



**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 unassisted on, **City Link**, Finney County Transit's fixed-route service. The applicant is currently applying for **Mini Bus** ADA Complementary Paratransit Service and has 21 days from the day they first ride the **Mini Bus** to submit a completed application or risk being refused service. **Mini Bus** service is strictly limited for only those persons with disabilities that require assisted transportation services and 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 City Link 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

**Is the applicant able to use City Link 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 mail only **THIS** page to Finney County Transit, 1008 N. Eleventh Street, Garden City, KS 67846

**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 the door to door Mini Bus ADA Paratransit.** Questions regarding this form may be directed to Finney County Transit at (620) 272-3626.

---

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 system's staff for the door to door Mini Bus 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 the City Link fixed route service and are in need of the door to door Mini Bus 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 \_\_\_\_\_  
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? (This section is used to determine applicants need for door to door 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) | _____ |

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

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 door to door bus service.**

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.

