



Clovis Transit Round Up Americans with Disabilities Act (ADA) Paratransit Eligibility Application

I. Applicant / Contact Information – (Please Print)

Name

Last First Middle

Preferred Phone () _____

Other Phone () _____

Evening Phone () _____

TTY Phone () _____

Birth Date ___/___/___ [] Female [] Male

Social Security # (Last 4 only) [_____]

Primary Language (*please check*)

[] English [] Other (*specify*) _____

Home Address

Number Street Apt. #

City _____ State _____ Zip Code _____

Mailing Address if different than above

Street Address or P.O. Box

City _____ State _____ Zip Code _____

If you need future written information to be provided to you in a different format, please let us know your preferences:

- Large Print
- Audio Tape or CD
- Braille
- Other _____

Please give us the name and phone number of a friend or relative we can call in case we are unable to reach you at your regular number:

Name _____ Relationship _____

Preferred Phone () _____

Other Phone () _____

Evening Phone () _____

TTY Phone () _____

II. Disability and Health Related Condition – (Please Print)

It may be helpful to provide/attach documentation of your health condition or disability to the application form.

1. Please describe the disability or health condition that prevents you from using the regular Clovis Transit bus.
(Please list all disabilities or health conditions that apply)

2. Are the conditions you described:
 Permanent Temporary Don't Know
a. If temporary, how long do you expect this condition to continue? _____

3. Explain HOW the disability or disabling health condition you described above prevents you from using the regular Clovis Transit bus. Please keep in mind that all regular Clovis Transit buses are ADA accessible with a passenger lift.

4. Do the conditions you described change from day-to-day in a way that affects your ability to use a regular Clovis Transit bus?
 Yes, could use regular Stageline bus on some days. On other days could not.
 No, doesn't change
 Don't know
a. If yes, please explain: _____

5. Are there any other effects of your disability which might help us better understand your travel abilities and limitations?
 Yes No
a. If yes, please explain: _____

6. Are you legally blind? (Legally blind is defined as: The visual acuity in your best eye with the best correction is no better than 20/200, or the vision field of the best eye is constricted to less than 20 degrees.)
 Yes No

III. Functional Ability and Activities – (Please Print)
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1. Do you use any of these mobility aids or equipment?
(Check all that apply)

- cane powered wheelchair portable oxygen
 crutches powered scooter prosthesis
 walker manual wheelchair service animal
 leg braces long white cane
 I don't use mobility aids
 other (please specify) _____
-

2. If you use an electric wheelchair/scooter please answer the following questions.

- a. Can you transfer from your wheelchair to a bus/car seat?
 Yes No
- b. Does your wheelchair exceed 30 x 48 inches in length?
 Yes No
- c. Does your scooter exceed 30 x 48 inches in length?
 Yes No
- d. Does the combined weight of you and your electric wheelchair exceed 600 lbs?
 Yes No
- e. Does the combined weight of you and your scooter exceed 600 lbs?
 Yes No

3. If you use a manual wheelchair please check the appropriate response.
- a. I can transfer from my wheelchair to a bus/car seat.
 Yes No
 - b. I can place my wheelchair in an automobile trunk.
 Yes No
4. How many city blocks can you walk or travel? _____
5. How many blocks would you need to travel to get to the nearest accessible bus stop?
 1 block 2 to 4 blocks 5 or more Don't know
6. Which of the following statements best describes you?
 (Check only one response)
- I could wait by myself for ten to fifteen minutes
 - I could wait by myself for ten to fifteen minutes only if I had a seat or a shelter
 - I would need someone to wait with me because _____
-
7. Which of the following statements best describes you?
 (Check only one response)
- I have never used any public buses.
 - I have used Clovis Transit buses but not since the onset of my disability
 - I have used regular transit within the last six months
8. Can you independently get on and off an ADA lift-equipped bus?
 Yes No Sometimes I don't know

If no or sometimes, please explain why you are unable

9. Is your ability to use a regular Clovis Transit bus affected by weather or environmental/architectural barriers that block your path of travel? (e.g.: Temperature extremes, no sidewalks, etc.) Yes No (If yes, please explain)

10. With the bus operator announcing stops and major intersections, can you determine the right bus stop?

Yes No Sometimes

If no or sometimes, please explain why you are unable

11. Are you able to understand and remember bus directions needed to complete a public trip?

Yes No Sometimes

If no or sometimes, please explain why you are unable

12. If a trip involves transferring from one bus to another, are you able to transfer?

Yes No Sometimes

If no, or sometimes, please explain why you are unable

13. What are your 3 most commonly traveled destinations?
(Provide addresses)

- a. _____
- b. _____
- c. _____

14. How do you usually travel to your frequent destinations?

- City Bus Drive myself Round Up
- Someone drives me Taxi
- Other: _____

15. Have you ever had mobility or travel training to learn how to use regular transit buses?

- Yes No

16. Would you like information about free travel training to use the regular buses?

- Yes No

In order to allow Clovis Transit to evaluate your application, it may be necessary to contact your Physician or Health Care Professional who will complete the section below (Section IV).

I hereby certify that the information provided in this application is accurate. I also authorize Clovis Transit to contact the Health Care Professional who completed Section IV of this application. I understand that I may be required to complete a professional evaluation at a test facility of Clovis Transit's choosing to determine eligibility. (Transportation will be provided.)

Applicant's Signature: _____ **Date:** _____

You have now completed the Applicant's section of the eligibility application. Please give this entire application to a licensed professional (doctor, therapist, social worker, etc) most familiar with your functional limitations.

Section IV of the application is to be completed by your Medical Doctor or Health Care Professional, most familiar with your abilities and disabilities, as they relate to using a regular Stageline bus.

Section IV is intended not as verification of applicant's medical condition, but to determine the effect of the medical condition on the applicant's ability to independently use a regular Stageline bus on his/her own.

IV. Health Care Professional Verification – (Please Print)

All questions must be answered by a Health Care Professional for this application to be considered complete.

(Please print)

Applicant's Name: _____

Capacity in which you know this applicant: _____

1. What is the medical diagnosis of condition causing the disability that prevents the applicant from getting to, boarding and/or riding on a Clovis Transit bus on his/her own? Please keep in mind all buses are ADA accessible and equipped with a passenger lift.

2. Is this individual's condition temporary?

Yes, how long? _____ No

3. Can the applicant ever ride on a regular bus?

Yes No If yes, under what conditions?

4. Is the applicant Able or Unable to perform the following activities?
- a. Able to climb three 12 inch steps without assistance?
 Able Unable
 - b. Able to get to/from a regular bus stop without assistance?
 Able Unable
 - c. Able to board or disembark independently from a regular Stageline bus with a passenger lift or ramp?
 Able Unable
 - d. Able to read informational signs, ask or follow directions?
 Able Unable
 - e. Able to get around independently?
 Able Unable

If any answer is “Unable” to any of the above, please explain function limitation:

5. Does the applicant require a Personal Care Attendant when traveling? (Note: A Personal Care Attendant assists the applicant with transportation needs.)
- Always Sometimes Never

(Please Print)

Health Care Professional Name:

Health Care Professional Title:

Office Address:

Number Street Suite #
City State Zip Code

Signature: Date:

Daytime Phone: ()

Additional comments – Please provide any additional information which may assist us in determining this applicant’s ability or inability to ride a regular Clovis Transit bus:

Please return this application to the applicant.
THANK YOU!

Applicant, please return this form to Transit:

City of Clovis, Transit
155 N. Sunnyside Ave.
Clovis, CA 93611

Or fax to: 559-324-2853