



Providing Courteous and Responsive Transportation

**PARATRANSIT 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**

**DATE** \_\_\_\_\_

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

Street Address \_\_\_\_\_

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.

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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: \_\_\_\_\_

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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?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> NA                   |   |   |
| <input type="checkbox"/> Scooter              | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Manual Wheelchair        |
| <input type="checkbox"/> Wheeled Walker       | <input type="checkbox"/> Support Cane     | <input type="checkbox"/> Cane                     |
| <input type="checkbox"/> Crutches             | <input type="checkbox"/> Walker           | <input type="checkbox"/> Prostheses:              |
| <input type="checkbox"/> Leg Braces           | <input type="checkbox"/> Portable Oxygen  | <input type="checkbox"/> White Cane               |
| <input type="checkbox"/> Monocular            | <input type="checkbox"/> Telescope        | <input type="checkbox"/> Electronic Travel Device |
| <input type="checkbox"/> Service Animal       | <input type="checkbox"/> Hearing Aid      | <input type="checkbox"/> ASL Interpreter          |
| <input type="checkbox"/> Voice Box            | <input type="checkbox"/> Picture Board    | <input type="checkbox"/> Alphabet Board           |
| <input type="checkbox"/> Language Interpreter |   | <input type="checkbox"/> 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



## 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?

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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.

1980ft

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:

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

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## INFORMATION ON THE ENVIRONMENT AROUND YOUR HOME

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

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

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Can you get to this stop by yourself?  Yes  No  Sometimes

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

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## 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: \_\_\_\_\_

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**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.**

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

## 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.

I CAN:	YES	NO	SOMETIMES
1. Use the telephone to obtain information or assistance			
2. Obtain and comprehend information such as a bus schedule and directions for path of travel			
3. Communicate my needs, ask for and understand instructions			
4. Recognize, exchange and comprehend printed information			
5. Recognize, exchange and comprehend spoken words or auditory information			
6. Understand how to tell and monitor time			
7. Understand distances traveled			
8. Safely travel along sidewalks and other pedestrian ways			
9. Recognize curbs, curb cuts, steps and other drop offs			
10. Locate and initiate safe crossings at streets or intersections with or without pedestrian crossing signs			
11. Safely and effectively travel through crowded and/or complex facilities			
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			
13. Locate and recognize the correct bus from signage or auditory information			
14. Identify and deposit the correct fare into the fare box or scan a bus pass			
15. Recognize destinations, bus stops or landmarks			
16. Recognize when and how to signal for a stop			
17. Understand and implement strategies for personal safety when traveling			

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.

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

**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