



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. This is the first of two forms that need to be completed for your eligibility to be determined. 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. Once the application and the Doctor's Information form is completed, a determination of eligibility will be made. Information pertaining to an eligibility or ineligibility determination will be sent to you.

Information contained in this application is kept confidential, and shared only with professionals involved in evaluating your eligibility.

I. General Information (Please Print)

Name _____
Last First MI

Street Address _____

(Bldg. # Apt #/ P.O.# _____)

City _____ State _____ Zip _____

Do you live inside Blacksburg Corporate Limits _____ Yes _____ No

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

Phone (Home) (____) _____ 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.

(Signature of Applicant or Responsible Party)

____/____/____
Date

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

- Braille Audio Cassette
 Large Print Other Language: _____

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):

II. Information About Your Disability and Mobility Equipment

****Required Information – Please describe / explain your disability on the line below:**

**

**

- 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
- 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:

<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Service Animal
<input type="checkbox"/> Electric Wheelchair	<input type="checkbox"/> White Cane
<input type="checkbox"/> Large Electric Wheelchair	<input type="checkbox"/> Crutches
<input type="checkbox"/> Powered Scooter/Cart	<input type="checkbox"/> Walker
<input type="checkbox"/> 3 Wheeled Scooter/Cart	<input type="checkbox"/> Leg Brace(s)/ Cast
<input type="checkbox"/> 4 Wheeled Scooter/Cart	<input type="checkbox"/> Oxygen Tank
<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Communication Device
<input type="checkbox"/> Other _____	
- Do you request a Personal Care Attendant (PCA) to accompany you when traveling?
 - Yes, I need assistance when I travel including:

<input type="checkbox"/> Mobility	<input type="checkbox"/> Reading	<input type="checkbox"/> Transfers
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> 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?

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? _____

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

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

If **Sometimes** or **Never**, please explain? _____

- 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:

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

If **Sometimes**, under what circumstances? _____

- 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. _____

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: _____

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:

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 three 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 of another person, what do they do for you?**

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?**

18. **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 and move on to the next.)

• **Name of eye disease/condition:**

• **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 considered to be:**

- 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:

- 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. This information is not used to schedule trips. 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 list one or two professionals who we can contact if we need additional information. 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.

(Signature of Applicant or Responsible Party) **Date** ____/____/____

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