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PARATRANSIT ELIGIBILITY APPLICATION

Part II: Certified Health Care Professional Verification

To the Applicant: Section F must be completed by a Certified Health Care Professional for your application to be complete. Choose the professional who knows your abilities best as they relate to riding the bus. Ideally, you have seen them as a patient/client in the last 6 months.

Fill out this first page and give the packet to your Health Care Professional to complete. Your signature allows them to release this information to GMT, and if necessary, discuss your disability with GMT staff for the purpose of making an eligibility determination. This permission is valid for 90 days from the date of this application.

Applicant Name (printed)

Date of Birth

Applicant Signature

Date

You may also submit supporting documents from other care providers in addition to this form.

Examples of Appropriate Health Care Professionals:

- Certified Orientation and Mobility Specialist
- Occupational Therapist
- Physician
- Physician Assistant
- Physical Therapist
- Psychologist
- Clinical Mental Health Counselor
- Registered Nurse / Nurse Practitioner

Section F: Certified Professional Verification

This section must be completed by a certified health care professional whose credentials cover the area of the disability noted in this application.

Dear Health Care Professional: This individual is applying for the Green Mountain Transit (GMT) ADA Complementary Paratransit Service. To be considered eligible for ADA Paratransit Service riders must be unable, due to their disability or health condition, to use fixed route buses. ALL GMT's regular fixed route busses are accessible, equipped with a lift or ramp operated by the driver to help passengers board. Getting to or from buses must pose an unreasonable level of effort or risk, rather than simply being difficult or less convenient.

The information we request in this form will allow the GMT to make a timely evaluation of the applicant's request for paratransit, particularly in cases where the applicant's disability is not readily apparent (e.g. a cardiac or pulmonary condition, mental illness, joint disease etc.). This verification will also assist in determining the degree of cognitive capability. Thank you for your cooperation.

Please see last page for the Americans with Disabilities Act definition of a person with a disability that GMT uses for this determination.

Questions may be directed to: GMT ADA Compliance Coordinator
(802)540-0874

Applicant Name: _____ Male Female

1. How do you know this individual? _____
2. Date of your last exam/evaluation with this individual: ____ / ____ / ____
3. Length of time in treatment/under your care? _____
4. What is the applicant's specific disability or health condition/limitation and how does it limit his/her ability to travel independently?
(Please list the medical diagnosis and then describe the disability or health condition/limitation) Attach additional pages if necessary: _____

Date of onset? _____

5. Is this person's disability temporary? Yes No
If temporary how long is it expected to persist? _____

6. Is this person's disability seasonal? Yes No
Which season(s)? _____

7. What is the applicant's prognosis? _____

8. Will his/her ability to travel independently improve? Yes No
If YES, please explain: _____

9. Is the applicant taking any medications? Yes No
If yes, does the medication impair this person's ability to ambulate, or their cognition? Yes No
Please explain: _____

10. Can this individual board, ride, navigate, and complete transfers on an accessible bus? (Keep in mind all vehicles are accessible) Yes No
If NO, please explain: _____

11. Does this person require a Personal Attendant/PCA when traveling on GMT accessible vehicles? (*Riders must provide their own PCA*)
 Never Sometimes Always
If a PCA is needed, explain why: _____

12. Which of the following weather conditions prevent the person from independently getting to and/or from a bus stop due to their disability or health condition?
 Heat Cold Ice Snow Thunder/Lightning Rain
 Other _____ N/A
How? _____

13. Mobility aids this person uses:
 cane crutches walker
 manual wheelchair powered wheelchair powered scooter
 long white cane prosthesis service animal
 portable oxygen other (please specify) _____

14. If the applicant uses a mobility aid, can he/she independently maneuver onto/off of a mechanical lift or ramp? (The driver operates the lift or ramp. Lifts have handrails, and a securement system that the driver operates.)

Yes No

If NO, please explain. _____

15. Is this individual able to travel 6 blocks (3/4 mile) independently, using (if they have one) their mobility aid? Yes No

If NO, please indicate the FURTHEST this individual could travel (1 City Block = approx. 600 feet) and explain why: _____

16. If the person ambulates to a bus stop without riding a mobility aid, how long can the individual wait (not sitting) until the bus arrives?

30 minutes or longer 15 minutes 10 minutes
 less than 10 minutes If less than 10 minutes, why? _____

17. Can the individual independently (check all that apply)

- a. Recognize and select the correct bus
- b. Recognize and signal for his/her destination
- c. Disembark
- d. Make transfers
- e. Locate and reach his/her destination once he/she gets off the bus?
- f. Understand and/or process information
- g. Ask for and follow written or oral information, such as schedules including: 711 / TTY, audio tape, or voice?
- h. Figure out correct fare?
- i. Follow instructions in an emergency?
- j. Cross a busy intersection?
- k. Deal with unexpected situations or unexpected changes in routine?
- l. Give his/her address and telephone number upon request?
- m. Identify appropriate people to ask for help?
- n. Recognize and avoid dangerous situations?

If NO for any of the above, please explain: _____

18. Are any travel-related aspects of the individual's disability not addressed in the sections above?: _____

19. Are there any health conditions that would put the applicant at risk if they were to participate in an assessment, conducted by a licensed physical therapist, of their ability to ambulate (or travel using their mobility device) to and from a bus stop? Yes No If yes, please explain:

Your Name: _____ Title: _____

Certificate/Licensure: _____

Office Address: _____

Office Phone: _____ Office E-mail: _____ Fax: _____

Licensed Health Care Professional

Signature: _____ Date: _____

GMT shall make the determination of the applicants' eligibility

Questions may be directed to GMT ADA Compliance Coordinator
(802) 540-0874

Thank you for your cooperation.

Please forward to:

Fax: (802) 864-5564

Attn: GMT ADA Eligibility

15 Industrial Parkway, Burlington, VT 05401

*Please note any of the following will result in an **incomplete application being returned to you, causing a delay** in processing for the applicant:

-Illegible responses

-ANY questions that are left unanswered

-No signature on this page

-Incomplete explanation for any questions requiring it e.g: no distance listed for a "No" response in #15, no explanation for unmarked items in #17, or no explanation for a "Yes" response in #19

For purposes of determining ADA eligibility, GMT follows the ADA (Americans with Disabilities Act) definition of a person with a disability:

Any person with a disability who is unable, as a result of a physical or mental impairment to board, ride or disembark from an accessible vehicle 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 prevents them from traveling to and from a bus stop on the public bus system. Architectural and environmental barriers such as distance, terrain or weather do not alone form a basis for eligibility. However, consideration should be given to the interaction of environmental conditions (terrain and weather) with the individual's impairment related condition.