



## ADA-PARATRANSIT SERVICE APPLICATION FOR ELIGIBILITY

The Americans with Disabilities Act (ADA) requires us to provide comparable service for individuals who, because of a mental or physical disability, are incapable of using fixed-route public transit.

Paratransit services must be provided to disabled individuals who: (1) are unable, due to disability, to board, ride, or disembark from buses...without the assistance of another individual (other than the operator of a wheelchair lift or other boarding assistance device); (2) need a wheelchair lift or other boarding assistance device to board, ride or disembark from any accessible vehicle if the individual wants to travel at a time when fixed route accessible vehicles are unavailable; or (3) can travel on a bus but cannot, due to their disability, travel to a bus stop.

No passenger will be denied access to the benefits of the public transit system in Eureka Springs because of any impairment, physical or mental.

We will make every effort to assure that everyone has access to our fixed routes. Should someone be unable to do so, we will pick them up with curbside service and transfer them to the nearest stop. Or, we will provide curb-to-curb service to-and-from any point within  $\frac{3}{4}$  mile of a fixed route.

**The charge for ADA-Paratransit service is \$1.50 per boarding.** (As of January 1, 2009)

For those who were delivered to a bus stop to use our fixed route service, we will arrange to have a vehicle meet them at the bus stop and take them back to where they were picked up.

Your application for ADA-Paratransit eligibility is attached. Please fill it out and return it to us at your earliest convenience. Your application will be reviewed and a decision will be made within twenty-one (21) days of receipt.

**In addition to the ADA-Paratransit Service that is available when fixed-route service is offered, we have Share-A-Ride, a demand-response service operating Monday through Friday that can be accessed year round whether or not our fixed route service is running. Share-A-Ride is available to anyone who feels they need a little extra assistance in getting around, whether or not they are eligible for ADA-Paratransit Service. For information about Share-A-Ride, please call 479-253-9572.**

**ADA-Paratransit is available to individuals with disabilities who:**

- are unable, as a result of a physical or mental impairment, including a vision impairment, and without the assistance of another individual, except an operator of a wheelchair lift or other boarding assistance device, to board, ride or disembark from any vehicle on the fixed route system that is accessible; or**
- have specific impairment-related conditions that prevent them from traveling to a boarding location or from a disembarking location.**

**If you have any questions, please call 479-253-9572.**

Name of Applicant: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

**Eligibility Criteria:**

\_\_\_\_\_ Inability to board or disembark from a wheelchair lift equipped vehicle without the assistance of another individual (other than operator of lift).

\_\_\_\_\_ Impairment or related condition that prevents applicant from getting to or from regular bus stops.

\_\_\_\_\_ Inability of applicant to recognize the destination and disembark transit vehicle without the assistance of another individual.

**Physician Comments:** (Please attached additional sheets if necessary)

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

If applicant’s physician is certifying eligibility, please sign and return to:

Eureka Springs Transit System  
137 West Van Buren  
Eureka Springs, AR 72632

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**Please Tell Us About Your Disability / Health-Related Condition**

1. Which disability or health-related conditions **PREVENT** you from independently using regular public transit?

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2. Explain **HOW** your condition prevents you from using regular public transit without the help of another person?

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3. Is this condition temporary? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the expected duration? \_\_\_\_\_

4. When did you first experience the conditions you described above?

- 0-1 year ago       1-5 years ago       Longer than 5 years

5. Do the conditions you described change from day to day in a way that affects your ability to use public transit?

- Yes, good on some days, bad on others.       No, doesn't change.  
 Don't know.

**Please Tell Us About Your Capabilities and Usual Activities**



6. Which of the following mobility aids (if any) are used? Please check all that apply.

- \_\_\_\_\_ Cane
- \_\_\_\_\_ White Cane
- \_\_\_\_\_ Power Scooter
- \_\_\_\_\_ Service Animal
- \_\_\_\_\_ Leg Braces
- \_\_\_\_\_ Power Wheelchair
- \_\_\_\_\_ Crutches
- \_\_\_\_\_ Portable Oxygen Tank
- \_\_\_\_\_ Communication Devices
- \_\_\_\_\_ Walker
- \_\_\_\_\_ Manual Wheelchair
- \_\_\_\_\_ Other Aid (please describe): \_\_\_\_\_

7. Please check the box that best describes your current living situation:

- 24-hour care or Skilled 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 or others who help me.
- I live independently (without the assistance of another person).

8. How many city blocks can you travel with your usual mobility aid and without the help of another person?

- Less than 200 feet
- 1/4 mile (3 blocks)
- 1/2 mile (6 blocks)
- 3/4 mile (9 blocks)
- 1 mile (12 blocks)



9. Which of the following statements best describe you if you had to wait outside for a ride? (Please check only one response):

- I could wait by myself for up to 30 minutes.
- I could wait by myself for up to 30 minutes only if I had a seat.
- I would need someone to wait with me because \_\_\_\_\_
- \_\_\_\_\_

10. Which if the following statements best describes you? (Please 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 use regular public transit whenever my health condition allows.

**Please Tell Us About Your Travel Needs**

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

- Trolleys
- Taxi
- Call & Ride
- Drive myself
- Someone drives me
- Other \_\_\_\_\_

12. Do you require a Personal Care Attendant in order to travel? (Excludes someone providing you transportation)

- Always
- Sometimes
- Never

If "always" or "sometimes", explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Attendant: \_\_\_\_\_



Eureka Springs Transit | ADA-Paratransit Services  
Telephone (479) 253-9572 – Fax (479) 253-8272  
trolleyinfo@EurekaTrolley.org

13. Are you able to get to and from the public transit stop nearest your home?

- Yes
- No
- Sometimes

If "no" or "sometimes", explain why: \_\_\_\_\_

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14. Are you able to grasp handles or railings, coins or tickets while boarding or exiting a transit vehicle?

- Yes
- No
- Sometimes
- Don't know, never tried it

14. Are you able to climb three 12-inch steps without assistance?

\_\_\_\_\_Yes      \_\_\_\_\_No

**TRAVEL CAPABILITY INFORMATION**

15. Are you able to give addresses and telephone numbers upon request?

\_\_\_\_\_Yes      \_\_\_\_\_No (Please explain)

16. Are you able to recognize a destination or landmark?

\_\_\_\_\_Yes      \_\_\_\_\_No (Please explain)



17. Please add any other information that you would like us to know about your abilities:

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**HAVE YOU ANSWERED ALL OF THE QUESTIONS?  
INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**Applicant's Certification**

I certify that the information in this application is true and correct. I understand that knowingly falsifying information will result in denial of service. I understand that all information will be kept confidential and that only the information required to provide the services will be disclosed to those who perform the services.

I understand that it may be necessary to contact a professional familiar with my functional abilities to use public transit in order to assist in the determination of eligibility.

**Sign here:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Please Note: It is your responsibility to notify us if your disability improves enough to change your eligibility status. If your condition improves after you have been determined to be eligible or we discover you submitted false information, your eligibility could be suspended or you may be asked to re-apply.**

**Did someone help you in filling out this form?**  Yes  No

If yes, Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_



**The Eureka Springs Transit System may need to contact your physician or other professional for additional information. Please complete the following information and authorization form.**

The following physician \_\_\_\_\_, health care professional \_\_\_\_\_, rehabilitation professional \_\_\_\_\_ (check one) is familiar with my disability and is authorized to provide information to the Eureka Springs Transit System to complete this certification.

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

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

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

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**THIS CONCLUDES THE PORTION OF THE APPLICATION  
TO BE COMPLETED BY THE APPLICANT.**

