APPLICATION FOR A.D.A. PARATRANSIT ELIGIBILITY

Topeka Metro Lift Service
820 SE Quincy St., Topeka, KS 66612-1114
(785) 783-7000 Voice and T.D.D.

Part 1. All questions must be answered by applicant (only one applicant per form). Incomplete forms will be returned. Please type or print - use separate sheet if needed.

Applicant Name: ______________________________ Birthdate: ______________

Address: ______________________________ Zip Code: ______________
(Address is a: __ Group Home __ Assisted Living Apartment __ Care/Nursing Facility ________ (Other)

Home Phone: __________ Work Phone: __________ Cell (not required): __________

Circle one: Original application or Re-certification application

I.D. Number (if re-certifying): ______________ Male _____ Female _____

1. Please describe your current disability? **(Be specific and list all applicable disabilities):**

____
____
____

2. How does this disability **prevent** you from using the fixed-route bus system? **Please keep in mind that all fixed-route buses are wheelchair accessible.**

____
____
____

3. Is your disability or health condition: _____ Permanent _____ Temporary
   If temporary, what is the expected duration? _____/_____/_____

4. If your disability or health condition changes from day to day, please explain how:

____
____
____

5. Does your disability prevent you from getting to and/or from a fixed-route bus stop? _____ Yes _____ No

6. How far can you travel or walk in blocks? __________ blocks

7. Do changes in weather prevent you from getting to or from a bus stop? _____ Yes _____ No
   If yes, list specific weather conditions and its impact on your mobility:______________________

____
____

8. If there is a physical barrier that, when combined with your disability, might prevent travel to or from the bus stop closest to you, please list it: *(Examples: no sidewalks, no curb cuts, ice, snow, no crosswalks/lights, steps)*

____

9. Are you prevented from traveling to or from a boarding location for any of the following reasons? *(please check all that apply):*

____Inability to negotiate hilly terrain ____Extreme sensitivity to climatic conditions
____Allergic/environmental sensitivities ____Hyper-fatigue or frailty
____Night blindness ____Inability to cross busy intersections
Other (please explain): ____

10. Can you wait ten (10) minutes alone at a bus stop? _____ Yes _____ No

11. Can you climb three (3) steps to get into a bus? _____ Yes _____ No

12. Can you board a bus with a "kneeling" feature which lowers the height of the first step? ____ Yes ____ No

13. Can you transfer from one bus to another? _____ Yes _____ No

14. Can you follow written instructions? _____ Yes _____ No Oral instructions? _____ Yes _____ No

15. Can you use the telephone or TTD to make calls? _____ Yes _____ No

16. Are you able to identify the bus you need? _____ Yes _____ No

17. Are you able to detect curbs, curb cuts, sidewalks, etc.? _____ Yes _____ No

18. Are you legally blind? _____ Yes _____ No

If yes, what is your visual acuity? ________ right eye ________ left eye

19. Please check all of the following mobility aids you might use:

____ Manual wheelchair ____ Electric wheelchair ____ Power scooter ____ Walker
____ Support cane ____ White cane ____ Oxygen tank ____ Crutches
____ Ambulatory, but must use lift/ramp to board vehicle ____ Guide/assistance animal
____ I do not use a mobility aid of any kind ____ Other: ______________________________

20. If you utilize a wheelchair or scooter, please list the manufacturer & model and number of wheels:

____

21. If you use a wheelchair or scooter, what are its physical dimensions 2 inches above the floor, including foot or head extensions (in inches)?

______ width ______ height ______ length ______ weight

22. Do you require a Personal Care Attendant (PCA) when you travel? *Note: A PCA is someone who is designated or employed by a person to provide personal assistance;* ***it is not a companion or escort.***

_____ Yes _____ No _____ Sometimes

23. Do you require a reasonable modification in order to utilize the Topeka Metro service? ____Yes ____No
If yes, what modification do you request? ______________________________

24. Do you currently ride the fixed-route system? ____ Yes ____ No If yes, how often? _____ / per week

25. Have you ever received travel training on the fixed-route system? _____ Yes _____ No
    If yes, from which agency? ______________________________

26. Would you like to receive information on the fixed-route system? _____ Yes _____ No

Please provide a contact name and phone number of a relative or friend in case we are unable to reach you:

Name: __________________________________ Relationship: ______________________

Telephone: _______________ (home) _______________ (work) ___________________ (cell)

I hereby certify, to the best of my knowledge, that the information I have provided in this form is correct and true. Falsifying information is against the law, and could result in permanent suspension of Lift service. In addition, I agree to notify Topeka Metro of any changes in my status, which may affect my eligibility to use this service. I also understand that failure to adhere to the policies and procedures as identified in the Lift User's Guide will be grounds for revoking my right to participate in the Lift program. I hereby authorize my agency representative or health care professional(s) to provide any additional information to Topeka Metro personnel as needed or requested.

Signature of applicant: ________________________________ Date: ____________________

Applicant safety is an utmost concern for Topeka Metro. Shawnee County Emergency Management has a database of individual names, address and phone number who may require assistance during or after a disaster situation within our county. By signing in this section, you give Topeka Metro permission to provide this data to Shawnee County Emergency Management. Data would be saved on Shawnee County Emergency Management secure hard drive.

Signature of applicant: ________________________________ Date: ____________________

If you are not the applicant, but have completed this application on the applicant's behalf, you must provide the following information (please type or print):
Your name and address: ____
Daytime telephone: ____________________ Relationship to applicant: _____________________
I hereby certify, to the best of my knowledge, that the above information is correct and true.

Signed: ____ Date: ____________________

LIFT DEPARTMENT USE ONLY _____ *New Application* _____ *Re-certification*

Date Received: ____________________ *Determination: Full Intermittent Temporary Denied*
Terms for intermittent approval: ____
Within ¾ Corridor ________________ *Within City Limits* ________________

I.D. #: ___________
Date Issued: _________________ *Expiration Date:* _________________
Eligibility Code: ________ *PCA: yes no sometimes*
Follow-up notes: ____

Part 2 – Request for Professional ADA Certification

(All questions are to be answered by a Physician, Health Care Professional or Agency Representative.)

You are being asked by the applicant named in Part I to provide information regarding his/her ability to use the public transit services. Topeka Metro will provide origin-to-destination paratransit services to persons who, due to a disability, are unable to use the fixed-route city bus system. ***(Please note all fixed-route city buses are low-floor vehicles equipped with wheelchair ramps and securement devices for people who use a wheelchair or cannot climb stairs.)*** The information you provide will allow us to evaluate the request and provide service to those qualified in accordance with Americans with Disabilities Act (ADA) regulations.

Mere difficulty in using the fixed-route system does not make a person eligible for paratransit service. (Examples: A person with a disability who prefers not to use the fixed-route due to the possibility of crime is **not** ADA eligible. A person who prefers not to use the fixed-route due to inclement weather is **not** ADA eligible unless the weather, in combination with their disability, prevents travel to or from a bus stop.)

Capacity in which you know the applicant: ____

Please identify disability and describe impacts or limitations to mobility: _________________________
____
____
____

Is this condition temporary? ____ Yes ____ No If yes, expected duration ____/____/____

If the applicant has a visual impairment, please identify extent of impairment and describe how it **prevents** their use of the fixed-route bus system: ____
____

If the applicant has a cognitive disability, please identify extent of impairment and describe how it **prevents** their use of the fixed-route bus system: ____
____

In your professional opinion, does this person require the Lift service? _____ Yes _____ No

I hereby certify that the above information is true. I understand that false certification may be reported to the licensing jurisdiction under the State of Kansas or appropriate code for state of license/certification.

Signature (or stamp)________________________________ Date ________________

Print name ____

Address ___________________________ City ___________ State ____ Zip __________

Daytime telephone _______________ License # __________________ State __________

Agency: ___________________________ Profession: ___________________________

CLIENT - Please mail completed application to:

The Lift Service
820 SE Quincy St.
Topeka, KS 66612-1114