eligibility for Paratransit.

The basis for CAT ADA eligibility is the American with Disabilities Act. Eligibility is based on:

- **Functional ability** to independently perform the tasks necessary for bus use including: getting to and from the bus stop, getting on the bus, riding the bus, and understanding how to navigate the system in a variety of environments. A diagnosis by itself does not qualify an individual for Paratransit Eligibility.
- Whether the individual is **prevented** from performing these tasks (as opposed to the task being more inconvenient or difficult)
- Whether the individual can perform these tasks **all of the time, only under some circumstances**, or if the disability would **always prevent** the individual from performing these tasks. Eligibility is unique to the individual's personal functional ability and reflects the patient's ability to use the bus and under what circumstances (ex: could use the bus if it were not more than two level blocks to the bus stop, and there was no snow or ice present).

#### Information we need you to provide:

You may expand on, in as much detail as you can provide, how this individual's physical, sensory, cognitive, or emotional problems may impact his/her ability to travel on a bus. Please relate your comments to the specific tasks necessary to board, ride, and navigate the Transit fixed-route system by describing how each condition limits his/her functional ability in these specific areas. Please remember that we are not doctors or nurses so descriptions are better than clinical diagnoses.

The following is a list of specific points which can serve as a guide for your report to CAT. **Please address any of the following points that apply to the applicant on the forms provided (pages 14-17):**

- **Specific diagnosis and prognosis** of each of your patient's disabling conditions. Identify which of these conditions you are currently treating him/her for.

- **Specific measurements:**
  - **For the visually impaired:** visual acuity measurements and visual field readings for both eyes
  - **For the cognitively impaired:** I.Q. scores and Adaptive Behavior scores
- **Date of onset:**
- **Prognosis:** If the individual has a progressive disease or condition, or if s/he is expected to improve or recover. Provide the best estimate of the rate at which this is expected to occur, and if therapy is part of the treatment plan.
- **Mobility Impairments**
  - Can the individual walk?
  - Under what conditions can s/he walk?
  - Under what conditions can s/he not walk?
  - What mobility devices does s/he use?
  - How long has s/he been using this device?
  - How far can s/he walk/travel independently using mobility aids?
  - How do weather conditions (rain, ice, snow) affect his/her mobility?
  - How are balance and endurance affected?
- **Neurological Impairments or Head Injuries**
  - Is judgment or behavioral inhibition impaired, and to what extent?
- **Seizures**
  - What type of seizures?
  - Are they controlled by medication?
- **Emotional and/or Behavioral Problems**
  - Is judgment impaired?
  - Does the individual experience disabling anxiety, auditory or visual hallucinations, delusions, etc.?
- **General Information**
  - Would the individual need the help of an assistant or companion in order to ride the bus?
  - How do temperature fluctuations affect his/her functioning?

## FOR MORE INFORMATION

If you have any questions regarding ADA Paratransit Eligibility or these forms contact either Debbie Calkins or Bruce Morrow at CAT (928) 634-2287. Thank you for your cooperation.

**PROFESSIONAL VERIFICATION**

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1) In what capacity do you know this individual? \_\_\_\_\_  
\_\_\_\_\_

2) How long have you known this individual? \_\_\_\_\_

3) What is the last date of face-to-face contact (by you or your agency) with this individual?  
\_\_\_\_\_

4) Primary Disability/Medical Condition \_\_\_\_\_

5) Secondary Medical Condition(s) \_\_\_\_\_  
\_\_\_\_\_

6) Date of onset \_\_\_\_\_

7) Currently receiving any treatment? \_\_\_\_\_  
\_\_\_\_\_

8) What is the prognosis? \_\_\_\_\_

9) Are the effects of the disability variable? \_\_\_\_\_ Yes \_\_\_\_\_ No

10) Temperature sensitivity? \_\_\_\_\_ Yes (\_\_\_\_ Heat \_\_\_\_ Cold) \_\_\_\_\_ No

11) Current Medications?

<u>Name of Medication</u>	<u>Date Prescribed</u>
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_____	_____
_____	_____
_____	_____
_____	_____

12) Medication side effects reported by patient/client: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13) How does the above medication effect the individual's functional ability to travel independently within the community (ex: drowsiness, confusion, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*For the following questions, please provide information regarding the applicant's abilities, taking into consideration the applicant's mobility device.**

- 14) Maximum distance patient/client is able to travel with his/her mobility aid? \_\_\_\_\_feet  
\_\_\_\_\_330 feet \_\_\_\_\_660 feet  
\_\_\_\_\_990 feet \_\_\_\_\_1320 feet, in 16 minutes or less  
\_\_\_\_\_1650 feet \_\_\_\_\_1980 feet  
\_\_\_\_\_2310 feet \_\_\_\_\_2640 feet, in 32 minutes or less

15) Would the individual exhibit any signs of distress at the maximum distance? \_\_\_\_Yes \_\_\_\_No

16) If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

17) Would the individual be able to follow directions along a route? \_\_\_\_Yes \_\_\_\_No

18) Is s/he able to navigate around large obstacles? \_\_\_\_Yes \_\_\_\_No

19) Is s/he able to navigate around small obstacles? \_\_\_\_Yes \_\_\_\_No

20) Can the individual locate the curb/curb cut? \_\_\_\_Yes \_\_\_\_No

Independently step up a 6" curb? \_\_\_\_Yes \_\_\_\_No

Independently step down from a 6" curb? \_\_\_\_Yes \_\_\_\_No

Independently maneuver up/down a curb cut? \_\_\_\_Yes \_\_\_\_No

21) Would the individual be:

Able to negotiate sidewalk that is in good condition? \_\_\_\_Yes \_\_\_\_No

Able to negotiate on broken pavement/surfaces? \_\_\_\_Yes \_\_\_\_No

Able to negotiate on uneven/grassy surfaces? \_\_\_\_Yes \_\_\_\_No

Able to negotiate on gravel surfaces? \_\_\_\_Yes \_\_\_\_No

Able to negotiate on loose dirt/sand surfaces? \_\_\_\_Yes \_\_\_\_No

Able to cross the street at a crosswalk? \_\_\_\_Yes \_\_\_\_No

Is the individual able to locate crosswalk/safe place to cross? \_\_\_\_Yes \_\_\_\_No

Able to independently activate "walk" light? \_\_\_\_Yes \_\_\_\_No

Can the individual safely initiate crossing from curb/curb cut? \_\_\_\_Yes \_\_\_\_No

22) Able to wait without a bench at the bus stop for 10 minutes? \_\_\_\_Yes \_\_\_\_No

23) Can individual safely negotiate three 12" steps? \_\_\_\_Yes \_\_\_\_No

24) Able to climb bus steps from street level without curb? \_\_\_\_Yes

\_\_\_\_Yes, but not recommended \_\_\_\_No

25) Please check if any apply to the individual:

\_\_\_\_Ambulatory \_\_\_\_Wheelchair user \_\_\_\_3 Wheeled Scooter user \_\_\_\_Walker \_\_\_\_Cane



26) Is the individual:

Able to maneuver onto bus lift platform?  Yes  Yes, with assistance  No

Able to negotiate up ramp from street level?  Yes  Yes, with assistance  No

Able to negotiate down ramp to street level?  Yes  Yes, with assistance  No

Able to place fare in fare box?  Yes  No

Able to handle fare tickets?  Yes  No

Able to stand on a moving bus?  Yes  No

27) Would the individual be able to independently:

Identify and board the correct bus?  Yes  No

Seek and ask for directions?  Yes  No

Find way to/from bus stop or downtown terminal?  Yes  No

Transfer to a second bus?  Yes  No

Exit bus at the correct destination?  Yes  No

28) Are any of the following affected by the individual's disability? (check all that apply)

Disorientation

Monitoring time

Problem solving

Judgment

Short-term memory

Communication

Long-term memory

Inconsistent performance

Gait or balance

Inappropriate social behavior

Other (please explain) \_\_\_\_\_

\_\_\_\_\_

29) Please describe any inappropriate social behavior (aggressive, sexual, overly friendly, etc.):

\_\_\_\_\_

\_\_\_\_\_

30) Would mobility training be appropriate for this individual?  Yes  No

31) If no, why not? \_\_\_\_\_

32) Would training tools help with fixed-route travel (ex: memory cards, written route directions, photos, etc.)?  Yes  No

33) How will using Paratransit better suit this individual than using the fixed-route system?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

34) Is the goal of traveling independently on the fixed-route system (even limited travel within the neighborhood) within the context of treatment? \_\_\_\_\_Yes \_\_\_\_\_No

Is there any additional information regarding this individual which you believe impacts his/her functional ability to use the fixed-route system or any special circumstances that you believe should be considered?

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I certify that this information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Please print or type name

\_\_\_\_\_  
Please print or type title

Agency \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Extension \_\_\_\_\_

\_\_\_\_\_  
Fax \_\_\_\_\_

Thank you for your time and input.