



FINNEY COUNTY TRANSIT
1008 N. Eleventh Street
GARDEN CITY, KS 67846
620-272-3626 FAX:620-271-6191
www.seniorcenterfc.com

MINI BUS ADA PARATRANSIT ELIGIBILITY APPLICATION

PART A
Personal/Contact Information

The **Mini Bus** provides door-to-door Paratransit service to individuals who cannot use the regular **City Link** Fixed Route Bus service to make their trips. To be eligible for the Mini Bus, the functional limitations of an individual's disability must prevent regular use of **City Link** Fixed Route Bus service. 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. **Disability alone does not automatically qualify an individual for Mini Bus door to door bus service.**

To become eligible for service, applicants along with a qualified professional such as: physician (M.D. or D.O.), registered nurse, physical or occupational therapist, psychiatrist, psychologist, mental health counselor, vocational counselor, rehabilitation specialist, independent living skills trainer, or ophthalmologist must complete and submit PART A and PART B for review within 21 days of the day the applicant first rode the Mini Bus.

Applicants will also need to complete an Authorization Form for Disclosure of Protected Health Information attached to Part B that will be submitted by the qualified professional.
Please Type or Print in Ink to complete application forms.

Last Name _____ First Name _____ MI _____
 Address _____ Apt. No. _____
 City/Town _____ State _____ Zip _____
 Home Phone : (____) _____ Work Phone: (____) _____
 TTD/TTY (____) _____ Cell Phone (____) _____
 DOB ____/____/____ E-Mail address: _____

.....
 Please notify the Finney County Transit office of any change in address, phone number(s), emergency contact, medical condition or special assistance needs.

Do you require information in an alternative format?

Braille _____ Large Print _____ Audio Tape _____ Other: _____

Emergency Contact Information:
 Name _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

If someone is helping you with this application, that person **must** complete the following:

Name _____

Address _____

Home Phone (____) _____

Work Phone (____) _____

INFORMATION ABOUT YOUR ABILITIES

1. What is the disability or health condition that **prevents** you from using the regular fixed-route **City Link** 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*):

a. Is your disability permanent? ___ Yes ___ No

b. If your disability is temporary, how long do you think it will be until you're better?

_____ Months.

c. Is there a season during the year that your disability/health condition worsens and prevents you from traveling without help? (**Check all that apply**)

___ Spring ___ Summer ___ Fall ___ Winter

2. Do you use any of the following mobility aids? **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 “common 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
3. Do changes in weather (like extreme heat, cold, wind, rain, snow and/or ice) combined with your disability or health condition **stop** you from using the **City Link** fixed-route service? _____ Yes _____ No

If yes, explain completely. Use an additional sheet if necessary.

4. Do you require the assistance of a personal care attendant (PCA) when you travel? (**Riders must provide their own PCA**)
 _____ Yes _____ No _____ Sometimes
5. All Finney County Transit vehicles have wheelchair lifts (if you are unable to climb stairs, you can stand on the lift). Would you be able to get onto and off of a regular bus **without the help of another person?** (The driver operates the lift and helps with the securement system. Lifts have handrails.)
 _____ Yes _____ No _____ Sometimes

*If you answered **No or Sometimes**, explain why:*

6. Does your disability or health condition **stop** you from getting to or from a City Link Fixed Route Bus Stop without help from another person, for one of the following reasons? (**Check all that apply.**)
- ___ Unable (not just difficult) to travel on rough or hilly terrain
- ___ Extreme sensitivity to certain weather conditions
- ___ Extreme fatigue due to health condition
- ___ Unable to cross busy intersections
- ___ Lack of sidewalks and curb cuts at City Link bus stop
- ___ Unable to locate City Link bus stop due to a visual impairment
- ___ Unable to wait outside for ten (10) minutes

- Unable to travel on ice or snow covered surfaces
- Unable to identify correct City Link bus in the daytime when it is light
- Unable to identify correct bus in early morning or evening hours when it is dark
- Other

Please explain: _____

7. How many blocks is your home to the nearest City Link Fixed Route bus stop? _____
(A city block is approximately 500 feet long)
8. Indicate below how far you are able to travel **without** help.
 I can get to the curb in front of my house/apartment
 ¼ mile (3 blocks) ½ mile (6 blocks) ¾ mile (9 blocks)
9. After arriving at a City Link Fixed Route bus stop, how long can you wait outside (**not sitting**) until a City Link Fixed Route bus arrives?
 30 minutes or longer 15 minutes 10 minutes Less than 10 minutes
 If you cannot stand while waiting, *why not?* _____
10. Are you **able** to perform the following functions without assistance from another person:
(check all that apply)
- Understand and/or process information
 - 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 your destination while on the City Link Fixed Route bus?
 - Once you get off the City Link bus can you locate and reach your destination?
 - Cross a busy intersection?
 - Find your way between familiar locations?
 - Signal the bus driver to get off the bus at a familiar City Link bus stop and then get off the bus? *Assume the driver calls out all City Link Fixed Route bus stops.*
 - Grasp coins, passes, and handles?
 - Communicate addresses, destinations, and telephone numbers on request?
 - Deal with unexpected situations or unexpected changes in routine e.g., fixed routes changed due to road construction, regular fixed route bus stop closed?
 - Go up and down steps?

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that the purpose of completing PART A is the first step to determine if I am eligible for **Mini Bus ADA Complementary Paratransit Service due to disability** or if I can and should use the City Link Fixed Route bus service.

Furthermore, I agree to have a **qualified professional** conduct an independent professional assessment of my eligibility by completing PART B of the application process. I understand that failure to participate in this assessment will result in a denial of eligibility for the Finney County Transit **Mini Bus** Paratransit service.

I understand that Part A, Part B, and the Authorization Form for Disclosure of Protected Health Information attached to Part B must be submitted to complete the application review. In addition, I authorize the qualified healthcare professional completing Part B on my behalf to release this information to Finney County Transit for their review as well as any supporting or other pertinent information about my health or medical condition to assist Finney County Transit staff in determining eligibility for Mini Bus service. I understand that upon receipt of Part A submitted by me or a representative on my behalf, and Part B by a qualified professional conducting the independent professional assessment will begin the 21 calendar day application review period by the Finney County Transit. Furthermore, I understand that Finney County Transit may need to contact me or a representative on my behalf regarding my application as well as possibly the qualified professional completing Part B to obtain more information.

I certify by my signature that I have been truthful in answering all questions in this application, and that the information I have provided is correct. I understand that providing false information could result in denial of service.

Applicant's Signature

Date

If you assisted the applicant to complete this form, sign below:

Signature

Date