

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.

