

APPLICATION FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

Instructions

As used in this document, the term "ADA" refers to the Americans with Disabilities Act of 1990. It is necessary to complete and submit this APPLICATION FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY as a prerequisite condition for the Bloomington-Normal Public Transit System (B-NPTS) to determine if the applicant is eligible to use the curb-to-curb bus services of the B-NPTS commonly called "Special Services".

This application is in five (5) pages (including this Instructions page). The applicant should complete, sign (where indicated) and date (where indicated) pages 2 through 5 of this Application and return them to:

Bloomington-Normal Public Transit System
104 E. Oakland Avenue
Bloomington, IL 61701

Eligibility cannot be determined solely on the basis of the information submitted by the applicant. The B-NPTS must also obtain supporting documentation from the applicant's Physician, Health Care Professional or Rehabilitation Professional before a final determination can be made. After the completed application has been received by the B-NPTS, the B-NPTS will forward the completed CERTIFICATION AUTHORIZATION (page 5 of the application) along with a questionnaire to the applicant's Physician, Health Care Professional or Rehabilitation Professional. Applicant's should not send page 5 to their Physician, Health Care Professional or Rehabilitation Professional as this will only delay the determination process.

Once the B-NPTS has received all information necessary to make a determination regarding the applicant's eligibility, a determination will be made and the applicant will be informed in writing by the B-NPTS as to their eligibility status. The determination may be that the applicant is ineligible, eligible only on a temporary basis, eligible only on a trip-by-trip basis or eligible on a permanent basis. An applicant, 65 years of age or older, may be deemed to be ineligible but qualified to use the Special Services buses on a time and space available basis.

Each applicant should understand that a determination that they are "eligible" to use the Special Services does not confer an assurance that they will be able to use the Special Services at the specific time requested. Service scheduling constraints may prevent accommodating a specific time request. In such cases the B-NPTS will do all that it can to accommodate the requested time as closely as scheduling demands allow.

For further information regarding the Special Services, please contact the B-NPTS at **828-7511**.

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APPLICANT SECTION

The information obtained in this certification process will only be used by the Bloomington-Normal Public Transit System for the purpose of determining the eligibility of the referenced person for paratransit service under the Americans With Disabilities Act. Information will only be shared with other transit providers to facilitate travel in those areas. This information will not be provided to any other person or agency without the express permission of the applicant.

(Please Print or Type)

1. Applicant Name: _____

2. Address: _____

City: _____

State: _____ Zip: _____

3. Telephone Number (Home): _____ (Work): _____

4. Date of Birth _____/_____/_____/_____
Month / Date / Year /

5. Please describe the disability which prevents you from using our fixed route service.

6. How does this disability prevent you from using fixed route services? Please explain completely. (Use an additional sheet if needed).

7. If there are any other effects of your disability which we need to be aware of, please describe? (Use an additional sheet if needed).

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8. Is this condition temporary or permanent? _____

If this condition is temporary, please estimate the earliest date on which you will no longer need to use Special Services. _____/_____/_____/_____
Month / Date / Year /

THE FOLLOWING INFORMATION WILL BE USED TO ENSURE THAT AN APPROPRIATE VEHICLE IS UTILIZED TO PROVIDE YOUR TRANSPORTATION AND THAT AN ACCURATE ANALYSIS OF YOUR TRIP REQUESTS CAN BE MADE BY THE BLOOMINGTON-NORMAL PUBLIC TRANSIT SYSTEM.

9. Do you use any of the following aids for mobility? (Check all that apply)

Manual wheelchair ___ Electric wheelchair ___ Powered scooter ___
Cane ___ Crutches ___ Personal attendant ___ Guide dog ___

10. Do you require a Personal Attendant when you travel using transit?

Yes ___ No ___

11. Please answer the following questions:

a. Can you travel 200 feet without the assistance of another person?

Yes ___ No ___ Sometimes ___

b. Can you travel 1/4 mile without the assistance of another person?

Yes ___ No ___ Sometimes ___

c. Can you travel 3/4 mile without the assistance of another person?

Yes ___ No ___ Sometimes ___

d. Can you climb three 12-inch steps without assistance?

Yes ___ No ___ Sometimes ___

e. Can you wait outside without support for ten minutes?

Yes ___ No ___ Sometimes ___

I hereby certify that the information provided herein is correct and truthful to the best of my knowledge:

Applicant Signature: _____

Date: _____/_____/_____/_____
Month / Date / Year /

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If this application has been completed by someone other than the applicant, that person must provide the following information:

Application completed by: _____

(Name of person completing application)

Address: _____

City: _____

State: _____ Zip: _____

Signed: _____

Date: _____

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CERTIFICATION AUTHORIZATION

In order to allow the Bloomington-Normal Public Transit System to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.

The following (check one) Physician ___ Health Care Professional ___ Rehabilitation Professional ___ is familiar with my disability and is authorized to provide information to the Bloomington-Normal Public Transit System required to complete this certification.

Physician, Health Care Professional or Rehabilitation Professional Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Applicant Information

Print Name _____ Date of Birth ____/____/____/
Month / Date / Year /

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Applicant Signature: _____

Date: _____