

APPLICATION FOR ADA PARATRANSIT SERVICE CERTIFICATION

Terrebonne Parish Consolidated Government



The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that bans discrimination against people with disabilities. To meet their needs, public transit systems must provide a variety of services.

If you have a disability that prevents you from using a ramp- or lift-equipped public transit bus some or all of the time, you may be eligible for ADA paratransit service.

All information will be kept confidential. Only the information required to provide the services you request will be disclosed to those who perform those services. Your answers will not be shared with any other person or company.

It is important that all parts of this form are completed. If the application is incomplete, it will be returned to you, which will delay the processing of your application.

Please use the envelope provided or return to:

Terrebonne Parish Consolidated Government
Transit Division
Administrative Coordinator II
Post Office Box 2768
Houma, Louisiana 70361

If you have any questions, please call 985-850-4616.

APPLICATION FOR ADA PARATRANSIT SERVICE CERTIFICATION

Terrebonne Parish Consolidated Government



| SECTION 1: PERSONAL INFORMATION | | | |
|---|--|----------------------------|----------------|
| Name Last | Suffix | First | Middle initial |
| Street address | City | State | Zip code |
| Mailing address | City | State | Zip code |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of birth (MM/DD/YYYY) | |
| Phone number | Telecommunications device for the deaf | Email address (optional) | |
| Language ability (please check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____ | | | |
| EMERGENCY CONTACT | | | |
| Emergency contact name | | Relationship | |
| Phone number | Telecommunications device for the deaf | Email address (optional) | |

| SECTION 2: MOBILITY INFORMATION | | |
|---|--|--|
| 1. Which of these mobility aids or equipment do you use to help you get to where you need to go? (please check all that apply to you) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Cane</div> <div style="width: 33%;"><input type="checkbox"/> Manual wheelchair</div> <div style="width: 33%;"><input type="checkbox"/> Service dog</div> <div style="width: 33%;"><input type="checkbox"/> White cane</div> <div style="width: 33%;"><input type="checkbox"/> Power wheelchair</div> <div style="width: 33%;"><input type="checkbox"/> Picture board</div> <div style="width: 33%;"><input type="checkbox"/> Walker</div> <div style="width: 33%;"><input type="checkbox"/> Powered scooter/cart</div> <div style="width: 33%;"><input type="checkbox"/> Alphabet board</div> <div style="width: 33%;"><input type="checkbox"/> Crutches</div> <div style="width: 33%;"><input type="checkbox"/> Portable oxygen</div> <div style="width: 33%;"><input type="checkbox"/> Other: _____</div> </div> | | |
| 2. Using a mobility aid or on your own, how many blocks can you go on level ground? <input type="checkbox"/> Less than 2 <input type="checkbox"/> 2 to 4 <input type="checkbox"/> More than 4 | | |
| 3. If you were to ride the fixed route bus, would you need the assistance of another? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> No <i>If answered "Always" or "Sometimes," then explain the reason for assistance.</i> <input type="checkbox"/> To help me get to or from the bus stop. <input type="checkbox"/> To help me get on or off the bus. <input type="checkbox"/> Other: _____ | | |
| 4. Have you ever had any training to learn how to use the fixed-route transit bus? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but I am interested in learning more about the travel training program. Training Type: <input type="checkbox"/> General bus travel <input type="checkbox"/> How to ride specific routes Training location: _____ Status: <input type="checkbox"/> I completed the training. <input type="checkbox"/> I did not complete the training. | | |

SECTION 2: MOBILITY INFORMATION (CONTINUED)

5. If you are found eligible for paratransit services, check appropriate statements:

- ☐ I am able to meet the van at the curb at my home without assistance.
- ☐ I need assistance from my door to the van at the curb.
- ☐ I need assistance from the van to the door of my destination.
- ☐ I would **sometimes** need assistance to or from the van and will notify Good Earth Transit when booking my trip if I need additional assistance beyond the curb.

Explain why and when you will need additional assistance.

6. Please list your five most frequent trips and how you get there now.

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION 3: DISABILITY OR HEALTH CONDITION INFORMATION

Indicate all conditions that affect your ability to use the bus.

1. General medical conditions

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Organ transplant |
| <input type="checkbox"/> Other: _____ | | |

2. Bone and joint conditions

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Ankylosing Spondylitis | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Fusion | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Amputation of: _____ | | <input type="checkbox"/> Broken bone: _____ |
| <input type="checkbox"/> Other: _____ | | |

3. Brain/nerves/muscle conditions

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Hemiplegia |
| <input type="checkbox"/> Post-polio | <input type="checkbox"/> Brain injury | <input type="checkbox"/> Huntington's chorea |
| <input type="checkbox"/> Quadriplegia | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Spina bifida | <input type="checkbox"/> Dementia | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Vertigo/dizziness | <input type="checkbox"/> Guillain-Barre | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Other: _____ | | |

SECTION 3: DISABILITY OR HEALTH CONDITION INFORMATION (CONTINUED)*Indicate all conditions that affect your ability to use the bus.***4. Heart and circulatory conditions**

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Angina | <input type="checkbox"/> Heart attack |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Edema | <input type="checkbox"/> High blood pressure | |
| <input type="checkbox"/> Other: _____ | | |

5. Lung and breathing conditions

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Allergies | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Asthma | <input type="checkbox"/> Cystic fibrosis |
| <input type="checkbox"/> Lung cancer | <input type="checkbox"/> Other: _____ | |

6. Vision/hearing/speech conditions

- | | | |
|---|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Aphasia | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Legally blind |
| <input type="checkbox"/> Partially sighted | <input type="checkbox"/> Deaf-blind | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Visual field deficit | <input type="checkbox"/> Diabetic retinopathy | <input type="checkbox"/> Night blindness |
| <input type="checkbox"/> Other: _____ | | |

7. Developmental/Mental Conditions

- | | | |
|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Autism | <input type="checkbox"/> Dwarfism |
| <input type="checkbox"/> Mood disorder | <input type="checkbox"/> Psychosis | <input type="checkbox"/> Thought disorder |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Mental disability | |
| <input type="checkbox"/> Mild | <input type="checkbox"/> Mild | |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate | |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Severe | |
| <input type="checkbox"/> Other: _____ | | |

8. Is your health condition or disability temporary?

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Yes | If yes, how long do you expect it to last? _____ | Number of years |
| <input type="checkbox"/> No | If no, how long have you had this condition or disability? <input type="checkbox"/> Since birth | <input type="checkbox"/> _____ Number of years |
| <input type="checkbox"/> Unsure | If unsure, how long have you had this condition or disability? <input type="checkbox"/> Since birth | <input type="checkbox"/> _____ Number of years |

9. Does your disability or health condition change from time to time in ways which affect your ability to use the bus?

- | | |
|------------------------------|------------------------|
| <input type="checkbox"/> Yes | Please describe: _____ |
| <input type="checkbox"/> No | |

SECTION 4: FIXED-ROUTE BUS USE INFORMATION*Please answer all questions even if you do not ride the regular fixed-route bus.***1. Do you ride the regular fixed-route bus service?**

- | | | |
|------------------------------|--|--------------------------------|
| <input type="checkbox"/> Yes | How many days per week? _____ | How many days per month? _____ |
| <input type="checkbox"/> No | <input type="checkbox"/> No, but I used to ride the bus. | |

SECTION 4: FIXED-ROUTE BUS USE INFORMATION (CONTINUED)

Please answer all questions even if you do not ride the regular fixed-route bus.

2. Can you communicate with a bus driver yourself or with the help of an aid (such as a letter board or bus route ID cards)?

☐ Yes

☐ No

Please check all that apply.

☐ I cannot understand the driver.

☐ I need a communication aid and don't have one.

☐ Other people cannot understand me.

☐ Other: _____

3. How many blocks do you need to go to get to a bus stop?

☐ Less than 2

☐ 2 to 4

☐ More than 4

☐ Don't know

4. Using a mobility aid or on your own, can you make your way to the bus stop?

☐ Yes

☐ No

Please check all that apply.

☐ I can't find the stop because I get confused.

☐ I need someone to help me get there.

☐ I could with training.

☐ I don't want to ride the fixed-route service buses.

☐ The ground is too uneven for me to get there.

☐ I can't go that far.

☐ Heavy rain makes it impossible for me to get there.

☐ Other: _____

5. Can you wait 10 minutes at a bus stop that does not have seats and a shelter?

☐ Yes

☐ No

Please check all that apply.

☐ I get confused and might get lost.

☐ I don't like to wait that long.

☐ Standing for 10 minutes makes me too tired to ride the bus.

☐ Very cold weather is dangerous to my health.

☐ Very hot weather is dangerous to my health.

☐ Other: _____

6. Do you know where to get off the bus or can you find out?

☐ Yes

☐ No

Please check all that apply.

☐ I get confused or can't remember where I'm going.

☐ I don't know where the bus stop is.

☐ I need a communication aid and don't have one.

☐ I could with training.

☐ Other: _____

SECTION 4: FIXED ROUTE BUS USE INFORMATION (CONTINUED)

Please answer all questions even if you do not ride the regular fixed-route bus.

7. From where the bus stops to let you off, can you make your way to the place you need to go?

☐ Yes

☐ No

Please check all that apply.

☐ I get confused or can't remember where I'm going.

☐ I need someone to help me get there.

☐ I feel unsafe there.

☐ I don't want to ride the bus.

☐ The ground is too uneven or steep for me to get there.

☐ I can't walk that far.

☐ I could with training.

☐ Other: _____

8. Are there any other conditions which limit your ability to use the bus?

☐ Yes

☐ No

Please explain.

SECTION 5: APPLICANT SIGNATURE

Do not detach – must be submitted with application.

I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those service. I understand that TPCG may contact the health care professional who has completed the Professional Verification attached to this application in order to confirm this information.

Applicant signature

Date

Person completing form if other than applicant (please check one):

☐ I certify that the information provided in this application is true and correct based upon information given to me by the applicant.

☐ I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

Exceptions or additions:

Name Last

Suffix

First

Address

City

State

Zip code

Date

Phone number

Relationship to applicant

SECTION 6: PROFESSIONAL VERIFICATION

This portion of the TPCG Paratransit Eligibility Certification Application must be completed by one of the following currently licensed professionals: registered nurse, physician, social worker, psychologist, physical therapist, chiropractor, occupational therapist, speech pathologist, nurse practitioner, physician's assistant, mental health counselor, respiratory therapist, vocational rehabilitation counselor, or recreation therapist employed by a medical facility.

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill which bans discrimination against people with disabilities. To meet their needs, public bus systems must provide a variety of services.

The applicant may be found eligible for one of the following:

- paratransit van service for all trips he/she requests
- paratransit van service for some trip requests but not for others (based on functional ability)
- capable of using the regular bus

Note: All TPCG buses are low-floor vehicles which eliminate steps to enter a bus and feature ramps for wheelchairs. The information you provide will enable us to make an appropriate determination for each trip request. All information will be kept confidential. Thank you for your assistance.

Please describe the capacity in which you know the applicant:

What is the diagnosis of the applicant's disability? Please describe specifically as possible in layman's terms:

Does the applicant's condition prevent him/her from using a low-floor ramp equipped bus?

☐ Yes

☐ No

Is the condition temporary?

☐ Yes, for _____ months.

☐ No

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

Exceptions or additions:

| | | | |
|----------------------|---|-------|----------|
| Print name and title | Signature | | |
| Date | Phone number | | |
| Clinic/agency | Professional license, registration, or certification number | | |
| Address | City | State | Zip code |