ADA Paratransit Application Form

APPLICATION OVERVIEW

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you cannot answer, or if you need assistance to complete this form, please call 243-RIDE (243-7433)or 724-3100 prior to your certification interview. Every question on this application must be answered in order to schedule a certification interview. If the form is incomplete, you will be ineligible to schedule a certification interview.

The purpose of this application is to provide an opportunity for you to describe barriers in the environment and how your disability prevents you from using the fixed-route ABQ RIDE bus service. Information contained in this application will be kept confidential and shared only with professionals involved in evaluating your eligibility to utilize Sun Van.

SECTION 1: APPLICANT INFORMATION

Last Name: _____ **First Name:** _____ **M.I.:** _____

Street Address: _____ **Apt./Space #:** _____

Building Complex Name: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: ( ) _____ **Work Phone Number:** ( ) _____

Social Security Number: _____ **Date of Birth:** _____ ☐ **Male** ☐ **Female**

*If someone assisted you in completing this form, please identify them below:

Full Name: _____ Phone Number: ( ) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to applicant: _____

Signature: _____

DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY **January 2008**

Sun Van Identification Number: _____ Expiration Date: _____

Date Received in Office: _____ Employee Signature: _____

SECTION 2: APPLICANT'S CERTIFICATION

Indicate below the reasons you are seeking ADA paratransit eligibility (check all that apply):

☐ I can use the ABQ RIDE fixed-route bus service to go some places, but in other places I cannot get to and from the bus stops.

☐ I can use the ABQ RIDE fixed-route bus service sometimes, but only if they are equipped with operable wheelchair lifts.

☐ Because of my disability, I can never use the ABQ RIDE fixed-route bus service.

I understand that the purpose of this form is to determine if there are times when I cannot use the ABQ RIDE fixed-route bus service provided by the City of Albuquerque and must use the Sun Van service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this application form is true and correct. I authorize the medical professional who provided medical verification to release information relating to the disability to any doctor contracted by the City of Albuquerque to perform eligibility determinations.

Applicant's Signature: _____ **Date:** _____

SECTION 3: QUESTIONS REGARDING DISABILITIES & TRAVEL NEEDS

1. What type or types of disabilities prevent you from using ABQ RIDE fixed-route buses?

☐ Physical Disability ☐ Visual Impairment/Blindness

☐ Developmental Disability ☐ Mental Illness

☐ Other ☐ None

Please describe your disability in more detail: _____

_____

_____

2. Is the disability described above temporary or permanent?

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

☐ Permanent

3. Have you ever used the ABQ RIDE fixed-route bus service?

☐ Yes, I typically use the ABQ RIDE fixed-route bus service _____ times a week.

☐ No, I never use the ABQ RIDE fixed-route bus service.

4. Please indicate below if you use any of the following mobility aids and/or equipment.

☐ Walker ☐ Crutches ☐ Leg Braces

☐ Cane ☐ Long White Cane ☐ Portable Oxygen Supply

☐ Powered Scooter ☐ Powered Wheelchair ☐ Manual Wheelchair

☐ Other: _____ ☐ None

☐ Service Animal (describe): _____

5. Can you ask for and follow written/oral instructions to use the ABQ RIDE fixed-route bus service? ☐ Yes ☐ No ☐ Sometimes

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

☐ People can't understand me ☐ I get confused and might get lost

☐ I probably could with instruction ☐ Other: _____

6. What might help you ride the ABQ RIDE fixed-route bus service?

☐ Route/Schedule Information ☐ Travel Training ☐ Wheelchair Lifts

☐ Closer Bus Stops ☐ Other: _____

☐ None of these would help

7. Are you able to travel to the nearest bus stop? ☐ Yes ☐ No

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

☐ Inability to negotiate hilly terrain ☐ Extreme sensitivity to weather

☐ Allergic/environmental sensitivities ☐ Hyper-fatigue/frailty

☐ Night Blindness ☐ Inability to cross busy intersections

☐ Inability to climb three 10-inch steps ☐ Bus stop too far away

☐ Other (explain): _____

8. Using a mobility aid or on your own, how far can you walk or use a wheelchair?

☐ I cannot walk outside my home

☐ I can travel to the curb in front of my home

☐ I can travel 200 feet (the length of a city block)

☐ I can travel one-quarter (1/4) of a mile

9. Are you able to wait up to 30 minutes for an ABQ RIDE fixed-route bus?

☐ Yes ☐ Yes, only if the stop has a bench and shelter

☐ No, explain: _____

10. Do you know how to use a bus kneeler, ramp or lift?

☐ Yes ☐ No ☐ Sometimes ☐ I have never tried

11. If you are able to get on and off an ABQ RIDE fixed-route bus, can you get to a seat or wheelchair position by yourself and ride the bus?

☐ Yes ☐ No ☐ Sometimes ☐ I have never tried

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

☐ I have a balance problem ☐ I need a seat nearest the door

☐ I have trouble finding a seat ☐ Other: _____

12. If you are able to ride an ABQ RIDE fixed-route bus, do you know where to get off the bus or can you find out by yourself?

☐ Yes ☐ No ☐ Sometimes ☐ I have never tried

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

☐ I do not remember where I am going ☐ I can if the driver calls out the stops

☐ I probably could with travel training ☐ Other: _____

13. Are there any other conditions which limit your ability to use the ABQ RIDE fixed-route bus service?

☐ Yes (explain): _____

_____

☐ No

SECTION 4: CURRENT TRAVEL INFORMATION

Please list the trips that you will make most frequently using ABQ Ride's Sun Van service.

From (ex., 100 1st St. SW):	To (ex., Univ. Hosp. 1122 Lomas Blvd.):
_____	_____
_____	_____
_____	_____

SECTION 5: SUN VAN PARATRANSIT SERVICE OVERVIEW

Please read and check the box next to the following statements regarding Sun Van service:

- ☐ Sun Van is public transportation and I will be sharing rides with other passengers.
- ☐ Sun Van does not provide emergency service.
- ☐ I must show my Sun Van Identification Card and pay the full fare each time I ride.
- ☐ Three "No Shows" in a 30 day period will result in temporary suspension of services.
- ☐ Sun Van has 15 minutes before and 15 minutes after scheduled pick up time to arrive.
- ☐ Sun Van will wait five minutes from the time it arrives to pick you up.
- ☐ A maximum of three round trips may be scheduled per phone call.
- ☐ Sun Van is a curb-to-curb service, not a door-to-door service.

SECTION 6: EMERGENCY CONTACT INFORMATION

Please select an individual who would not be riding with you in the vehicle.

Full Name: _____ Relationship: _____

Home Phone: ( ) _____ Work Phone ( ) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

THIS CONCLUDES THE PORTION OF THE APPLICATION TO BE COMPLETED BY THE APPLICANT. SECTION 7 MUST BE COMPLETED AND SIGNED BY AN APPROPRIATE HEALTH CARE PROVIDER.

SCREENING COMMITTEE REVIEW:

Reviewed by: _____ **Date:** _____ ☐ **Approved** ☐ **Denied**

Reviewed by: _____ **Date:** _____ ☐ **Approved** ☐ **Denied**

Reviewed by: _____ **Date:** _____ ☐ **Approved** ☐ **Denied**

Comments: _____

_____

_____

_____

THIS SECTION IS TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER ONLY

Please Check One: _____Physician _____Licensed Health Care Provider
_____Licensed Rehab/Social Worker

Applicant's Name:_____

Medical diagnosis of condition causing disability:_____

_____

_____

_____

Is this condition permanent? _____Yes _____No
If not, expected duration? _____/_____/_____

Does This disability prevent application from using the fixed route service?
_____Yes _____No

If yes, please describe in detail:_____

_____

_____

_____

The following information will be used to ensure that an appropriate vehicle is sent to provide transportation and insure that an accurate analysis of applicants trip requests can be made by ABQ Ride.

Is the applicant able to give address and phone number upon request?
_____Yes _____No
Is the applicant able to recognize a destination or landmark?
_____Yes _____No
Is the applicant able to deal with unexpected situations or unexpected changes in routine?
_____Yes _____No
Is the applicant able to ask for, understand,and follow directions?
_____Yes _____No
Is the applicant able to safely travel through crowded or complex facilities?
_____Yes _____No

If the applicant has a visual impairment:
Visual acuity with best correction:
Right Eye_____ Left Eye_____ Both Eyes_____
Visual Fields:
Right Eye_____ Left Eye_____ Both Eyes_____

Please describe any other disability or effect that prevents applicant from using regular bus service._____
_____
_____

****

Based upon my professional knowledge of the applicant, I certify that the preceding information is true and correct

_____

Name of Health Care provider (Please Print) **Office Phone Number**

_____

Office Street Address **City** **State** **Zip**

_____

State License Number

_____ _____

Signature **Date**