

Terrebonne Parish Consolidated Government

Application for ADA Paratransit Service Certification

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill that bans discrimination against people with disabilities. To meet their needs, public transit systems must provide a variety of services.

If you have a disability that prevents you from using a ramp or lift-equipped public transit bus some or all of the time, you may be eligible for ADA Paratransit service some or all of the time.

All information will be kept confidential. Only the information required to provide the services you request will be disclosed to those who perform those services. Your answers will not be shared with any other person or company.

It is important that all parts of this form are completed. If the application is not complete, it will be returned to you and that will delay having your application processed.

Please use the envelope provided or return to:

Terrebonne Parish Consolidated Government
Transit Division
Administrative Coordinator II
Post Office Box 2768
Houma, Louisiana 70361

If you have any questions, please call 985-850-4616.

SECTION 1. PERSONAL INFORMATION

PLEASE PRINT

| | | |
|-----------|------------|---------|
| Last Name | First Name | Initial |
| _____ | _____ | _____ |

| | | |
|------------------|-------|-------|
| Physical Address | City | Zip |
| _____ | _____ | _____ |

| | | |
|--------------------------------|-------|-------|
| Mailing Address (if different) | City | Zip |
| _____ | _____ | _____ |

Date of Birth: _____ / _____ / _____

Male Female

| | |
|---------------|---------------|
| Daytime Phone | Evening Phone |
| _____ | _____ |

TDD* _____

Language Ability (please check all that apply)

English Other (specify) _____

| | |
|------------------------|--------------|
| Emergency Contact Name | Relationship |
| _____ | _____ |

| | |
|---------------|---------------|
| Daytime Phone | Evening Phone |
| _____ | _____ |

* Telecommunications Device for the Deaf

Email Address (optional)

SECTION 2. MOBILITY INFORMATION

1. Which of these mobility aids or equipment do you use to help you get to where you need to go?
(Please check all that apply to you.)

- None
 Cane Manual Wheelchair Service Dog
 White Cane Power Wheelchair Picture Board
 Walker Powered Scooter/Cart Alphabet Board
 Crutches Portable Oxygen
 Other _____

2. Using a mobility aid or on your own, how many blocks can you go on level ground?

- Less than 2 2 to 4 More than 4

3. If you were to ride the *fixed-route bus* would you need the assistance of another?
If answered Always or Sometime, then explain reason for assistance in box.

- | | |
|---|--|
| <input type="radio"/> Always ← <input type="radio"/> Sometimes ← <input type="radio"/> No | <input type="radio"/> To help me get to or from the bus stop. <input type="radio"/> To help me get on or off the bus <input type="radio"/> Other _____ |
|---|--|

4. Have you ever had any training to learn how to use the fixed-route transit bus?
If answered yes, then provide additional information in box.

- | | |
|-----------------------------|--|
| <input type="radio"/> Yes ← | The training was at: _____ <input type="radio"/> General Bus Travel <input type="radio"/> How to ride specific routes <input type="radio"/> I finished the training <input type="radio"/> I did not complete the training |
|-----------------------------|--|

- No
 No, but I am interested in learning more about the travel training program.

5. If you are found eligible for paratransit services, check appropriate statements.

- I am able to meet the van at the curb at my home without assistance.
 I need assistance from my door to the van at the curb.
 I need assistance from the van to the door of my destination.
 I would **sometimes** need assistance to or from the van when,
 I will notify Good Earth Transit when booking my trip if I need additional assistance beyond the curb.
 Explain why and when you will need additional assistance.

6. Please list your five most frequent trips, and how you get there now?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

SECTION 3. DISABILITY OR HEALTH CONDITION INFORMATION

Indicate all conditions that affect your ability to use the bus.

1. General Medical Conditions

- None
- Cancer
- Diabetes
- Other _____
- Kidney Failure
- Organ Transplant
- Pneumonia

2. Bone and Joint Conditions

- None
- Amputation of: _____
(please specify)
- Ankylosing Spondylitis
- Arthritis
- Fusion
- Osteo-arthritis
- Osteoporosis
- Broken Bone _____
(please specify)
- Other _____

3. Brain / Nerves / Muscle Conditions

- None
- Alzheimer's Disease
- Brain Injury
- Cerebral Palsy
- Dementia
- Epilepsy
- Guillain-Barre
- Other _____
- Hemiplegia
- Huntington's Chorea
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's Disease
- Post-polio
- Quadriplegia
- Spina Bifida
- Stroke
- Vertigo/Dizziness

4. Heart and Circulatory Conditions

- None
- Angina
- Heart Attack
- Heart Surgery
- Congestive Heart Failure
- Peripheral Vascular Disease
- Edema
- High Blood Pressure
- Other _____

5. Lung and Breathing Conditions

- None
- Allergies
- Chronic Obstructive Pulmonary Disease (COPD)
- Emphysema
- Asthma
- Cystic Fibrosis
- Lung Cancer
- Other _____

6. Vision / Hearing / Speech Conditions

- None
- Aphasia
- Glaucoma
- Hard of Hearing
- Cataracts
- Legally Blind
- Partially Sighted
- Deaf-Blind
- Deaf
- Visual Field Deficit
- Diabetic Retinopathy
- Night Blindness
- Other _____

7. Developmental / Mental Conditions

- None
- Autism
- Dwarfism
- Mood Disorder
- Developmental Disability
- Mental Retardation:
- Psychosis
- Mild
- Mild
- Thought Disorder
- Moderated
- Moderate
- Severe
- Severe
- Other _____

8. Is your health condition or disability temporary?

- Yes ←

How long do you expect it to last?

Number of years _____

- No ←

How long have you had this condition or disability?

- I don't know ←

Since birth Number of years: _____

9. Does your disability or health condition change from time to time in ways which affect your ability to use the bus?

Yes ←

| |
|------------------|
| Please Describe: |
| |
| |

No

SECTION 4. FIXED ROUTE BUS USE INFORMATION

(Please answer all questions even if you do not ride the regular fixed route bus.)

1. Do you ride regular (fixed-route) bus service?

Yes ←

| |
|---|
| How many days per week? _____ How many days per month? _____ |
|---|

No

No, but I used to ride the bus

2. Can you communicate with a bus driver yourself or with the help of an aid (such as a letter board or bus route ID cards)?

Yes

No ←

| |
|---|
| <i>Please check all that apply.</i> <input type="radio"/> I cannot understand the driver <input type="radio"/> I need a communication aid and don't have one <input type="radio"/> Other people cannot understand me <input type="radio"/> Other _____ |
|---|

3. How many blocks do you need to go to get to a bus stop?

Less than 2 2 to 4 More than 4 Don't know

4. Using a mobility aid or on your own, can you make your way to the bus stop?

Yes

No ←

| |
|--|
| <i>Please check all that apply.</i> <input type="radio"/> I can't find the stop because I get confused <input type="radio"/> I need someone to help me get there <input type="radio"/> I could with training <input type="radio"/> I don't want to ride the fixed route service buses <input type="radio"/> The ground is too uneven for me to get there <input type="radio"/> I can't go that far <input type="radio"/> Heavy rain makes it impossible for me to get there <input type="radio"/> Other _____ |
|--|

5. Can you wait 10 minutes at a bus stop that does not have seats and a shelter?

- Yes
- No ⇐

Please check all that apply.

- I get too confused and might get lost
- I don't like to wait that long
- Standing for 10 minutes makes me too tired to ride the bus
- Very cold weather is dangerous to my health
- Very hot weather is dangerous to my health
- Other

- No, but I could wait for 10 minutes at a stop which does have seats and a shelter.

6. Do you know where to get off the bus or can you find out?

- Yes
- No ⇐

Please check all that apply.

- I get confused or can't remember where I'm going
- I don't know where the bus stop is
- I need a communication aid and don't have one
- I could with training
- Other

7. From where the bus stops to let you get off, can you make your way to the place you need to go?

- Yes
- No ⇐

Please check all that apply.

- I get confused or can't remember where I'm going
- I need someone to help me get there
- I feel unsafe there
- I don't want to ride the bus
- The ground is too uneven or steep for me to get there
- I can't walk that far
- I could with training
- Other

8. Are there any other conditions which limit your ability to use the bus?

Yes ←

| |
|--|
| |
| |
| |

No

SECTION 5. APPLICANT SIGNATURE

Do not detach—must be submitted with application

1. I certify that the information I gave in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those service. I understand that TPCG may contact the health care professional who has completed the Professional Verification attached to this application, in order to confirm this information.

Applicant Signature _____

Date _____

Person completing form if other than applicant (please check one):

- I certify that the information provided in this application is true and correct based upon information given to me by the applicant.
- I certify that the information provided in this application is true and correct based upon my own knowledge of the applicant's health condition or disability.

Exceptions or Additions:

Last Name

First Name

Initial

Address

City

Zip

Date:

____/____/____

Daytime Phone

Evening Phone

Relationship to Applicant

SECTION 6. Professional Verification

NOTE: This portion of the TPCG Paratransit Eligibility Certification Application must be completed by one of the following currently licensed professionals: Registered Nurse, Physician, Social Worker, Psychologist, Physical Therapist, Chiropractor, Occupational Therapist, Speech Pathologist, Nurse Practitioner, Physician's Assistant, Mental Health Counselor, Respiratory Therapist, Vocational Rehabilitation Counselor, or Recreation Therapist employed by a medical facility.

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill which bans discrimination against people with disabilities. To meet their needs, public bus systems must provide a variety of services.

The applicant may be found eligible for paratransit van service for all trips he/she request, or eligible (based on functional ability) for some trips requests but not for others, or capable of using the regular bus.

NOTE: All TPCG buses are Low-floor vehicles which eliminate steps to enter a bus, and feature ramps for wheelchairs.

The information you provide will enable us to make an appropriate determination for each trip request. All information will be kept confidential. Thank you for your assistance.

Capacity in which you know the applicant:

What is the diagnosis of the applicant's disability? Please describe specifically as possible in layman's terms:

Does the applicant's condition prevent him/her from using a low-floor ramp equipped bus?

Is this condition temporary?

- No Yes, for _____ months

I have reviewed all of the information contained in this application, and hereby certify that all information is true and correct to the best of my knowledge and ability.

Exceptions or Additions:

Print Name and Title

Signature

Clinic / Agency

Address

City

Zip

Date:

Phone

____/____/____

()

Professional License, Registration or
Certification Number:
