

CITY BUS ADA PARATRANSIT ELIGIBILITY APPLICATION

PART B: Professional Verification

The application form below contains questions to assist in the evaluation of the applicant to determine ability or inability to ride unassisted on Liberal City Bus. The applicant is currently applying for City Bus ADA Complementary Paratransit Service and has 21 days from the day of their first ride to submit a completed application or risk being refused service. City Bus On-Demand service is strictly limited for only those persons with disabilities that require assisted transportation services and are unable to utilize the fixed-route service. On-Demand is a Origin-to-Destination demand response service which passengers must call ahead to schedule trips from their residence to their destination.

Please read the following ADA (Americans with Disabilities Act) definition of a person with a disability, as it relates to public transit:

Any person with a disability who is unable, as a result of a physical or mental impairment, to board, ride or disembark from an accessible vehicle (wheelchair lift equipped City Bus) independently or complete transfers without the assistance of another individual.

and/or

Any person with a disability who has a specific impairment related condition that prevents them from traveling to and from a bus stop on the public bus fixed route system. Architectural and environmental barriers such as distance, terrain or weather do not, standing alone, form a basis for eligibility. However, consideration may be given to the interaction of environmental conditions (terrain and weather) with the individual's impairment related condition.

Name of Applicant	P.O. Box/Street Address	City	State	Zip code
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Is the applicant **able** to use **City Bus FIXED ROUTE** service as outlined above? Yes _____ No _____

If you answered **YES, STOP HERE** and **don't complete** the rest of the application form. Please sign, date and return only **THIS** page to 324 N Kansas.

If you answered **NO** to the above question **DO NOT SIGN HERE, continue to the next pages and answer all of the questions in order to qualify applicant for On-Demand Paratransit.** Questions regarding this form may be directed to (620)626-0100.

Professional Signature

Date

Printed Name

Certification/Licensure

Phone Number

While answering the following questions, keep in mind this information will be one element in the eligibility determination made by the Transit Supervisor for Origin-to-Destination On-Demand ADA Paratransit service. Please verify the disability claimed by the applicant, the extent of this disability, and for functional assessments as to the applicant's ability to perform activities related to using a fixed route transit service. Your input will be particularly important where applicants have claimed a "hidden" or "non-visible" disability (e.g. a medical condition such as a cardiac or pulmonary condition, mental illness, or a joint disease etc.). This verification will also assist in determining the degree of cognitive capability with the goal being to only qualify those applicants who are truly unable to use City Bus fixed route service and are in need of On-Demand ADA Paratransit service.

1. Have you ever examined/evaluated the applicant in the past? Yes _____ No _____
If yes, was examination/evaluation within the last twelve months? Yes _____ No _____
Time period of treatment/how long under your care? _____

2. What is the applicant's specific disability or health condition/limitation and how does it limit or prevent his/her ability to travel independently or utilize City Bus fixed-route service?

- Certified Legally Blind
 Loss or inability to use one or more limbs
 Severe effects of stroke
 Paralysis affecting mobility, speech, vision or memory
 Severe arthritis
 Autoimmune disorders, for example, Lupus or Scleroderma etc.
 Severe cardiac and/or respiratory impairment affecting strength and/or endurance
 Severe emotional disorder (may require an escort)
 Developmental disabilities, for example, mental retardation, cerebral palsy, epilepsy, autism or neurological disorder, etc.
 Hearing loss accompanied by an inability to understand speech with/without a hearing aid
 Other (***Please explain the medical diagnosis and then describe the disability or health condition/limitation***) Use other side of page if necessary
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Date of onset? _____

3. Is the applicant's disability:
Permanent Yes _____ No _____
If temporary how long? _____
Is this applicant's disability:
Seasonal _____ If so, which season(s)? _____

4. What mobility aids does the applicant utilize? **Check all that apply.**

Manual Wheelchair	_____	Electric Wheelchair	_____
Powered Scooter	_____	Cane	_____
Walker	_____	White Cane	_____
Service Animal	_____	Crutches	_____
Oxygen	_____	Other (please list)	_____

a. The weight limit of the wheelchair lift is 600 pounds as specified by Federal DOT ADA Act of 1990 (49CFR) which defines a “ wheelchair” as a mobility aid that does not exceed 30 inches in width and 48 inches in length measured two inches above the ground, and does not weigh more than 600 pounds when occupied. If you checked Wheelchair and/or Scooter under #4 does the mobility aid meet this definition? (Circle one)
YES NO

b. Drivers are not permitted to push mobility aids (wheelchairs) whose combined weight of passenger and mobility aid exceeds 300 lbs. Will applicant be able to maneuver themselves onto the bus, into a forward facing position and in moving out of and away from the bus on de-boarding or provide a PCA for such movement? (Circle one)
YES NO

5. Does the applicant require a Personal Care Attendant (PCA) when traveling on transit vehicles? (*Riders must provide their own PCA*)

Never _____ Sometimes _____ Always _____

If a PCA is needed, explain why.

6. Which of the following weather conditions impact the applicant’s disability or health condition such that it prevents him/her from independently getting to and/or from a bus stop?

Indicate: Heat _____ Cold _____ Humidity _____ Snow _____ Ice _____

Pollution/Allergies _____ Other _____ N/A _____

What specific weather condition prevents this person from getting around on his/her own? How so?

7. Does rough terrain make it hard for the applicant to travel to and/or from a fixed route bus stop?

Yes _____ No _____ Sometimes _____

If you answered “Yes” or “Sometimes”, describe your definition of rough terrain and how that makes it difficult for the applicant to travel and/or from a fixed route bus stop.

8. Is applicant able to: **Check all that apply**

- Understand and/or process information enabling them to use a fixed route bus service
- Ask for or follow written or oral information, such as schedules including TDD, audio tape or voice?
- Figure out the correct fare?
- Follow instructions in an emergency?
- Recognize his/her destination while on a fixed route bus?
- Once he/she gets off the bus at a fixed route bus stop, locate and reach his/her destination?
- Cross a busy intersection to get to and/or from a fixed route bus stop?
- Find his/her way between familiar locations?
- Signal the bus driver to get off a fixed route bus at a familiar fixed route bus stop and then get off the bus?
(Assume the driver calls out all stops)
- Grasp coins, passes, and handles?
- Communicate addresses, destinations, and telephone numbers on request in order to convey to a fixed route driver their final desired destination?
- Deal with unexpected situations or unexpected changes in routine, e.g., fixed route changed due to road construction, regular fixed route bus stop closed?
- Go up and down steps unassisted?

By signing below you confirm the applicant's need for Origin to Destination bus service.

Your Name and Title: _____

Certificate/Licensure: _____

Office Address: _____

Office Telephone Number: _____

Signature _____ Date: _____

Please forward the signed original to City of Liberal Transit, 324 N Kansas Ave, Liberal, KS 67901 as soon as possible. You may also fax a copy to (620) 626-0589 to expedite the process, but the signed original must be forwarded to City Hall. Thank you for your cooperation.

**Authorization Form for Disclosure
of Protected Health Information**

I _____ authorize the qualified professional
(Printed Name of Patient)

_____ completing Part B (Qualified Professional
(Printed Name and Title of Qualified Professional)

Verification) of the City Bus On-Demand Paratransit Eligibility Application on my behalf, to release this information about my disability and abilities to use the accessible City Bus fixed-route bus service to representatives of City of Liberal Transit for their review, as well as any supporting or other pertinent information about my health or medical condition. This will be used solely for the purpose of determining eligibility for City Bus ADA complementary paratransit service. I understand that all medical information about my disability will be kept strictly confidential.

I understand that I do not have to sign this authorization in order to be considered for services, but I understand that no weight will be given to medical conditions claimed which cannot be verified. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that City of Liberal Transit has acted in reliance upon this authorization.

My written revocation must be submitted to City of Liberal Transit, 324 N Kansas, Liberal, KS 67901

Signature of Applicant or Legal Guardian

Date

Legal Guardian's Relationship to Applicant: _____

Printed Name of Legal Guardian, if applicable: _____

Printed address & telephone number of Legal Guardian: _____

Applicant / guardian must be provided with a signed copy of this authorization form.

NOTE: If only able to make a "mark" for your signature, simply make your mark and then have someone act as a witness by signing their name above or beside yours. This may be signed by a "legal guardian" or "power of attorney" only if a copy of documentation showing your legal authority to act and sign on applicant's behalf is also provided.
DOCUMENTATION IS NOT NECESSARY FOR THE PARENT OF A MINOR CHILD.

Qualified professional please fax a copy of this signed release form to (620) 626-0589. Thank you for your cooperation.

