



# Blacksburg Transit ACCESS

Application #1

## Request for Certification of Eligibility

Blacksburg Transit ACCESS (BT ACCESS) is an ADA Paratransit service that provides persons who, due to a disability, are unable to use Blacksburg Transit's public fixed route transportation, which includes low floor accessible buses. Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you cannot answer, or if you need assistance to complete this form, please call BT ACCESS at 540-443-1533. The purpose of this application is to describe how your disability prevents you from using Blacksburg Transit's fixed route bus service. The more information you provide the better BT ACCESS will understand your ability and travel challenges, including any barriers in your environment that obstruct you from getting to fixed route bus stops.

BT ACCESS will send the Doctor's Information form to your physician, health care professional, and/or rehabilitation provider. After the application and the Doctor's Information form is completed, we will notify you of your level of Paratransit eligibility or explanation of the determination of ineligibility.

Only professionals involved in evaluating your eligibility review all information contained in this application.

Do you require further materials in a different format? If so, please check one:

- Braille
- Audio Cassette
- Large Print
- Other Language: \_\_\_\_\_

### I. General Information (Please Print)

Name \_\_\_\_\_  
*Last First MI*

Street Address \_\_\_\_\_

(Bldg. # // Apt. #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you live inside Blacksburg Corporate Limits \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*This does not determine your eligibility\*\***

Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

**Contact person in the event of an emergency. Please select someone who would not be riding in the vehicle with you:**

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

**To be completed if the applicant was helped by another person in the completion of this application.**

Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

**I understand that the purpose of this form is to determine if I am eligible to ride BT ACCESS, and that BT ACCESS staff may need to contact me for more information. I certify that I have been truthful in answering this form, and that the information I have provided is correct.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**(Required: Signature of Applicant or Responsible Party) Date**

**Please read the following statements and check those that best describe the reason you are requesting BT ACCESS (ADA) eligibility.**

- I can use BT buses sometimes, if the conditions are right
- I believe I could learn to ride the bus if someone taught me.
- I have difficulty or cannot climb stairs and can only board a BT bus if it has a lift.
- I have a visual disability that prevents me from ever getting to and from the bus, even with training.
- The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
- Because of my disability, I can **never** use the bus by myself.
- I can get to and from the bus stop if the distance is not too great and the route is free from physical barrier.
- There is no BT fixed route bus service in my area.
- I am not sure if I can use the bus.

- My disability makes it impossible to walk to and from the bus, even in good weather.
- I **do not** want to ride the fixed route bus.
- I am not able to use the BT bus for other reasons. (Please explain):

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**II. Information About Your Disability and Mobility Equipment**

What disability(s) prevents you from safely using our accessible fixed route bus service? *Please check all that apply:*

- Physical
- Mental Illness
- Mental / Cognitive
- Visual Impairment

**\*\*Required Information – Please describe / explain your disability on the line below: Examples – Diabetes / COPD / Legally Blind / TBI**

**\*\*My disability is - \_\_\_\_\_\*\***

- Is your disability permanent?  Yes  No
- If **No**, how long do you expect to have your disability? \_\_\_\_/\_\_\_\_/\_\_\_\_
- Does your disability change much from day to day?  Yes  No
- Check the mobility aid you would normally use for a trip:
  - Manual Wheelchair
  - Electric Wheelchair
  - Large Electric Wheelchair
  - Powered Scooter/Cart
  - 3 Wheeled Scooter/Cart
  - Cane
  - Prosthesis
  - Other \_\_\_\_\_
  - Service Animal
  - White Cane for Blindness
  - Crutches
  - Walker
  - Leg Brace(s)/ Cast
  - Oxygen Tank
  - Communication Device
- Do you request a Personal Care Attendant (PCA) to accompany you when traveling?
  - Yes, I need assistance when I travel including:
    - Mobility
    - Reading
    - Transfers
    - Other: \_\_\_\_\_
    - All of the above
  - No

- Can you safely get to the BT ACCESS vehicle without the help of another person?       Yes       No       Sometimes

If **No** or **Sometimes**, please explain?

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### **III. Use of Fixed Route Service**

- If you currently use Blacksburg Transit's fixed route Bus service, do you need the assistance of another person?  
(Check One)       Always       Sometimes       Never

- If you ever need another person's assistance, what does that person do for you? \_\_\_\_\_

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- What is the closest bus stop to your home that meets your needs? Please give the location (ex: Corner of Marlinton and Main) \_\_\_\_\_

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- Can you safely get to this bus stop by yourself?  
(Check One)       Always       Sometimes       Never

If sometimes or **never**, please explain: \_\_\_\_\_

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- What is the most difficult part of riding Blacksburg Transit's fixed route bus service for you? Please list as many things as you can think of:

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- Can you safely cross the street by yourself?  
(Check One)       Always       Sometimes       Never

If **Sometimes**, under what circumstances? \_\_\_\_\_

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- Does your health condition or transportation disability change from day to day in a way that affects your ability to use accessible buses?
  - Yes, good on some days, bad on others
  - No, does not change
  - Do not know

If **Yes** or **Do not know** was selected, explain why. \_\_\_\_\_

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#### **IV. Travel / Mobility Training**

- Have you ever received training to learn how to use the bus or travel around the community?  
(Check One)  Yes  No

If yes, which agency or person provided the training? \_\_\_\_\_

- When were you trained? \_\_\_\_\_

- Did you successfully complete training?  Yes  No

If **No**, why not? \_\_\_\_\_

- Was your training route specific?  Yes  No

- Would you like to participate in free training to learn to ride the bus?  
 Yes  No

#### **V. Weather Considerations**

- Does the weather affect your ability to use Blacksburg Transit fixed route bus service?  Yes  No

If you answered yes please explain how: \_\_\_\_\_

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## **VI. Your Functional Ability**

Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, check one answer box. Your answers should be based on how you feel most of the time, under normal circumstances, using your mobility equipment, and whether you can perform this activity independently.

### **Without the help of someone else, can you:**

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1. **Walk up and down three steps if there are handrails on both sides:**  
 Always     Sometimes     Never     Not sure
2. **Use the telephone to get information:**  
 Always     Sometimes     Never     Not sure
3. **Travel one block on the sidewalk when the weather is good:**  
 Always     Sometimes     Never     Not sure
4. **If you are able to do this, how long does it take you?**  
 Less than five minutes     Five to ten minutes     Not sure
5. **Cross the street, if there are curb cuts:**  
 Always     Sometimes     Never     Not sure
6. **Ride up and down a wheelchair lift with handrails on both sides:**  
 Always     Sometimes     Never     Not sure
7. **Travel 3 level blocks on the sidewalk when the weather is good:**  
 Always     Sometimes     Never     Not sure
8. **If you are able to do this, how long does it take you?**  
 Less than ten minutes     Ten to fifteen minutes     Not sure
9. **Wait 10 minutes in good weather outdoors without a place to sit:**  
 Always     Sometimes     Never     Not sure
10. **Step on and off the curb from a sidewalk:**  
 Always     Sometimes     Never     Not sure
11. **Travel up or down a gradual hill on the sidewalk, if weather is good:**  
 Always     Sometimes     Never     Not sure
12. **Find your way to the bus stop, if someone shows you the way once:**  
 Always     Sometimes     Never     Not sure
13. **Currently travel by yourself:**  
 Always     Sometimes     Never     Not sure

14. **If you need the assistance, what does the person do for you?**

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15. **Have you ever gotten lost when traveling alone?**

Yes    No, I never travel alone    No, I've never gotten lost

16. **If yes, were you able to find your way back?**

Yes    Yes, with help    No

17. **If you were not able to find your way back, what did you do?**

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18. **When the weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk using your mobility aid?**

I can't travel outdoors alone at all    Curb in front of my house

Less than 1 block    6 blocks

3 blocks    More than 9 blocks

9 blocks    Other (explain) \_\_\_\_\_

Not sure

***Visual Disability (Note: If you do not have a visual disability, please skip this section.)***

• **Name of eye disease/condition:**

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• **My vision is worse during these conditions:**

Bright sunlight    Dimly lit or shaded places

Glare (from snow or vehicles)    I have no vision at all

See the same in different lighting conditions

• **My eye condition is:**

Stable    Degenerative    Other \_\_\_\_\_

- **I have difficulty safely navigating through traffic conditions because of the following:**
  - Insufficient peripheral vision
  - Inability to judge distances and speeds of oncoming vehicles
  - Difficulty seeing motorcycles and bicycles
  - Difficulty seeing traffic lights
  - Other: \_\_\_\_\_
  
- **I can easily see steps and curbs:**
  - Yes                       No
  
- **While waiting to board my bus, I can see bus routes on the buses:**
  - Yes                       No                       Sometimes
  
- **I can safely find my destination without assistance:**
  - Yes                       No                       Sometimes

**VIII. Environment Around Your Home**

- Do you have multiple steps at the entrance you use at your residence?
  - Yes                       No
  
- How would you describe the terrain where you live? (Ex: steep hill, flat, long gradual hill, etc.) \_\_\_\_\_  
\_\_\_\_\_
  
- Are there sidewalks in your neighborhood?                       Yes                       No

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use Blacksburg Transit fixed route service:

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- Please list the trips you take most often, which you believe you would not be able to use the accessible fixed route bus. Factors should include being able to get to the bus stop, wait, board and ride or disembark from the bus as well as get from the stop to your destination. Please Note: You must call BT ACCESS for all trip requests.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**List any additional trips on a separate sheet if necessary**

- Did you require any assistance to complete this form?  Yes  No
- If **yes**, how did that person assist you? \_\_\_\_\_

**Please review the questionnaire to make sure you have answered all the questions to the best of your ability. Be sure you have completed every page and signed the form.**

# Authorization for Release of Doctor's Information

In order for BT ACCESS to evaluate your request for eligibility, it is necessary for us to contact a professional(s) who is familiar with your health condition or disability and your functional abilities and limitations. This information helps us to gain a better understanding of your disabilities and to find the eligibility type to suit your needs. Please only list the professionals who are currently or most recently providing you care for the disability you are reporting.

## Examples of qualified professionals include:

Physician (M.D. or D.O.)	Independent Living Specialist	Ophthalmologist
Physical Therapist	Rehabilitation Specialist	Psychiatrist
Occupational Therapist	Social Worker	Psychologist
Mobility Instructor	Registered Nurse	Case Manager

Please complete the following information requested below and mail Application #1 to BT ACCESS, 2800 Commerce St., Blacksburg, VA 24060. BT ACCESS will then forward Application #2 to the physician(s) or professional(s) noted below.

\_\_\_\_\_  
(Name of qualified professional)

\_\_\_\_\_  
(Name of qualified professional)

\_\_\_\_\_  
(Type of Professional)

\_\_\_\_\_  
(Type of Professional)

\_\_\_\_\_  
(Professional's Agency)

\_\_\_\_\_  
(Professional's Agency)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State & Zip Code)

\_\_\_\_\_  
(City, State & Zip Code)

(\_\_\_\_\_)\_\_\_\_\_  
(Phone Number)

(\_\_\_\_\_)\_\_\_\_\_  
(Phone Number)

I authorize the professional(s) listed above to release to BT ACCESS information about my disability or health condition, and its effect on my ability to travel on Blacksburg Transit's fixed route bus system. I understand that I may revoke this professional listed to release the information described up to 60 days from the dated below.

\_\_\_\_\_  
**(Required: Signature of Applicant or Responsible Party)**      Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

All medical information provided by you or a professional about your disability will be kept strictly confidential.