



Getting you where you want to go

MOUNTAIN LINE PARATRANSIT

Providing Courteous and Responsive Transportation

ADA PARATRANSIT APPLICATION

LARGE PRINT

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

216 W Phoenix Ave

Flagstaff, AZ 86001

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:

What is the width of your device?

_____ Inches

What is the length of your device?

_____ Inches

What is the combined weight of the device and occupant?

_____ Pounds

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?

- | | | |
|---|--|--|
| <input type="checkbox"/> 330 ft. | <input type="checkbox"/> 1320 ft. (< 16 min) | <input type="checkbox"/> 2310 ft. |
| <input type="checkbox"/> 660 ft. | <input type="checkbox"/> 1650 ft. | <input type="checkbox"/> 2640 ft. (< 32 min) |
| <input type="checkbox"/> 990 ft. | <input type="checkbox"/> 1980ft | <input type="checkbox"/> not sure |
| <input type="checkbox"/> I can't travel outdoors alone at all | | |

What about riding a fixed-route bus that is or 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.

	I have a temporary disability which prevents me from getting to the bus stop. I will need paratransit services 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 find my way and navigate the fixed-route transit bus system.
	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 transit 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 transit system.
	I believe I could learn to ride the fixed-route transit bus if someone would teach me.

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 _____