



**PART C: PROFESSIONAL VERIFICATION
MOUNTAIN LINE PARATRANSIT ADA ELIGIBILITY APPLICATION**

Applicant: _____ Date of birth: _____

Address: _____ Phone: _____

APPLICANT: Please provide this portion of the application with a health care provider that is familiar with your disability, health condition, and related impairments which affect your ability to use the Mountain Line fixed route bus service. Part C of the application may be completed by a medical doctor, osteopathic doctor, nurse practitioner, nurse, chiropractor, physical therapist, occupational therapist, respiratory therapist, clinical psychologist, clinical social worker, case manager, job coach, or other health care provider. Charging a fee for the completion of this paperwork is not permitted.

AUTHORIZATION FOR RELEASE OF INFORMATION:

Provider name and title: _____

Employer or Agency: _____

Address: _____

Phone: _____ Fax: _____ email: _____

I, _____ (printed name), hereby authorize the health care provider (listed above) and their office staff to release protected medical/health information to Mountain Line Paratransit about my disability and related impairment(s). The information provided will be used solely for the purpose of determining eligibility for paratransit service and will be kept confidential. In addition, I authorize the release of further information verbally or in writing should it be needed for the purpose of this application for a period of 60 days from the date of my signature unless revoked in writing.

Applicant's Signature: _____ Date: _____

Mountain Line Paratransit
Professional Verification



Mountain Line Paratransit ADA Eligibility Application Part C - Professional Verification

The person listed on the accompanying authorization for release of information is applying to use Mountain Line Paratransit which provides origin to destination ride service that parallels the Mountain Line fixed route bus system. To qualify for this transportation service under the Americans with Disabilities Act (ADA), an individual must be experiencing a disability which results in one or more specific impairments that prevent the person from independently using the Mountain Line fixed route bus system for some or all trips. The individual may be prevented by the inability to independently get to and from a bus stop, on or off a bus, or to successfully navigate to a destination.

Please provide the following information which will be used to determine eligibility for Mountain Line Paratransit:

Primary Disability and/or Health Condition(s):

Date of onset: _____ Prognosis: _____

Expected Duration: Permanent Stable Progressive Temporary-how long? _____

Secondary Disability and/or Health Condition(s):

Date of onset: _____ Prognosis: _____

Expected Duration: Permanent Stable Progressive Temporary-how long? _____

How does the disability and/or health condition(s) prevent the applicant from using the ADA accessible Mountain Line fixed route bus service?

Is the person's functional ability variable?

Yes

No

Explain: _____

List mobility aid/adaptive equipment/assistance needed, if any:

Does the applicant require a PCA to travel safely in the community?

Yes

No

What is the approximate maximum distance the applicant can travel independently on clear, level ground using a mobility device if necessary? (300 feet per block, 1/10 mile per two blocks)

Less than 1 block 1 block 2 blocks 3 blocks 4 blocks ¼ mile or more

Would the applicant exhibit any signs of distress at the maximum distance?

Yes

No

If yes, explain: _____

PLEASE CHECK ALL BOXES THAT APPLY

Issues regarding the applicant's ability to independently get to/from bus stops, board, ride, and disembark from an ADA accessible fixed route bus throughout the service area using a mobility device if necessary:

Limited walking/travel distance	Identify correct bus route number or color
Slow pace of walking/travel/task completion	Maintain balance boarding and exiting bus
Gait instability/fall risk	Step up/down one step with handrails
Limited endurance/stamina	Needs lift or ramp to board/exit bus
Shortness of breath with mild exertion	Maneuver to ramp and travel up/down ramp
Debilitating pain or discomfort with tasks	Paying fare or scanning a bus pass
Way finding from origin to bus stop	Getting to a seat or wheelchair securement area
Navigate around obstacles/environmental barriers/uneven or broken surfaces	Balance on a moving vehicle
Travel on dirt, grass, or gravel surfaces	Ride in a standing position
Inclines/declines/cross slopes	Ride in a seated position
Snow/ice	Understand distances traveled
Rain/wind	Recognize familiar landmarks/identify stop at destination
Cold	Recognize unfamiliar landmarks/identify stop at destination
Heat/humidity	Read stop announcements
Visually impaired	Hear stop announcements
Low light or bright light	Focus/attention/signaling for bus to stop at destination
Hearing impaired	Way finding from bus stop to destination
Navigate street crossings	Medication or treatment side effects
Maneuver up/down Curbs	Limited travel time per trip/trip length
Maneuver up/down Curb cuts	Requires assistance to travel safely in the community
Identify correct place to wait for bus	Other:
Wait 10 minutes at a bus stop with a bench	
Wait 10 minutes at a bus stop without a bench	

Issues regarding applicant's ability to independently understand and navigate the fixed route bus system:

Trip planning and preparation	Disorientation/getting lost
Time management skills	Problem solving/dealing with unexpected situations
Staying on task	Judgement and safety skills
Transferring between routes	Environmental triggers/coping skills
Communicate needs/ask for help	Anxiety/easily overwhelmed
Hear and understand verbal information	Phobias
Read and understand informational signs	Inconsistent performance
Use the telephone to obtain assistance	Inappropriate social behavior
Provide emergency contact information	Hallucinations, delusions, or disassociation
Seizures	Orientation to person, place, and time
Short term memory	Other:
Long term memory	

Explanation of identified issues (add additional pages and/or discharge/office visit notes if necessary):

Please list any side effects of medication or medical treatment the applicant experiences that could affect transporting them safely: _____

Would travel training to learn to ride the ADA accessible Mountain Line fixed route bus for some or all trips be an option for the applicant? Yes No

Explain: _____

Additional information on the applicant's travel challenges to be considered in determining eligibility for Mountain Line Paratransit service: _____

PROVIDER AFFIRMATION:

I am a licensed health care provider or qualified service provider and certify that the information included in this application is true and correct to the best of my knowledge.

Provider Name: _____ Profession: _____

Signature: _____ Date: _____

Agency: _____

Address: _____

Phone: _____ FAX: _____

Thank you for your time and input!
Please return the completed application via:

Fax: 928-779-6868

Mail: Mountain Line Paratransit
216 W Phoenix Ave
Flagstaff, AZ 86001

or

In-person: Mountain Line (customer service desk)
216 W Phoenix Ave, Flagstaff, AZ 86001
Hours: M – F, 8 am – 5 pm (excluding holidays)