



*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

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 van operators are not to enter any structure to find you or assist you to the curb. You must be able to get to and from the curb. If you are unable to get to the curb independently, please have a friend, relative, home health care assistant, or other assistant to assist you with your mobility needs.

7) Designate any mobility aids 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 600 pounds?

_____ Yes _____ No

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

3) My eye condition is considered to be:

_____ Stable

_____ Degenerative

_____ Other (please explain) _____

4) I can easily see steps and curbs. _____ Yes _____ No _____ Sometimes

5) I can see the route numbers on the bus from the bus stop. _____ Yes _____ No _____ Sometimes

6) I can find the bus stop without assistance. _____ Yes _____ No _____ Sometimes

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use the Transit fixed-route service:

PART B Questions about using the Fixed-Route System

1) Do you currently use fixed-route buses? _____ Yes _____ No

2) If you use fixed-route buses now, do you need the assistance of another person? (circle one)

Always

Sometimes

Never

3) If you need another person’s assistance, what does that person do for you?

4) What is it about riding a fixed-route bus that is most difficult for you? (Example: The bus moves before I am seated, etc.) Please list as many things as you can think of. If you need additional space, please use a separate piece of paper:

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? _____

- 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)

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

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

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

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?

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!

PART C Professional Verification

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.

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 aids 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.)? _____

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?

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.