CLIENT FORM

Americans with Disabilities Act (ADA)
Transportation Eligibility Certification Application

The Federal Americans with Disabilities Act (ADA) requires comparable public transportation services for persons with disabilities who are unable, because of their disability to use a fixed route bus. **The ADA Transportation (Paratransit) is a service of ECAT and currently provided by ECCT for people with physical, cognitive or visual disabilities who are functionally unable to independently use the ECAT fixed route bus service either all of the time, or temporarily under certain circumstances.**

This is a Door to Door Service. Not to be confused with ECAT fixed route.

While access to fixed route transportation service is the main goal of the transportation provision of the ADA, the law recognizes that some persons with disabilities are not able to use fixed route service, even if it is fully accessible.

Instructions

This application package includes an ADA Transportation Eligibility Certification Application, and ADA Transportation Medical Verification Form. **A licensed physician must complete and return the *Medical Verification Form* to Escambia County Area Transit.**

All questions of this application must be answered in full or the application will be considered incomplete and it will be returned and will delay processing. Please keep in mind, the more detailed information you can provide, the better you will enable ECAT to make the most appropriate determination regarding your transportation needs. All information will remain confidential.

A licensed physician must complete and return the *Medical Verification Form* to Escambia County Area Transit.

Once Escambia County Area Transit receives the completed *ADA Transportation Certification Application* and *Medical Verification Form*, they may contact you to schedule a face-to-face interview. Transportation to and from the interview will be provided at no charge to the applicant.

Eligibility determination will be sent to you in writing within **21 days** of receipt of a completed application. If your eligibility is considered conditional, or is denied, the reason(s) will be noted and a full description of the appeals process will be included with the written determination.

All applicants, whether new or re-certifying, must complete a full application package.

PART 1: General Information

Last Name _____ First Name _____ MI _____

Street Address _____ Apt. _____ Bldg. _____

Residential Facility/Apartment Complex Name _____

City _____ State _____ Zip Code _____

Telephone (_____)_____ Date of Birth _____

Social Security Number _____

If someone assisted you in completing this form, please identify him/her below:

Name _____ Telephone _____

Do you need to have information given to you in any of the following ways? (check all that you need)

☐ Large Print ☐ Audio Tape ☐ Other/Explain

Please give us the name and phone number of someone we can contact in case of an emergency:

Name _____ Telephone _____

Relationship _____

PART 2: Applicant Certification

1. Are you able to use the fixed-route ECAT buses?:

   ☐ YES ☐ NO If "NO", why?_____

   ☐ My disability prevents me from using the bus.

   ☐ I don't think I can, but I have never tried to ride the bus.

PART 3: Information about the Applicant's Disability

1. What type or types of disabilities prevent you from using ECAT buses?

☐ Physical Disability ☐ Developmental Disability ☐ Visual Impairment/Blindness

☐ Mental Illness ☐ Other/Explain_____

1a. Describe how your disability prevents you from riding the ECAT bus service: _____

_____

2. Is the disability described above temporary or permanent?

☐ Permanent ☐ Temporary. I expect it to last for another _____ months.

☐ I do not know

3. What mobility aids do you use? (Check all that apply).

☐ Communication Board ☐ White Cane ☐ Powered Scooter/Cart*

☐ Cane ☐ Walker ☐ Manual or Powered Wheelchair*

☐ Crutches ☐ Leg Braces ☐ Other/Explain_____

☐ Service Animal (describe) _____

☐ I do not use any of the above mobility aids or equipment.

**** NOTE: Current ADA Standards state that we may not be able to accommodate you if your wheelchair or scooter is longer than 48-inches or wider than 32-inches or if your total weight with your wheelchair is more than 600 pounds.***

4. Do you have a Personal Care Assistant that will be travelling with you to assist you with your daily life functions?

☐ No ☐ Yes If "Yes", Explain_____

PART 4: Questions about using ECAT Buses

1. Have you ever used ECAT buses?

☐ Yes. ☐ I typically use ECAT buses _____ times a week.

☐ I used to, but stopped because _____

☐ No If "No", explain reason_____

2. Which accommodations would assist you in being able to ride the ECAT bus service?

☐ If the bus stops were closer to where I lived and where I need to go

☐ Learning to use ECAT buses with travel training ☐ None of these would help

☐ Somebody that could inform me when it is time to get off the bus.

☐ Other/Explain_____

3. Can you ask for and understand written or verbal instructions to use ECAT buses?

☐ Yes ☐ No If you chose *"No",* please check all that apply:

☐ I get confused and might get lost.

☐ Other people cannot understand me.

☐ I get confused and might get lost

☐ Other/Explain_____

4. How far can you travel / walk on your own or using a mobility aid?

☐ I can travel up to _____ feet or _____ blocks

5. Are you able to get to and from bus stops on your own?

☐ Yes ☐ No ☐ Sometimes

If you choose either "***No"*** **or "*Sometimes",*** please check all that apply:

☐ I am unable if there are no curb-cuts.

☐ I get confused and cannot find my way.

☐ I feel unsafe traveling alone.

☐ I am unable if the street or sidewalk is too steep.

☐ I am unable to find my way after dark, due to my visual impairment.

☐ I am unable to cross busy streets and intersections.

☐ Other/Explain_____

☐ Severe climate temperature affects my disability, which limits my exposure outside for long time periods.

6. How long can you wait for a bus at a bus stop? ☐ Unassisted _____ minutes

   ☐ Bus stop with a bench? _____ minutes ☐ Bus Stop with a shelter? _____minutes

7. Can you board a bus independently? ☐ Yes ☐ No

8. If you are able to get on and off buses, can you get to a seated position by yourself?

   ☐ Yes ☐ No If you chose " *No"*, please check all that apply:

   ☐I have a balance problem.

   ☐I have trouble finding a seat.

   ☐I need a seat near the door.

   ☐Other/Explain_____

9. Are there any other conditions that would limit your ability to use ECAT buses?

   _____

   _____

PART 5: Applicant's Current Travel

1. How your transportation is needs being met now? (Please check all that apply)

   ☐ Public transit/ fixed-route (bus) ☐ Walking ☐ Friend / relative

   ☐ Personal transportation (i.e. car) ☐ Agency sponsored trips (specify): _____

   ☐Other/Explain):_____

2. What trips do you currently make frequently?

   From: Place and Address *To:* Place and Address:

   (a) _____ _____

   _____ _____

   (b) _____ _____

   _____ _____

   (c) _____ _____

   _____ _____

PART 6: Information about Bus Travel Training*

***** *Note: Travel training is personalized (individual or group) instruction that teaches the skills necessary to use ECAT buses.*

1. Have you ever had any personal instruction on how to use ECAT buses?

☐ No. I have not received any travel training.

☐ Yes. I received personal instruction through an agency. (List agency)_____

If "Yes" Indicate below all the skills you learned:

☐ To cross streets. ☐ To travel to and from bus stops.

☐ Understanding bus schedules ☐ To plan trips.

☐ Other/Explain:_____

2. Which training would help you learn to ride the regular bus? Check all that apply.

☐ Getting on or off the bus ☐ Recognizing bus stops

☐ Riding specific bus routes ☐ NONE

☐ Traveling to and from the bus stops ☐ Other/Explain_____

☐ Using wheelchair ramps and other accessibility features

I understand that the information about my disability contained in this application will be confidential and shared only with professionals involved in evaluating my eligibility, including Escambia County Area Transit and Escambia CCT. I certify that, to the best of my knowledge, the information in this application is true and correct.

Applicant's Signature_____ Date_____

This concludes the applicant's portion of the application packet.

The Medical Verification Form is attached and **must** be completed by a licensed physician. The completed Medical Verification Form must be mailed to:

Escambia County Area Transit
1515 W. Fairfield Dr.
Pensacola, FL 32501

Phone: 850-595-3228
Fax: 850-595-3222
Email: ECCTAPPS@myescambia.com

Doctor Form

Americans with Disabilities Act (ADA) Transportation Medical Verification Form

To be completed by applicant's licensed physician

Dear Health Care Professional:

The applicant is requesting certification to use ECAT's Complementary ADA ***(Americans with Disabilities Act)*** Transportation Service provided by Escambia County Community Transportation. **ADA Transportation is a door-to-door, complementary Paratransit program for individuals with physical or cognitive disabilities that are unable to use or access ECAT's regular fixed route public transportation service.**

Please read the following ADA definition of a person with a disability, as it relates to public transit:

Any person with a disability who is unable, due to a physical or mental impairment, to board, ride or disembark from an accessible transit vehicle (wheelchair lift equipped ECAT bus) independently 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 or weather do not, alone, form a basis for eligibility. However, consideration may be given to the interaction of environmental conditions with the individual's impairment related condition.

The information regarding_____'s disability and the impact upon his/her ability to use the fixed route bus service is important in the determination of eligibility for ADA Transportation. This information is necessary to determine which transportation service the individual is eligible to use under the regulations of the Federal Americans with Disabilities Act (ADA).

MEDICAL RELEASE

The licensed physician completing this form is familiar with my disability and is authorized to provide information to Escambia County Area Transit and Escambia County Community Transportation.

Applicant's Signature _____

Date of Birth _____ Date _____

ADA TRANSPORTATION MEDICAL VERIFICATION FORM

While answering the following questions, keep in mind this information will be one element in the eligibility determination made by the transit system's staff for the door-to-door Mini Bus ADA Para-transit service. Please verify the disability claimed by the applicant, the extent of this disability, and for functional assessments as to the applicant's ability to perform activities related to using a fixed route transit service.

What is your professional relationship to the applicant in regards to the treatment of their disability? _____

PART 1: Disability Verification

1. What is/are the applicant's disabilities/diagnosis? _____

_____

2. Is the disability? ☐ Permanent ☐ Temporary

If temporary, date of disability _____ Length of recovery _____

3. Is this disability controlled by medication? ☐ Yes ☐ No

If yes, does taking medication allow the applicant the abilty to ride fixed-route bus service?

☐ Yes ☐ No

4. What mobility aids does the applicant utilize? *Check all that apply*.

☐ Manual Wheelchair ☐ Electric Wheelchair ☐ Oxygen

☐ Powered Scooter ☐ Walker ☐ Cane

☐ Service Animal _____ ☐ White Cane ☐ Crutches

☐ Other /Explain _____

5. Please indicate the applicant's level of independence (check only one).

☐ Able to get to a Bus stop as long as there is a sidewalk

☐ Can independently get to the street ☐ Totally Dependent

6. Check the categories of eligibility that you recommend should apply:

☐ 1. The applicant has a temporary or permanent disability that prevents the applicant from using the ECAT fixed route bus service.

☐ 2. The applicant has a specific impairment, which prevents the individual from traveling to or from ECAT bus stops.

☐ 3. The applicant does not have a physical or mental impairment that would prevent them from riding fixed-route bus service.

PART 2: Medical Verification

1. Please indicate the nature of the applicant's disability that **PREVENTS** them from using ECAT's fixed route bus service. (Check all that apply)

☐ Alzheimer's or ☐ Dementia (indicate which one)

☐ Kidney Disease or ☐ Dialysis (indicate which one)

☐ Loss or inability to use 1 or more limbs

☐ Severe effects of stroke

☐ Paralysis affecting mobility, speech, vision, etc.

☐ Deaf/Hard of Hearing

☐ Auto-immune disorders, for ex: Lupus/ Scleroderma

☐ Severe cardiac &/or respiratory impairment affecting strength or endurance

☐ Pulmonary: Travel with Portable Oxygen Tank (Yes No)

☐Severe arthritis / Specify Extremity: _____

☐ Mental Illness (Specify type) _____

☐ Developmental Disability (Specify type) _____

☐ Other neurological Disorder (Specify type) _____

☐ Other/Explain *(Please explain the medical diagnosis/disability and then describe the health condition/limitation)* _____

☐ Visual Disability* (Specify type) ☐ Totally blind ☐ Legally Blind

**If person is legally blind, complete the following: Visual Fields or Visual Acuity with best correction* (Must complete for both eyes):

Right eye: _____ Left eye: _____

2. How far is the applicant able to walk or wheel?

Walking_____ city block(s) or _____feet

If they use a wheelchair_____ block(s) or _____feet

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

vehicles? ☐ Never ☐Sometimes ☐Always

If a PCA is needed, explain why. _____

4. Which of the following weather conditions impact the applicant's disability or health condition such that it prevents him/her from independently getting to and/or from a bus stop?

(Check all that apply)

☐ Severe Heat ☐ Extreme Cold ☐ Humidity ☐Pollution/Allergies

☐Other/Explain_____

5. What specific weather condition prevents this person from getting around on his/her own? How so?

_____

6. Please provide any additional information pertaining to applicant's ability to use ADA Transportation Service:_____

_____

_____

___

Part 3: Transit Function Abilities and Information

Indicate the extent of the Applicant's Disability	*Check all that apply–* Explain any responses to *NO or SOMETIMES* *(Please use additional sheets if necessary)*			
	Yes	No	Sometimes	Comments
Ask for, understand and follow directions				
Identifying a public transit vehicle (a bus)				
Understanding and/or handling bus fare (money) transactions				
Follow instructions in an emergency				
Recognize his/her destination while on a transit bus				
Once he/she gets off the bus at a transit bus stop, can they locate and reach his/her destination				
Cross a busy intersection to get to and/or from a transit bus stop				
Find his/her way between familiar locations				
Recognizing destinations if stops are announced				
Grasp coins, passes, and handles				
Communicate addresses, destinations, and telephone numbers to a transit driver				
Deal with unexpected situations or unexpected changes in routine, e.g., transit routes changed due to road construction				
Go up and down one to three 12-inch steps unassisted				
Able to wait outside without support for ten minutes				

This section must be completed or application will be returned.

I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

In signing, I acknowledge that, to the best of my knowledge, the information in this ADA Transportation Medication Verification Form is true and correct.

Licensed Physician Signature_____**Date**_____

_____ _____

Print or Type Name of Licensed Physician State of Florida License #

Office Address _____

City _____ State _____ Zip _____

Telephone _____Fax _____

Escambia County Area Transit
1515 W. Fairfield Dr. Pensacola,
FL 32501
Phone: 850-595-3228
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Email: ECCTAPPS@myescambia.com