



## **Western Piedmont Regional Transit Authority**

*Operating as Greenway Public Transportation*

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Dear Complementary Paratransit Applicant:

There are four documents that need to be completed, signed and returned to Western Piedmont Regional Transit Authority (WPRTA) operating as Greenway Public Transportation.

- 1) Complementary Paratransit Eligibility Application
  - a. Filled out by the applicant
  - b. Signed by the applicant
  - c. Mailed or faxed to WPRTA/Greenway Public Transportation
- 2) Complementary Paratransit Medical Information Release
  - a. Filled out by the applicant
  - b. Signed by the applicant
  - c. Mailed or faxed to WPRTA/Greenway Public Transportation
- 3) Complementary Paratransit Request for Medical Verification
  - a. Filled out by the medical provider
  - b. Signed by the medical provider
  - c. Mailed or faxed to WPRTA/Greenway Public Transportation
- 4) Complementary Paratransit Checklist
  - a. Filled out by the applicant
  - b. Check the line next to the documents submitted to WPRTA/Greenway Public Transportation
  - c. Signed by the applicant
  - d. Mailed or faxed to WPRTA/Greenway Public Transportation

The initial review of the Complementary Paratransit application will not begin until all of the forms are completed, signed and received by Greenway Public Transportation.

Mailing address: PO Box 459, Conover, NC 28613

Fax: 828-466-0570

Email: [lkuykendall@mygreenway.org](mailto:lkuykendall@mygreenway.org)

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**Western Piedmont Regional Transit Authority**  
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## 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 Medicare Benefits?     YES     NO

If Yes, what are the last four digits of your Medicare Number? \_\_\_\_\_

f) Are you eligible for Medicaid Benefits?     YES     NO

g) In case of emergency,  
contact \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone #(Day) \_\_\_\_\_ (Night) \_\_\_\_\_

h) 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.**

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

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

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k) 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:\_\_\_\_\_

l) If you use a manual or power wheelchair or scooter, it is:

More than 30 inches wide? \_\_\_Yes \_\_\_No

More than 48 inches wide? \_\_\_Yes \_\_\_No

When in use, does it weigh more than 600 pounds? \_\_\_Yes \_\_\_No

m) 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\_\_\_\_\_

n) 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 mobility aid or on your own, how far can you travel to get to a bus stop?

I can travel 1 block

I can travel 4 blocks

I can travel 2 blocks

I can travel 5 blocks

I can travel 3 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: \_\_\_\_\_

o) 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: \_\_\_\_\_



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

## REQUEST FOR PROFESSIONAL VERIFICATION

You are being asked by: Applicant Name:  
Address:  
Date of Birth:

to provide information regarding his/her ability to use our transit services. Federal law requires that Western Piedmont Regional Transit Authority provide complementary paratransit services to persons who **cannot use fixed-route bus transit services**. The information you provide will allow us to evaluate this request and its application to specific trip requests. Thank you for your cooperation in this matter.

To qualify for WPRTA Complementary Paratransit service, a person must be unable to use the fixed route bus public transit due to a physical or mental disability. Individuals qualify if:

1. as a result of their mental or physical disability, they cannot board, ride, or disembark from a WPRTA lift-equipped transit bus; or
2. they have a specific impairment-related condition (including limitations on vision, hearing or disorientation), which prevents them from getting to or from a bus stop.

PLEASE NOTE: This **does not** include persons who find it uncomfortable or difficult to get to and from bus stops.

Resources for this program are limited and your evaluation of each person must be based solely upon the individual's ability to use regular transit. Your verification should consider only the presence of a disabling condition, not the applicant's age or economic status. Please exercise care in evaluating applicants for this program. False verification could result in travel limitation for persons legitimately qualified to use the program.

WPRTA ADA VAN is a limited special transportation service for disabled persons who, because of mental or physical disability, find it **IMPOSSIBLE** to use regular fixed bus public transportation. All parts must be completely filled out by the authorized person who signs below. Incomplete registration forms will not be considered.

1. Capacity in which you know the applicant: \_\_\_\_\_  
\_\_\_\_\_
2. When was the applicant last treated or seen by you? \_\_\_\_\_
3. On average, how frequently is the applicant seen by you? \_\_\_\_\_
4. Has the applicant been diagnosed with physical, cognitive, psychological, or other disability that would prevent him/her from using the Greenway fixed route bus service?  
\_\_\_\_\_ YES      \_\_\_\_\_ NO
5. Is the applicant's disability:  
\_\_\_\_\_ Physical    \_\_\_\_\_ Cognitive    \_\_\_\_\_ Psychological    \_\_\_\_\_ Visual
6. What is the applicant's disability (Please be specific but use layman's terms)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What is the date on onset? \_\_\_\_\_
8. How does the applicant's disability/health condition affect daily life activities?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Does the applicant's disability or condition prevent him/her from using the regular fixed route bus service?  
\_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ SOMETIMES  
If YES or SOMETIMES, please explain why:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Could the applicant use regular fixed route buses with free travel training on how to ride the bus?  
\_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ SOMETIMES
11. How far can the applicant walk/travel by themselves or with the assistance of a mobility aid?  
0 blocks\_\_\_ 1 block\_\_\_ 2 blocks\_\_\_ 3 blocks\_\_\_ 4 blocks\_\_\_ 5 blocks\_\_\_  
6 blocks\_\_\_ 7 blocks\_\_\_ 8 blocks\_\_\_ 9 blocks\_\_\_
12. Are any of the following skills affected by the applicant's disability? If **YES** or **SOMETIMES**, please explain, describing the effect and the extent of limitation caused by the disability.
  - a) Travel alone outside the house    \_\_\_\_\_ YES    \_\_\_\_\_ NO    \_\_\_\_\_ SOMETIMES
 Yes or Sometimes explain: \_\_\_\_\_

b) Leave the house on time \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_SOMETIMES

Yes or Sometimes explain:\_\_\_\_\_

c) Seek and act on directions \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_SOMETIMES

Yes or Sometimes explain:\_\_\_\_\_

d) Understand how to get to/from bus stop \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_SOMETIMES

Yes or Sometimes explain:\_\_\_\_\_

e) Step on/off curbs \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_SOMETIMES

Yes or Sometimes explain:\_\_\_\_\_

f) Negotiate hills/steep terrain \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_SOMETIMES

Yes or Sometimes explain:\_\_\_\_\_

g) Cross streets \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_SOMETIMES

Yes or Sometimes explain:\_\_\_\_\_

h) Wait at a bus stop \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_SOMETIMES

Yes or Sometimes explain:\_\_\_\_\_

i) Board the correct bus \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_SOMETIMES

Yes or Sometimes explain:\_\_\_\_\_

j) Board a bus with a ramp \_\_\_\_\_YES \_\_\_\_\_NO \_\_\_\_\_SOMETIMES

Yes or Sometimes explain:\_\_\_\_\_

k) Ride on the bus      \_\_\_\_\_YES      \_\_\_\_\_NO      \_\_\_\_\_SOMETIMES

Yes or Sometimes explain: \_\_\_\_\_

l) Stand on a moving bus with handrail      \_\_\_\_\_YES      \_\_\_\_\_NO      \_\_\_\_\_SOMETIMES

Yes or Sometimes explain: \_\_\_\_\_

m) Exit at the correct destination      \_\_\_\_\_YES      \_\_\_\_\_NO      \_\_\_\_\_SOMETIMES

Yes or Sometimes explain: \_\_\_\_\_

n) Transfer from one bus to another      \_\_\_\_\_YES      \_\_\_\_\_NO      \_\_\_\_\_SOMETIMES

Yes or Sometimes explain: \_\_\_\_\_

o) Tell/Monitor time      \_\_\_\_\_YES      \_\_\_\_\_NO      \_\_\_\_\_SOMETIMES

Yes or Sometimes explain: \_\_\_\_\_

p) Deal with unexpected situations      \_\_\_\_\_YES      \_\_\_\_\_NO      \_\_\_\_\_SOMETIMES

Yes or Sometimes explain: \_\_\_\_\_

q) Recognize landmarks      \_\_\_\_\_YES      \_\_\_\_\_NO      \_\_\_\_\_SOMETIMES

Yes or Sometimes explain: \_\_\_\_\_

r) Give address and telephone number upon request      \_\_\_\_\_YES      \_\_\_\_\_NO

13. What is the expected duration of this individual's condition?

\_\_\_\_\_ Temporary: Approximate expected duration until \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Long-Term: Potential for improvement or periods of remission

\_\_\_\_\_ Permanent: No expectation of functional improvement

14. Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

This individual should be able to access fixed bus route public transportation.

This individual can use fixed route bus public transportation under certain situations as stated above.

This individual cannot use fixed route bus public transportation due to multiple functional limitations.

15. In your opinion, must this individual bring a personal care attendant on each trip?

YES     NO     SOMETIMES

If there is any other effect of the disability of which WPRTA should be aware? Please provide an

explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU FOR YOUR ASSISTANCE!!**

Signature: \_\_\_\_\_

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

**Please Print Legibly**

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

Organization/Practice: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_



## Western Piedmont Regional Transit Authority

Operating as Greenway Public Transportation

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### MEDICAL INFORMATION RELEASE AUTHORIZATION FORM

In order for Western Piedmont Regional Transit Authority also known as Greenway Public Transportation to evaluate your request for paratransit service, it may be necessary to contact a medical professional who is familiar with your health condition or disability and your functional abilities and limitations to confirm the information that you have provided. Please complete the following information and sign and date the authorization form.

The following health care professional is familiar with my disability and is authorized to provide Greenway Public Transportation all information required to complete the certification.

<input type="checkbox"/> Family Physician	<input type="checkbox"/> Rehabilitation Specialist	<input type="checkbox"/> Ophthalmologist
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Licensed Social Worker	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Orientation & Mobility	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Therapist
Other _____		

Professional's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #( ) \_\_\_\_\_

#### Authorization for Release of Information:

I authorize the professional listed above to release to Greenway Public Transportation information regarding my disability or health condition and its effect on my ability to travel on the accessible bus service. This form will permit the professionals listed to release the information described for a period of 60 days from the date below. I understand that all information obtained by Greenway Public Transportation will be held in the strictest confidence and will not be shared with any other person or agency, except the persons involved in my eligibility determination. I also understand that I may revoke this authorization at any time by providing written notification.

Applicant Name: (Print) \_\_\_\_\_

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Signature of Applicant or Responsible Party

Date