

APPLICATION FOR A.D.A. PARATRANSIT ELIGIBILITY



**Lakeway Transit Lift Service
9111 Cross Park Dr. Suite D100
Knoxville TN 37923
1(833) 923-0032 Voice and T.D.D.**

**Part 1. All questions must be answered by applicant (only one applicant per form).
Incomplete forms will be returned. Please type or print - use separate sheet if needed.**

Applicant Name: _____ Birthdate: _____

Address: _____ Zip Code: _____
 (Address is a: Group Home Assisted Living Apartment Care/Nursing Facility _____ (Other)

Home Phone: _____ Work Phone: _____ Cell (not required): _____

Circle one: Original application or Re-certification application

I.D. Number (if re-certifying): _____ Male _____ Female _____

1. Please describe your current disability? **(Be specific and list all applicable disabilities):**

2. How does this disability **prevent** you from using the fixed-route bus system? **Please keep in mind that all fixed-route buses are wheelchair accessible.**

3. Is your disability or health condition: _____ Permanent _____ Temporary
If temporary, what is the expected duration? _____/_____/_____

4. If your disability or health condition changes from day to day, please explain how:

5. Does your disability prevent you from getting to and/or from a fixed-route bus stop? _____ Yes _____ No

6. How far can you travel or walk in blocks? _____ blocks

7. Do changes in weather prevent you from getting to or from a bus stop? _____ Yes _____ No

If yes, list specific weather conditions and its impact on your mobility: _____

8. If there is a physical barrier that, when combined with your disability, might prevent travel to or from the bus stop closest to you, please list it: (Examples: no sidewalks, no curb cuts, ice, snow, no crosswalks/lights, steps)

9. Are you prevented from traveling to or from a boarding location for any of the following reasons? (please check all that apply):

- Inability to negotiate hilly terrain Extreme sensitivity to climatic conditions
- Allergic/environmental sensitivities Hyper-fatigue or frailty
- Night blindness Inability to cross busy intersections

Other (please explain): _____

10. Can you wait ten (10) minutes alone at a bus stop? Yes No

11. Can you climb three (3) steps to get into a bus? Yes No

12. Can you board a bus with a "kneeling" feature which lowers the height of the first step? Yes No

13. Can you transfer from one bus to another? Yes No

14. Can you follow written instructions? Yes No Oral instructions? Yes No

15. Can you use the telephone or TTD to make calls? Yes No

16. Are you able to identify the bus you need? Yes No

17. Are you able to detect curbs, curb cuts, sidewalks, etc.? Yes No

18. Are you legally blind? Yes No

If yes, what is your visual acuity? _____ right eye _____ left eye

19. Please check all of the following mobility aids you might use:

- Manual wheelchair Electric wheelchair Power scooter Walker
- Support cane White cane Oxygen tank Crutches
- Ambulatory, but must use lift/ramp to board vehicle Guide/assistance animal
- I do not use a mobility aid of any kind Other: _____

20. If you utilize a wheelchair or scooter, please list the manufacturer & model and number of wheels:

21. If you use a wheelchair or scooter, what are its physical dimensions 2 inches above the floor, including foot or head extensions (in inches)?

_____ width _____ height _____ length _____ weight

22. Do you require a Personal Care Attendant (PCA) when you travel? *Note: A PCA is someone who is designated or employed by a person to provide personal assistance; it is not a companion or escort.*

_____ Yes _____ No _____ Sometimes

23. Do you require a reasonable modification in order to utilize the Lakeway Transit service?

_____ Yes _____ No

If yes, what modification do you request? _____

24. Do you currently ride the fixed-route system? _____ Yes _____ No If yes, how often? _____ / per week

25. Have you ever received travel training on the fixed-route system? _____ Yes _____ No

If yes, from which agency? _____

26. Would you like to receive information on the fixed-route system? _____ Yes _____ No

Please provide a contact name and phone number of a relative or friend in case we are unable to reach you:

Name: _____ Relationship: _____

Telephone: _____ (home) _____ (work) _____ (cell)

I hereby certify, to the best of my knowledge, that the information I have provided in this form is correct and true. Falsifying information is against the law, and could result in permanent suspension of Lift service. In addition, I agree to notify Lakeway Transit of any changes in my status, which may affect my eligibility to use this service. I also understand that failure to adhere to the policies and procedures as identified in the Lift User's Guide will be grounds for revoking my right to participate in the Lift program. I hereby authorize my agency representative or health care professional(s) to provide any additional information to Lakeway Transit personnel as needed or requested.

Signature of applicant: _____ Date: _____

If you are not the applicant, but have completed this application on the applicant's behalf, you must provide the following information (please type or print):

Your name and address: _____

Daytime telephone: _____ Relationship to applicant: _____

I hereby certify, to the best of my knowledge, that the above information is correct and true.

Signed: _____ Date: _____

LIFT DEPARTMENT USE ONLY

_____ **New Application**

_____ **Re-certification**

Date Received: _____ Determination: *Full Intermittent Temporary Denied*

Terms for intermittent approval: _____

Within $\frac{3}{4}$ Corridor _____ Within City Limits _____

I.D. #: _____

Date Issued: _____ Expiration Date: _____

Eligibility Code: _____ PCA: *yes no sometimes*

Follow-up notes: _____

Part 2 – Request for Professional ADA Certification

(All questions are to be answered by a Physician, Health Care Professional or Agency Representative.)

You are being asked by the applicant named in Part I to provide information regarding his/her ability to use the public transit services. Lakeway Transit will provide door-to-door paratransit services to persons who, due to a disability, are unable to use the fixed-route city bus system. **(Please note all fixed-route city buses are low-floor vehicles equipped with wheelchair ramps and securement devices for people who use a wheelchair or cannot climb stairs.)** The information you provide will allow us to evaluate the request and provide service to those qualified in accordance with Americans with Disabilities Act (ADA) regulations.

Mere difficulty in using the fixed-route system does not make a person eligible for paratransit service. (Examples: A person with a disability who prefers not to use the fixed-route due to the possibility of crime is **not** ADA eligible. A person who prefers not to use the fixed-route due to inclement weather is **not** ADA eligible unless the weather, in combination with their disability, prevents travel to or from a bus stop.)

Capacity in which you know the applicant: _____

Please identify disability and describe impacts or limitations to mobility: _____

Is this condition temporary? Yes No If yes, expected duration ____/____/____

If the applicant has a visual impairment, please identify extent of impairment and describe how it **prevents** their use of the fixed-route bus system: _____

If the applicant has a cognitive disability, please identify extent of impairment and describe how it **prevents** their use of the fixed-route bus system: _____

In your professional opinion, does this person require the Lift service? Yes No

I hereby certify that the above information is true. I understand that false certification may be reported to the licensing jurisdiction under the State of Tennessee or appropriate code for state of license/certification.

Signature (or stamp) _____ Date _____

Print name _____

Address _____ City _____ State ____ Zip _____

Daytime telephone _____ License # _____ State _____

Agency: _____ Profession: _____

CLIENT - Please mail completed application to:

Lakeway Transit
9111 Cross Park Dr. Suite D100
Knoxville TN, 37923