

Name of Applicant

# FLINT HILLS AREA TRANSPORTATION AGENCY 5815 Marlatt Avenue MANHATTAN, KS 66503 785-537-6345 FAX:785-537-6327 www.rileycountyks.gov/ATA

State

Zip code

#### ADA PARATRANSIT ELIGIBILITY APPLICATION

## PART B Professional Verification

P.O. Box/Street AddressCity

Dear Qualified Professional:							
<b>aTa Bus</b> ADA Complementary Para-tra require assisted transportation service Flint Hills <b>aTa Bus</b> ADA Complementary	e applicant is currently applying for the Flint Hills <b>aTa Bus</b> ADA Complementary Para-transit Service. <b>a Bus</b> ADA Complementary Para-transit Service is intended for those persons with disabilities that juire assisted transportation services and are unable to utilize the <b>aTa Bus</b> fixed-route service. The at Hills <b>aTa Bus</b> ADA Complementary Para-transit Service is where customers call ahead to schedule as from an origin location to a specific destination.						
According to the <i>Americans with Disabilities Act</i> definition a person with a disability is unable, as a result of a physical or mental impairment, to board, ride or disembark from an <u>accessible vehicle</u> (wheelchair lift equipped aTa Bus fixed route 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 <u>prevents</u> 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.  Is the applicant <b>able</b> to use Flint Hills <b>aTa Bus FIXED ROUTE</b> service as outlined above? Yes No							
•	se sign, date and mail only this page to Flir B. DO NOT complete the rest of the applic						
Professional Signature	Date						
Printed Name	Certification/Licensure	Phone Number					
·	tion, DO NOT SIGN here. Please complete applicant for aTa Bus ADA Para-Transit Se						

Your input will be particularly important where applicants have claimed a "hidden" or "non-visible" disability (e.g. a cardiac or pulmonary condition, mental illness, or a joint disease, etc.). This verification can also assist in determining the degree of cognitive capability with the goal being to qualify only those applicants who are truly unable to use the aTa Bus fixed route service and need the curb-to-curb aTa Bus ADA Para-Transit service.

1.	Have you ever examined/evaluated the applicant	t?		Yes	No
	If yes, was examination/evaluation within the las	t twelve months?		Yes	No
	Length of time in treatment/under your care?				
2.	What is the applicant's specific disability or healt	h condition?			
	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 (e.g., Lupus, Sclerode	erma, etc.)			
	Severe cardiac and/or respiratory impairmen	nt affecting strength an	d/or end	urance	
	Severe emotional disorder (may require an e	scort)			
	Developmental disability (e.g., mental retard	dation, cerebral palsy, e	epilepsy, a	autism, ne	eurological
	disorder, etc.)				
	Hearing loss accompanied by an inability to ι	understand speech with	n/without	: a hearing	g aid
	Date of count?				
	Date of onset?			Vos	Na
	Is the applicant's disability permanent?			res	No
	If temporary how long?	-		Yes	No
	If so, which season(s)?				
	What, if any, mobility aids does the applicant utilize	e? Check all that apply	·.		
	Manual Wheelchair El	ectric Wheelchair			
	Powered Scooter Ca	ane			
	Walker W	hite Cane			
		utah as			
	Service Animal Cr	rutches			

Parts 27, 37, and 38) defines a "wheelchair" as a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered. If you checked Wheelchair and/or Scooter under #5 does the mobility aid meet this definition? Yes \_\_\_\_\_ No \_\_\_\_ 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? Yes \_\_\_\_\_ No \_\_\_\_ 6. Does the applicant require a Personal Care Attendant (PCA) when traveling on transit vehicles? Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_\_ If needed, please explain why. 7. Which, if any, weather conditions impact the applicant's disability or health condition preventing him/her from independently getting to and/or from a bus stop? Heat \_\_\_\_ Cold \_\_\_\_ Humidity \_\_\_\_ Snow \_\_\_\_ Ice \_\_\_\_ Pollution/Allergies \_\_\_\_ Other \_\_\_\_\_ 8. Would rough terrain prevent the applicant from traveling to and/or from a fixed route bus stop? Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_\_ If "Yes" or "Sometimes", describe the type of rough terrain that would prevent the applicant from traveling to and from a fixed route bus stop. 9. What abilities apply to the applicant? 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 directions (e.g., schedules, 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 stop at a familiar bus stop \_\_\_ Get off the bus after signaling the driver to stop at a familiar stop (the driver calls out all stops) Grasp coins, passes, and handles \_\_\_\_ Communicate addresses, destinations, and telephone numbers on request to a fixed route driver \_\_\_\_ Handle unexpected situations or changes in routines (e.g., route change, bus stop closed, etc.) \_\_\_ Go up and down steps unassisted

Section 37.3 of the DOT regulations implementing the Americans with Disabilities Act of 1990 (ADA) (49 CFR

# Name and Title: Certificate/Licensure: Office Address: Office Telephone Number: Signature Date:

By signing below you confirm the applicant's need for origin to destination bus service.

Please forward the signed original to: Flint Hills aTa Bus, 5815 Marlatt Avenue, Manhattan, KS 66503 or you may fax a copy to 785-537-6327. Thank you for your cooperation.

### <u>Authorization Form for Disclosure</u> <u>of Protected Health Information</u>

	orize the qualified professional
(Printed Name of Patient)	
co (Printed Name and Title of Qualified Professional)	mpleting Part B (Qualified Professional
Verification) of the aTa Bus ADA Para-transit Eligibility Application	on on my behalf, to release this
information about my disability and abilities to use the accessible	e aTa Bus fixed-route bus service to
representatives of the Flint Hills Area Transportation Agency for	their review as well as any supporting or
other pertinent information about my health or medical condition	to assist Flint Hills Area Transportation
Agency solely for the purpose of determining eligibility for the aT	a Bus ADA complementary para-transit
service. I understand that all medical information about my disal	bility will be kept strictly confidential.
I understand that I do not have to sign this authorization in a but I understand that no weight will be given to medical converified. In fact, I have the right to refuse to sign this authorizatiodisclosed pursuant to this authorization, it may be subject to recolonger be protected by the federal HIPAA Privacy Rule. I have the writing except to the extent that Flint Hills Area Transportation Agauthorization.  My written revocation must be submitted to Flint Hills aTa, 5815	iditions claimed which cannot be ion. When my information is used or disclosure by the recipient and may no he right to revoke this authorization in gency has acted in reliance upon this
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. 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 785-537-6327. Thank you for your cooperation.