FLINT HILLS AREA
TRANSPORTATION AGENCY
115 N. 4TH Street
MANHATTAN, KS 66502
785-537-6345 FAX:785-537-6327
www.rileycountyks.gov/ATA

ADA PARATRANSIT ELIGIBILITY APPLICATION

PART A
Personal/Contact Information

The Flint Hills aTa Bus provides curb-to-curb Para-transit service to individuals who cannot use the regular Flint Hills aTa Bus Fixed Route service to make their trips. To be eligible for this service, the functional limitations of an individual's disability must prevent regular use of Flint Hills aTa Bus Fixed Route 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 curb-to-curb 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 curb-to-curb service.

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 Flint Hills aTa Bus 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 aTa Bus 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-boa rding 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 aTa Bus 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 Flint Hills Area Transportation Agency 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 an aTa Bus 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 aTa Bus bus stop

___ Unable to locate aTa Bus 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 aTa Bus in the daytime when it is light

___ Unable to identify correct aTa Bus in early morning or evening hours when it is dark

___ Other

Please explain:_____

_____

7. How many blocks is your home to the nearest aTa Bus 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 an aTa Bus Fixed Route bus stop, how long can you wait outside ***(not sitting)*** until an aTa Bus 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 an aTa Bus 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 aTa Bus bus stop and then get off the bus? *Assume the driver calls out all aTa Bus 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 the **aTa Bus ADA Complementary Paratransit Service due to disability** or if I can and

should use the aTa Bus 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 Flint Hills Area Transportation Agency Para-transit 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 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 staff in determining eligibility for complementary para-transit 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 Flint Hills Area Transportation Agency. Furthermore, I understand that the Flint Hills Area Transportation Agency 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