



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 B **Professional Verification**

DEAR QUALIFIED PROFESSIONAL:

The application form below contains questions to assist you in evaluating the applicant to determine their ability or inability to ride Finney County Transit fixed-route **City Link** service unassisted. The applicant is currently applying for Mini Bus ADA Complementary Paratransit Service and has 21 days from the day they first rode the Mini Bus to complete the application or risk being refused service. Mini Bus service is strictly limited for only those persons with disabilities requiring assisted transportation services that are unable to utilize **City Link** fixed-route service. Mini Bus is a door-to-door demand response service where customers call ahead to schedule trips from their place of 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) 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 **unable** to use **City Link** fixed-route service as outlined above. Yes _____ No _____

If you answered **NO**, **STOP HERE** and **don't complete** the rest of the application form. Please sign, date and mail this page to Finney County Transit, 1008 N. Eleventh Street, Garden City, KS 67846

Professional Signature	Date
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Printed Name	Certification/Licensure	Phone Number
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If you answered yes to the above question, please continue to the next page and answer all of the questions. Questions regarding this form may be directed to Finney County Transit at (620) 272-3626.

While answering the following questions, keep in mind this information will be one element in the eligibility determination made by the transit system's staff/contractor. 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.

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 _____
Length of time in treatment/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 Link 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***

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) | _____ |

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?

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.

8. Is applicant able to: **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 his/her destination while on the bus?
- ___ Once he/she gets off the bus, locate and reach his/her destination?

- ___ Cross a busy intersection?
- ___ Find his/her way between familiar locations?
- ___ Signal the bus driver to get off the bus at familiar stop and then get off the bus?
Assume the driver calls all 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., route changed due to road construction, regular bus stop closed?
- ___ Go up and down steps?

Your Name and Title: _____

Certificate/Licensure: _____

Office Address: _____

Office Telephone Number: _____

Signature _____ Date: _____

Qualified professional please forward the signed original to Finney County Transit, 1008 N. Eleventh Street, Garden City, KS 67846 as soon as possible. You may also fax a copy to (620) 271-6191 to expedite the process, but the signed original must be forwarded to the Finney County Transit. Thank you for your cooperation.

