



Northern Arizona Intergovernmental Public Transportation Authority

3773 N. Kaspar Drive • Flagstaff, AZ 86004 • 928-679-8900 • FAX 928-779-6868 • www.naipta.az.gov

Good Afternoon,

Thank you for your interest regarding our Paratransit transportation program. Please be sure to read and complete the application thoroughly. You may be eligible for ADA Paratransit Certification, which would give you greater access to our services.

If you need assistance completing the application or have any questions please contact me at (928) 679-8911. Once all sections of the application have been completed, please return to my attention at your earliest convenience. I look forward to hearing from you soon.

Sincerely,

Rachelle Marble

Rachelle Marble
ADA Specialist
Mountain Lift
NAIPTA

Return application and professional verification to:

**NAIPTA- Mountain Lift
Rachelle Marble
3773 N Kaspar Dr.
Flagstaff, AZ 86004
Or
Fax to: 928-779-6868**



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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 the barriers which prevent people with disabilities from fully participating in American society. In 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, public transit agencies are required to provide origin to destination, demand-response Paratransit service which parallels the fixed route service in terms of days, times and service area. The service is only for those people with disabilities who do not have the **functional** ability to ride fixed-route buses, either permanently or under certain conditions. The fixed-route bus system is fully accessible, with wheelchair accessible buses and major transfer facilities.

In addition, other accommodations such as bus stop and route announcements and easy-to-read signs make using the fixed-route buses possible for many people with disabilities. People who can use fixed-route buses are expected to do so whenever they are able. The unavailability of fixed-route service does not constitute eligibility for a person who could otherwise take the same trip on buses, if service were available.

Travel Training instruction is available to those who need help in learning how to use the fixed-route buses.

WHO IS ELIGIBLE TO USE 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 service. Paratransit service is provided to the following three general groups of people with disabilities:

1. People who have specific impairment-related conditions which make it impossible — not just difficult — to travel to or from a bus stop.
2. People who need an ADA accessible bus, but it is not available on the fixed-route when they need to travel. **All NAIPTA fixed-route buses are ADA accessible.**
3. People who are unable to board, ride, or disembark from the fixed-route buses even if they can get to a bus stop and the bus is ADA accessible.



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Those people who are certified eligible are classified as having unconditional, temporary, or conditional eligibility for ADA Paratransit Service as follows:

Unconditional status is assigned to people who are determined unable to ever independently use fixed-route buses, even with training.

Temporary status is assigned to people who are determined capable of using accessible buses but cannot do so at present, either because of a temporary disability or other temporary changes to the bus route, stops, or other conditions.

Conditional status is assigned to people who can use fixed-route buses some of the time, but would, under certain circumstances and for certain trips, be prevented from independently using fixed-route buses. Examples of conditional eligibility include people with extreme fatigue after treatments such as dialysis, a bus stop which requires a traveler who is blind to maneuver a dangerous pedestrian area such as a large, open parking lot with no reference points, or a fixed-route bus route that is not yet accessible.

EVALUATION PROCEDURE

All applicants seeking eligibility for ADA Paratransit Service must complete the eligibility determination process. This includes a medical verification of disability, the applicant's own assessment of his/her ability to use fixed-route buses, and an in-person evaluation interview. Information provided by a social service agency or other professional regarding the applicant's ability to use the fixed-route bus may also be considered.

The purpose of the in-person evaluation interview is to determine when and under what circumstances the applicant can use fixed-route buses and when Paratransit Service is required. The interview consists of a series of questions designed to evaluate the functional abilities, limitations, and individual needs of each applicant. Variables in the environment, as well as the applicant's ability to perform the tasks required to use the bus, are also considered.

Transportation assistance is provided as necessary to and from the evaluation appointment.

All requested information must be provided and the application process completed before an eligibility determination can be rendered.

APPEALS

Information regarding the appeals process is available from the Paratransit Program Manager. Applicants who are determined not eligible, or who do not agree with the conditions established for their use of ADA Paratransit Service, may request a review of their determination by the Appeals Committee.

We are always happy to hear from you. Questions? Need Assistance?
Please call: (928) 679-8911

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THIS WORKSHEET IS FOR YOUR OWN USE

ADA Eligibility - Is Paratransit right for you?

Your Name: _____

This worksheet will help you understand ADA eligibility and determine if Paratransit is the appropriate service for you. The Americans with Disabilities Act states that ADA eligibility is given to people whose disabilities prevent usage 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 four questions on the left side of the worksheet and then check your answers on the right side. Your answers will help determine if Paratransit might be appropriate for you.

Questions	Check your answers below		
	Yes	Sometimes	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 that has a lift or a 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 probably would not be determined ADA eligible.

If you checked "Sometimes" to one or more questions, you might be determined ADA eligible for certain trips under certain conditions.

If you answered "Never" to one or more of the questions, you might be determined ADA eligible.

A completed application and in-person interview at our NAIPTA office is necessary to formally determine ADA eligibility.



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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 as thoroughly as possible. If you have difficulty answering any questions on the application, or if you need assistance completing this form, please contact Rachelle Marble, ADA Specialist, at (928) 679-8911. 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 unavailability of fixed-route service does not constitute eligibility for a person who could otherwise take the same trip on buses, if service were available.

The more complete and accurate the information you provide, the better NAIPTA 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 NAIPTA, 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 NAIPTA.

PART A - Applicant Data

PLEASE PRINT

DATE _____

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 _____ Phone _____

Address _____

Email Address _____

Relationship to Applicant _____ Date _____

To whom should we send correspondence such as information regarding eligibility, late trips, missed trips, etc.? If Case Manager or other please fill out the following information:

Name _____ Phone _____

Address _____

Email Address _____

Relationship to Applicant _____ Date _____

Information may only be sent to one person.

Self

Case Manager

Other

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. Describe 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 disability require you to travel with a personal care attendant (PCA*)? _____

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

NAIPTA Paratransit is an origin to destination 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. We will provide door-to-door service only for customers who need such service and have no other resource available. Paratransit customers must request this additional service.

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

Manual Wheelchair _____ Service Animal _____ Prosthesis _____

Motorized Wheelchair _____ White Cane _____ Crutches _____

3 Wheeled _____ Cane _____ Braces _____

4 Wheeled _____ Walker _____ Portable Oxygen _____

Other _____

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

PART B

INFORMATION ON YOUR CURRENT USE OF BUS SERVICE

1. Do you currently use fixed-route buses? _____ Yes _____ No _____ Sometimes
2. If you use fixed-route buses now, do you need the assistance of another person? _____
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/would be 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

1. If you currently use the fixed-route system, which routes do you use? _____

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

3. Can you get to this stop by yourself? _____ Yes _____ No _____ Sometimes
4. If no, what prevents you from getting to this stop?

INFORMATION ON WEATHER-RELATED CONDITIONS

1. Does the weather affect your ability to travel independently? _____ Yes _____ No _____ Sometimes
2. Please explain how the weather affects/would affect your functional ability to use the fixed-route system:

PLEASE GIVE US YOUR OPINION REGARDING USE OF ACCESSIBLE FIXED-ROUTE BUS SERVICE

Please read each question carefully and check the box which indicates whether you agree, disagree or are not sure.

QUESTIONS	AGREE	DISAGREE	NOT SURE
1. The fixed route system is too complicated for me to figure out.			
2. I'm not at all interested in using the fixed route bus for my transportation.			
3. I have to have a seat on the bus and I'm afraid I won't get one.			
4. Everyone on the bus will be inconvenienced since it takes me longer to board the bus.			
5. Riding the bus makes me more vulnerable to crime. I'm afraid for my safety.			
6. I'm afraid I'll get off at the wrong stop.			
7. Lower fixed route bus fares compared to paratransit fares would be an incentive to ride the bus.			
8. Taking my trips by fixed route bus would take me too long.			
9. I need assistance securing my wheelchair and I don't think the fixed route drivers would assist me.			
10. I'd have to get up earlier in the morning to ride the fixed route, which would be a problem.			
11. If the bus moves before I am seated, I believe I might fall.			

NOTES REGARDING ANSWERS ABOVE :

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 have difficulty or cannot climb stairs and can only board a bus with a lift or ramp.
	I have a visual disability which prevents me from getting to and from the bus stop.
	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 believe I could learn to ride the fixed-route bus, if someone would teach me.

NOTES REGARDING ANSWERS ABOVE:

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR ABILITY TO COMPLETE TASKS RELATED TO USE OF THE ACCESSIBLE FIXED-ROUTE BUS SERVICE

Please read each question carefully and check the box with yes, no or sometimes based on your ability.

I AM OR WOULD BE:	YES	NO	SOMETIMES
1. Familiar with what to do if I miss a bus			
2. Able to recognize destinations, bus stops or landmarks			
3. Adversely affected by pollution (smog, fumes, perfume)			
4. Unable to travel at night due to night blindness			
5. Able to recognize printed information			
6. Able to hear and process spoken words or auditory information			
7. Able to communicate needs			
8. Able to follow directions			
9. Able to deal with unexpected situations or changes in routine such as bus detours			
10. Able to safely and effectively travel through crowded and/or complex facilities			
11. Able to recognize curbs and other drop offs			
12. Able to travel independently along sidewalks and other pedestrian ways			
13. Able to cross streets independently			
14. Able to find the correct bus stop			
15. Able to identify the correct bus from signage			
16. Able to safely enter/exit the bus including stepping up three steps with a maximum height of 16 inches			
17. Able to deposit fare into the fare box or show bus pass			
18. Able to get to a designated wheelchair securement area and remain seated during a bus trip			

NOTES REGARDING “NO” OR “SOMETIMES” TO ANSWERS ABOVE:

INFORMATION REGARDING YOUR FUNCTIONAL ABILITY

Your answers to these questions will help us better understand your functional ability in specific areas. 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 device if applicable.

WITHOUT THE HELP OF SOMEONE ELSE, CAN YOU:	ALWAYS	SOMETIMES	NEVER	NOT SURE
1. Walk up and down three steps if there are handrails on both sides?				
2. Use the telephone to get information?				
3. Travel one level block on the sidewalk when the weather is good? a. If you are able to do this, how long does it take you?				
4. Cross the street, if there are curb cuts?				
5. When the weather is good, travel three level blocks on the sidewalk? a. If you are able to do this, how long does it take you?				
6. Wait ten minutes at a bus stop that does not have a seat or shelter, if the weather is good?				
7. Travel up or down a gradual hill on the sidewalk, if the weather is good?				
8. Find your way to a bus stop, if someone shows you the way once?				
9. Step on and off the curb from a sidewalk?				

10. If you need the assistance of another person, what does he/she do for you?

11. Have you ever gotten lost when traveling alone? _____ Yes _____ No _____ No, I don't travel alone.
If yes, what was the outcome of the situation? _____

12. If the weather is good and there are no barriers, what is the farthest you can **independently** travel outdoors on a level sidewalk, using your mobility aid if applicable?

- | | |
|--|---|
| <p>_____ I can't travel outdoors alone at all</p> <p>_____ Less than one (1) block</p> <p>_____ Three (3) blocks</p> <p>_____ Six (6) blocks</p> | <p>_____ Nine (9) blocks</p> <p>_____ More than nine (9) blocks</p> <p>_____ Not sure</p> <p>_____ Other (Please explain)</p> |
|--|---|

INFORMATION ON TRAVEL/MOBILITY TRAINING

Have you ever received training in the use of the fixed-route bus or to travel around the community?

_____ Yes _____ No

If yes, by which agency were you trained? _____

Did you successfully complete training? _____ Yes _____ No

If yes, which routes/trips did you learn in training? _____

If you did not complete training, would you like to participate in training to learn to ride the fixed-route bus?

_____ Yes _____ No

MOBILITY TRAINING HISTORY AUTHORIZATION FORM

If you received mobility training, it may be necessary to contact the agency which provided your training. Please complete the following information release authorization for the agency that provided your mobility training.

Name of Agency _____

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 _____

I certify I have been truthful in completing this form and the information I have provided is accurate. I understand the purpose of this application is to determine my eligibility to use Paratransit Services. An in-person interview and a functional assessment may be required 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

NOTES

PART C - INFORMATION RELEASE FORM

To evaluate your request for eligibility, it may be necessary to contact a professional to confirm the information you have provided or to answer additional questions. The individual completing Parts A and B of the application **cannot** be the person (s) listed below. This information release form must be completed by yourself or another on your behalf.

The following professional is familiar with my disability, health condition and functional abilities and is authorized to provide the required information to NAIPTA for certification.

Health Care Professional: Physician _____ Nurse _____ Physical Therapist _____ Rehabilitation Therapist _____
Case Manager _____ Social Worker _____ Other (please explain) _____

Name _____

Address _____

Phone _____ Fax _____

Health Care Professional: Physician _____ Nurse _____ Physical Therapist _____ Rehabilitation Therapist _____
Case Manager _____ Social Worker _____ Other (please explain) _____

Name _____

Address _____

Phone _____ Fax _____

I hereby authorize NAIPTA to contact the professional or agency listed above to verify documentation of functional abilities.

Applicant's Signature or Mark _____ Date _____

Witness _____ Date _____

**If you have questions regarding ADA Paratransit Eligibility or these forms contact Rachelle Marble,
ADA Specialist at NAIPTA (928) 679-8911. Our Fax number is (928) 779-6868.**

Thank you for your cooperation.

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 or Health Care Professional. If you have any questions regarding which 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 ADA Specialist at (928) 679-8911.

GUIDELINES FOR PROFESSIONAL VERIFICATION

Your patient/client has requested eligibility for NAIPTA 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 NAIPTA 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 was 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 disability 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 NAIPTA. Please address any of the following points that apply to the applicant on the forms provided (pages 4-8):

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

PROFESSIONAL VERIFICATION

Applicant Name _____ Date of Birth _____

Applicant Address _____

Applicant Phone _____

1. In what capacity, do you know this individual? _____

2. How long have you known this individual? _____

3. What is the last date of in person contact (by you or your agency) with this individual? _____

4. **Primary Disability and/or Medical Condition:** _____

a. Date of onset: _____

b. Treatment: _____

c. Prognosis: _____

d. Expected duration of condition: _____

e. Are the effects of the disability variable? _____

f. How does temperature affect individual's condition? _____

5. **Secondary Disability and/or Medical Condition:** _____

a. Date of onset: _____

b. Treatment: _____

c. Prognosis: _____

d. Expected duration of condition: _____

e. Are the effects of the disability variable? _____

f. How does temperature affect individual's condition? _____

6. Current Medications - Please attach list if additional space is required.

Name of Medication

Date Prescribed

7. Medication side effects reported by patient/client: _____

8. How does the above medication affect the individual's functional ability to travel independently within the community (ex: drowsiness, confusion, etc.)? _____

INFORMATION ON TRAVEL CHALLENGES

Please use this space to describe how the applicant's disability affects his/her ability to travel independently.

For the following questions, please provide information regarding the applicant’s functional abilities, taking into consideration any mobility aid used if applicable.

9. Please check all which apply to the individual:

_____ Ambulatory _____ Wheelchair user _____ 3 Wheeled Scooter user _____ Walker _____ Cane

10. Maximum distance client can travel independently using a mobility aid if necessary? _____ feet

_____ 330 ft. _____ 1320 ft. (< 16 min) _____ 2310 ft.
 _____ 660 ft. _____ 1650 ft. _____ 2640 ft. (< 32 min)
 _____ 990 ft. _____ 1980 ft.

11. Would the individual exhibit any signs of distress at the maximum distance? _____ Yes _____ No

If yes, please explain: _____

12.

INDIVIDUAL CAN INDEPENDENTLY:	YES	NO	SOMETIMES
a. Follow directions along a route			
b. Navigate around large obstacles			
c. Navigate around small obstacles			
d. Locate the curb/curb cut			
e. Step up a 6” curb			
f. Step down from a 6” curb			
g. Maneuver up/down a curb cut			
h. Negotiate a sidewalk in good condition			
i. Negotiate on broken pavement/surfaces			
j. Negotiate on uneven/grassy surfaces			
k. Negotiate on gravel surfaces			
l. Negotiate on loose dirt/sand surfaces			
m. Cross a street at a crosswalk			
n. Locate a crosswalk or safe place to cross			
o. Activate “walk” light			
p. Safely initiate crossing from curb/curb cut			
q. Wait without a bench at a bus stop for 10 minutes			
r. Safely negotiate three 12” steps			
s. Climb bus steps from street level without a curb			

14.

INDIVIDUAL CAN INDEPENDENTLY:	YES	NO	SOMETIMES
a. Maneuver onto bus lift platform			
b. Negotiate up ramp from street level			
c. Negotiate down ramp to street level			
d. Place fare in fare box			
e. Handle fare tickets			
f. Stand on a moving bus			
g. Identify and board the correct bus			
h. Seek and ask for directions			
i. Find way to/from bus stop or transfer center			
j. Transfer to a second bus			
k. Exit bus at the correct destination			

15. Please check any of the following affected by the individual's disability.

___Disorientation

___Monitoring time

___Problem solving

___Judgement

___Short term memory

___Communication

___Long term memory

___Inconsistent performance

___Gait or balance

___Inappropriate social behavior

___Other (Please explain)

(Please explain)

16. Would mobility training be appropriate for this individual? Please explain.

17. Would training tools help with fixed-route travel (ex: memory cards, written route directions, photos, etc.)?

18. Is the goal of traveling independently on the fixed-route system (even limited travel within the neighborhood) within the context of treatment? _____Yes _____No

19. Please describe how having access to Paratransit will better suit this individual than using the fixed-route system. Include any additional information regarding the individual's functional ability and/or special circumstance which may assist in our determination.

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.