ADA APPLICATION FOR PARATRANSIT SERVICE

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

If you have a disability, which prevents you from using a HART 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 service you request will be disclosed to those who perform those services. Your answers will not be shared with any other person or company.

WHO QUALIFIES: Under the ADA regulations, there are two categories of persons who are eligible for ADA paratransit.

Any individual with a disability qualifies who:

1. Is unable, as the result of a physical or mental impairment, to get on, ride, or get off an accessible vehicle on the public transit system; or
2. Has a specific impairment-related condition (including vision, hearing or impairments causing disorientation), which prevents travel to or from a bus stop on the system.

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:
City of Henderson
Mass Transit Dept.
P.O. Box 716
Henderson, KY 42419-0716

If you have questions, please call 270-831-1249
TDD*: 270-831-1249
PLEASE PRINT

Last Name __________________ First ___________________ Middle ______

Address ________________________________________________

City ___________________ State ___________________ Zip ______

Date of Birth (month/day/year) ______/_______/_______

Daytime Phone ____________ Evening Phone _________________

Language Ability: _____ English _____ Other (specify) ______

Emergency Contact
Name ________________________________________________

Relationship __________________________________________

Daytime Phone ____________ Evening Phone _________________

TDD ______________________
(Telecommunication Device for the Deaf)

A. MOBILITY INFORMATION

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

    _____None                   _____White Cane
    _____Cane                    _____Manual wheelchair
    _____Scooter                 _____Electric wheelchair
    _____Walker                  _____Service animal
    _____Crutches               _____Picture Board
    _____Portable oxygen         _____Other __________________
2. Is your health condition or disability temporary?
   ____ Yes      ____ No

3. If temporary how long do you expect to need our services? __________

4. For individuals who do not use mobility aids, how many city blocks can you walk independently?
   ____ 0-1      ____ 2-3      ____ 4 or more

5. If you use mobility aids, how many city blocks can you travel independently?
   ____ 0-1      ____ 2-3      ____ 4 or more

6. Can you climb three 12-inch steps without assistance?
   ____ Yes      ____ No

7. How far is the nearest bus stop (in city blocks) from your residence?
   ____ 0-1      ____ 2-3      ____ 4 or more

8. If you were eligible for paratransit van service, will you:
   ____ Be able to meet the van at the curb
   ____ Need driver assistance

B. INFORMATION ON HEALTH CONDITION OR DISABILITY

General Medical Condition
   ____ None      ____ Kidney Failure
   ____ Cancer    ____ Organ Transplant
   ____ Diabetes  ____ Other (list)__________

Bone and Joint Condition
   ____ None      ____ Rheumatoid Arthritis
___Ankylosing Spondylitis
___Arthritis
___Fusion
___Osteoporosis
___Osteo-arthritis
___Broken Bone:
   Specify__________
___Scleroderma
___Amputation of:
   Specify__________
___Other____________

Brain / Nerves / Muscle Condition
___None
___Alzheimer’s Disease
___Huntington’s Chorea
___Parkinson’s Disease
___Muscular Dystrophy
___Vertigo / Dizziness
___Hemiplegia
___Brain Injury
___Guillian-Barre
___Spina Bifida
___Quadriplegia
___Post-polio
___Paraplegia
___Stroke
___Dementia
___Epilepsy
___Other____________

Heart and Circulatory Condition
___None
___Congestive Heart Failure
___Peripheral Vasculas Disease
___Angina
___High Blood Pressure
___Heart Attack
___Edema
___Heart Surgery
___Other____________
Lung and Breathing Condition

___None ___Allergies
___Lung Cancer ___Emphysema
___Asthma ___Cystic Fibrosis
___Chronic Obstruction Pulmonary Disease (COPD)

Vision / Hearing / Speech Condition

___None ___Aphasia
___Glaucoma ___Hard of Hearing
___Cataracts ___Legally blind
___Deaf ___Diabetic Retinopathy
___Night Blindness ___Partially Sighted
___Deaf Blind ___Visual Field Deficit
___Other

Developmental / Mental Condition

___None ___Dwarfism
___Autism ___Psychosis
___Thought Disorder ___Mood Disorder
___Developmental Disability ___Mental Retardation
____Yes  ____No
____Yes  ____No
APPLICANT SIGNATURE
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 service would be disclosed to those who perform those services.

Applicant
signature__________________________________________

Date___/___/___
Person completing form 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 applicant.
____ I certify that the information provided in this application is true based upon my knowledge of the applicant’s health condition or disability.

Exceptions or Additions__________________________________________

__________________________________________

Print Name_____________________________________________________

Signature__________________________ Phone_____________________

Relationship to Applicant________________________ Date______________

Address_______________________________________________________

City________________________________________ State___________ Zip Code____