

ADA eligibility worksheet: is CAT right for you

Your name: _____

This worksheet is for your own use. It will help you understand ADA eligibility and determine if CAT is the appropriate service for you. The ADA law states that ADA eligibility is given to persons whose disabilities prevent use of regular accessible fixed-route transit services: **an individual's disabilities must be so significant that the individual is not able to use fixed-route transit service.**

Read the 4 questions on the left side of the worksheet and then check your answers on the right side. Your answers will help you determine if CAT might be appropriate for you.

Question	Check your answers below.		
	Yes	Sometimes	No, never
1. Are you able to get to and from the bus stop closest to where you live?			
2. With help from the bus driver, are you able to get on and off a bus which has a lift or ramp?			
3. With help from the bus driver who announces major bus stops and transfer points, are you able to figure out the right bus stop to get off?			
4. If your trip on the bus involves transferring to another bus, are you able to make the transfer?			

Look at your answers:

- If you checked "Yes" to all 4 questions, you are probably not ADA eligible.
- If you checked "Sometimes" to one or more questions, you might be determined ADA eligible for certain trips under certain circumstances.
- If you answered "No, never" to one or more of the questions, you might be ADA eligible.
- A complete application and in-person interview at our CAT office is necessary to formally determine ADA eligibility.

Please read this before filling out the application

ADA Paratransit Service Eligibility Process

WHY DO WE HAVE PARATRANSIT?

The Americans with Disabilities Act of 1990 (ADA), a civil rights bill, was designed to remove barriers that prevent persons with disabilities from fully participating in American society. In the area of public transportation the ADA clearly states that regular bus service should be the primary means of public transportation for everyone, including people with disabilities.

Under the ADA transit agencies like NAIPTA are required to provide curb-to-curb, demand-response Paratransit service that "mirrors" their fixed-route service (in terms of service times and areas). The service is a "safety Net", only for those persons with physical, cognitive, emotional, visual or other sensory disabilities who do not have the *functional* capability to ride CAT fixed-route buses either permanently or under certain conditions. The paratransit service is called CAT Paratransit.

- The CAT fixed-route bus system is fully accessible, with wheelchair accessible buses and major transfer facilities.
- "Travel Training" service is also available to those who need help in learning how to use the CAT buses.

In addition, other accommodations such as bus stop and route announcements, and easy-to-read signs, make using CAT buses possible for many people with disabilities.

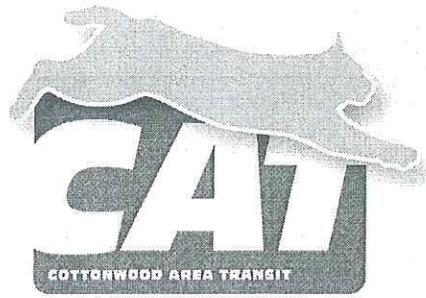
Persons who are able to use CAT buses are expected do so whenever they can.

The unavailability of fixed-route service does not constitute eligibility for a person who could otherwise take the same trip on CAT buses, if service were available.

WHO IS ELIGIBLE TO USE CAT PARATRANSIT?

Under the ADA, disability alone does not qualify a person to ride Paratransit. A person must be functionally unable to use the fixed-route CAT service. Paratransit service is provided to the following three general groups of persons with disabilities:

1. Persons who have specific impairment-related conditions which make it impossible — not just difficult — to travel to or from the bus stop.
2. Persons who need a wheelchair lift-equipped bus, but it is not available on the fixed-route when they need to travel. All CAT Fixed route buses are ADA accessible
3. Persons, who are unable to board, ride or exit from the fixed route CAT buses even if they are able to get to a bus stop and the bus is equipped with a wheelchair lift.



PROVIDING COURTEOUS AND RESPONSIVE
TRANSPORTATION.

CAT ADA PARATRANSIT SERVICE AND ADA
ELIGIBILITY APPLICATION AND INFORMATION

ADA PARATRANSIT APPLICATION FORM

Please complete this application as thoroughly as possible and to the best of your ability. If you have difficulty answering any questions on the application or if you need assistance completing this form, please call *Monik Conway, or Shirley Scott* (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 *CAT* fixed route system. This includes any environmental as well as physical barriers that prevent you from riding the fixed route. The more complete and accurate information you provide, the better *CAT* will understand your abilities and travel challenges. Information contained in this application will be kept confidential and shared with the professionals involved in the evaluation of your eligibility for *CAT* or others only if disclosure is required by law.

There are three sections to this application. Part A and B is 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

Audio Cassette

Email

Disc

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1) What is the disability that prevents you from using the CAT 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.

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 than 48 inches long?

_____ yes _____ no

Is the combined weight of device and occupant more than 750 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 CAT fixed route service:

PART B Questions about using the CAT Fixed Route System

- 1) Do you now use CAT fixed route buses? _____ Yes _____ No
- 2) If you use CAT 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? (Ex. 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 _____

7) What is the closest bus stop to your home? Please give the location (ex. Corner of Aspen & Main).

8) Can you get to this stop by yourself? _____ yes _____ no _____ sometimes

9) 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? _____ ye s _____ 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 or not 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've heard really good stories about the fixed route service from other people.	1	2	3
3) I'm not at all interested in using the fixed route service for my transportation.	1	2	3
4) I have to have a seat on the bus and I'm afraid I won't get one.	1	2	3
5) Everyone on the bus will be inconvenienced since it takes me longer to board the bus.	1	2	3
6) Riding the bus makes me more vulnerable to crime. I'm afraid for my safety.	1	2	3
7) I think my neighborhood has good bus service.	1	2	3
8) I'm afraid I'll get off at the wrong stop.	1	2	3

	Agree	Disagree	Not Sure
9) Lower fixed route bus fares compared to <i>CATADA</i> fares are an incentive for me to ride the bus.	1	2	3
10) Taking my trips by fixed route bus would take me too long.	1	2	3
11) I need assistance securing my wheelchair and I don't think the fixed route drivers would assist me.	1	2	3
12) I'd have to get up earlier in the morning to ride the fixed route, which would be a problem.	1	2	3
13) Lifts on the fixed route buses break often. I don't believe the service is reliable.	1	2	3
14) 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 CAT 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 CAT ADA 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 CAT FIXED ROUTE.

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 ride *CAT ADA Paratransit* and that I will be required to do an in-person interview 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!

PERSONAL ASSISTANCE CERTIFICATION

CATADA 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.

If you need an assistant to provide services for you in order to make travel possible, please fill out this form with your personal information.

Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____

I certify that I need the services of a personal care attendant to make independent travel possible. A personal care attendant is someone designated or employed specifically to assist me with the completion of at least one daily activity on a regular basis.

I will need a personal care attendant _____ permanently _____ temporarily _____ occasionally

If temporarily, provide expected duration _____

I certify that the information provided is true and correct.

Applicant's Signature or Mark _____

Date _____

Witness _____

Date _____

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 CAT at (928) 634-2287.

GUIDELINES FOR PROFESSIONAL REPORT TO *CAT ADA PARATRANSIT*

Your patient/client has requested eligibility for *CAT ADA* 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 *Cat ADA*. These guidelines may help you in understanding the type of information we need in order to determine the applicant's eligibility for *Cat ADA*.

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 *CAT ADA*.
- 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. *CAT ADA* eligibility is unique to the individual's personal functional ability and reflects ability to use the bus only in some 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 for you to provide:

You may expand, in as much detail as you can provide, how this individuals 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 CAT 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 ADA*. **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 for which of them you are currently treating him/her.
- **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 he/she 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 *CAT ADA* or these forms you can contact Monik Conway or Shirley Scott 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

Name of Medication

Date Prescribed

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

12) Medication side effects reported by patient/client _____

13) How does the above medication affect 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 aid.**

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) Are they able to navigate around large obstacles? _____yes _____no

19) Are they able to navigate around small obstacles? _____yes _____no

20) Can the individual locate curb/curb cut? _____yes _____no

Independently step up 6" curb _____yes _____no

Independently step down 6" curb _____yes _____no

Independently maneuver up/down 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 inch 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 farebox _____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)

- | | |
|---|--|
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Monitoring time |
| <input type="checkbox"/> Problem solving | <input type="checkbox"/> Judgment |
| <input type="checkbox"/> Short-term memory | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Long-term memory | <input type="checkbox"/> Inconsistent performance |
| <input type="checkbox"/> Gait or balance | <input type="checkbox"/> Inappropriate social behavior |
| <input type="checkbox"/> 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 *CAR ADA* better suit this individual than using the CAT Transit fixed route system?

34) Is the goal of traveling independently on the fixed route system (even limited travel in the neighborhood) within the context of treatment? yes no

35) Is there any additional information regarding this individual which you believe impacts his/her functional ability to use the CAT Transit 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.