Providing Courteous and Responsive Transportation

PARATRANSPORT SERVICE AND
ADA ELIGIBILITY APPLICATION
AND INFORMATION
ADA PARATRANSIT APPLICATION FORM

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 process is considered complete when parts A, B, and C are received, and an evaluation interview is completed.

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 our Eligibility Specialist at (928) 679-8911. For the application to be considered complete, every question on the application must be answered. 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.

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 Mountain Lift Paratransit Services, or others if disclosure is required by law.

If you have questions regarding ADA Paratransit Eligibility or these forms, contact our Eligibility Specialist at (928) 679-8911.

Please return the completed application (Part A, B, and C) via:

Fax: 928-779-6868 or
Mail: Mountain Line/Paratransit Eligibility
3773 N. Kaspar Drive
Flagstaff, AZ 86004
PART A - APPLICANT DATA

PLEASE PRINT

Name __________________________________________________________

Date of Birth ____________________

Street Address ______________________________________________________

Date of Birth ____________________

City _____________________________ State _______ Zip ______________

Contact Phone Number(s) _____________________________________________

Email Address ______________________________________________________

Is the mailing address the same as your physical address? ________

If not please provide mailing address.

__________________________________________________________________________________________

__________________________________________________________________________________________

Should correspondence be sent to any individual other than applicant, such as a case manager, social worker or family member? If so, please provide the information below:

Name __________________________________________________________

Mailing Address _________________________________________________

Contact Phone Number(s) ___________________________________________

Email Address ____________________________________________________

Relationship to Applicant ___________________________________________

Will you need future correspondence in an alternative format? ________________________________

If so, please describe. ____________________________________________________________

EMERGENCY CONTACT INFORMATION

Please provide information for the person we should contact on your behalf in case of emergency.

Name __________________________________________________________

Contact Phone Number(s) ___________________________________________

Email Address ____________________________________________________

Relationship to Applicant ___________________________________________

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

Name __________________________________________________________

Contact Phone Number(s) ___________________________________________

Email Address ____________________________________________________

Relationship to Applicant ___________________________________________
INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

Describe the disability or health condition that prevents you from using the fixed-route system.

__________________________________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

Is your disability or health condition considered permanent?  _____Yes  _____No
If no, what is the expected duration?  ____________________________________________________________

Does your disability or health condition change from day to day?  _____Yes  _____No
If yes, please explain:  ____________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________

Does your disability require you to travel with a personal care attendant?  _____Yes  _____No

A personal care attendant or 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.

What type of mobility aid and/or adaptive equipment do you use?

☐ NA
☐ Scooter  ☐ Power Wheelchair  ☐ Manual Wheelchair
☐ Wheeled Walker  ☐ Support Cane  ☐ Cane
☐ Crutches  ☐ Walker  ☐ Prostheses:
☐ Leg Braces  ☐ Portable Oxygen  ☐ White Cane
☐ Monocular  ☐ Telescope  ☐ Electronic Travel Device
☐ Service Animal  ☐ Hearing Aid  ☐ ASL Interpreter
☐ Voice Box  ☐ Picture Board  ☐ Alphabet Board
☐ Language Interpreter  ☐ Other:

Required of all wheelchair and scooter users:

Is your device more than 30 inches wide?  _____Yes  _____No
Is your device more than 48 inches long?  _____Yes  _____No
Is the combined weight of the device and occupant greater than 600 pounds?  _____Yes  _____No
INFORMATION REGARDING VISUAL IMPAIRMENT

Please fill out this section if you have a visual impairment. If not applicable, please write NA.

Name of Eye Disease/Condition:
__________________________________________________________________________________________
__________________________________________________________________________________________

My vision is worse during these conditions:

_____Bright sun   _____Low light   _____Darkness
_____I see the same in all lighting conditions
_____I have no vision at all

My eye condition is:

_____Stable   _____Degenerative   _____Other (please explain) ____________________________________________

I can easily see steps and curbs.  
_____Yes  _____No  _____Sometimes

I can see the route numbers on the bus from the bus stop.  
_____Yes  _____No  _____Sometimes

I can find the bus stop without assistance.  
_____Yes  _____No  _____Sometimes

INFORMATION ON TRAVEL CHALLENGES

Please use this space to describe your travel challenges and your ability to use the Mountain Line fixed-route service. 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 your functional ability in these specific areas. Our determination is not based on income or the inability to drive a vehicle.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

5
PART B - INFORMATION ON INDEPENDENT TRAVEL

Do you currently use fixed-route buses?  
- Yes  - No  - Sometimes

If so, do you need the assistance of another person?  
- Yes  - No  - Sometimes

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

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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?

- 330 ft.  - 1320 ft. (< 16 min)  - 2310 ft.
- 660 ft.  - 1650 ft.  - 2640 ft. (< 32 min)
- 990 ft.  - 1980 ft.  - Not sure

- I can’t travel outdoors alone at all

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:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Have you ever gotten lost when traveling alone?  
- Yes  - No  - I don’t travel alone.

If yes, what was the outcome of the situation?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
INFORMATION ON THE ENVIRONMENT AROUND YOUR HOME

If you currently use the fixed-route system, which routes do you use?
________________________________________________________________________________________

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

Can you get to this stop by yourself? _____Yes _____No _____Sometimes

If no, what prevents you from getting to this stop?
________________________________________________________________________________________

________________________________________________________________________________________

INFORMATION ON WEATHER-RELATED CONDITIONS

Do weather conditions affect your ability to travel independently? _____Yes _____No _____Sometimes

If yes, what types of weather conditions make independent travel difficult?
_____Hot _____Cold _____Rain _____Wind _____Snow _____Ice _____Humidity _____Other

Explain how the above weather conditions affect your independent travel: ____________________________________________________
________________________________________________________________________________________

________________________________________________________________________________________

Please read the following statements and check which best describe your ability to use the fixed-route bus system. You may select more than one.

<table>
<thead>
<tr>
<th>Statement</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>I have a temporary disability which prevents me from getting to the bus stop. I will need only until I recover.</td>
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<tr>
<td>I can use the fixed-route bus sometimes, if the conditions are right.</td>
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<tr>
<td>I have difficulty understanding and/or remembering all the things I need to do to find my way to and from the bus.</td>
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<tr>
<td>I have a visual disability which prevents me from getting to and from the bus stop.</td>
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<tr>
<td>The severity of my disability changes from day to day. I can ride the fixed-route bus only when I am feeling well.</td>
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<tr>
<td>I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use the fixed-route system.</td>
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<tr>
<td>I believe I could learn to ride the fixed-route bus, if someone would teach me.</td>
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</tbody>
</table>
INFORMATION ON FUNCTIONAL ABILITIES

Please respond to the following statements regarding your ability to complete tasks related to use of the accessible fixed-route bus service. Your answers should be based on your ability to perform these tasks independently, using your assistive device if applicable. Read each statement carefully and check the appropriate box.

<table>
<thead>
<tr>
<th>I CAN:</th>
<th>YES</th>
<th>NO</th>
<th>SOMETIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use the telephone to obtain information or assistance</td>
<td></td>
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<tr>
<td>2. Obtain and comprehend information such as a bus schedule and directions for path of travel</td>
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<tr>
<td>3. Communicate my needs, ask for and understand instructions</td>
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<tr>
<td>4. Recognize, exchange and comprehend printed information</td>
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<tr>
<td>5. Recognize, exchange and comprehend spoken words or auditory information</td>
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<tr>
<td>6. Understand how to tell and monitor time</td>
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<tr>
<td>7. Understand distances traveled</td>
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<tr>
<td>8. Safely travel along sidewalks and other pedestrian ways</td>
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<tr>
<td>9. Recognize curbs, curb cuts, steps and other drop offs</td>
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<tr>
<td>10. Locate and initiate safe crossings at streets or intersections with or without pedestrian crossing signs</td>
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<tr>
<td>11. Safely and effectively travel through crowded and/or complex facilities</td>
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<tr>
<td>12. Problem solve if an unexpected situation arises such as encountering a barrier along the path of travel or if a bus must make a detour</td>
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<tr>
<td>13. Locate and recognize the correct bus from signage or auditory information</td>
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<tr>
<td>14. Identify and deposit the correct fare into the fare box or scan a bus pass</td>
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<tr>
<td>15. Recognize destinations, bus stops or landmarks</td>
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<tr>
<td>16. Recognize when and how to signal for a stop</td>
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<tr>
<td>17. Understand and implement strategies for personal safety when traveling</td>
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</tbody>
</table>
Please respond to the following statements regarding your ability to complete tasks related to use of the accessible fixed-route bus service. Your answers should be based on your ability to perform these tasks independently, using your assistive device if applicable. Read each statement carefully and check the appropriate box.

<table>
<thead>
<tr>
<th>I CAN:</th>
<th>YES</th>
<th>NO</th>
<th>SOMETIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Travel one block on a clear, level sidewalk</td>
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<tr>
<td>• If so, how long does it take?</td>
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<tr>
<td>2. Travel three blocks on a clear, level sidewalk</td>
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<tr>
<td>• If so, how long does it take?</td>
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<tr>
<td>3. Travel up or down a gradual hill on a clear sidewalk</td>
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<td>• If so, for what distance?</td>
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<tr>
<td>4. Navigate around obstacles along the path of travel</td>
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<tr>
<td>5. Negotiate on broken pavement or surfaces</td>
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<td>6. Negotiate on uneven or grassy surfaces</td>
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<td>7. Negotiate on gravel surfaces</td>
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<td>8. Negotiate on loose dirt or sandy surfaces</td>
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<tr>
<td>9. Negotiate on snow covered or icy surfaces</td>
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<tr>
<td>10. Maneuver up and down a curb cut</td>
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<tr>
<td>11. Maneuver up and down a 6” curb</td>
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<tr>
<td>12. Wait ten minutes at a bus stop that does not have a seat or shelter</td>
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<tr>
<td>13. Walk up and down three steps if there are handrails on both sides</td>
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<tr>
<td>14. Climb bus steps from street level without a curb</td>
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<tr>
<td>15. Negotiate up/down bus ramp from street level</td>
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<tr>
<td>16. Walk to a seat or wheel to a wheelchair securement area</td>
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<tr>
<td>17. Ride in a seat on the bus while the vehicle is in motion</td>
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<tr>
<td>18. Ride in a standing position while the vehicle is in motion</td>
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</tbody>
</table>
INFORMATION ON TRAVEL/MOBILITY TRAINING

Have you ever received training in the use of a fixed-route bus service?   _____Yes   _____No

If yes, by which agency were you trained? ____________________________________________________

Did you successfully complete training?   _____Yes   _____No

Which routes/trips did you learn in training? __________________________________________________________

If no, 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