



ELIGIBILITY APPLICATION

Dear Customer:

Thank you for inquiring about the Wave Transit ADA Para-Transit 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

PLEASE KEEP THIS PAGE FOR YOUR RECORDS



Cape Fear Public Transportation Authority

P.O. Box 12630 • Wilmington, NC 28405 • (910) 343-0106 • (910) 343-8317 fax • wavetransit.com

Applicant Information

To be completed by applicant:

Please print or type clearly

Title: Mr. Mrs. Miss 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

Primary Language: Please Check: English Other (specify) _____

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 include support professionals, agencies or others familiar with your disability.

Name: _____ Work# _____ Home# _____

Address: _____

Relationship: _____

Name: _____ Work# _____ Home# _____

Address: _____

Relationship: _____



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1. Do you have a visual impairment? Yes No Sometimes
If Yes or Sometimes, Please explain: _____

2. Are you able to get to and from the nearest public transit stop? Yes No Sometimes
If No or Sometimes, please explain: _____

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

<input type="checkbox"/> I do not use mobility aids	<input type="checkbox"/> Crutches	<input type="checkbox"/> Leg Braces
<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Other _____
<input type="checkbox"/> Electric Wheelchair	<input type="checkbox"/> Prosthesis	
<input type="checkbox"/> Walker	<input type="checkbox"/> Cane	
<input type="checkbox"/> Power Scooter (3-wheeled)	<input type="checkbox"/> Portable Oxygen Tank	

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

How heavy is it when occupied? _____ pounds.

5. How many city blocks can you travel with your usual mobility aid and/or with the help of another person?

6. How do you currently travel to your frequent destinations?
(Check all that apply)

<input type="checkbox"/> Buses	<input type="checkbox"/> Para-Transit
<input type="checkbox"/> Taxi	<input type="checkbox"/> Drive myself
<input type="checkbox"/> Other _____	

7. Please check the box that best describes your current living situation:
 24 hour care or Skill Nursing Facility
 Assisted Living Facility
 I receive assistance from someone that comes to my home to help with daily living activities
 I live with family members who help me
 I live independently (without assistance of another person)

8. Which of the following best describes you if you had to wait outside for a ride? (Check only one response)
 I could wait by myself for ten to fifteen minutes
 I could wait by myself for ten to fifteen minutes only if I had a seat and shelter
 I need someone to wait with me because



9. Do you travel with the assistance of another person?

- Always
- Sometimes
- Never

If "Always" or "Sometimes", please explain the type of assistance this person provides

10. Which of the following statements best describes you? (Check only one response):

- I have never used regular public transit
- I have used regular public transit but not since the onset of my disability
- I have used regular public transit within the last six months

11. Please check the type of service in which you are requesting. (Check only one)

- Para-Transit Van Service
- Blind Voucher

Release of Information

I, the applicant, understand that the purpose of this application is to determine my eligibility to use the Wave Para-Transit 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 Para-Transit 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 a registered health care professional

PLEASE PRINT OR TYPE CLEARLY

1. Which disability or health related condition prevents the patient from using public transit?

2. Explain how the condition prevents the applicant from using public transit : _____

3. Are the conditions described: Permanent Temporary
If temporary, what is the expected duration? _____(specify date)

4. Would the applicant be able to maintain balance and tolerate movement of a public transit vehicle when seated? Yes No Sometimes
If No or Sometimes, please explain: _____

5. Is the applicant able to travel on flat surfaces in good weather?
Yes No Sometimes
If No or Sometimes, please explain: _____

6. Is the applicant able to travel on slight inclines in good weather?
 Yes No Sometimes If No or Sometimes, please explain: _____

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

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

9. Would the applicant be able to board or exit a public transit bus if the vehicle has a lift, a ramp, or a kneeler that lowers the front of the bus? Yes No Sometimes,
If No or Sometimes, please explain: _____



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

- Give addresses and telephone numbers? Yes No
- Recognize a destination or landmark? Yes No
- Deal with unexpected situations or changes in routine? Yes No
- Ask for, understand and follow directions? Yes No
- Safely and effectively travel through crowded facilities? Yes No

11. Please provide any additional information that may help WAVE 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