

## CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

The information obtained in this certification process will only be used by Pine Bluff Transit for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be shared with any other person or agency.

1. Name: _____				
2. Address: _____				
	Street	City	State	Zip Code
3. Phone: (Home) _____ (Work) _____				
4. Date of Birth: ____/____/____ Occupation: _____				
5. Name of Emergency Contact: _____ Phone: _____				
6. Relationship to applicant: (Circle One) Spouse...Son...Daughter...Sister...Brother... Parent				

7. What is the disability which prevents you from using Pine Bluff Transit's fixed route service?	
_____	
8. Is this condition temporary?      Yes    /    No	
9. If yes, how long will the disability last?      ____ / ____ / ____	
10. How does this disability prevent you from using fixed route service? Please explain completely. Use additional sheet if needed. _____	
_____	
_____	
11. Are there any other effects of your disability of which we need to be aware?	
_____	

The following information will be used to ensure that an appropriate vehicle is utilized to provide you with transportation and that an accurate analysis of your trip requests can be made by Pine Bluff Transit.

12. Do you use any of the following aids to mobility? (Check all that apply)

Manual Wheelchair \_\_\_\_\_ Electric Wheelchair \_\_\_\_\_ Power Chair or Scooter \_\_\_\_\_ Cane \_\_\_\_\_  
Crutches \_\_\_\_\_ Personal Care Attendant \_\_\_\_\_ Guide Dog \_\_\_\_\_ Other \_\_\_\_\_

13. Do you require a personal care attendant when you travel using transit? Yes / No

Please mark the appropriate response to the following questions:

	Yes	No	Sometimes
14. Can you travel 200 feet without the assistance of another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Can you travel ¼ mile without the assistance of another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Can you climb three 12 inch steps without assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Can you wait outside without support for ten minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order to allow Pine Bluff Transit to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.

The following Physician\_\_ Healthcare Professional\_\_ Rehabilitation Professional\_\_ (check one) is familiar with my disability and is authorized to provide information to Pine Bluff Transit required to complete the certification.

Name of Physician or other Healthcare Official \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

16. I hereby certify that the information provided above is correct and authorize the release of additional information from the Healthcare Provider listed above in order to complete this certification.

Sign \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If other than applicant, what is your relationship to the applicant? \_\_\_\_\_