

ROCKFORD *ParaTransit*

Thomas P. McNamara
Mayor

NEW APPLICATION

RENEWAL

Herbert L. Johnson
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Executive Director

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

Mission Statement

The Rockford Mass Transit District is dedicated to providing safe, efficient, affordable, dependable and accessible transportation to the residents of Rockford and the surrounding area.

NOTICE: To be considered eligible for 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 Mass Transit fixed route bus system.

CERTIFICATION OF ELIGIBILITY FOR ADA PARATRANSIT SERVICES

www.RMTD.org

Title: Mr. Ms. Miss. Mrs.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Cell): _____ (Other): _____

Date of Birth: _____ Age: _____ Male Female

Primary Language: English Spanish ASL Other: _____

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 busses?

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 weather) which limit your ability to use fixed route service?

Yes

No

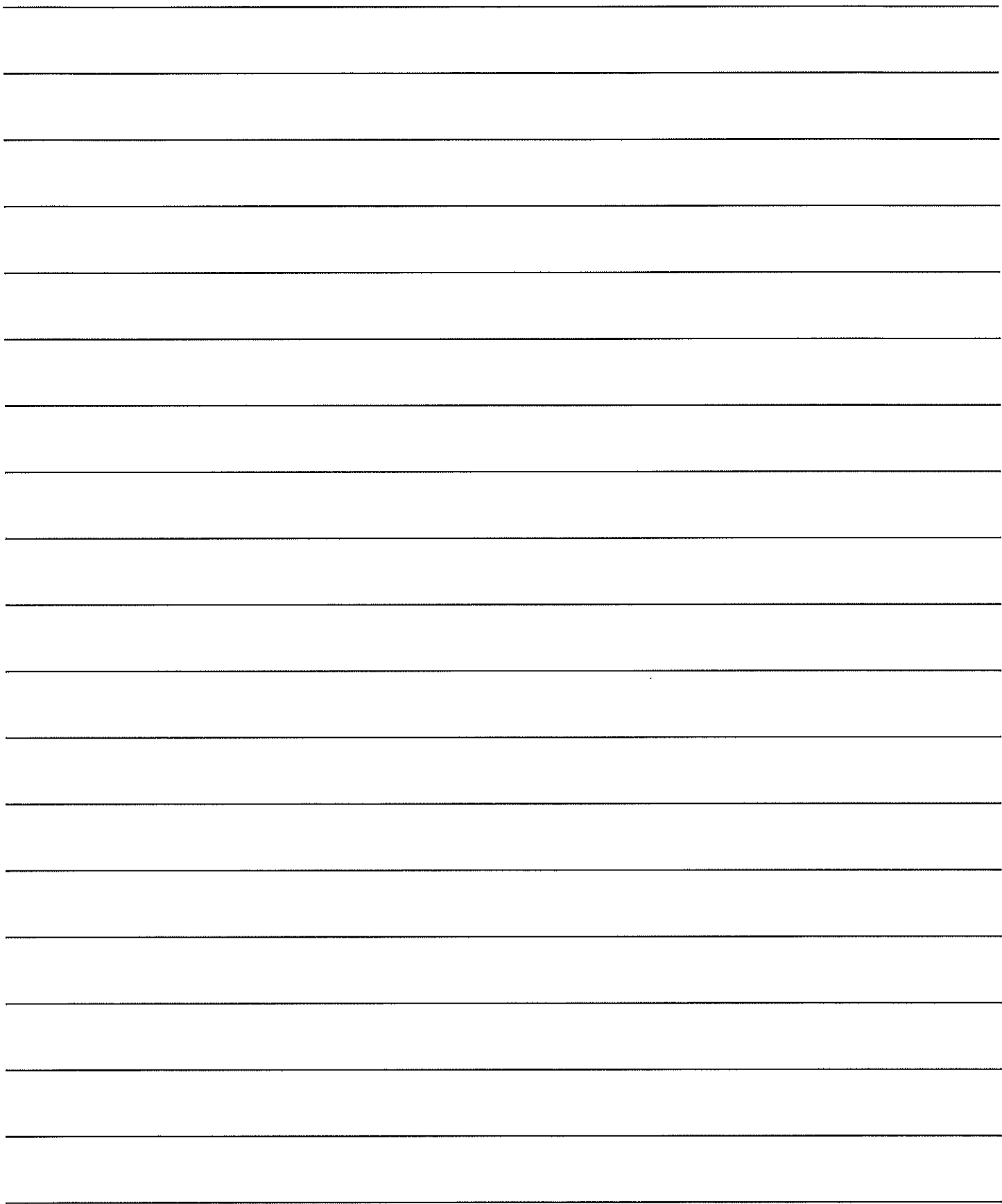
If yes, explain: _____

5) Please mark ALL the disabilities that significantly affect your ability to ride the fixed route bus:

- | | | |
|---|--|---|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Dementia | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Amputation (specify):
_____ | <input type="checkbox"/> Depression | <input type="checkbox"/> Peripheral Vascular Disease |
| <input type="checkbox"/> Anxiety/Panic Attacks | <input type="checkbox"/> Diabetes (severe) | <input type="checkbox"/> Quadriplegic |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Discoid Lupus | <input type="checkbox"/> Retinopathy |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Schizophrenia/
Schizoaffective |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy (severe) | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Stroke/Cerebral Trauma |
| <input type="checkbox"/> Cancer (specify):
_____ | <input type="checkbox"/> Traumatic Head Injury | <input type="checkbox"/> Systemic Lupus Erythematosus |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Kidney Disease/
Dialysis | <input type="checkbox"/> Thrombosis (Chronic) |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Legally Blind | <input type="checkbox"/> Totally Blind |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Other (Specify):

_____ |
| <input type="checkbox"/> Chronic Obstructive/
Pulmonary Disease (COPD) | <input type="checkbox"/> Intellectually Disabled | |
| | <input type="checkbox"/> Multiple Sclerosis | |
| | <input type="checkbox"/> Muscular Dystrophy | |

The following page is to be used to describe, in detail, how each disability that has been marked significantly affects your ability to ride the fixed route bus. Please be thorough and specific.



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

- Yes No Sometimes

7) What best describes your current living situation?

- 24 hour care or skilled nursing facility
- Assisted living facility
- I received 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 the assistance of another person

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

- I drive myself
- I take a taxi
- A friend or family member drives me
- 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 _____

OR

Number of miles _____

OR

I don't know

11) Have you ever used a fixed route bus?

Yes, I typically use the fixed route bus _____ times a week

Yes I did but stopped on _____ 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 to 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 a 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

(Question continued on next page)

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 sometimes, please select all that apply:

_____ I probably could with instruction

_____ 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

(Question continued on next page)

_____ 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 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 3 blocks
- I can get up to 6 blocks
- I can get up to 9 blocks or more
- I do not want to travel

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

(Question continued on next page)

Yes

Yes, but I don't want to wait that long

No

If no, please explain: _____

20) Select the obstacles you experience when traveling to the nearest fixed route bus stop:

- | | |
|---|--|
| <input type="checkbox"/> Busy street to cross | <input type="checkbox"/> Distance |
| <input type="checkbox"/> Lack of curb cuts | <input type="checkbox"/> No sidewalk/sidewalk conditions |
| <input type="checkbox"/> Construction | Explain/specify: _____ |
| <input type="checkbox"/> Inclines | _____ |
| <input type="checkbox"/> No crosswalk light | <input type="checkbox"/> Other, explain/specify: _____ |
| <input type="checkbox"/> 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 busses?

_____ 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 route(s): _____

_____ No but I would like training so that I can use fixed route busses

_____ I do not want to receive training

_____ I have not had any training but I am already using the fixed route busses

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

_____ Yes, I want the following training if available (check all that apply):

- General travel information
- How to travel to and from bus stops

(Question continued on next page)

- How 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 route(s): _____

_____ No, I do not want to receive training

_____ No, I do not think I can travel on fixed route busses, 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: _____

ROCKFORD PARATRANSIT APPLICANT AGREEMENT

By signing below, you authorize the release of any verification information to Rockford Paratransit or its representatives needed to evaluate your eligibility to receive Paratransit services

Please be advised that Rockford Paratransit will use your statements to determine your eligibility for paratransit services as provided by law. The statements contained herein are material to Rockford Paratransit's determination and Rockford 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 less than 18 years of age, a parent or legal guardian must sign this form. 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 Rockford 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 _____ State _____ Zip _____

Telephone Number _____

The medical professional listed below specializes in:

_____ Medical _____ Vision _____ Hearing _____ Cognitive/behavioral

Name of Professional _____

Agency/Clinic _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Applicant's Name (Print) _____

Applicant's Signature _____ Date _____

Parent/Legal Guardian's Name (Print) _____

Parent/Legal Guardian's Signature _____ Date _____

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