Certification of ADA Paratransit Eligibility

THE INFORMATION OBTAINED IN THIS CERTIFICATION PROCESS WILL ONLY BE USED BY KVRTA/KAT FOR THE PROVISION OF TRANSPORTATION SERVICES. INFORMATION WILL ONLY BE SHARED WITH OTHER TRANSIST PROVIDERS TO FACILITATE TRAVEL IN THOSE AREAS. THE INFORMATION WILL NOT BE PROVIDED TO ANY OTHER PERSON OR AGENCY.

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1. NAME____
2. ADDRESS____
   CITY_____________________________STATE__________ZIP__________________
3. TELEPHONE NUMBER(____) ____________WORK(____)_____________________
4. EMERGENCY CONTACT PERSON____
   EMERGENCY NUMBER (______)____
5. DATE OF BIRTH______________/________________/________________________

6. WHAT IS THE DISABILITY WHICH PREVENTS YOU FROM USING OUR FIXED ROUTE SERVICE? ____

____

____

IS THIS CONDITION TEMPORARY? _________ IF YES, EXPECTED DURATION TIL

_________/_________/_________

7. HOW DOES THE DISABILITY PREVENT YOU FROM USING FIXED ROUTE SERVICES? PLEASE EXPLAIN COMPLETELY. USE ADDITIONAL SHEET IF NEEDED. ___________

____

____

____

8. 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 YOUR TRANSPORTATION AND THAT AN ACCURATE ANALYSIS OF YOUR TRIP REQUESTS CAN BE MADE BY KVRTA/KAT.

9. DO YOU USE ANY OF THE FOLLOWING AIDS FOR MOBILITY? (CHECK ALL THAT APPLY)

MANUAL WHEELCHAIR____ ELECTRIC WHEELCHAIR____ POWERED SCOOTER____

CANE____ CRUTCHES____ PERSONAL CARE ATTENDANT____ GUIDE DOG____

10. DO YOU REQUIRE A PERSONAL CARE ATTENDANT WHEN YOU TRAVEL USING TRANSIT?

YES__________ NO__________

11. PLEASE ANSWER THE FOLLOWING QUESTIONS:

CAN YOU TRAVEL 200 FEET WITHOUT THE ASSISATANCE OF ANOTHER PERSON?

YES_____ NO_____ SOMETIMES____

CAN YOU TRAVEL ¼ MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

YES_____ NO_____ SOMETIMES____

CAN YOU TRAVEL ¾ MILE WITHOUT THE ASSISTANCE OF ANOTHER PERSON?

YES_____ NO_____ SOMETIMES____

CAN YOU CLIMB THREE 12 INCH STEPS WITHOUT ASSISTANCE?

YES_____ NO_____SOMETHIMES____

CAN YOU WAIT OUTSIDE WITHOUT SUPPORT FOR TEN MINUTES?

YES_____ NO_____ SOMETIMES____

12. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT.

SIGNED____ DATE______/______/_______

PLEASE PROVIDE DIRECTIONS TO YOUR HOME_______________________________________

____

13. IF THIS APPLICATION HAS BEEN COMPLETED BY SOMEONE OTHER THAN THE PERSON REQUESTING CERTIFICATION, THAT PERSON MUST COMPLETE ATHE FOLLOWING:

NAME____

ADDRESS____

DAYTIME PHONE (_____) ____

SIGNED____DATE_______/________/_________

IN ORDER TO ALLOW KVRTA/KAT 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 AUATHORIZATION FORM.

DOCTOR'S NAME____

DOCTOR'S ADDRESS____

CITY______________________________STATE________ZIP_________________

DOCTOR'S PHONE (_______) ____

PATIENT NAME(PRINT)____________________________________DATE OF BIRTH_______________

PATIENT SIGNATURE______________________________________DATE_______________________

RETURN FORM TO: KAT

P.O. BOX 1188

CHARLESTON WV 25324