



Dodge City Public Transit
P.O. Box 880
101 E. Wyatt Earp
Dodge City, KS 67801
Phone: 877-323-3626
Fax: 620-225-8159

Paratransit Application – Part A

PART I - GENERAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Date of Birth: _____

If someone assisted you in completing this form, please identify that person below:

Name: _____ Phone: _____

Do you need to have information given to you in any of the following ways? *(Please check all that apply)*

Spanish Large Print Audio Tape Braille Other: _____

Please give us the name and telephone number of someone we can call in an emergency.

Name: _____ Phone: _____ Relationship: _____

PART II - APPLICANT'S CERTIFICATION

Photo identification will be required for verification.

Please ✓check the appropriate box:

I have a disability but *can* use the *D-TRAN Fixed Route Bus Service* some or all of the time.

I have a disability and *cannot* use the *D-TRAN Fixed Route Bus Service*.

I understand the information provided in this application form will be used to determine my eligibility for the Paratransit (door-to-door) service. I understand that the information provided in this application will be treated as confidential and will be used only to evaluate my eligibility. I certify that, to the best of my knowledge and belief, the information provided in this application is true and correct. I understand that providing false or misleading information will result in my eligibility status being re-examined or may result in a denial of service.

Applicant's signature: _____

Date: _____

PART III - INFORMATION REGARDING THE APPLICANT'S DISABILITY

1. What type of disability limits your use of the *D-TRAN Fixed Route Bus Service*?
(Please ✓ **check all** that apply)

- Physical Visual impairment/blindness
 Mental Health Cognitive
 Other: _____

Please describe each physical and/or mental impairment in detail:

2. Is the physical and/or mental impairment described above

- temporary or permanent? Temporary, I expect it to last for
 another _____ months Permanent I don't
know

3. Please indicate below if you use any of the following mobility aids or equipment.

- Cane Long white cane Leg braces
 Crutches Walker Picture board
 Alphabet board Manual wheelchair Powered wheelchair
 Powered scooter/cart Other: _____
 Service animal (describe) _____
 I don't use any of the above aids or equipment

4. Do you require the assistance of a Personal Care Attendant (PCA)?

(A PCA is someone who assists you with daily life functions. PCAs ride free when assisting a passenger on our buses.)

- YES, I need assistance when I travel with: Mobility Reading Transfers Other _____
 NO

PART IV - QUESTIONS ABOUT USING DODGE CITY PUBLIC TRANSPORTATION BUSES

5. Have you ever used the Dodge City Public Transportation buses?

- YES
 NO

6. Can you ask for and follow written or oral instructions to use the buses?

- YES
 NO
 SOMETIMES

If NO or SOMETIMES, please check all that apply

- I get confused and might get lost
 Other people cannot understand me
 I probably could with instruction
 Other: _____ 2

7. Using a mobility aid or on your own, how far can you travel? I

- I cannot travel outside my house/apartment
- I can get to the curb in front of my house/apartment
- 1/4 mile (3 blocks) 1/2 mile (6 blocks) 3/4 mile (9 blocks)

8. Are you able to get to and from curbside on your own?

- YES
- NO
- SOMETIMES

<p>If NO or SOMETIMES, please check all that apply</p> <ul style="list-style-type: none"><input type="checkbox"/> I can't get places if there are no curb-cuts<input type="checkbox"/> I can't if the street or sidewalk is too steep<input type="checkbox"/> I cannot cross busy streets and intersections<input type="checkbox"/> I cannot travel outside when it is too hot<input type="checkbox"/> I can't find my way at night due to my vision<input type="checkbox"/> I get confused and cannot find my way<input type="checkbox"/> I probably could with instruction<input type="checkbox"/> I feel unsafe traveling alone<input type="checkbox"/> Other: _____
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9. Will you need access to the ADA lift?

- YES
- NO
- SOMETIMES

10. If you use a wheelchair or scooter, are you able to move to a bus seat?

- YES
- NO
- SOMETIMES

11. If you are able to get on and off Public Transportation buses, do you know where to get off the bus or can you find out by yourself?

- YES
- NO
- SOMETIMES

<p>Please check all that apply</p> <ul style="list-style-type: none"><input type="checkbox"/> I get confused and can't remember where I am going<input type="checkbox"/> I can if the driver calls out the stops<input type="checkbox"/> I probably could with training<input type="checkbox"/> Other: _____
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12. Are there any other conditions which limit your ability to use the Public Transportation buses?

- YES Please describe: _____
- NO

Part V - AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that the purpose of completing Part A of this application is to assist in determining if I am eligible for **Dodge City Public Transit's Para-TRAN ADA Paratransit service**, or if I can and should use Dodge City's *D-TRAN* Fixed Route bus service.

I agree to have a **qualified health professional** conduct an assessment of my eligibility by completing the Health Professional Verification portion of the application (Part B).

I understand that all of the following must be provided in order to complete the Paratransit application process, and until that time my application will not be considered as submitted:

- (a) Part A of the Application submitted by me or a representative on my behalf, and
- (b) Part B of the Application completed and signed by a Health Professional.

I understand that receipt by the City of Part A and Part B, submitted by me or a representative on my behalf, will begin the 21 calendar day application review period by Dodge City Public Transit. Further, I understand that Dodge City Public Transit may need to contact me or a representative on my behalf regarding my application, to obtain additional information. I certify by my signature that I have been truthful in answering all questions in this application, and that the information I have provided is correct. I understand that providing false information may result in denial of service.

Applicant's Signature

Date

If you assisted the applicant to complete this form, sign below:

Name

Telephone Number

Paratransit Application – Part B
HEALTH PROFESSIONAL VERIFICATION

(To be completed by a health professional such as physician, registered nurse, physical or occupational therapist, psychiatrist, psychologist, mental health counselor, vocational counselor, rehabilitation specialist, independent living skills trainer or ophthalmologist.)

The Americans with Disabilities Act of 1990 (ADA) requires Dodge City Public Transit to provide transportation services to anyone with a disability who is traveling in an area served by our buses. The Applicant who has asked you to review and sign this form is applying to be considered eligible to use Dodge City's door-to-door Paratransit service. **Door-to-door Paratransit service is intended only for persons with physical and/or mental impairments that prevent their ability to use the D-TRAN Fixed Route bus system.** If the Applicant can use our D-TRAN Fixed Route bus system some or all of the time, please indicate that on the verification below. Please carefully review the information provided by the Applicant in Part A of this application form and then answer the questions below.

(a) Please describe the physical and/or cognitive impairment(s) which prevent the Applicant from using our D-TRAN Fixed Route service:

(b) To the best of your knowledge, is the information provided by the Applicant in Part A of this application true and correct?

Yes No (Note exceptions or additions below)

(c) In your professional opinion, **does the Applicant require door-to-door Paratransit service** because of a physical or cognitive impairment preventing use of Dodge City's D-TRAN Fixed Route Public Transit service?

Yes No Please explain: _____

(d) Does the Applicant require a Personal Care Attendant (PCA) when traveling on transit vehicles? (Riders must provide their own PCA. If assisting a passenger with a verified need, PCAs are allowed to ride at no charge in both D-TRAN and Para-TRAN bus services.)

Never _____ Sometimes _____ Always _____

If a PCA is needed, explain why: _____

Signature of Health Professional: _____ **Date:** _____

Print Name and Title: _____

Business: _____ Address: _____

City/State: _____ Zip Code: _____ Telephone Number: _____

Please Fax Completed Application to: 620-225-8159
Or Mail to: Dodge City Public Transit P.O. Box 880, Dodge City, KS 67801

(For Office Use Only - revised 6-6-2015)

Card Issued _____ Date Issued _____ Initials _____