

Information Regarding Your Abilities

1. Briefly explain how your condition or disability prevents you from riding Schuyler County Transit's fixed route public transportation:

2. Is your disability temporary?

No. My disability is a permanent condition.

Yes. I expect my temporary disability to last for another ____ months.

3. Briefly explain why you need to use Dial-A-Ride transportation service instead of wheelchair accessible public transportation:

4. How many blocks are you usually able to travel with your mobility aid and without the assistance of another person?

_____ Blocks

5. Does the severity of your disability or condition change daily in ways that affect your ability to use Schuyler County Transit's fixed route public transportation?

No. The severity of my disability/condition does not significantly change daily.

Yes. My condition may be more severe and affect my ability to use the fixed route public transportation on some days. Please explain:

6. When combined with your disability or health condition, do extremely cold temperatures, wind, rain, snow, ice or heat **stop** you from using Schuyler County Transit's fixed route public transportation?

Yes No

If "Yes", please explain: *(Use additional sheet of paper if necessary)*

If "Yes", please respond to question 7 A and 7 B.

7. When the weather affects your ability to use Schuyler County Transit's fixed route public transportation, how far are you able to travel with your mobility aid and without the assistance of another person?

A. When extreme weather does **not** affect my disability or condition

(Please check one answer to complete this sentence)

- I am unable to leave my house
- I can travel to the curb in front of my house
- I can travel one block
- I can travel two blocks
- I can travel four blocks (about ¼ mile)
- I can travel six blocks or more (at least ½ mile)

B. When extreme weather does **not affect** my disability or condition

(Please check one answer to complete this sentence)

- I am unable to leave my house
- I can travel to the curb in front of my house
- I can travel one block
- I can travel two blocks
- I can travel four blocks (about ¼ mile)
- I can travel six blocks or more (at least ½ mile)

8. Do you need to travel with a person who assists you (e.g. Personal Care Attendant)?

Always Sometimes Never

If “Always” or “Sometimes”, what type of assistance does this person provide?

9. Which of the following mobility aids or equipment do you use?

(Check all that apply)

- Cane Crutches Walker
 Prosthesis Braces Manual Wheelchair
 Powered Wheelchair Powered Scooter
 Service Animal (please specify) _____
 Other (please specify) _____
 I do not use mobility aids or equipment

10. How many blocks is your home from the nearest Schuyler County Transit bus stop? (A block is about 500 feet long)

_____ Blocks

11. Does your disability **stop** you from traveling to the nearest bus stop?

- Yes No Sometimes

If you answered “Yes” or “Sometimes”, please explain:

12. How far are you able to travel without assistance from another person?

(Can be with the assistance of your mobility device)

- Less than 200 feet ½ mile (6 blocks)
 500 feet (1 block) ¾ mile (9 blocks)
 ¼ mile (3 blocks) more than ¾ mile

13. If you use a wheelchair or powered scooter, are you able to transfer to a seat with or without assistance?

- Yes No

14. Are you able to wait 15-20 minutes at a bus stop?

- Yes No

15. Which of the following limits your ability to use Schuyler County Transit's fixed route public transportation?

- Physical disability
- Visual impairment/blindness
- Developmental Disability
- Mental illness
- Other (please specify) _____

16. If you use a mobility device such as a wheelchair or powered scooter, are you able to get on or off a public transportation bus with the assistance of a wheelchair lift?

- Yes
 - No
- If "No", please explain: _____

17. How are your transportation needs currently being met? (Check all that apply)

- Walking
- Personal transportation (e.g. personal vehicle)
- Public transportation
- Friend/Relative
- Agency sponsored rides (please specify): _____
- Paratransit (please specify): _____
- Ambulance (please specify): _____
- Other (please specify): _____

18. Is there some form of assistance that would enable you to ride Schuyler County Transit's fixed route public transportation?

- Yes
 - Better understanding of fixed route public transportation
 - Being travel trained to transport to work or school (Travel training can include system orientation, specific destination training, handling travel emergencies such as use of a public phone, detours, missing stops, etc., demonstrating awareness of personal safety, and 100% proficiency in street crossing.)
 - Wheelchair lift on the bus
 - Available communication aid (stop assistance aid, hailing card, etc.)
 - Learning to travel with crowds, noises, and traffic
 - I would ride fixed route public transportation if there were accessible routes where I need to travel
 - Other (please specify): _____

No (Please explain):

19. If you are unable to travel to the bus stop closest to your home, please check all that apply.

- I do not know the location of the bus stop closest to my home
- I do not want to ride the buses
- I am unable to travel the distance to the bus stop closest to my home
- Barriers like sidewalks, curbs and steps stop me
- I cannot travel to the bus stop closest to my home in poor weather
- I can travel to the bus stop closest to my home when the weather does not affect my disability or condition
- I possibly could travel to the bus stop closest to my home with training
- Other (*please specify*) _____

20. Schuyler County Transit offers free travel training on how to use the fixed route public transportation system. Are you interested in learning more about this free travel training?

- Yes No

21. Please list your most frequent trips and how you currently travel to these destinations:

A. Origin: _____
Destination: _____ How often? _____
Destination Address: _____
City: _____
I currently travel to this destination by:

B. Origin: _____
Destination: _____ How often? _____
Destination Address: _____
City: _____
I currently travel to this destination by:

C. Origin: _____
Destination: _____ How often? _____
Destination Address: _____
City: _____
I currently travel to this destination by:

22. How would you describe the terrain where you live? (e.g. steep hill, long gradual hill, flat, etc.)

23. Do you need assistance traveling to and from your home door?

Yes No

24. If a travel trainer was to assess your skills to travel independently and found you to be eligible, would you be interested in learning to travel to and from your specific destination? If “Yes”, you may still use paratransit to travel to destinations for which you are not travel trained.

Yes No

25. Due to my disability, I need (check all that apply):

- A seat at the front of the bus
- The bus stops announced prior to stopping
- The bus to remain stopped until I am seated
- All restraints to be in working order
- All restraints to be secure
- The wheelchair lift to be functional
- Other (please specify):

26. Do you reside outside Schuyler County Transit’s public transportation fixed route (outside the villages of Burdett, Montour Falls, Odessa, and Watkins Glen) and receive assistance for medical transportation?

Yes No

If “Yes”, from which agency? _____

I understand that the purpose of this form is to determine if I am eligible for ADA paratransit service and that Schuyler County Transit or its contracted agents may need to talk to me or to see me for more information. I understand that I must be truthful in answering the questions on this form and at any in-person assessment. Giving false information is against the law and may result in the loss of my paratransit service, and/or criminal penalties. I agree to notify Schuyler County Transit if I no longer need to use the paratransit service.

I hereby certify that the information given in this application is true to the best of my knowledge. I understand if Schuyler County Transit or its authorized agents receive new information regarding a change in my functional mobility, my eligibility status may be reviewed and changed. I understand that Schuyler County Transit or its authorized agents will notify me in writing of any change in my eligibility status and that I may appeal such decision within sixty (60) days of notification.

_____/_____/_____
(Applicant's Signature) (Date)

(If applicant is unable to sign, Power of Attorney may sign for applicant. Please enclose copy of POA. If applicant is under age 18, parent or guardian may sign for applicant. To establish your eligibility, it may be necessary to have you consult with our health professional. You will be contacted if this is needed.

Should future correspondence be sent to the applicant, or to someone else?

_____ Yes, send it to the applicant

_____ No, send it to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signed _____ Date ____/____/____

It may also be necessary to contact your own health care or rehabilitation professional. These may include a physician, physical therapist, occupational therapist, social worker, vocational counselor, or agency representative.

Please complete and sign the following authorization.

I authorize the ADA Transit Office of Schuyler County Transit to contact the health care or rehabilitation professional listed below to obtain information regarding my disability and its affect on my ability to travel or be mobile without assistance.

Name of Health Care Professional _____
Street Address _____
City/Town _____ State _____ Zip _____
Telephone Number (____) _____

Name of Health Care Professional _____
Street Address _____
City/Town _____ State _____ Zip _____
Telephone Number (____) _____

Name of Health Care Professional _____
Street Address _____
City/Town _____ State _____ Zip _____
Telephone Number (____) _____

_____/____/____
(Applicant's Signature) (Date)

_____/____/____
(Guardian's Name and Signature, if applicable) (Date)



Riding Mobility Aid/Wheelchair Dimension & Weight

Section 37.165 (b) of the USDOT regulations requires transit providers to transport all “common wheelchairs”. A common wheelchair is defined as a three or four wheeled mobility device that when occupied, does not exceed 600 pounds or 30 inches in width by 48 inches in length, measured two inches above the ground. Wheelchairs which exceed these dimensions and weight do not have to be transported.

Applicant’s Name: _____

Riding Mobility Device

In order to better serve your mobility needs, please provide the following information for your mobility device:

Make: _____ Model: _____

Weight when occupied: _____ lbs.

Width: _____ Inches Length: _____ Inches

Ground Clearance: _____ Inches

I understand that if I change mobility devices I must notify Schuyler County Transit of the change in order to better serve my needs.

A copy of this page will be returned to you.

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OFFICE USE ONLY

ADA APPLICATION _____ APPROVAL OF ELIGIBILITY DATE: _____

Route Deviation Approved: _____ Dial-a-Ride Approved: _____
(Medical appointments only)

Unconditionally Approved: _____ Conditionally Approved: _____

Conditions (If conditionally Approved):

Temporarily Approved: _____ Expiration of Temporary Approval: _____

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Notes: