**Western Piedmont Regional Transit Authority**
*Operating as Greenway Public Transportation*

# COMPLEMENTARY PARATRANSIT DOCUMENTS CHECKLIST

Name of Applicant: _____

I acknowledge that I have filled out, signed, and enclosed the following documents to Western Piedmont Regional Transit Authority operating as Greenway Public Transportation.

Check the box next to the document(s) submitted to WPRTA/Greenway Public Transportation.

_____ Complementary Paratransit Eligibility Application

_____ Complementary Paratransit Medical Information Release

_____ Complementary Paratransit Medical Verification

_____ Complementary Paratransit Documents Checklist

Sincerely,

_____
ADA applicant

Western Piedmont Regional Transit Authority
P O Box 459, Conover, NC 28613-0459

# ADA COMPLEMENTARY PARATRANSIT ELIGIBILITY APPLICATION

Incomplete applications will be returned. If you have any questions or need assistance in completing this form, please contact the Greenway Public Transportation office at (828) 465-7641.

**Return the completed application to the Greenway Public Transportation office at the address above.**

**Part A (Questions a through o must be completed by all applicants)**

a) First Name:_____MI_____

Last Name:_____

b) Street Address:_____

City:_____State:_____Zip:_____

Mailing Address (if different)_____

c) Date of Birth:_____Gender (M/F):_____

d) Phone #(Day)_____(Night)_____

e) Are you eligible for Medicaid Benefits? ____YES ____NO

f) In case of emergency,
contact_____

Relationship to Applicant_____

Phone #(Day)_____(Night)_____

g) Do you need a Personal Care Attendant (PCA) to travel with you when you use the service?
_____NO _____YES, Sometimes _____YES, Always

****If yes, the applicant must provide their own. Passengers are allowed one (1) PCA to ride free of charge.**

h) What is the health condition or disability that prevents you from using the Greenway Public Transportation fixed route bus service?
_____
_____

i) Please describe why or how this disability or health condition prevents you from using Greenway Public Transportation fixed route bus service:
_____
_____
_____
_____

j) Which of the following mobility aids do you use? (Check all that apply)

| | | |
|---|---|---|
| _____Cane | _____Powered Scooter | _____Picture Board |
| _____White Cane | _____Boarding Chair | _____Service Animal |
| _____Crutches | _____Transfer Board | _____Portable Oxygen |
| _____Manual Wheelchair | _____Alphabet Board | _____Prosthesis |
| _____Power Wheelchair | _____Other, Please describe:_____ | |

k) If you use a manual or power wheelchair or scooter, it is:
More than 30 inches wide? _____Yes _____No
More than 48 inches long? _____Yes _____No
When in use, does it weigh more than 600 pounds? _____Yes _____No

l) Have you ever used Greenway Public Transportation's accessible Fixed Route **BUS** (not accessible van service)
_____Yes, I use the bus_____times a week.
_____Yes, I used the bus but stopped because_____
_____
_____No, I have never used the bus because_____
_____

m) Are any of the following skills affected by your disability? If NO, please explain, describing the effect and extent of limitation caused by the disability.

- Can you get to and from the bus stop without assistance?

_____Yes

Using a <u>mobility aid or on your own</u>, how far can you travel to get to a bus stop?

_____I can travel 1 block
_____I can travel 2 blocks
_____I can travel 3 blocks
_____I can travel 4 blocks
_____I can travel 5 blocks
_____I can travel 6 blocks

_____No

_____I can if someone is with me to assist me
_____I cannot get to places where there are no curb cuts or sidewalks
_____I cannot cross busy streets or intersections
_____I cannot travel outside when it is too hot
_____I cannot travel outside when it is too cold

If no explain:_____

- Can you find your way to/from a bus stop?

_____YES _____NO _____Sometimes _____Not Sure

If no explain:_____

- Can you wait for a bus at a bus stop? (Please check one)

_____Yes _____No _____Sometimes

If "Sometimes" or "No" please check all the statements that apply to you:

_____I can wait only if there is a bench
_____I can wait only if there is a shelter
_____Waiting outside in very hot weather is dangerous to my health
_____Waiting outside in very cold weather is dangerous to my health
_____I can wait only if it is no longer than_____minutes

If no explain:_____

- Can you cross a street with?

_____2-3 Lanes _____4-6 Lanes _____I cannot cross

- How many 7-inch steps can you climb without assistance?_____

- Can you give address and telephone numbers upon request?

_____YES _____NO

If no explain:_____

- Can you recognize a destination or landmark?

____YES ____NO

If no explain:_____

- Can you deal with unexpected situations or unexpected change in routine?

____YES ____NO

If no explain:_____

- Can you ask for, understand and follow directions?

____YES ____NO

If no explain:_____

- Can you step on/off curbs?

____YES ____NO

If no explain:_____

- Can you transfer from one bus to another?

____YES ____NO

If no explain:_____

- Can you board the correct bus?

____YES ____NO

If no explain:_____

- Can you exit at the correct destination?

____YES ____NO

If no explain:_____

- Can you tell/monitor time?

____YES ____NO

If no explain:_____

- Can you negotiate hills/steep terrain?

____YES ____NO

If no explain:_____

- Can you leave the house on time?

____YES ____NO

If no explain:_____

n) If Greenway Public Transportation offered free training on how to ride the fixed route buses, would you be interested?

____YES ____NO (Please explain)_____

_____

I understand that the purpose of the application is to determine if I am eligible for WPRTA ADA Complementary Paratransit transportation service. I certify that the information I gave in this application is true and correct and that the application will be returned to me if not complete, which delays processing. I understand that falsification or misrepresentation of facts, or changes in my medical condition, may result in changes to my certification status. I further understand that additional information from my healthcare professional related to my disability or medical condition is required, and will be used to help determine my eligibility. I agree to notify WPRTA if I no longer need to use the ADA Complementary Paratransit transportation services.

Signature of Applicant:_____Date:_____
(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian/power of attorney is required.)

**Person completing this form if different from the applicant:**

Name:_____
Daytime Phone#:_____
Relationship to Applicant:_____Date:_____

This document may also be obtained in other formats by contacting the WPRTA Scheduling Center at 828-464-9444 or 7-1-1 or 1-877-735-8200 for Relay.

FOR WPRTA USE ONLY

_____APPROVED _____DENIED

_____PERMANENT _____LONG-TERM _____TEMPORARY

AUTHORIZED BY:_____DATE:_____

TITLE:_____EXPIRATION DATE:_____