

FORM A

ADA PARATRANSIT APPLICATION - FOR A VISUAL DISABILITY

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you cannot answer, please call ACCESS (562-5353) for assistance before your appointment. In order to be considered complete, every question on the application must be answered. If you would like to complete the application by telephone, please call ACCESS (562-5353) for assistance.

The purpose of the application is to provide an opportunity for you to describe barriers in the environment or limitations you may have which prevent you from using PAT bus service. Tell us which places you are having trouble getting to, where you would like to go but cannot, and what prevents you from using the bus for these destinations. The more information you provide, the better ACCESS will understand your transportation needs and travel challenges.

Please Print:

Name _____ Date of Birth _____
Last First

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____

I certify that the information provided in this application is true and correct.

Signature _____ Date _____

=====

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

Name _____ Daytime Phone _____

Address _____

Relationship _____ Date _____

PLEASE READ THE FOLLOWING STATEMENTS AND CIRCLE THOSE WHICH BEST DESCRIBE WHAT YOU BELIEVE IS YOUR ABILITY TO USE PAT BUS SERVICE BY YOURSELF. YOU MAY SELECT MORE THAN ONE:

1. I can use PAT bus service sometimes, but for certain trips either I have not been trained, or there are other barriers present.
2. I have a temporary disability which prevents me from getting to the bus stop. I will need ACCESS only until I recover.
3. I have an ambulatory disability which prevents me from boarding any PAT bus which is not accessible.
4. I have an ambulatory disability which prevents me from boarding even an accessible PAT bus without assistance.
5. I can never get to the bus stop by myself.
6. I have a cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from the bus stop and ride the bus. I don't feel that I can ever learn.
7. I have a cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from the bus stop, and ride the bus. I think that with training I can learn, but I don't know how right now.
8. I have a visual disability which prevents me from finding my way to and from the bus stop. I think that with training I can learn, but I don't know how right now.
9. I have a visual disability which prevents me from getting to and from the bus stop. I don't feel that I can ever learn.
10. I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use PAT service.
11. I have an episodic disability. I can use the bus on those days when I am feeling well, but on "bad days", I can't make it to the bus stop, or even get on the bus.

A. INFORMATION ABOUT YOUR DISABILITY AND MOBILITY DEVICES

Please attach a Visual Acuity Statement from your eye doctor to verify legal blindness.

1. Name of Eye Disease/Condition: _____

2. My vision is worse during these conditions:

- _____ bright sunlight
- _____ dimly lit or shaded places
- _____ night time
- _____ see the same in different lighting conditions
- _____ I have no vision at all

3. My eye condition is considered to be:

- _____ stable
 - _____ degenerative
 - _____ other (please explain) _____
- _____

4. Most often, I use the following mobility aids when I walk outdoors:

- _____ sighted (person) guide
- _____ dog guide
- _____ long white cane
- _____ optical devices (telescope, light, special glasses, etc.)
- _____ none of the above

5. I can easily see steps and curbs. Yes No Sometimes

6. While waiting to board my bus, I can see Yes No Sometimes
bus route numbers on the buses.

7. I can find my destination without assistance. Yes No Sometimes

INFORMATION ABOUT YOUR DISABILITY, CON'T.

8. My hearing is normal. Yes No

If NO, please describe your functional hearing problems.

- a. I can easily hear the bus drivers' voices when they:
- | | | |
|--|-----|----|
| announce bus routes when I stand outside the bus | Yes | No |
| announce bus stops when I am inside the bus | Yes | No |
- b. I can hear traffic well enough to be safe crossing streets consistently. Yes No

B. INFORMATION ABOUT YOUR CURRENT USE OF LOCAL BUS SERVICE

1. What is the closest bus stop to your home? Please give exact location (Ex: Corner of 5th and Grant) _____

2. Which bus routes serve your neighborhood? _____

3. Do you currently use the bus service? Yes No

a. Which bus routes do you use? (list all routes)

INFORMATION ABOUT CURRENT BUS USE, CON'T.

b. Where do you go on the bus? (list all destinations)

c. Do you need the assistance of another person? (Circle one)

Always Sometimes Never

d. Can you walk to the bus stop without help? Yes No

e. How do you know when/where to get off the bus?

I ask the driver to announce my stop
 I ask another passenger to help me
 I can see my stop from inside the bus
 Other - please explain: _____

4. When was the last time you used the bus service? _____

5. What is it about riding the bus that is the most difficult for you? (Ex: I can't find my stop, the bus moves before I am seated). Please list as many things as you can think of: _____

6. What are the specific conditions of your disability which prevent you from using the bus? (Ex: I can't travel from the bus stop to my destination, it's difficult to find the right bus, etc.):

C. MOBILITY TRAINING

1. Have you ever received mobility training? _____ Yes _____ No

If YES, by which agency were you trained? _____

By whom? (Instructor's name) _____

When? _____

2. Did you receive instruction in bus travel? _____ Yes _____ No

Did you successfully complete training? _____ Yes _____ No

If YES, what route(s) did you learn? _____

What destinations did you learn? _____

If NO, do you think you would like to participate in mobility training? _____ Yes _____ No

D. TELL US ABOUT YOUR ABILITY TO TRAVEL

1. Can you walk outdoors alone? _____ Yes _____ No

If YES, answer (a), (b), and (c). If NO, Skip to 2.

a. On your own property? _____ Yes _____ No

b. To places within same block of residence? _____ Yes _____ No

c. To places farther away? _____ Yes _____ No

2. If NO, (don't walk outdoors alone), why not? (check all that apply):

- a. I have never been taught.
- b. My neighborhood is too dangerous (crime, vulnerability).
- c. I don't want to go out alone.
- d. Environmental barriers prevent me. (Ex: no sidewalks, very busy intersection, etc.)
- e. Other - please explain _____

3. Can you cross streets without help?

- a. At quiet streets with very little traffic?
(stop signs or no traffic control) Yes No
- b. At traffic lights? Yes No
- c. At very busy intersections? Yes No

E. THE ENVIRONMENT AROUND YOUR HOME

How would you describe the terrain where you live? (Ex: very steep hill, long gradual hill, flat, etc.)

Are there sidewalks at your residence? Yes No

How many steps are there at the entrance you use at your residence? _____

F. YOUR CURRENT TRAVEL

List your 3-4 most frequent destinations and how you get there now?

| Destination Address | Frequency of Travel | How you get there now |
|---------------------|---------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

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, circle one answer. Your answers should be based on how you feel most of the time, under normal circumstances, and whether you can perform this activity independently. 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 level block on the sidewalk if 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 stop signs or traffic controls?
Always Sometimes Never Not Sure

YOUR FUNCTIONAL ABILITY, Cont.

- 6) When the weather is good, travel three level blocks on the sidewalk?
Always Sometimes Never Not Sure
- 7) If you are able to do this, how long does it take you?
Less than ten minutes Ten to fifteen minutes Not Sure
- 8) Wait ten (10) minutes at a bus stop that does not have a seat and a shelter?
Always Sometimes Never Not Sure
- 9) Find your own way to the bus stop, if someone shows you the way once?
Always Sometimes Never Not Sure
- 10) Are you currently able to travel by yourself?
Always Sometimes Never Not Sure
- 11) If you need assistance of another person, what do they do for you? _____

WEATHER RELATED CONSIDERATIONS

Does the weather affect your ability to use PAT bus service? _____ Yes _____ No

If you answered **yes**, please explain how:

INFORMATION ABOUT ACCESSIBLE PAT BUS SERVICE

Traveling by PAT bus is a good transportation option for people who are able to use the bus. Even if you cannot ride the bus by yourself, you may want to consider using the bus if someone is going with you. PAT also offers special fare incentives to ACCESS riders using the bus - half fare all day. If you are certified to take a personal assistant on ACCESS, you can take someone with you on the bus at no extra charge.

If you'd like to try the bus with someone accompanying you one or two times to "show you the ropes," the ACCESS Travel Partner Program is for you. An ACCESS staff member will meet you, help you plan the most accessible route to get to the bus stop, and actually ride the bus with you to "show you the ropes."

If you are interested in more information about accessible PAT bus service, please check the items you would like to have sent to you:

PAT's Fare Incentive Program

PAT's Accessible Routes

ACCESS Travel Partner Program

Using PAT Customer Service

EMERGENCY CONTACT

May we have the name of someone you would like us to contact in case of an emergency? Please select someone who would not be riding in the vehicle with you.

Name _____ Relationship _____

Phone (Home) _____ (Work) _____

The questions in this section are designed to give us a better understanding of your opinions about certain aspects of accessible fixed route bus service. Please read each question carefully and circle the number that indicates whether you agree, disagree, or are not sure.

| | | Agree = 1 | Disagree = 2 | Not Sure = 3 | | |
|-----|---|-----------|--------------|--------------|----------|----------|
| | | | | Agree | Disagree | Not Sure |
| 1. | The bus system is too complicated for me to figure out. | 1 | | 2 | | 3 |
| 2. | I've heard really good stories about PAT bus service from other people. | 1 | | 2 | | 3 |
| 3. | I'm not at all interested in using PAT bus service for my transportation. | 1 | | 2 | | 3 |
| 4. | I have to have a seat on the bus, and I'm afraid I won't get one. | 1 | | 2 | | 3 |
| 5. | Everyone on the bus will be inconvenienced since it takes me longer to get on. People will get angry. | 1 | | 2 | | 3 |
| 6. | Riding the bus makes me more vulnerable to crime. I'm afraid for my safety. | 1 | | 2 | | 3 |
| 7. | I think my neighborhood has good bus service. | 1 | | 2 | | 3 |
| 8. | I'm afraid I'll get off at the wrong stop. | 1 | | 2 | | 3 |
| 9. | Arriving at my destination on time is not very important to me. | 1 | | 2 | | 2 |
| 10. | Lower PAT bus fares compared to ACCESS are an incentive for me to ride the bus. | 1 | | 2 | | 3 |
| 11. | Taking my trips by bus would take me too long. | 1 | | 2 | | 3 |
| 12. | I'd have to get up earlier in the morning to use the bus, which would be a problem. | 1 | | 2 | | 3 |
| 14. | I'm afraid I'll get on the wrong bus. | | 1 | 2 | | 3 |
| 15. | If the bus moves before I'm seated, I'm afraid I might fall. | 1 | | 2 | | 3 |