



Call-A-Ride Eligibility Application

GENERAL INFORMATION (Please print)

The information on this form will be used solely for the purpose of determining eligibility for Call-A-Ride or Life-Line paratransit service. The information that you furnish will be kept strictly confidential. Please make sure you fill out the form completely. If you have questions regarding the form please call (435) 792-3122.

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt Number _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Date of Birth (month/day/year) _____ Gender (M/F) _____

Home Phone: _____ Work: _____ Cell: _____

Name and phone number of a friend or relative we can contact in case of an emergency or if we are unable to reach you at your regular number:

Name _____

Address _____

Relationship _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

1. **Do you have a disability which prevents you from using Cache Valley Transit District's (CVTD) fixed route bus service?** Yes _____ No _____

If yes, please describe any and all physical, mental, visual or functional disabilities which **prevent** you from using the CVTD's fixed route bus service.

If no, please explain why you feel you are eligible for Call-A-Ride.

2. **Is your disability a permanent condition?** Yes _____ No _____

If no, how long do you expect to have this disability? (Date) _____

3. **Do you need to travel with someone who assists you?** Yes _____ No _____
Sometimes _____

4. **Do you use any of the following mobility aids?** (Please check all that apply)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Motorized wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Powered scooter | <input type="checkbox"/> Crutches | _____ |
| <input type="checkbox"/> Personal care attendant | <input type="checkbox"/> Service Animal | _____ |

NOTE: CVTD will not transport a mobility aid that exceeds the "common wheelchair" parameters as set forth in the ADA regulation manual (49 C.F.R. Section 37.3), including a mobility aid that:

- (1) Is longer than 48 inches, measured 2 inches above the ground
- (2) Is wider than 30 inches
- (3) Weighs more than 600 pounds when occupied

5. **Using a mobility aid or on your own, how far are you able to travel without the assistance of another person?** (check all that apply)

- ½ block
- 1 block
- 2 blocks
- 4 blocks
- More than 4 blocks
- Wait outside without support for ten minutes
- None of the above apply

6. **How far is the closest bus stop to where you live?**

- Within a block
- ¼ mile
- ½ mile
- ¾ mile
- Unsure

7. **Do you currently ride a CVTD fixed route bus independently?**

Yes _____ No _____
Sometimes _____

8. **If you do not presently use CVTD fixed route services, what are the conditions of your disability which prevent you from riding the bus?**

9. **Does weather impact your ability to travel?**

Yes _____ No _____

If yes, please explain how weather condition(s) impact your ability to ride the fixed route bus. Please be as specific as possible. (example: below “X” degrees, etc.)

10. **Are there any circumstances in which you could independently use the accessible fixed route bus service?**

11. **List your most frequent destinations and how you get there currently.**

12. **Can you independently cross the street?**

Yes _____ No _____
Sometimes _____

13. Without the assistance of another person, are you able to:

	Yes	No	Sometimes
Give addresses and phone numbers on request?	_____	_____	_____
Recognize a landmark?	_____	_____	_____
Sign your name?	_____	_____	_____
Deal with unexpected situations?	_____	_____	_____
Ask for, understand and follow directions?	_____	_____	_____

14. Please list any medications you are currently taking which may affect your ability to use regular fixed route service and their side effects?

15. What best describes your ability to use the fixed route buses?

- I can get to and from bus stops if the distance is not too great.
- The severity of my disability or health condition can change from day to day. I can ride the fixed route buses when I am feeling well, but not at other times.
- I have a disability or health condition that makes it difficult or impossible to travel when there is snow or ice.
- I can get to and from bus stops only if there are curb-cuts and level sidewalks.
- I have difficulty understanding or remembering all the things I would have to do to use the fixed route buses.
- I can use the fixed route buses if it's someplace I go all the time. *(We offer travel training if you would like assistance in familiarizing yourself with the trips you take most frequently. For more information call (435) 792-3122, or check the box below.)*
- I would like travel training information on how to use the CVTD fixed route buses.
- I can never use the fixed route buses by myself.
- I am not able to use the fixed route buses for other reasons. Please explain:

In order for CVTD to evaluate your request for eligibility we may need to contact a professional who is familiar with your health condition or disability and your functional abilities and limitations. Please list at least two professionals that we can contact if we need additional information. The following is a list of examples of qualified professionals:

Family Physician	Psychiatrist	Rehabilitation Specialist
Physical Therapist	Occupational Therapist	Case Manager
Independent Living Specialist	Registered Nurse	Ophthalmologist

1. Name of Professional: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Relation to applicant: _____

2. Name of Professional: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Relation to applicant: _____

3. Name of Professional: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Relation to applicant: _____

- I hereby affirm that the statements made herein are true and correct and I understand that falsification of information may result in denial of service.
- I authorize the health care professional(s) on the preceding page to release information about my disability and its affect on my ability to travel. It is my understanding that the information released will be used solely to determine my ADA paratransit eligibility. I understand that I may revoke this authorization at any time. Unless previously revoked, this form will permit the professional(s) on the preceding page to release the information described until 60 days after the date appearing below.
- I authorize Cache Valley Transit District to have access to my disability information in order to assist me in my travel needs.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____
(PLEASE PRINT)

If someone other than the applicant completed this form on behalf of the applicant, that person must complete the following:

Name: _____

Address: _____ Relationship to Applicant: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Date: _____

Please send completed application to:

**Cache Valley Transit District
ADA Eligibility Specialist
150 East 500 North
Logan, UT 84321**

Phone: (435) 792-3122

Fax: (435) 753-0993