



FLINT HILLS AREA
TRANSPORTATION
AGENCY
5815 Marlatt Av
MANHATTAN, KS 66503
785-537-6345 FAX: 785-537-6327
flinthillsatabus.com

ADA PARATRANSIT ELIGIBILITY
APPLICATION PART A
Personal/Contact Information

The Flint Hills aTa Bus provides origin to destination Para-transit service to individuals who cannot use the regular Flint Hills aTa Bus Fixed Route service to make their trips. To be eligible for this service, the functional limitations of an individual's disability must prevent regular use of Flint Hills aTa Bus Fixed Route service. Architectural and environmental barriers such as distance, terrain or weather do not, standing alone, form a basis for eligibility. However, consideration may be given to the interaction of environmental conditions (terrain and weather) with the individual's impairment related condition. **Disability alone does not automatically qualify an individual for origin to destination bus service.**

To become eligible for service, applicants along with a qualified professional such as: physician (M.D. or D.O.), registered nurse, physical or occupational therapist, psychiatrist, psychologist, mental health counselor, vocational counselor, rehabilitation specialist, independent living skills trainer, or ophthalmologist must complete and submit PART A and PART B for review within 21 days of the day the applicant first rode the origins to destinations service.

Applicants will also need to complete an Authorization Form for Disclosure of Protected Health Information attached to Part B that will be submitted by the qualified professional.
Please Type or Print in Ink to complete application forms.

Last Name _____ First Name _____ MI _____
Address _____ Apt. No. _____
_____ City/Town ___ State ___ Zip _____
Home Phone : (_____) TTD/TTY (_____) _____
Work Phone: (_____) _____ Cell Phone (_____) _____
DOB ___ / ___ / ___ E-Mail address: _____

Please notify the Flint Hills aTa Bus office of any change in address, phone number(s), emergency contact, medical condition or special assistance needs.

Do you require information in an alternative format?

Large Print Electronic Format Other _____

Flint Hills aTa Bus offers free travel training services for anyone who needs assistance learning to use regular fixed route buses and/or planning a trip on the bus. A travel trainer works with you either one-on-one or in a group to teach you how to use the fixed route services.

Are you interested in receiving travel training services to learn how to ride the fixed route service?

Yes No

Emergency Contact Information:

Name _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If someone is helping you with this application, that person **must** complete the following:

Name _____

Address _____

Home Phone (_____) _____

Work Phone (____) _____

Do you have a disability or health condition that prevents you from using fixed route buses?

No, I am applying based **only on my age. (60 Years of Age or Older) You must sign page 5 of Part A and attach proof of your age.** (Valid ID or Birth Certificate) Return this form to the address listed above. ****Stop Here**

Yes, I am applying to the ADA Paratransit service. **You must complete the entire application.**

INFORMATION ABOUT YOUR ABILITIES

1. Do you have a disability or health condition that **prevents** you from using the fixed route aTa Bus service? Yes No

a) How does your disability prevent you from independently using the regular fixed routes service? Please be specific (Must be completed)

b) a. Is your disability permanent? Yes No

c) b. If your disability is temporary, how long do you think it will be until you're better? #_months

d) Is there a season during the year that your disability/health condition worsens and prevents you from traveling without help? (**Check all that apply**)

Spring Summer Fall Winter

2. Do you use any of the following mobility aids? **Check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Walker | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Other (please list) _____ |

3. Do changes in weather (like extreme heat, cold, wind, rain, snow and/or ice) combined with your disability or health condition **stop** you from using the aTa Bus fixed-route service? Yes No

If yes, explain completely. Use an additional sheet if necessary.

4. Do you require the assistance of a personal care attendant (PCA) when you travel? (**Riders must provide their own PCA**)

Yes No Sometimes

5. All Flint Hills Area Transportation Agency vehicles have wheelchair lifts (if you are unable to climb stairs, you can stand on the lift). Would you be able to get onto and off of a regular bus **without the help of another person?** (The driver operates the lift and helps with the securement system. Lifts have handrails.)

Yes No Sometimes

If you answered **No or sometimes**, explain why:

6. Does your disability or health condition **stop** you from getting to or from an aTa Bus Fixed Route Bus Stop without help from another person, for one of the following reasons?
(Check all that apply.)

- Unable (not just difficult) to travel on rough or hilly terrain
- Extreme sensitivity to certain weather conditions
- Extreme fatigue due to health condition
- Unable to cross busy intersections
- Lack of sidewalks and curb cuts at aTa Bus bus stop
- Unable to locate aTa Bus bus stop due to a visual impairment
- Unable to wait outside for ten (10) minutes
- Unable to travel on ice or snow covered surfaces
- Unable to identify correct aTa Bus in the daytime when it is light
- Unable to identify correct aTa Bus in early morning or evening hours when it is dark

- Other (*please explain*): _____

7. How many blocks is your home to the nearest aTa Bus Fixed Route bus stop? _____
(A city block is approximately 500 feet long)
8. Indicate below how far you are able to travel **without** help.
__ Less than 200 hundred feet __ $\frac{1}{4}$ mile (3 blocks)
__ $\frac{1}{2}$ mile (6 blocks) _____ $\frac{3}{4}$ mile (9 blocks) __ more than $\frac{3}{4}$ of a mile
9. After arriving at an aTa Bus Fixed Route bus stop, how long can you wait outside (**not sitting**) until an aTa Bus Fixed Route bus arrives?
__ 30 minutes or longer _____ 15 minutes _ 10 minutes _
__ Less than 10 minutes If you cannot stand while waiting, *explain why:* _____

10. Are you **able** to perform the following functions without assistance from another person:
(check all that apply)

Understand and/or process information

Ask for or follow written or oral
information, such as schedules
including TDD, audio tape or voice?

Figure out the correct fare?

Follow instructions in an emergency?

Recognize your destination while on the an aTa Bus Fixed
Route bus?

Once you get off the aTa Bus can you locate and reach your
destination?

Cross a busy intersection?

Find your way between familiar locations?

Signal the bus driver to get off the bus at a familiar aTa
Bus bus stop and then get off the bus? *Assume the
driver calls out all aTa Bus Fixed Route bus stops.*

Grasp coins, passes, and handles?

Communicate addresses, destinations, and telephone numbers
on request?

Deal with unexpected situations or unexpected changes
in routine e.g., fixed routes changed due to road
construction, regular fixed route bus stop closed?

Go up and down steps?

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that the purpose of completing PART A is the first step to determine if I am eligible for the **aTa Bus ADA Complementary Paratransit Service due to disability** or if I can and should use the aTa Bus Fixed Route bus service.

Furthermore, I agree to have a **qualified professional** conduct an independent professional assessment of my eligibility by completing PART B of the application process. I understand that failure to participate in this assessment will result in a denial of eligibility for the Flint Hills Area Transportation Agency Paratransit service.

I understand that Part A, Part B, and the Authorization Form for Disclosure of Protected Health Information attached to Part B must be submitted to complete the application review. In addition, I authorize the qualified healthcare professional completing Part B on my behalf to release this information to the Flint Hills Area Transportation Agency for their review as well as any supporting or other pertinent information about my health or medical condition to assist Flint Hills Area Transportation Agency staff in determining eligibility for complementary para-transit service. I understand that upon receipt of Part A submitted by me or a representative on my behalf, and Part B by a qualified professional conducting the independent professional assessment will begin the 21 calendar day application review period by the Flint Hills Area Transportation Agency.

Furthermore, I understand that the Flint Hills Area Transportation Agency may need to contact me or a representative on my behalf regarding my application as well as possibly the qualified professional completing Part B to obtain more information.

I certify by my signature that I have been truthful in answering all questions in this application, and that the information I have provided is correct. I understand that providing false information could result in denial of service.

Applicant's Signature

Date

If you assisted the applicant to complete this form, sign below:

Signature

Date



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ADA PARATRANSIT ELIGIBILITY APPLICATION

PART B Professional Verification

Name of Applicant P.O. Box/Street Address City State

Zip code Dear Qualified Professional:

The applicant is currently applying for the Flint Hills **aTa Bus** ADA Complementary Para-transit Service. **aTa Bus** ADA Complementary Para-transit Service is intended for those persons with disabilities that require assisted transportation services and are unable to utilize the **aTa Bus** fixed-route service. The Flint Hills **aTa Bus** ADA Complementary Para-transit Service is where customers call ahead to schedule trips from an origin location to a specific destination.

According to the ***Americans with Disabilities Act*** definition a person with a disability is unable, as a result of a physical or mental impairment, to board, ride or disembark from an accessible vehicle (wheelchair lift equipped aTa Bus fixed route bus) independently or complete transfers without the assistance of another individual.

and/or

Any person with a disability who has a specific impairment related condition that prevents them from traveling to and from a bus stop on the public bus fixed route system. Architectural and environmental barriers such as distance, terrain or weather do not, standing alone, form a basis for eligibility.

However, consideration may be given to the interaction of environmental conditions (terrain and weather) with the individual's impairment related condition.

Is the applicant **able** to use Flint Hills aTa Bus **FIXED ROUTE** service as outlined above?

Yes ___ No ___

If you answered **YES**, *STOP HERE*. Please sign, date and mail only this page to Flint Hills aTa Bus, 5815 Marlatt Avenue, Manhattan, KS 66503. DO NOT complete the rest of the application

Professional Signature _____ Date _____

Printed Name _____ Certification/Licensure _____ Phone Number _____

If you answered **NO** to the above question, DO NOT SIGN here. Please complete the rest of this form to help us determine the eligibility of the applicant for aTa Bus ADA Para-Transit Service.

Your input will be particularly important where applicants have claimed a “hidden” or “non-visible” disability (e.g. a cardiac or pulmonary condition, mental illness, or a joint disease, etc.). This verification can also assist in determining the degree of cognitive capability with the goal being to **qualify only those applicants who are truly unable to use the aTa Bus fixed route service and need the curb-to-curb aTa Bus ADA Para-Transit service.**

1. Have you ever examined/evaluated the applicant? Yes___No ___
If yes, was examination/evaluation within the last twelve months?Yes___No__
Length of time in treatment/under your care? _____

2. What is the applicant’s specific disability or health condition?

- Certified Legally Blind
- Loss or inability to use one or more limbs
- Severe effects of stroke
- Paralysis affecting mobility, speech, vision or memory
- Severe arthritis
- Autoimmune disorders (e.g., Lupus, Scleroderma, etc.)
- Severe cardiac and/or respiratory impairment affecting strength and/or endurance
- Severe emotional disorder (may require an escort)
- Developmental disability (e.g., mental retardation, cerebral palsy, epilepsy, autism, neurological disorder, etc.)
- Hearing loss accompanied by an inability to understand speech with/without a hearing aid

___Other (Please describe the disability or health condition/limitation. Use other side if necessary.)

Date of onset? _____

3. Is the applicant's disability permanent? Yes ___ No ___

If temporary how long? _____

4. Is this applicant's disability seasonal? Yes ___ No ___

If so, which season(s)? _____

5. What, if any, mobility aids does the applicant utilize? **Check all that apply.**

- | | | | |
|-------------------|-------|---------------------|-------|
| Manual Wheelchair | _____ | Electric Wheelchair | _____ |
| Powered Scooter | _____ | Cane | _____ |
| Walker | _____ | White Cane | _____ |
| Service Animal | _____ | Crutches | _____ |
| Oxygen | _____ | None | _____ |

Section 37.3 of the DOT regulations implementing the Americans with Disabilities Act of 1990 (ADA) (49 CFR Parts 27, 37, and 38) defines a “wheelchair” as a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered. If you checked Wheelchair and/or Scooter under #5 does the mobility aid meet this definition?

Yes ___ No ___

Drivers are not permitted to push mobility aids (wheelchairs) whose combined weight of passenger and mobility aid exceeds 300 lbs. Will applicant be able to maneuver themselves onto the bus, into a forward facing position and in moving out of and away from the bus on de-boarding or provide a PCA for such movement?

Yes ___ No ___

6. Does the applicant require a Personal Care Attendant (PCA) when traveling on transit vehicles?

Yes ___ No ___ Sometimes ___

If needed, please explain why. _____

7. Which, if any, weather conditions impact the applicant’s disability or health condition preventing him/her from independently getting to and/or from a bus stop?

Heat ___ Cold ___ Humidity ___ Snow ___ Ice ___ Pollution/Allergies _____ Other ___

8. Would rough terrain prevent the applicant from traveling to and/or from a fixed route bus stop?

Yes ___ No ___ Sometimes ___

If “Yes” or “Sometimes”, describe the type of rough terrain that would prevent the applicant from traveling to and from a fixed route bus stop.

9. What abilities apply to the applicant? **Check all that apply**

- Understand and/or process information enabling them to use a fixed route bus service
- Ask for or follow written or oral directions (e.g., schedules, audio tape or voice)
- Figure out the correct fare
- Follow instructions in an emergency
- Recognize his/her destination while on a fixed route bus
- Once he/she gets off the bus at a fixed route bus stop, locate and reach his/her destination
- Cross a busy intersection to get to and/or from a fixed route bus stop
- Find his/her way between familiar locations
- Signal the bus driver to stop at a familiar bus stop
- Get off the bus after signaling the driver to stop at a familiar stop (*the driver calls out all stops*)
- Grasp coins, passes, and handles
- Communicate addresses, destinations, and telephone numbers on request to a fixed route driver
- Handle unexpected situations or changes in routines (e.g., route change, bus stop closed, etc.)
- Go up and down steps unassisted

By signing below you confirm the applicant's need for origin to destination bus service.

Name and Title: _____

Certificate/Licensure: _____

Office Address: _____

Office Telephone Number: _____

Signature _____ Date: _____

Please forward the signed original to: Flint Hills aTa Bus, 5815 Marlatt Avenue, Manhattan, KS 66503 or you may fax a copy to 785-537-6327. Thank you for your cooperation.

Authorization Form for
Disclosure of
Protected Health
Information

I _____ authorize the qualified
professional (Printed Name of Patient)

_____ completing Part B (Qualified
Professional (Printed Name and Title of Qualified Professional)

Verification) of the aTa Bus ADA Para-transit Eligibility Application on my behalf, to release this information about my disability and abilities to use the accessible aTa Bus fixed-route bus service to representatives of the Flint Hills Area Transportation Agency for their review as well as any supporting or other pertinent information about my health or medical condition to assist Flint Hills Area Transportation Agency solely for the purpose of determining eligibility for the aTa Bus ADA complementary para-transit service. I understand that all medical information about my disability will be kept strictly confidential.

I understand that I do not have to sign this authorization in order to be considered for services, but I understand that no weight will be given to medical conditions claimed which cannot be verified. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Flint Hills Area Transportation Agency has acted in reliance upon this authorization. My written revocation must be submitted to Flint Hills aTa, 5815 Marlatt Avenue, Manhattan, KS 66503

Signature of Applicant or Legal Guardian

Date

Legal Guardian's Relationship to Applicant: _____

Printed Name of Legal Guardian, if applicable: _____

Printed address & telephone number of Legal Guardian: _____

Applicant / guardian must be provided with a signed copy of this authorization form.

NOTE: If only able to make a "mark" for your signature, simply make your mark and then have someone act as a witness by signing their name above or beside yours. May be signed by a "legal guardian" or "power of attorney" only if a copy of documentation showing your legal authority to act and sign on applicant's behalf is also provided. **DOCUMENTATION IS NOT NECESSARY FOR THE PARENT OF A MINOR CHILD.**

Qualified professional please fax a copy of this signed release form to 785-537-6327. Thank you for your cooperation.