



LAWRENCE TRANSIT SYSTEM
 930 East 30th St.
 Lawrence, KS 66046
 Phone: 785-312-7054 Fax: 785-312-7958
www.lawrencetransit.org

T LIFT PARATRANSIT ELIGIBILITY APPLICATION

PART A Personal/Contact Information

The **T Lift** provides door-to-door paratransit service to individuals who cannot use the regular **T** system to make all their trips. To be eligible for service, the functional limitations of an individual's disability must prevent use of regular fixed-route bus service. Age, distance from a bus stop or inability to drive by themselves, are not taken into consideration in determining eligibility. **To become eligible for service, applicants and along with a qualified professional such as Physician (M.D. or D.O.) or registered nurse, Physical or occupational therapist, Psychiatrist, psychologist, or mental health counselor, Vocational counselor, rehabilitation specialist or independent living skills trainer, Licensed social worker or case manager, Orientation and mobility instructor or travel trainer, Ophthalmologist must complete and submit PART A and PART B for review.** Applicants will also need to complete an Authorization Form for Disclosure of Protected Health Information attached to Part B that will be submitted by the qualified professional. Please Type or Print in Ink to complete application forms.

Last Name _____ First Name _____ MI _____
 Address _____ Apt. No. _____
 City/Town _____ State _____ Zip _____
 Home Phone : (____) _____ Work Phone: (____) _____
 TTD/TTY (____) _____ Cell Phone (____) _____
 DOB ____/____/____ E-Mail address: _____

Do you require information in an alternative format?

Braille _____ Large Print _____ Audio Tape _____ Other: _____

If someone is helping you with this application, that person **must** complete the following:

Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____

Emergency Contact Information:

Name _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

INFORMATION ABOUT YOUR ABILITIES

1. What is the disability or health condition that **prevents** you from using the regular fixed-route **T** service?

- Certified Legally Blind
- Loss or inability to use one or more limbs
- Severe effects of stroke
- Paralysis affecting mobility, speech, vision or memory
- Severe Arthritis
- Autoimmune Disorders, for example, Lupus or Scleroderma etc.
- Severe cardiac and/or respiratory impairment affecting strength and/or endurance
- Severe emotional disorder (may require an escort)
- Developmental disabilities, for example, mental retardation, cerebral palsy, epilepsy, autism or neurological disorder, etc.
- Hearing loss accompanied by an inability to understand speech with/without a hearing aid

Other (*please explain*):

a. Is your disability permanent? Yes No

b. Is your disability temporary? Yes No

If your disability is temporary, how long do you think it will be until you are better?

_____ Months.

c. Is there a season during the year that your disability/health condition worsens and prevents you from traveling without help?

(Check all that apply)

Spring _____ Summer _____ Fall _____ Winter _____

2. Do you use any of the following mobility aids? **Check all that apply.**

- | | | | |
|-------------------|-------|---------------------|-------|
| Manual Wheelchair | _____ | Electric Wheelchair | _____ |
| Powered Scooter | _____ | Cane | _____ |
| Walker | _____ | White Cane | _____ |
| Service Animal | _____ | Crutches | _____ |
| Oxygen | _____ | Other (please list) | _____ |

3. **Explain** how your disability or health condition stops you from traveling on regular fixed-route **T** service:

4. Does your disability or health condition change much from day to day?

_____ Yes _____ No

If yes, explain:

5. Do changes in weather (like extreme heat, cold, wind, rain, snow and/or ice) combined with your disability or health condition **stop** you from using the regular fixed-route **T** bus service? _____ Yes _____ No

If yes, explain completely. Use an additional sheet if necessary.

6. Does rough terrain make it hard for you to travel?

_____ Yes _____ No _____ Sometimes

If you answered **Yes or Sometimes**, how does rough terrain make it hard for you?

7. Do you require the assistance of a personal care attendant (PCA) when you travel? (**Riders must have their own PCA**)

_____ Yes _____ No _____ Sometimes

8. All Lawrence Transit System vehicles have wheelchair lifts (if you are unable to climb stairs, you can stand on the lift). Would you be able to get onto and off of a regular bus **without the help of another person?** (The driver operates the lift and helps with the securement system. Lifts have handrails.)

_____ Yes _____ No _____ Sometimes

If you answered **No or Sometimes**, explain why:

9. Does your disability or health condition **stop** you from getting to or from a bus stop without help from another person, for one of the following reasons?

(Check all that apply.)

___ Unable (not just difficult) to travel on rough or hilly terrain

___ Extreme sensitivity to certain weather conditions

___ Extreme fatigue due to health condition

___ Unable to cross busy intersections

___ Lack of sidewalks and curb cuts at bus stop

___ Unable to locate bus stop due to a visual impairment

___ Unable to wait outside for ten (10) minutes

___ Unable to travel on ice or snow covered surfaces

___ Unable to identify correct bus in the daytime when it is light

___ Unable to identify correct bus in early morning or evening hours when it is dark

___ Other

Please explain: _____

10. How many blocks is your home to the nearest bus stop?
(A city block is approximately 500 feet long)

11. Does your disability **stop** you from getting/walking to the nearest bus stop?
_____ Yes _____ No _____ Sometimes

If you answered **Yes or Sometimes**, explain why.

12. Indicate below how far you are able to travel **without** help.

___ Less than 200 feet ___ ¼ mile (3 blocks) ___ ½ mile (6 blocks)

___ ¾ mile (9 blocks) ___ more than ¾ of a mile

13. If you can only travel less than 200 feet, *please explain*.

14. After arriving at a bus stop, how long can you wait outside (**not sitting**) until the bus arrives?

30 minutes or longer _____ 15 minutes _____ 10 minutes _____

less than 10 minutes_____

If you cannot stand while waiting, *why not?*

15. Are you **able** to perform the following functions without assistance from another person: (**check all that apply**)

- Understand and/or process information
- Ask for, or follow written or oral information, such as schedules including TDD, audio tape or voice?
- Figure out the correct fare?
- Follow instructions in an emergency?
- Recognize your destination while on the bus?
- Once you get off the bus, locate and reach your destination?
- Cross a busy intersection?
- Find your way between familiar locations?
- Signal the bus driver to get off the bus at a familiar stop and then get off the bus? *Assume the driver calls all stops.*
- Grasp coins, passes, and handles?
- Communicate addresses, destinations, and telephone numbers on request?
- Deal with unexpected situations or unexpected changes in routine, e.g., route changed due to road construction, regular bus stop closed?
- Go up and down steps?

16. How many 10-inch stairs with a handrail can you climb?

0 1 2 3 4 or more

17. How many 7-inch stairs with a handrail can you climb?

0 1 2 3 4 or more

18. Have you ever used or do you use the regular **T** bus service to travel?

_____ Yes _____ No

If yes, what routes do you use most often? _____

19. When was the last time you used the regular **T** bus service to travel?

Currently _____ Less than 6 months ago _____ 6-12 mos. ago _____

More than 1 year ago _____ Over 3 years ago _____ Never _____

20. Have you ever received travel training on the regular **T** bus system?

_____ Yes _____ No

21. If training for riding on the regular **T** bus system were available at no charge, do you think that you would benefit from receiving this training?

_____ Yes _____ No

I understand that the purpose of completing PART A is the first step to determine if I am eligible for **T Lift ADA Complementary Paratransit Service**.

Furthermore, I agree to have a **qualified professional** conduct an independent professional assessment of my eligibility by completing PART B of the application process. I understand that failure to participate in this assessment will result in a denial of eligibility for the Lawrence Transit System **T Lift** paratransit service.

I understand that both Part A, Part B, and the Authorization Form for Disclosure of Protected Health Information attached to Part B must be submitted to complete the application review. In addition, I authorize the qualified healthcare professional completing Part B on my behalf to release this information to the Lawrence Transit System for their review as well as any supporting or other pertinent information about my health or medical condition to assist Lawrence Transit System assigned staff in determining eligibility for **T Lift** service. I understand that upon receipt of both Part A submitted by me or a representative on my behalf, and Part B by a qualified professional conducting the independent professional assessment, will begin the 21 calendar day application review

period by the Lawrence Transit System. I understand that the Lawrence Transit System may need to contact me or a representative on my behalf regarding my application as well as possibly the qualified professional completing Part B to obtain more information.

I certify by my signature that I have been truthful in answering all questions in this application, and that the information I have provided is correct. I understand that providing false information could result in denial of service.

Applicant's Signature

Date
