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 eligibility 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 transit buses. The unavailability of fixed-route transit bus service does not constitute eligibility for a person who could otherwise take the same trip on transit 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 need assistance, contact our Eligibility Specialist at (928) 679-8911.

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

**Fax:** 928-779-6868

**Mail:** Mountain Line Paratransit

3773 N. Kaspar Drive
Flagstaff, AZ 86004

Or

In person at the Mountain Line office
PART A - APPLICANT DATA

PLEASE PRINT

Date ____________________

Name_______________________ Date of birth __________

Phone number(s) __________________________

Street Address ____________________________

City _______________ State _______ Zip __________

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

If not, please provide mailing address ____________________________

Email 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  ☐ walker  ☐ crutches  
☐ support cane  ☐ cane  ☐ prosthesis  
☐ 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 transit bus service. Please relate your comments to the specific tasks necessary to board, ride, and navigate the transit fixed-route bus 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.

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

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 weather conditions are not a factor and there are no barriers present, what is the furthest distance 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? 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

Do you currently use the fixed-route bus system? ____Yes     ____No
If so, which routes do you use? ____________________________
What is the location of the bus stop closest to your home?
____________________________________________________________________
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 enter a check mark next to the statement(s) which best describes your ability to use the fixed-route bus system. You may select more than one statement.

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

Please respond to the following statements regarding your ability to complete tasks related to navigating the accessible fixed-route bus service. Your answers should be based on your ability to perform these tasks *independently*. Read each statement carefully and then place a check mark next to the appropriate answer.

1. I can use the telephone to obtain information or assistance.
   _____ yes  _____no  _____sometimes

2. I can obtain and comprehend information such as a bus schedule and directions for path of travel.
   _____ yes  _____no  _____sometimes

3. I can communicate my needs, ask for, and understand instructions.
   _____ yes  _____no  _____sometimes

4. I can recognize, exchange, and comprehend printed information.
   _____ yes  _____no  _____sometimes

5. I can recognize, exchange and comprehend spoken words or auditory information.
   _____ yes  _____no  _____sometimes

6. I can understand how to tell and monitor time.
   _____ yes  _____no  _____sometimes

7. I can understand distances traveled.
   _____ yes  _____no  _____sometimes

8. I can safely travel along sidewalks and other pedestrian ways.
   _____ yes  _____no  _____sometimes
9. I can recognize curbs, curb cuts, steps, and other drop offs.
   _____ yes    _____no    _____sometimes

10. I can locate and initiate safe crossings at streets or intersections with or without pedestrian crossing signs.
    _____ yes    _____no    _____sometimes

11. I can safely and effectively travel through crowded and/or complex facilities.
    _____ yes    _____no    _____sometimes

12. I can problem solve if an unexpected situation arises such as encountering a barrier along the path of travel or a necessary detour of the regular bus route.
    _____ yes    _____no    _____sometimes

13. I can locate and recognize the correct bus from signage or auditory information.
    _____ yes    _____no    _____sometimes

14. I can identify and deposit the correct fare into the fare box or scan a bus pass.
    _____ yes    _____no    _____sometimes

15. I can recognize destinations, bus stops or landmarks.
    _____ yes    _____no    _____sometimes

16. I can recognize when and how to signal for a stop.
    _____ yes    _____no    _____sometimes

17. I can understand and implement strategies for personal safety when traveling.
    _____ yes    _____no    _____sometimes
Please respond to the following statements regarding your physical ability to complete tasks related to use of the accessible fixed-route transit bus service. Your answers should be based on your ability to perform these tasks independently, using your assistive device if applicable.

1. I can travel one block on a clear, level sidewalk.
   ____ yes   ____ no   ____ sometimes
   If so, how long does it take? ________________

2. I can travel three blocks on a clear, level sidewalk.
   ____ yes   ____ no   ____ sometimes
   If so, how long does it take? ________________

3. I can travel up or down a gradual hill on a clear sidewalk.
   ____ yes   ____ no   ____ sometimes
   If so, for what distance? ________________

4. I can navigate around obstacles along the path of travel.
   ____ yes   ____ no   ____ sometimes

5. I can negotiate on broken pavement or surfaces.
   ____ yes   ____ no   ____ sometimes

6. I can negotiate on uneven or grassy surfaces.
   ____ yes   ____ no   ____ sometimes

7. I can negotiate on gravel surfaces.
   ____ yes   ____ no   ____ sometimes

8. I can negotiate on loose dirt or sandy surfaces.
   ____ yes   ____ no   ____ sometimes
9. I can negotiate on snow covered or icy surfaces.
   ____ yes  ____ no  ____ sometimes

10. I can maneuver up and down a curb cut.
    ____ yes  ____ no  ____ sometimes

11. I can maneuver up and down a 6-inch curb.
    ____ yes  ____ no  ____ sometimes

12. I can wait 10 minutes at a bus stop that does not have a seat or shelter.
    ____ yes  ____ no  ____ sometimes

13. I can walk up and down 3 steps if there are handrails on both sides.
    ____ yes  ____ no  ____ sometimes

14. I can walk up a short step from street level if the bus is “kneeled” (i.e. lowered).
    ____ yes  ____ no  ____ sometimes

15. I can negotiate up and down a bus ramp from street level.
    ____ yes  ____ no  ____ sometimes

16. I can walk to a seat or wheel to a wheelchair securement area on the bus.
    ____ yes  ____ no  ____ sometimes

17. I can ride seated on the bus while the vehicle is in motion.
    ____ yes  ____ no  ____ sometimes

18. I can ride standing up on the bus while the vehicle is in motion.
    ____ yes  ____ no  ____ sometimes
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? ________________________________

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 ___________________________ Phone ___________________________

City and State_____________________________ 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: ___________________________ Date: ________________

I certify that I have been truthful in completing this form and the information that I have provided is accurate. I understand that the purpose of this application is to determine my eligibility to use Paratransit Services. An in-person interview will be scheduled following the review of my application. A functional assessment may be required if additional information is needed.

Applicant’s Signature ___________________________ Date ________________