

P A R A T R A N S I T

** NEW APPLICATION  RENEWAL**

Please type or print clearly. Incomplete applications or illegible applications will be returned.

NOTICE: To be considered eligible for RMTD Paratransit services, applicants MUST meet the minimum criteria according to the American’s with Disabilities Act (ADA) of 1990. Paratransit service compliments the same area and hours of the Rockford city bus system.

**CERTIFICATION OF ELIGIBILITY**

**FOR ADA PARATRANSIT SERVICE**

**Title: Mr. Ms. Miss. Mrs.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_ State: Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: Home: \_\_ \_\_\_\_\_\_\_ Cell: \_\_\_\_ Bus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_ Age: Sex: [ ] Male [ ] Female**

**Primary Language:  English** ** Spanish  Sign  Other**

**520 Mulberry St., Rockford IL 61101-1016 Phone 815-961-2255 Fax 815-961-0073 rmtd.org**

1. Do you have a disability that significantly impact your ability to independently board, ride or disembark the Rockford Mass Transit District’s fixed route buses?

 **Yes (If checked, mark the general condition)**

**** Physical  Behavioral

Developmental  Other (Please explain)

 Visual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hearing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **No**

2) Is this disability temporary?  Yes  No  Unknown

If yes or unknown, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Which of these mobility aids or equipment do you use? (Check all

that apply)

 None  Cane  Walker

 Manual Wheelchair  Leg Braces  White Cane

 Powered Wheelchair  Knee Scooter  Alphabet Board

 Mobility Scooter  Crutches  Picture Board

 Service Animal  Portable Oxygen

4) Are there any external/environmental conditions (such as extreme hot)

or cold) which limit your ability to use fixed route service?

 Yes  No

5) Please mark ALL disabilities that significantly affect your ability to ride

the fixed route bus:

 AIDS/HIV  Cystic Fibrosis  Paraplegia

 Alzheimer’s Disease  Dementia  Parkinson’s Disease

 Amputation (Specify):  Depression  Peripheral Vascular

Disease

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Diabetes (severe)  Quadriplegic

 Anxiety/Panic Attacks  Discoid Lupus  Retinopathy

 Arteriosclerosis  Emphysema Schizophrenia/

Schizoaffective

 Arthritis  Epilepsy (Severe)  Spina Bifida

 Asthma  Heart Attack  Stroke/Cerebral

Trauma

 Autism Spectrum  Traumatic Head  Systemic Lupus

Injury Erythematosus

 Cancer (Specify)  Kidney Disease/ Thrombosis (Chronic)

Dialysis

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Legally Blind  Totally Blind

 Cataracts  Macular  Other (Specify)

Degeneration \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cerebral Palsy  Intellectually \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Congestive Heart  Multiple Sclerosis

Failure Disabled

 Chronic Obstructive/  Muscular Dystrophy

Pulmonary Disease (COPD)

Please describe how disability(s) marked significantly affects your ability to ride the fixed route bus.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6) Do you require a Personal Care Attendant (PCA) when you travel?

 Yes  No  Sometimes

7) What best describes your current living situation?

 Live in a 24-hour care or skilled nursing facility

 Live in assisted living facility

 Receive assistance from someone that comes to my home to help

with daily living activities

 Live with family members who help me

 Live independently, without the assistance of another

8) How do you currently travel to your frequent destinations? (Check

all that apply)

 I drive myself.  I take a taxi.

 A friend  Other (please specify):

 I take the bus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9) Could you ride the regular bus if there was a bus stop or bus route

near your home?

 Yes  No  Sometimes

If no or sometimes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10) How far is your residence from the nearest bus stop?

 Number of blocks \_\_\_\_  Number of miles \_\_\_\_  I don’t know

11) Have you ever used a fixed route bus?

 Yes, I typically use the fixed route bus

 Yes, I did but stopped because of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No

12) If you are able to get on and off a bus, can you get to a seat or

Wheelchair position by yourself and ride the bus?

Yes  No  Sometimes

If no or sometimes (check all that apply):

\_\_\_\_\_ I have balance problems

\_\_\_\_\_ I need a seat nearest the door

\_\_\_\_\_ I have trouble finding a seat

\_\_\_\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13) Can you transfer from one fixed route bus to another?

 Yes  No  Sometimes

If no or sometimes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14) If you are able to get on and off a fixed route bus, do you know where

get off or can you find out by yourself?

 Yes  No  Sometimes

If no or sometimes, please check all that apply:

\_\_\_\_\_ I get confused and cannot remember where I am going

\_\_\_\_\_ I can if the stops are called out

\_\_\_\_\_ I probably could with training

\_\_\_\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15) If you do not currently ride the RMTD fixed route bus, what might help you do so?

 A communication Aid

 Route and schedule information

 If someone would teach me how to travel on the bus

 If the bus stops were closer to where I lived and where I need to go

 Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 None of these would help me

16) Can you ask for and follow written/oral instructions?

 Yes  No  Sometimes

If no or sometime, please select all that apply:

\_\_\_\_\_ I probably could with instructions

\_\_\_\_\_ I get confused

\_\_\_\_\_ Other people cannot understand me

\_\_\_\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17) Are you able to get to and from the bus stops on your own?

 Yes  No Sometimes

If no or sometimes, please select all that apply:

\_\_\_\_\_ I feel unsafe traveling alone

\_\_\_\_\_ I probably could if someone showed me how

\_\_\_\_\_ I get confused and cannot find my way

\_\_\_\_\_ I cannot travel outside when it is too hot/cold

\_\_\_\_\_ I cannot cross busy streets and intersections

\_\_\_\_\_ I cannot get to places if there are no curb-cuts

\_\_\_\_\_ I cannot see well at day/night

\_\_\_\_\_ I do not want to take the bus

\_\_\_\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18) How far can you travel on your own **OR** using your mobility aid?

 I cannot get outside my residence

 I can get to the curb in front of my residence

 I can get up to \_\_\_\_\_ blocks or more

 I do not want to travel

19) Can you wait 10 minutes for a fixed route bus at a bus stop?

 Yes  No

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20) Select the obstacles you experience when traveling to the nearest

fixed route bus stop:

 Busy Street to cross  Distance

 Lack of curb cuts  No sidewalk/sidewalk conditions

 Construction Explain/specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Inclines \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No crosswalk light  Other, explain/specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Time of day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21) Do any of the listed conditions you described change from day to day

in a way that affects your ability to use public transportation?

Yes  No

If yes, please explain in detail how: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22) Have you ever had any training to learn how to use the fixed route

Buses?

\_\_\_\_\_ Yes, I have learned the following (check all that apply)

 General bus travel

 How to get on or off the bus

 To travel to and from bus stops

 How to read bus schedules

 How to communicate with the drivers

* I started but did not finish the training

 I received training but want more so that I can travel

 To ride on specific bus route

Please list routes(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ No but I would like training so that I can use fixed route buses

\_\_\_\_\_ I do not want to receive training

\_\_\_\_\_ I have not had training but I am already using the fixed route buses

23) If available do you want training or retraining to use fixed route buses?

\_\_\_\_\_ Yes, I want the following training (check all that apply):

 General travel information

 How to travel to and from bus stops

 Ho to read bus schedules

 How to communicate with drivers

 How to ask for help or say no when offered help

 How to ride on specific bus routes

Please list routes(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ No, I do not want to receive training

\_\_\_\_\_ No, I do not think I can travel on fixed route buses, even with

training.

\_\_\_\_\_ I trained myself but would like an update on training.

**Two (2) emergency contacts MUST BE listed. Your contact could be a**

**family member or friend.**

**Contact one (1)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact two (2)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARATRANSIT APPLICATION AGREEMENT**

By signing below, you authorize the release of any verification information

to RMTD Paratransit or its representatives needed to evaluate your eligibility to receive Paratransit services

Please be advised that RMTD Paratransit will use your statements to determine your eligibility for paratransit services as provided by law. The statements contained herein are material to RMTD Paratransit’s determination and RMTD Paratransit may act in reliance thereon.

Providing false information on this application to obtain, aid or facilitate another in obtaining paratransit service violates United States Code Title 18, punishable by fines or imprisonment.

**This form must be signed by the applicant or by the individual who has designated power of attorney, or is a legal guardian for the applicant. If the applicant is 18 years or older and you are signing as a power of attorney or legal guardian, you must include a copy of the authorizing document.**

 Applicant  Designated Power of Attorney  Legal Guardian

Print Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Who Completed Application, if Different than Above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

The person(s) listed below is familiar with my disability and is authorized to provide information to RMTD Paratransit, in order to determine my qualifications for origin to destination services.

The medical professional listed below specializes in:

\_\_\_\_\_\_ Medical \_\_\_\_\_\_ Vision \_\_\_\_\_\_ Hearing \_\_\_\_\_\_ Cognitive/behavioral

Name of Professional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The medical professional listed below specializes in:

\_\_\_\_\_\_\_ Medical \_\_\_\_\_\_ Vision \_\_\_\_\_\_ Hearing \_\_\_\_\_\_ Cognitive/behavioral

Name of Professional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*NOTE: Application signature or Parent/Legal Guardian signature is REQUIRED for application processing.**