



ADA Paratransit Eligibility Application and Instructions

Dear Applicant,

Thank you for inquiring about applying for Cheyenne Transit's Paratransit service. Enclosed is a copy of an application for Certification for ADA Paratransit Eligibility.

Please read the enclosed materials carefully before completing the application.

Transit Program (CTP) ADA Paratransit service at Cheyenne provides service to individuals who are unable to use the fixed-route bus service because of a disability. An inability to use fixed route service may include being unable to travel to and from bus stops, board or exit busses, or understand how to ride and use the bus system.

CTP Paratransit provides shared ride, curb-to-curb service to persons determined to be "ADA eligible" for those trips that cannot be made using the fixed route service. You may, for example, be able to use fixed-route service for some trips if stops are nearby and there are no barriers that prevent you from getting to and from the bus. At other times, you may not be able to use the bus, CTP's Paratransit service is meant to assist you at those times.

If you need assistance completing this form or have questions, please contact our office at 307-637-6253. This letter and application are available in different formats.

After you have completed the application information, please have your licensed health care professional complete the Professional Verification section. The information you provide in this application is confidential.

PLEASE DO NOT ATTACH MEDICAL INFORMATION TO THIS APPLICATION

In order to be eligible to use CTP's Paratransit service as an ADA eligible rider, your disability must prevent you from using the existing accessible fixed route bus service. In accordance with the "*Americans with Disabilities Act of 1990*" (ADA), there are three specific circumstances under which a person would be considered ADA eligible for Paratransit service:

1. The individual is unable, as a result of physical, visual or mental impairment, and without the assistance of another individual (other than the driver of the bus) to board, ride or disembark from any vehicle in the fixed route system, which is accessible to individuals with disabilities.
2. The individual with a disability could utilize an accessible vehicle but such a vehicle does not operate on the fixed route he/she wishes to travel.
3. The individual with a disability has a specific impairment related condition, which prevents travel to a boarding location or from a disembarking location on the fixed route system.

Disability, age and/or distance to and from a bus stop **DO NOT**, by themselves, qualify a person for paratransit. Inconvenience and/or decreased comfort **ARE NOT** a basis for qualification. The condition must **PREVENT** travel by fixed route bus. Please keep in mind; all fixed route buses are equipped with wheelchair lifts or ramps, along with securement devices. Whenever possible, fixed route buses are to be utilized.

The information you provide will assist us in making an appropriate determination. Our evaluation is a transportation decision, not a medical decision. All information will be kept confidential. All questions must be answered in full or the application will be considered incomplete. An incomplete application will be returned to the applicant one time. If it is submitted a second time and is still incomplete, it will be held for 60 calendar days before it is discarded. CTP may retain the services of a registered occupational therapist or a registered physical therapist if consultation about a disability is thought necessary.

Please type or print clearly.

Once the completed application and professional verification has been received, a determination of your eligibility will be made within 21 calendar days. You will be notified of your eligibility by mail. If it takes longer than 21 days to complete the process, you will receive presumptive eligibility until the application process is completed. Any fees charged for the completion of certification forms are not the responsibility of the Cheyenne Transit Program. Eligibility will be valid for at least 90 calendar days (depending on eligibility criterion) and recertification is required every 3 years. If you are dissatisfied with your eligibility determination, you may appeal within sixty days of the date of the letter notifying you of your eligibility status.

In order to be eligible for this service, you must reside within 3/4 of a mile of our fixed route corridor and the time of your trip must fall within the hours of the closest CTP bus route. If you do not reside within the 3/4 radius, you must have a means of getting within our service area before transportation is provided.

This document is available in large print and Spanish upon request.

ADA Paratransit Eligibility Application

1. INFORMATION

Name _____ Female Male
 First Middle Initial Last

Home address: _____ Apt #: _____

City/State: _____ Zip: _____

Mailing address: _____ Apt #: _____

City: _____ Zip: _____

Telephone: (_____) _____ Date of Birth: ____/____/____

Please provide the name of a LOCAL friend or relative to call in the event of an emergency:

Name _____ Female Male
 First Middle Initial Last

Home address: _____ Apt #: _____

City/State: _____ Zip: _____

Telephone: (_____) _____ Relationship: _____

Do you need information given to you in any of the following formats?

Large Print Audio Tape Braille Computer Disk None

If this application is being completed by someone other than the applicant requesting certification, that person must complete the following:

Name: _____ Relationship _____

Address: _____

Telephone: (Day) _____ (Evening) _____

Please check one of the items below:

- I certify that the information provided in this application is true and correct based upon information given to me by the applicant.
- I certify that the information provided in this application is true and correct, based upon my own knowledge of the applicant's health condition or disability.

Signature _____ Date: _____

About Your Disability

Do you have a disability which prevents you from using the Cheyenne Transit Program fixed-route bus service? Yes No

If yes, please describe any and all physical, mental, visual, or functional disabilities which prevent you from using Cheyenne Transit Program fixed-route bus services.

1. Explain how your disability prevents you from independently using fixed-route bus service:_____

2. Are the conditions you described? Permanent Temporary Vary day to day

If temporary, what is the expected duration?_____

3. Do you have a medically defined cold or heat sensitivity? Yes No

Above or below what temperatures?_____

If yes, please explain:_____

4. Do you have a visual impairment? Yes No Sometimes

If yes or sometimes, please explain:_____

5. Are you able to wait outside without assistance or support for 10 (ten) minutes?

Yes No Sometimes If no or sometimes, please explain_____

6. Does the extent of your disability change after medical treatment? Yes No
 Sometimes

If yes or sometimes, please
explain: _____

7. Are there any other comments or additional information relating to your disability that you would like to explain? _____

Traveling To and From Bus Stops

1. Do you currently use Public Transportation (city bus)? Yes No

2. Have you ever ridden on a Cheyenne Transit Fixed Route Bus? Yes No

If yes,
when? _____

3. Are you able to locate fixed-route bus stops, destinations, locations, or cross streets independently?

Yes No Sometimes

If no or sometimes, please explain:

4. How far from your home is the nearest CTP public bus stop?

Less than 1 block 1-2 blocks 3-4 blocks
 5 blocks I don't know

5. Are you able to reach and return from your neighborhood bus stop independently?

Yes No Sometimes

If no or sometimes, please explain: _____

6. Are you able to wait outside without assistance or support for ten (10) minutes?
[] Yes [] No [] Sometimes

If no or sometimes, please explain:

7. Are you able to travel on flat surfaces in good weather?
[] Yes [] No [] Sometimes

If no or sometimes, please explain:

8. Are you able to travel on slight inclines in good weather?
[] Yes [] No [] Sometimes

If no or sometimes, please explain:

9. Are you able to cross multi-lane streets with crosswalks?
[] Yes [] No [] Sometimes

If no or sometimes, please explain:

10. How do you currently travel to your most frequent destinations? (Check all that apply)

- Route Bus Paratransit Friend/Relative drives vehicle
 Walk School Bus Private Taxi, car or Van
 Drive myself Other, Please Explain: _____

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

A. Destination: _____

Address _____

How do you get there now? _____

Times per week: _____ Get there by: _____

B. Destination: _____
Address _____

How do you get there now? _____

Times per week: _____ Get there by: _____

C. Destination: _____

Address _____

How do you get there now? _____

Times per week: _____ Get there by: _____

12. Have you had training to learn how to travel around the community or on how to use the fixed-route buses? Yes No

a. Would you like information about free training to use the fixed-route buses?
 Yes No

Boarding and Alighting the Bus

1. Can you safely and independently walk up and down three (3) 12 inch steps?

Yes No Sometimes

If no or sometimes, please explain: _____

2. Are you able to board a wheelchair accessible bus without assistance?

Yes No Sometimes

If no or sometimes, please explain: _____

Analysis of Applicants Needs

1. How far can you travel on your own or if you use a mobility aid?
- Less than 1 block 1 block 2 blocks
- ¼ mile (3 blocks) ½ mile (6 blocks) ¾ mile (9 blocks)
2. Do you use a wheelchair or scooter? Yes No
- a. How wide is it? _____ inches
- b. How long is it? _____ inches
- c. How heavy is it when occupied? _____ pounds

This information is not used to determine paratransit eligibility. It is the applicant's responsibility to know the dimensions of their mobility device and the weight of it while in use.

****Please Note: In accordance with the ADA, CTP vehicles are designed to accommodate mobility devices that weigh no more than six hundred pounds when occupied. If your mobility device exceeds these specifications, please call CTP for an evaluation to determine whether we can accommodate your mobility device.**

3. Do you use any of the following mobility aids or specialized equipment when traveling?
Check all that apply:
- Manual Wheelchair Long White Cane Cane Crutches
- Power Wheelchair Walker Communication Board
- **Service Animal Portable Oxygen Tank Power Scooter (3 wheel)
- Crutches Respirator Other Aid: _____
- Large Power Chair (exceeds ADA)

4. ** What type of animal? _____
- a. What task(s) does the service animal provide? _____
-

**** Comfort/companion animals do not fall under the definition of a service animal.**

If you use a wheelchair or scooter, will you use it on paratransit? Yes No Sometimes

If no or sometimes, please explain: _____

5. Do you require an attendant (personal care, sight guide) to travel with you? An attendant may assist you with any personal or travel needs, such as crossing the street, navigating stairs, etc.

Yes No Sometimes

If yes or sometimes, please explain: _____

6. Is there anything else you want to tell us about your disability or health condition that might help us better understand your travel abilities and limitations? _____

Applicants Signature

I certify that the information I gave in the application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential; only the information required to provide services I request will be disclosed to those who perform those services. The application will not be processed without application signature.

_____ Date: _____
Applicant Signature

Applicant Name (Please Print)

If the applicant is a minor or has a legal guardian the parent or guardian must sign this application, and attest to the accuracy of the information contained herein.

_____ Date: _____
Signature of parent or legal Guardian

Guardian Name (Please Print)

ADA PARATRANSIT ELIGIBILITY APPLICATION

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION
(TO BE COMPLETED BY THE APPLICANT)**

I hereby authorize the following licensed professional (doctor, therapist, social worker, etc.), who can verify my disability or health-related condition, to release this information to the Cheyenne Transit Program eligibility certification staff or a contractor working for the agency to conduct eligibility screenings. This information will be used only to verify my eligibility for ADA paratransit services. I understand that I have the right to request and receive a copy of this authorization, and that I may revoke it at any time.

Name of Medical Professional who may release my medical information:

Name of Medical Professional

Address of Medical Professional

City, State and Zip Code

Telephone Number of Medical Professional

Fax Number of Medical Professional

Medical Record or Identification number, if known

Applicant Name (Please Print) _____

Applicant Signature: _____ Date: _____

Please return this form and the following completed form to:
Cheyenne Transit Program
322 West Lincolnway
Cheyenne, WY 82001
(307) 637-6253

Professional Verification

This part of the application form should be completed by a health care professional **who is currently treating the applicant for their disability**, and is authorized to provide this information to Cheyenne Transit Program.

The individual who has asked you to review and sign this application is applying to the Cheyenne Transit Program to be considered eligible for paratransit service. **ADA paratransit service is intended ONLY for those trips that the person cannot take on the regular public bus fixed route system due to his/her physical or mental disability.**

Failure to complete this form could result in denial of service for the applicant.

Applicant Name: _____

1. In what capacity do you know the applicant and for how long?

2. Is the applicant your regular client? Yes No

3. Please indicate all the medical diagnoses of the applicant's disability. (Please Print Clearly)

4. If the disability is cognitive or developmental, please supply information regarding the applicant's functional abilities and any recent evaluations. All information will be kept confidential.

5. Is the condition temporary? Yes No

If yes, please specify the time from (example: 6 months) within which you anticipate the applicant to recover or next reevaluation.

6. How does the diagnosed disability prevent travel on ADA accessible fixed-route buses?

7. Does the applicant require use of the following? (Check each, where it applies)

	Yes	No	Sometimes
Manual wheelchair	_____	_____	_____
Motorized wheelchair	_____	_____	_____
Cane, Crutches, or Walker	_____	_____	_____
Service Animal	_____	_____	_____
Personal care attendant	_____	_____	_____

8. Is the applicant able to do any of the following with the use of a mobility aid and without the assistance of another person?

	Yes	No	Sometimes
Travel ½ block?	_____	_____	_____
Travel 1 block?	_____	_____	_____
Travel 2 blocks?	_____	_____	_____
Travel 4 blocks or more?	_____	_____	_____
Climb three 12” steps?	_____	_____	_____

a. If “no” or “sometimes,” describe in detail any factors which would have an adverse impact on the applicants abilities to travel. _____

9. Can the applicant independently cross the street? [] Yes [] No

10. Does weather impact the applicant’s ability to ambulate? [] Yes [] No
If yes, please explain and list the temperatures at which the applicant would be impacted.

11. Please note any additional information you feel is relevant about the applicant disability and the disability preventing travel on ADA accessible fixed-route buses.

I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

Signature _____ Date: _____

Print Name _____

Daytime Phone Number: _____ Agency/Clinic: _____

Address: _____

Professional License, Registration or Certification

#: _____ Expires: _____