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Office Use Only - Date Stamp

Cherriots LIFT/ADA Paratransit Service Application

Part 1 - General information, to be completed by applicant.

It is important to complete all parts of this form.
 Evaluations that are not fully completed or legibly written will be returned.

**Please allow up to two weeks for evaluation.
 Both Parts 1 and 2 must be received for evaluation.**

Application for: New permanent eligibility (1-3 years) Recertification
 New temporary eligibility (maximum of 12 months)

First name _____ M.I. ____ Last name _____

Date of birth (Month/Day/Year) _____ Gender (M/ F) _____

Home phone _____ Cell phone _____

Home address _____

City _____ State _____ Zip code _____

Mailing Address (if different than home address) _____

City _____ State _____ Zip code _____

Emergency contact name _____ Relationship _____

Contact phone _____ Email _____

Do you need information provided in an alternate format? Large print
 Spanish Interpreter: Language _____ Other _____

OFFICE USE ONLY					
Reviewed by _____	Date: _____	Input date: _____			
ID _____	Exp. date: _____	Eligibility: F C T D	PCA	Yes	No
Conditions _____			Auto	Review	

Please answer the following questions as complete and accurately as possible. Your answers will help us determine your ability to use various types of public transit.

1. Are you able to ride Cherriots Local buses?

Yes No Sometimes I do not know

a. What limitation(s) or health-related condition(s) make it difficult or prevent you from using Cherriots Local buses?

b. If limitations/conditions you described are temporary, how long do you expect these to continue? _____

c. Does your health condition or disability change from day to day in a way that affects your ability to use Cherriots Local buses?

Yes No Sometimes I do not know

If **yes** or **I do not know** is selected, explain why:

2. a) How do you currently travel to your most frequent destinations? Check all that apply.

Cherriots Local buses Cherriots LIFT Drive myself NEMT
 Someone drives me Taxi Other: _____

b) What is the nearest bus stop to your residence? _____

3. Do you use any of the following mobility aids or equipment? Check all that apply.

Cane Power scooter Power wheelchair Service animal
 Crutches White cane Manual wheelchair
 Walker Portable oxygen Other: _____

4. Are you proficient in using these mobility aids or equipment? Yes No

5. Does a Personal Care Attendant (PCA) accompany you when you travel outside your home (Example: push your wheelchair, carry your oxygen, etc.)?

Yes No Sometimes

6. Please indicate by marking yes, no, or not applicable/not sure regarding "**limitations**" that may make it difficult or prevent you from using **Cherriots Local** buses.

Travel skills and abilities:	Yes	No	N/A, Unsure
Is your walking speed "normal"; not unusually fast or slow?			
Are you able to independently walk or wheel one-quarter mile? <i>If not, how far can you walk/wheel? _____</i>			
Do you have the endurance to safely and independently complete a bus trip?			
Are you stable standing and walking?			
Can you independently climb three 12" steps?			
Are you able to step up and down curbs?			
Are you able to walk or wheel up and down curb cuts?			
Can you wait independently outside for 15 minutes?			
Are you able to wait at a bus stop without a bench?			
Can you travel up or down moderately steep terrain?			
Are you able to travel on uneven or broken surfaces?			
Are you independently able to grasp handles, railing, coins, or bus passes while boarding and exiting a bus?			
Can you transfer from your wheelchair or mobility device to a seat in a vehicle?			
Are you able to detect or feel changes on surfaces?			
Are you able to hear well enough to safely travel?			
Are you able to see well enough to safely travel?			
Is your short-term memory adequate for safe, independent travel?			

Travel skills and abilities (continued)	Yes	No	N/A, Unsure
Is your long-term memory adequate for safe, independent travel?			
Are you able to travel safely and independently on a Cherriots local bus?			
Are you able to maintain appropriate behavior in public?			
Are you able to ask for, understand, and follow directions?			
Are you able to recognize destinations or landmarks?			
Are you able to recognize and respond to dangerous situations?			
Are you able to deal with unexpected situations or changes independently, without assistance?			
Are you able to seek, understand, and act on directions needed to complete a trip?			
Are you able to provide or say a street address and telephone number upon request?			
Are you able to safely and effectively travel through crowded or complex facilities?			
Are you able to cross streets with various widths and with various controls safely?			
Are you able to find and remember transit system information?			
Are you able to walk or wheel the distance from your residence to the nearest bus stop?			
Are you able to locate and recognize the correct bus to take?			
Are you able to get on and off a bus independently when the bus is kneeled (lowered to curb and using a ramp)?			
Are you able to get to a seat or wheelchair securement area on a Cherriots Local bus?			
Are you able to find your way in familiar and unfamiliar settings?			
Are you able to manage unexpected situations?			
Are you able to travel alone outside your home?			

Travel skills and abilities (continued)

Yes No N/A, Unsure

Are you able to read, tell time, and follow a schedule, or instructions allowing for safe and independent travel?			
Are you able to adequately manage snow, ice, rain, heat, humidity, cold, bright light, low light, and/or noise? <i>(Circle those that you are unable to manage.)</i>			

7. Have you ever had training or instruction on how to use Cherriots Local bus service?

Yes No

a) **If yes**, what person or agency provided the training? _____

b) Do you want or need training to use a Cherriots Local bus? Yes No

I certify that the information in this Cherriots LIFT/ADA Paratransit Service Evaluation is true and correct. I understand that falsification of the information may result in denial of some Cherriots LIFT services. I understand that the information in this evaluation will be kept confidential, and only the information required to provide the services for which I am eligible will be disclosed to those who perform the services.
I understand that I might be asked to provide additional information necessary for a proper determination of eligibility for paratransit services.

Name of applicant (please print) _____

Applicant's signature _____ Date signed _____

Signature of person completing the form, if other than applicant:

Name (please print) _____

Relationship to the applicant _____

Signature _____ Date signed _____

Contact phone _____ Email _____