

FINNEY COUNTY TRANSIT 1008 N. Eleventh Street GARDEN CITY, KS 67846 620-272-3626 Fax: 620-271-6191 www.finneycountytransit.org

MINI BUS ADA PARATRANSIT ELIGIBILITY APPLICATION

PART B Professional Verification

DEAR QUALIFIED PROFESSIONAL:

The application form below contains questions to assist you in evaluating the applicant to determine their ability or inability to ride unassisted on, **City Link**, Finney County Transit's fixed-route service. The applicant is currently applying for **Mini Bus** ADA Complementary Paratransit Service and has 21days from the day they first ride the **Mini Bus** to submit a completed application or risk being refused service. **Mini Bus** service is strictly limited for only those persons with disabilities that require assisted transportation services and are unable to utilize **City Link** fixed-route service. **Mini Bus** is a door-to-door demand response service where customers call ahead to schedule trips from their place of residence to their destination.

Please read the following ADA (Americans with Disabilities Act) definition of a person with a disability, as it relates to public transit:

Any person with a disability who 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 City Link 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.

Name of Applicant	P.O. Box/Street Address	City	State	Zip code			
Is the applicant able to use Cit	y Link FIXED ROUTE service	as outlined abo	ve? Yes	No			
If you answered <u>YES, STOP H</u> date and mail only THIS page t							
If you answered <u>NO</u> to the above question DO NOT SIGN HERE, continue to the next pages and answer all of the questions in order to qualify applicant for the door to door Mini Bus ADA Paratransit. Questions regarding this form may be directed to Finney County Transit at (620) 272-3626.							
Professional Signature		Date					
Printed Name	Certification/Licensu	re Pho	one Number				

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 (<i>Please explain the medical diagnosis and then describe the disability or health</i> 					
						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 app	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				
5.	(Riders must provide their own I	mes Always			
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?				
		_ Humidity Snow Ice 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 f	or the applicant to travel to and/or from a fixed route bus stop?			
	•	es, describe your definition of rough terrain and how that makes it 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.
You	r Name and Title:
Cert	tificate/Licensure:
Offic	ce Address:
Offic	ce Telephone Number:
Sigr	nature 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.

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

(Printed Name of Patient)	_authorize the qualified professional				
(Printed Name and Title of Qualified Professional)	completing Part B (Qualified Professional				
erification) of the Mini Bus Paratransit Eligibility Application on my behalf, to release this information					
about my disability and abilities to use the accessible City	Link fixed-route bus service to representatives				
of the Finney County Transit for their review as well as any supporting or other pertinent information					
about my health or medical condition to assist Finney CountyTransit solely for the purpose of determining					
eligibility for Mini Bus ADA complementary paratransit service. I understand that all medical information					
about my disability will be kept strictly confidential.					
but I understand that no weight will be given to medica verified. In fact, I have the right to refuse to sign this authorised disclosed pursuant to this authorization, it may be subject to longer be protected by the federal HIPAA Privacy Rule. It writing except to the extent that Finney County Transit has My written revocation must be submitted to Finney County Garden City, KS 67846	orization. When my information is used or to redisclosure by the recipient and may no have the right to revoke this authorization in acted in reliance upon this authorization.				
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	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 (620) 271-6191. Thank you for your cooperation.