

**PARATRANSIT
ELIGIBILITY
APPLICATION**



**Part I:
Applicant
Information**

All questions must be answered.
Incomplete applications will be returned.

Section A: General Information

New or Renewal

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ Zip Code: _____

Mailing Address (if different from above): _____

E-Mail: _____ (optional)

I prefer to be contacted in writing via: U.S. Mail E-Mail
(Your e-mail is confidential and will only be used to contact you regarding the ADA program)

Daytime Phone: _____ Evening Phone: _____

Social Security # XXX-XX- _____ Date of Birth: ____ / ____ / ____
(Disclosure of last 4 digits of your SSN for identification purposes is voluntary)

Who should be contacted to schedule your in-person evaluation?

Name: _____ Phone: _____

*Have you complete an in-person evaluation? Yes No
If so, where: Long Trail PT (Pine St) GMT Elsewhere

In case of an emergency, whom can we contact? (someone who would not be riding with you).

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Do you require information in: Braille Large Print Audio Tape

Other: _____

Language Ability (If other than English) My first language is: _____

How did you hear about the ADA program? _____

To be considered eligible for ADA Paratransit Service, riders must be unable, due to their disability or health condition, to get to or from fixed-route (regular public transportation on GMT) buses. Using GMT buses must pose an unreasonable level of effort or risk, rather than simply being more difficult or less convenient.

Please Note: ALL GMT's buses are accessible, equipped with a lift or ramp operated by the Driver to help passengers board.

Section B: Functional Abilities

1. Please describe the disability that prevents you from using GMT fixed route buses; list all disabilities that apply.

2. Are there other health conditions GMT should be aware of that affect your ability? _____

3. If this is a temporary disability, how long will you be unable to use GMT fixed route buses? _____

4. If you use any of these mobility aids or equipment, check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> manual wheelchair | <input type="checkbox"/> powered wheelchair |
| <input type="checkbox"/> cane | <input type="checkbox"/> powered scooter |
| <input type="checkbox"/> crutches | <input type="checkbox"/> long white cane |
| <input type="checkbox"/> walker | <input type="checkbox"/> service animal |
| <input type="checkbox"/> prosthesis | <input type="checkbox"/> other (please specify) _____ |
| <input type="checkbox"/> portable oxygen | <input type="checkbox"/> I do not use mobility aids or equipment. |

5. Does weather or temperature affect your ability to travel independently?

Heat Cold Ice Snow Rain

Thunder/Lightning Other _____ No

Please explain: _____

6. Does your disability affect you differently day to day?

(Do you have “Good Days” and “Bad Days”?)

Please describe the difference: _____

7. Do you need to bring someone to help you when you travel (a “personal assistant” or “personal care attendant”)?

Yes, always Yes, sometimes No

8. Do you need to use a lift-equipped vehicle?

Yes, always Yes, sometimes No

9. Please read the following statements and check all boxes that describe your abilities to use fixed route buses.

I can get to and from bus stops only if there are curb cuts and level sidewalks.

I have difficulty understanding or remembering all the things I would have to do to use the buses.

I can use fixed route buses if it's someplace I go all the time.

I am not really sure if I can use fixed route buses by myself.

I could use the regular GMT bus system if I knew more about it.

10. Without the help of someone else, can you...

a. Ask for and understand written or spoken instructions?

Always Sometimes Never Not Sure

b. Safely cross the street unassisted?

Always Sometimes Never Not Sure

c. Find your own way to the bus stop if someone shows you once?

Always Sometimes Never Not Sure

d. Transfer from one fixed route bus to another bus?

Always Sometimes Never Not Sure

e. Stand on a moving bus holding onto a handrail?

Always Sometimes Never Not Sure

11. What is the farthest you can travel outdoors under good conditions on your own? (including with the use of a mobility aid, if you use one?)

Less than 1 block 4 blocks (1/2 mile) I cannot travel
 1 block 6 blocks (3/4 mile) outdoors alone
 2 blocks (1/4 mile) More than 6 blocks

12. If you do not ride on a mobility device, how long can you stand waiting for a bus if there is no place to sit? 5 Minutes 10 Minutes

20 Minutes Other _____

13. Is there anything else you want to tell us about your disability or health condition that might help us better understand your travel abilities?

Section C: Current Transportation

1. Do you currently use fixed route GMT buses at all?

No Yes – Which routes? _____

2. Do you know how far is it from your home to the nearest bus stop?

I don't know how far it is. Distance: _____

Please describe how you would get there: _____

3. List the three places you go most often and how you get there now. Be as specific as you can with the address.

a. Where do you go? _____

Address _____

How often do you go there? _____

How do you get there now? _____

b. Where do you go? _____

Address _____

How often do you go there? _____

How do you get there now? _____

c. Where do you go? _____

Address _____

How often do you go there? _____

How do you get there now? _____

4. When was the last time you used fixed route GMT buses? _____

5. If you used fixed route GMT buses in the past and have stopped using them, please explain why.

Section D: Travel Training

1. History:

Has anyone formally taught you how to ride busses?

(This is also known as “Travel Training”) No Yes

If yes, when? _____

Who was your Teacher? _____

What organization was this through? _____

What places did you learn to go? _____

Since the training, are you traveling to those places? No Yes

2. Interest:

GMT offers a **FREE** Travel Training program. Travel Training teaches individuals or small groups how to use the regular bus system. It is custom-designed to suit your needs. If you want to know more please check below or call 540-1746.

Yes, I want to know more about Travel Training.

Not now, but possibly at another time/later date.

No, thank you.

Section E: Signature

If you are a minor or have a legal guardian, your parent or legal guardian should complete Box B. Otherwise, please complete Box A. If someone assisted the Applicant in completing this application, please complete Box C.

A. I understand that the purpose of this application is to determine if I am eligible to use GMT paratransit services, and as part of the application process GMT reserves the right to require the applicant to submit to an in-person interview and functional evaluation to determine the applicant's eligibility. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of GMT Paratransit Services as well as a penalty under the law. I agree to notify GMT if I no longer need to use Paratransit Services.

X _____
Signature of Applicant Date

B. I understand that the purpose of this application is to determine if the Applicant is eligible to use GMT Paratransit Services. I certify that the information provided in this application is true and correct. I understand that falsification of information could result in a loss of GMT Paratransit Services as well as a penalty under the law. I agree to notify GMT if the Applicant no longer needs to use Paratransit Services.

Signature of Parent or Legal Guardian Date

C. If someone assisted the Applicant in completing this application, please provide the following information:

Name _____

Relationship to Applicant _____

Address _____

Agency (if applicable) _____

Daytime phone _____

Who should be contacted regarding additional questions on this application?

Name _____ Phone Number: _____

Please fill out page 1 of Part II and give it to your certified professional for them to complete and submit to GMT. Once GMT receives your completed application (both Parts I & II), you will be contacted to schedule an in-person evaluation.

Once your evaluation is complete, you will be notified of the eligibility determination by letter within 21 days.

For further detail, see the cover letter accompanying this application.