



ELIGIBILITY APPLICATION

Dear Customer:

Thank you for inquiring about the Wave Transit ADA Paratransit program. Enclosed is a copy of an application of eligibility. Please read all of the enclosed materials carefully before completing the application.

The Americans with Disabilities Act (ADA) of 1990, requires public transit agencies to provide paratransit service to people with disabilities who cannot access the public transit system due to their disability. This might include being unable to travel to or from bus stops, being unable to board or exit buses, or being unable to understand how to ride the bus system.

Relating to Transit, the ADA identifies disabilities in three (3) categories:

- A. Any individual with a disability who is unable to ride on a fixed route bus independently due to mental impairment; including developmental disabilities.
- B. Any individual with a disability who can only ride a bus if it is accessible, such as with a lift or ramp.
- C. Any individual with a disability who cannot travel to or from a fixed route bus stop.

The information obtained from this application will be used by Wave to assist in determining eligibility for service. Completing this application does not guarantee eligibility. The disability must impact the ability to board, ride, and exit a fixed route bus.

After completing the application, please have a licensed health care or rehabilitation professional complete and sign the last two pages. **If any sections of this application are left blank, the application will be returned.** The information provided in this application is confidential.

Mail the completed application form to:

Wave Transit
Attn: ADA Certification Program
P.O. Box 12630
Wilmington, NC 28405-0130



Applicant Information

To be completed by applicant

Please print or type clearly

Title: Mr. Mrs. Ms.

Name _____

Home Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Apt# _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Date of Birth: _____ / _____ / _____ Are you eligible for Medicaid benefits? [] Yes [] No

If this application has been completed by someone other than the applicant requesting certification, that person must complete the following:

Name _____

Home Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Signature _____ Date: _____

Emergency Contacts: Please list the names of two people; these people may included support professionals, agencies or others familiar with your disability.

Name: _____ Work# _____ Home# _____

Address: _____

Relationship: _____

Name: _____ Work# _____ Home# _____

Address: _____

Relationship: _____

1. Do you have a visual impairment? Yes No Sometimes

If Yes or Sometimes, Please explain: _____

2. If visually impaired, developmentally disabled, neurologically impaired, or mentally challenged, have you received training to use the fixed-route buses? Yes No N/A

If No, would you be interested in receiving training on how to ride the buses? Yes No

3. Does the extent of your disability change after receiving medical treatment?

Yes No Sometimes

If Yes or Sometimes, please explain: _____

4. Are you able to get to and from the nearest public transit stop? Yes No

Sometimes

If No or Sometimes, please explain: _____

5. Do you use any mobility aids? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Power Scooter (3-wheeled) | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Other _____ | |

6. If you use a wheelchair or scooter, how wide it? _____ inches

How heavy is it when occupied? _____ pounds.

7. Are you able to wait 15 minutes at a public bus stop with your mobility device?

Yes No Sometimes, If no or sometimes, please explain: _____

8. Do you require an attendant (personal care, sighted guide) to travel with you? An attendant may assist you with any personal or travel needs, such as crossing the street, navigating stairs, etc. Yes No Sometimes

If yes or sometimes, please explain the type of assistance this person provides: _____

9. Do you travel with children under the age of ten? Yes No

10. Are there any other comments or additional information relating to your disability that you would like to explain?

Release of Information

I, the applicant, understand that the purpose of this application is to determine my eligibility to use the Wave Paratransit service, I also agree to release the information requested to Wave Transit and any eligibility review panel, and understand that the information contained herein will be treated confidentially. I understand further that Wave Transit reserves the right to request additional information at its discretion. I agree to notify Wave Transit of any changes in the status of my disability that affect my ability to use the Para-Transit service. I also understand that this may affect my eligibility as a rider.

I hereby certify that I am the individual requesting certification for the Wave Paratransit service and that the above information is correct and true:

Printed Name of Applicant: _____

Signature: _____ Date: _____

Printed Name of Preparer: _____

If preparer represents an agency, please print the agency name here:

_____ Phone: _____

Signature of Parent or Legal Guardian: _____ Date: _____

To be completed by licensed health care professional

Please print or type clearly

1. What is the medical diagnosis of the condition causing the disability?

2. Explain how the disability prevents the applicant from independently riding a fixed route bus: _____

3. Are the conditions described: Permanent Temporary

If temporary, what is the expected duration? _____ (specify date)

4. Is the applicant able to locate fixed route bus stops, destinations, locations and/or cross streets independently? Yes No Sometimes

If No or Sometimes, please explain: _____

5. Is the applicant able to wait outside without assistance and support for ten (10) minutes?

Yes No Sometimes If No or Sometimes, please explain: _____

6. Is the applicant able to wait longer than fifteen (15) minutes? Yes No Sometimes

If so, how long: _____ minutes

7. How far is the applicant able to walk (or to ambulate using a mobility aid such as a wheelchair) without stopping to rest for a sustained period, and without assistance from another person?

Applicant has no useful independent mobility

About 200 feet (About 40 average paces)

About two city blocks (About 160 average paces)

About four city blocks (About 320 average paces)

Up to ¾ mile (About 800 average paces)

8. Is the applicant able to travel on flat surfaces in good weather?

Yes No Sometimes

If No or Sometimes, please explain: _____

9. Is the applicant able to travel on slight inclines in good weather?

Yes No Sometimes If No or Sometimes, please explain: _____

10. Is the applicant able to get on and off of the bus without assistance?
 Yes No Sometimes If No or Sometimes, please explain _____

11. Can the applicant safely and independently walk up and down three 12 inch steps?
 Yes No Sometimes, If No or Sometimes please explain: _____

12. Is the applicant able to grasp handles or railings, coins, tickets while boarding or exiting the bus?
 Yes No Sometimes, If No or Sometimes, please explain: _____

13. Can the applicant board or exit a bus that has a lift or kneeler that lowers the front of the bus?
 Yes No Sometimes, If No or Sometimes, please explain: _____

14. If the applicant has a mental impairment or cognitive disability, can he or she:

- | | | |
|---|------------------------------|-----------------------------|
| Give addresses and telephone numbers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recognize a destination or landmark? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Deal with unexpected situations or changes in routine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ask for, understand and follow directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safely and effectively travel through crowded facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

15. Please provide any additional information that may help determine the applicant's eligibility. _____

To the best of my knowledge, the previous information is correct, based upon my examination of the applicant and/or my review of official files.

Name and Title (please print) _____

Area of Specialization: _____

Professional License# _____ Issued by _____

Office Address _____

City _____ State _____ Zip _____

Office Telephone: _____

Signature: _____

Thank you for your assistance