



Eau Claire City/County Paratransit Program

APPLICATION FOR PARATRANSIT CERTIFICATION

The City of Eau Claire and Eau Claire County provide a joint specialized transportation program for people whose disabilities **prevent** them from using the city bus system, and for those with disabilities or who are age 60 or older in the rural parts of the County who do not have access to any transportation service. The Eau Claire City/County Paratransit Program is contracted through Abby Vans, Inc. The City of Eau Claire is required to provide this service under the auspices of the Americans with Disabilities Act (ADA).

The information obtained in this certification will be used only for the provision of the Eau Claire City/County Paratransit Program. It will not be shared with any other person or agency, other than the subcontractors, including Abby Vans, Inc. and Western Dairyland EOC, Inc., hired in the provision of the service. **It is very important that you complete the application thoroughly.** Incomplete applications may be returned, thereby delaying the certification process.

Your application may be approved for full eligibility (unconditional) or on a limited basis for some trips only (conditional eligibility). **If you are found to be capable of using Eau Claire Transit for all trips, without the help of another person, you will not be eligible for Paratransit.**

After studying your application, we may need to:

- Contact you by phone
- Schedule a personal interview or a functional evaluation
- Consult with your doctor, health professional, or other specialist about your condition and/or abilities.

The personal interview may include discussion of route travel training assistance and/or an assessment to determine your ability to take a public transit trip. Travel training could include walking to a bus stop, reading signs, mapping landmarks, route mapping and informational materials regarding the Eau Claire Transit system. Western Dairyland staff will be available to provide individualized travel assistance to you.

Please note that you will be contacted via telephone if you need to be evaluated in person. All applicants will receive a letter within twenty-one days of receipt of the application with a determination. If you are denied, the appeals process will be provided.

ALL BUSES IN THE EAU CLAIRE TRANSIT FLEET ARE 100% ACCESSIBLE. BUSES “KNEEL” TO CURB LEVEL AND DEPLOY RAMPS FOR PERSONS IN MOBILITY DEVICES (WHEELCHAIRS OR SCOOTERS). THERE ARE NO STEPS TO NEGOTIATE.

Revised 4-30-13

| | |
|-----------------------------|-------|
| <i>For office use only:</i> | |
| Date Received | _____ |
| Category | _____ |
| Status | _____ |
| Effective Date | _____ |
| Expiration Date | _____ |

PLEASE TYPE OR PRINT:

1. Last Name _____

First Name _____ M.I. _____

2. Address _____

_____ (Include facility name if applicable)

City _____ State _____ Zip _____

Municipality (Fill in one)

City of: _____

Village of: _____

Town of: _____

3. Telephone number (home) _____ (work) _____

4. Date of birth _____ Social Security # _____

5. Are you on Medical Assistance? (Not to be confused with Medicare) Yes No

Please answer the following questions in detail. Specific answers regarding any disability will help us to determine your eligibility or to provide you with the proper service. If you have no disability or problematic health condition, you may proceed to question #12.

6. If you have one, what is your disability or problematic health condition? (If none, go to #12)

Is this condition temporary? Yes No If "Yes," the expected duration is until ___ / ___ / ___

7. If you live in Eau Claire or Altoona, **how** does your disability/health condition prevent you from using the city bus? Please explain thoroughly. (*Attach additional information if necessary.*)

8. When did you first experience the condition(s) you described above?

0-1 year ago 1 – 5 years ago Longer than 5 years

9. Do the conditions you described change from day to day in a way that affects your ability to use public transit?

Yes, good on some days, bad on others No, doesn't change Don't know

10. Which, if any, of the following aids for mobility do you use? (*Check all that apply.*)

Manual wheelchair Electric wheelchair Electric scooter Walker
 Guide animal White Cane Cane Crutches

If you use a wheelchair or electric scooter, please provide the following information:

Make/Model _____ Size of device: Length _____ Width _____

Your weight _____ Weight of chair _____

All of our accessible vehicles meet or exceed the ADA minimum requirements for size and weight restrictions of mobility devices. It is important that your device meet those parameters in order for us to be able to guarantee transport.

11. Please answer the following questions about your disability/health condition:

Do you travel with a Personal Care Attendant (PCA)?

Yes No Sometimes (PCAs ride free only if you indicate to us that you ride with one.)

Do you use a communication aide?

Yes No If "Yes," please specify the device _____

Does your disability allow you to give addresses and telephone numbers upon request?

Yes No Sometimes _____

Does your disability allow you to recognize a destination landmark?

Yes No Sometimes _____

Does your disability allow you to ask for, understand and follow directions?

Yes No Sometimes _____

12. Please check which best describes your current living situation:

- 24-hour care or Skilled Nursing Facility
- Assisted Living Facility
- I receive assistance from someone that comes to my home to help with daily living
- I live with family members who help me
- I live independently (without the assistance of another person)

13. List the names of two people who may be contacted in case of an emergency:

Name _____ Telephone # _____ (H)

Relationship _____ (W)

Address _____

Name _____ Telephone # _____ (H)

Relationship _____ (W)

Address _____

14. Please answer all the following questions about your mobility:

Can you travel from your residence to the curb or roadside without assistance?

Yes No Sometimes _____

Can you travel one block without the assistance of another person?

Yes No Sometimes _____

Can you travel ¼ mile (2-4 city blocks) without the assistance of another person?

Yes No Sometimes _____

Can you travel ¾ mile (6-8 city blocks) without the assistance of another person?

Yes No Sometimes _____

Can you wait outside without support from another person for 10 minutes?

Yes No Sometimes _____

Using a mobility device or on your own, can you make your way to a bus stop?

- Yes No (Check all that apply to you.)
- I live in a rural area or too far from any public bus stop.
 - I cannot find the stop because I get confused.
 - I need assistance when I travel to the bus stop.
 - I cannot cross the street.
 - I do not want to ride the regular bus.
 - Heavy rain/snow makes it impossible for me to get there.
 - Other _____

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

- Drive myself City bus Paratransit
 Taxi Someone drives me Other, please explain _____

Have you ever ridden a city bus?

Yes Why do you no longer ride the city bus? _____

No Why not? Please explain _____

If you live nearby a bus stop and personalized assistance was provided to teach you how to ride the city bus, would you be willing to use it? Why or why not? _____

15. In order for your application to be evaluated, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form:

The following professional is **most** familiar with my disability/health condition and is authorized to provide Eau Claire Transit and their designated Certification Services Provider (Western Dairyland) with the information required to complete this certification. (If more than one professional is involved with your care, please attach additional information.)

- Physician Registered Nurse Rehabilitation professional
 Occupational therapist Physical therapist Mental health professional

Professional(s) Name _____

Facility _____ Address _____

City _____ State _____ Zip _____

Telephone number _____ FAX _____

I hereby authorize the above professional to provide the required information to Eau Claire Transit and/or Western Dairyland. I certify that the information here and on the preceding pages is correct. I understand that falsification of information may result in denial of service and may lead to criminal prosecution according to appropriate federal and state law.

Furthermore, I understand that it may be necessary for me to participate in an in-person evaluation to determine my eligibility for paratransit services. This evaluation will be provided, under contract, at Western Dairyland.

Signed _____ Date _____

16. Would you like someone from Eau Claire County's Aging and Disability Resource Center (ADRC) to contact you to discuss further transportation options? YES NO

17. If this application has been completed by someone other than the person requesting certification, he/she must supply the following information about him/herself:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Daytime telephone number _____

Would you like correspondence regarding this application and service sent to you?

Yes No Certain conditions _____

Signed _____ Date _____

Please mail or fax this COMPLETED application form to:

**Eau Claire Transit
910 Forest Street
Eau Claire, WI 54703
715/839-5111 715/839-1693 (FAX)**

Please note that you will be contacted via telephone if you need to be evaluated in person. All applicants will receive a letter within 21 days of receipt of the application with a determination. If you are denied, the appeals process will be provided.