



737 WILLOW AVENUE
ITHACA NY 14850
(607) 277-9388

ADA PARATRANSIT CERTIFICATION APPLICATION

Date ____________

1. Name _____

Address _____ Apt # _____

City/Town _____ State _____ Zip _____

Is this a (check one)

- Private home
- Group home
- Residential care facility
- Nursing home
- Apartment complex
- Other, please specify:

Phone No.: (Home) _____ (Work) _____

Date of Birth ____________ Sex: M _____ F _____

2. What is your disability? (Please describe, in detail, how your disability prevents you from using the regular TCAT bus service):

3. Is your disability temporary?

No _____, it is a permanent condition.

Yes _____, I expect it to last for another _____ months.

4. Have you had this disability for more than a year?

_____ Yes _____ No

5. On your own or using a mobility aid, how far can you walk or travel without assistance?

6. Does your disability or condition change from day to day in ways that affect your ability to use the regular bus service?

No _____, my condition does not change much from day to day.

Yes _____, my condition is good on some days and bad on other days. Please explain:

If you have a disability that changes from day to day (you answered yes to question #6 above):

A. On a day when my condition is good: (choose only one answer)

_____ I can't leave my house

_____ I can get to the curb in front of my house

_____ I can go one block

_____ I can go two blocks

_____ I can go four blocks (about $\frac{1}{4}$ mile)

_____ I can go six blocks or more (about $\frac{1}{2}$ mile)

B. On a day when my condition is bad: (choose only one answer)

_____ I can't leave my house

_____ I can get to the curb in front of my house

_____ I can go one block

_____ I can go two blocks

_____ I can go four blocks (about $\frac{1}{4}$ mile)

_____ I can go six blocks or more (about $\frac{1}{2}$ mile)

7. Does the weather ever keep you from using the regular TCAT bus service?
_____ Yes _____ No

If yes, what kind of weather and how does this weather keep you from using the regular TCAT buses?

8. When the weather affects your ability to use the regular TCAT buses, how far can you travel on your own or with a mobility aid?

A. When the weather is good, and my condition is good
(choose only one answer):

- _____ I can't leave my house
- _____ I can get to the curb in front of my house
- _____ I can go one block
- _____ I can go two blocks
- _____ I can go four blocks (about 1/4 mile)
- _____ I can go six blocks or more (about 1/2 mile)

B. When the weather is bad, but my condition is good
(choose only one answer):

- _____ I can't leave my house
- _____ I can get to the curb in front of my house
- _____ I can go one block
- _____ I can go two blocks
- _____ I can go four blocks (about 1/4 mile)
- _____ I can go six blocks or more (about 1/2 mile)

9. Do you need to travel with someone who assists you (e.g. personal care attendant)? _____ Always _____ Sometimes _____ No

If you need someone to travel with you always or sometimes, do you need this person to help you:

- _____ Get to the bus stop
- _____ Get on or off the bus
- _____ While you ride the bus
- _____ Get where you are going once you are off the bus
- _____ Other (please specify): _____

10. Which of the following mobility aids or equipment do you use to help you get where you need to go? (Check all that apply)

- Cane
- Crutches
- Walker
- Respirator/oxygen tank
- Personal care attendant
- Powered wheelchair (Please specify manufacturer and model):

Powered scooter (Please specify manufacturer and model)

Service animal (please specify type):

-
- Prosthesis
 - Braces
 - Manual wheelchair
 - Other, please specify:

I do not use a mobility aid, personal care attendant, or service animal.

11. If you use a manual or powered wheelchair or scooter, is it more than 30 inches wide, more than 48 inches long, or does it weigh more than 600 lbs.?

Yes No

12. Do you need assistance to get to the bus from your door?

Yes No

13. If you use a wheelchair or scooter, can you transfer to a seat?

Yes No

**14. Which of the following limits your ability to use regular TCAT buses
(Please check all that apply):**

- Physical disability**
- Visual impairment/blindness**
- Developmental disability**
- Mental illness**
- Other (please specify):**

Why? Please describe in detail:

15. How are your transportation needs being met now? (Please check all that apply)

- Walking**
- Personal transportation (i.e. car)**
- Public transportation**
- Agency sponsored rides (please specify):**

Paratransit (please specify):

Ambulance (please specify):

Friend/relative

Other (please specify):

16. Do you use TCAT buses?

Yes How many days in one week? _____
 How many days in one month? _____

No Why?

17. Is there something that would help you to ride the regular TCAT bus?

Yes

No Please explain:

If you check yes, please mark all that apply below:

- Knowing more about regular buses**
- being travel trained to go to work or school (Travel training can include system orientation, specific destination training, handling travel emergencies (use of a public phone, detours, missing stops, etc.), demonstrating awareness of personal safety, and 100% proficiency in street crossing.)**
- if the bus has a lift (accessible bus)**
- if a communication aid (stop assistance aid, hailing card, etc.) was available**
- learning to travel with crowds, noises, traffic**
- I would ride if there were accessible bus routes where I need to go.**
- I would ride if there were no barriers to prevent me from getting to/from the places I need to go.**
- other, please specify:**

18. Are you currently able to travel by yourself on public transportation?

Always Sometimes Never Not Sure

If you checked sometimes, never or not sure, please explain why:

19. Can you transfer from one regular TCAT bus to another?

Always Sometimes No Possibly, if trained

If you checked no or possible, if trained, please check all that apply:

- I find it confusing
 - I can transfer if it is someplace I go all the time
 - I do not like to transfer
 - I do not want to use the bus
 - Other
-

20. Using a mobility aid or on your own, can you make your way to or from the bus stop nearest your home?

- Yes, always
- Yes, sometimes
- No
- I do not know because I have never tried

21. If you cannot make your way to the bus stop nearest your home (No, to above question), please check all that apply below:

- I do not know where the bus stop is
 - I do not want to ride the buses
 - I cannot go that far
 - Barriers like sidewalks, curbs and steps keep me from getting there
 - I possibly could with training
 - I cannot travel to the bus stop in bad weather
 - I can travel to the bus stop when my condition is good, but not when I am having a bad day
 - other, please specify:
-

22. Most of the time, can you:

A. Cross the street, if there are curb cuts?

Always Sometimes Never Not sure

B. Cross a two-lane street?

Always Sometimes Never Not sure

23. Can you wait 15 to 20 minutes at a bus stop?

Always Sometimes No, I can only wait at a bus stop

I do not know because I have never tried

If no, why? _____

24. Can you get on and off a regular bus when it has a passenger lift, by using the steps, getting the bus to kneel or using the lift with a mobility aid?

Always Sometimes No I do not need a lift

I have never tried

If you answered "sometimes" or "no" to the above question, please check all that apply below:

my mobility aid will not fit on the lift

I cannot steady myself when the lift is moving

I do not feel secure on the lift

I possibly could with training

other, please specify:

25. Have you ever had any training to learn how to use the regular buses?

_____ Yes _____ No

If yes, please continue. If no, please go to question #26.

_____ Yes, I was trained by:

I was trained in: month _____ year _____

I learned: (please check all that apply)

- _____ to travel to and from bus stops
- _____ general bus travel
- _____ how to read bus destination signs
- _____ getting on or off the bus
- _____ how to communicate with bus drivers
- _____ asking for help or saying no when offered help
- _____ destination or site training (point A to point B)
- _____ how to handle problems or travel contingencies
- _____ specific destination training
- _____ how to cross streets with 100% accuracy
- _____ how to use public phones
- _____ demonstrate awareness of personal safety

_____ I started but did not finish the training. Why? _____

_____ I received training but to learn to ride specific bus routes.

Please list the bus routes:

_____ I learned to travel to a specific place on the following bus routes:

Place/Address	Route
_____	_____
_____	_____
_____	_____

26. Please list your most frequent trips and how you get there now:

A. Origin _____ Round trip: _____

Destination _____ How Often? _____

Address _____ City _____

_____ by TCAT bus _____ other, please specify:

B. Origin _____ Round trip: _____

Destination _____ How Often? _____

Address _____ City _____

_____ by TCAT bus _____ other, please specify:

C. Origin _____ Round trip: _____

Destination _____ How Often? _____

Address _____ City _____

_____ by TCAT bus _____ other, please specify:

27. Do you have a TCAT half fare card (purple card)?

_____ Yes _____ No

28. Do you currently use regular buses?

_____ Yes _____ No

When was the last time you used a bus:

- _____ this week
- _____ last week
- _____ one month ago
- _____ longer than a month
- _____ never

29. List the bus routes serving your neighborhood:

30. If you use the buses now, which routes do you use?

31. How far is the TCAT bus stop from your home?

What is the location of that stop? _____

Can you get to that stop by yourself? Yes No Sometimes

If no, why not? _____

32. How would you describe the terrain where you live? (e.g: steep hill, long gradual hill, flat, etc.)

33. Are there any sidewalks at your residence?

Yes No

34. Are there any curb cuts on your block?

Yes No

35. How many steps are there at the entrance of your residence? _____

36. Do you have a ramp? Yes No

If yes, where is it located? _____

37. If a certified travel or mobility trainer were to assess your skills to travel independently and found you to be eligible, would you be interested in learning to travel to or from your workplace (or any other specific destination) if paratransit could still be used for destinations for which you are not travel- or mobility-trained?

Yes No

38. Due to my disability I need (check all that apply):

- a seat in the front of the bus
- the stops announced
- the bus to remain stopped until I am seated
- all tie downs to be working
- all tie downs to be secure
- the lift to be functional
- the kneeling device to be operational
- other, please be specific: _____

39. Is there anything else you want to tell us about your health condition, disability or transportation needs?

I understand that the purpose of this form is to determine if I am eligible for ADA paratransit service. TCAT or its contracted agents may need to talk to me or to see me later to get more information. I understand that I must be truthful in answering the questions on this form and at any in-person assessment. Giving false information is against the law and may result in the lost of my paratransit service, and/or criminal penalties. I agree to notify TCAT if I no longer need to use paratransit.

I hereby certify that the information given in this application is true to the best of my knowledge. I understand if TCAT or its authorized agents receive new information regarding a change in my functional mobility, my eligibility status may be reviewed and changed. I understand that TCAT or its authorized agents will notify me in writing of any change in my eligibility status and I may appeal such decision within sixty (60) days of notification.

_____ /_____/_____
(Applicant's Signature) (Date)

(If applicant is unable to sign, Power of Attorney may sign for applicant. Please enclose copy of POA. If applicant is under age 18, parent or guardian may sign for applicant)

To establish your eligibility, it may be necessary to have you consult with our health professional. You will be contacted if this is needed.

Should future correspondence be sent to the applicant, or to someone else?

_____ **Yes, send it to the applicant**

_____ **No, send it to (name and address)**

If you are completing this application on behalf of the person requesting certification, please complete and sign below:

Name: _____

Relationship to applicant: _____

Address: _____

City/Town _____ **State** _____ **Zip** _____

Daytime Telephone (_____) _____

Signed _____ **Date** ____/____/____

It may also be necessary to contact your own health care or rehabilitation professional. These may include a physician, physical therapist, occupational therapist, social worker, vocational counselor, or agency representative.

Please complete and sign the following authorization.

I authorize the ADA Transit Office of Tompkins Area Consolidated Transit Inc, (TCAT) to contact the health care or rehabilitation professional listed below to obtain information regarding my disability and its affect on my ability to get around on my own.

Name of Health Care Professional _____

Street Address _____

City/Town _____ State _____ Zip _____

Telephone Number (____) _____

Name of Health Care Professional _____

Street Address _____

City/Town _____ State _____ Zip _____

Telephone Number (____) _____

Name of Health Care Professional _____

Street Address _____

City/Town _____ State _____ Zip _____

Telephone Number (____) _____

(Applicant's Signature)

____/____/____
(Date)

(Guardian's Name and Signature, if applicable)

____/____/____
(Date)