



Mountain Line

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

MOUNTAIN LINE PARATRANSIT ADA ELIGIBILITY APPLICATION

PART A: Applicant information

PART B: Information on independent travel

PART C: Information release form and professional verification

Part A and B are to be completed by the applicant or by someone on the applicant's behalf.

Part C is to be completed by a health care provider or service provider that is familiar with your disability and related impairment(s) that affect your ability to use the Mountain Line fixed route bus service.

ADA paratransit eligibility applies to people that have a travel limiting disability which prevents them from independently using Mountain Line fixed route transit bus service either for some or all trips. This may include issues traveling to and from bus stops; boarding, riding, or disembarking from fixed route transit buses; and/or navigating the fixed route bus system. The purpose of this application is to provide an opportunity for you to describe how your disability prevents you from using the Mountain Line fixed route bus service either for some or all trips. This includes any environmental or physical barriers that prevent you from using the bus as a transportation option.

It is important to complete the entire application. Incomplete applications will be returned. The application process is considered complete when parts A, B, and C are received, and an evaluation interview is completed.

If you need assistance completing the application, please contact our Eligibility Specialist at 928-679-8911

Please return the completed application including parts A, B, and C via:

Fax: 928-779-6868

Mail: Mountain Line Paratransit/Eligibility
3773 N. Kaspar Drive
Flagstaff, AZ 86004

or

In-person at the Mountain Line office

Getting you where you want to go



PART A - APPLICANT INFORMATION

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.

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?

- | | | |
|---|---|---|
| <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 or walking stick |
| <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:

What is the width of your mobility device? _____ Inches

What is the length of your mobility device? _____ Inches

What is the combined weight of the device and occupant? _____ Pounds

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.

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:

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 describes 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 seated 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? _____

Did you successfully complete your 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: _____ 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: _____ Date: _____



Please review the application to make sure that you have answered all 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