## Applicant,

We appreciate your interest in our paratransit service. The following application must be filled out legibly and completely. The physician's form must be completed by a physician, licensed health care provider, or licensed social caregiver who is familiar with your disability.

After the Lawton Area Transit System (LATS) receives your completed application you may be contacted to schedule an in-person interview to determine your eligibility. Transportation to and from the LATS administrative offices will be provided to you free of charge. The offices are located at 611 SW Bishop Rd.

You will receive a determination letter within 21 days after LATS has received your completed application. If you require any assistance in completing this application you may call our scheduling office at 248-5252. You can also request assistance during your in-person interview.

Again, we thank you for your interest in LATS.

Director of Operations 248-5252

# LATS CERTIFICATION OF **ADA ELIGIBILITY**

Return completed application to:

LATS Sean T. Spell P.O. Box 286 Lawton, Oklahoma 73502

| OFFICE USE ONLY  |
|------------------|
| Determination:   |
| Expiration Date: |
| Assessment Date: |
| Revised May 2015 |
|                  |

LATS will only use the information obtained in this certification process for the provision of transportation services.

PART I -- To Be Completed By Applicant (Please Print or Type)

| Last I | Name         |                                    | First Name                  | Mid. Initial                  |
|--------|--------------|------------------------------------|-----------------------------|-------------------------------|
| Stree  | t Address    |                                    |                             | Apt. No.                      |
| City   |              |                                    | State                       | Zip Code                      |
| Home   | e Phone      | Work Phone                         | Male or Female (please circ | cle one) Date of Birth        |
| ****   | ******       | *****                              | ******                      | *****                         |
| PAR    | T II – Pleas | e answer all of th                 | ne following questions.     |                               |
| 1.     | •            | ble to board and<br>wheelchair ram | l disembark without assista | ance from a LATS vehicle      |
|        | Ye           | s No                               | If no, please explain:      |                               |
| 2.     | -            | ble to board and and hair ramp?    | l disembark without assista | ance from a LATS vehicle with |
|        | Ye           | s No                               | If no, please explain:      |                               |
| 3.     | •            |                                    | ne nearest bus route?       |                               |
|        | re           | S INO                              | If no, please explain:      |                               |
|        | Lo           | cation:                            | How Fa                      | ar:                           |
|        |              |                                    | Page 1 of 11                |                               |

| 4.  | Do you currently use LATS fixed route services?<br>Yes No  |
|-----|--|
|     | What routes?   |
| 5.  | Are you able to handle money and transfers?<br>Yes No If no, please explain:   |
| 6.  | Are you able to use railings and handles?<br>Yes No If no, please explain:   |
| 7.  | Are you able to keep balance while seated on a moving bus?<br>Yes No   |
| 8.  | Are you able to understand bus schedules?YesNoUnderstand and follow directions?YesNoProcess information to ride LATS?YesNo   |
| 9.  | If you can use a ramp-equipped bus, are you presently unable to ride because:<br>One or more routes you want to ride do not have ramp-equipped<br>buses?<br>The ramp cannot be operated at bus stops where you need to board?<br>Your wheelchair cannot be accommodated on a transit vehicle?<br>Other reasons. Please explain:  |
| 10. | Are you prevented from traveling to or from a bus stop boarding location for one or<br>more of the following reasons?<br>Inability to negotiate hilly terrain<br>Extreme sensitivity to climatic conditions<br>Allergic/environmental sensitivities<br>Hyper-fatigue, frailty<br>Night blindness<br>Inability to cross busy intersections<br>Inability to climb three 10-inch steps<br>Bus stop too far away<br>Other reasons. Please explain: |
| 11. | Are you able to perform the following functions without supervision?<br>a) Find your way between familiar locations?<br>Yes No Yes, with training  |
|     | b) Signal the bus driver to get off at a familiar stop and get off the bus there?<br>Yes No Yes, with training   |
|     | c) At a bus stop served by more than one bus route, can you distinguish the<br>correct bus to board and indicate your intention to board?  |

Yes\_\_\_\_ No\_\_\_\_ Yes, with training \_\_\_\_

- 12. Are you able to perform the following functions without the assistance of another person?
  - \_\_\_\_\_Travel 400 feet (the length of a city block)
  - \_\_\_\_Travel ¼ mile (the length of 3 city blocks)
  - \_\_\_\_What is the maximum distance you can travel to get to a bus stop?
- 13. Is your ability to get from place to place affected by:
  - \_\_\_\_\_Terrain, such as steep hills, no sidewalks/crosswalks, or other conditions.
  - \_\_\_\_Rain, snow, ice.
  - \_\_\_\_\_Extreme temperatures of heat or very cold, windy weather.
- 14. Are you able to wait outdoors for 10 minutes?

   Yes\_\_\_\_ No\_\_\_\_ Sometimes\_\_\_\_

   If no, please explain\_\_\_\_\_
- 15. Do you have trouble standing for more than 15 minutes? Yes\_\_\_\_ No\_\_\_\_ Sometimes\_\_\_\_
   If yes, please explain\_\_\_\_\_
- 16. Does your disability allow you to use the bus when you are feeling well? Yes\_\_\_\_ No\_\_\_\_
- 17. Does your disability allow you to use the bus when you are *not* feeling well? Yes\_\_\_\_ No\_\_\_\_
- 18. Are there sidewalks at your residence? Yes\_\_\_\_ No\_\_\_\_
- 19. How would you describe the terrain where you live? (very steep hill, long gradual hill, flat, etc.)
- 20. Are you able to cross the street or a busy intersection by yourself? Yes\_\_\_\_ No\_\_\_\_
   If yes, under what circumstances? \_\_\_\_\_
- 21. Have you ever received mobility training for routes or destinations? Yes\_\_\_\_ No\_\_\_\_ What did you learn? \_\_\_\_\_
- 22. If travel training were available, would you be interested in participating? Yes\_\_\_\_ No\_\_\_\_

23. List three of your most frequent destinations, and how you get there?

|     | Destination or Street Address   | Frequency<br>of Travel | How do you get there now?  |
|-----|---------------------------------|------------------------|----------------------------|
| 24. | Are there places you would like | e to go that you ca    |                            |
|     | Destination or Street Address   | Frequency<br>of Travel | What is preventing travel? |
| 25. | How did you find out about the  | LATS paratransit       | service?                   |

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

|    |  | Agree | <u>Disagree</u> | Not<br><u>Sure</u> |
|----|--|-------|-----------------|--------------------|
| 1. | The bus system is too complicated for me to figure out.  | 1     | 2               | 3                  |
| 2. | I've heard good stories about LATS service from other people.  | 1     | 2               | 3                  |
| 3. | I'm not at all interested in using LATS service for my transportation.                               | 1     | 2               | 3                  |
| 4. | I have to have a seat on the bus, but I'm afraid<br>I won't get one.                                 | 1     | 2               | 3                  |
| 5. | Everyone on the bus will be inconvenienced since it takes me longer to board. People will get angry. | 1     | 2               | 3                  |

| 6.  | Riding the bus makes me more vulnerable to crime, and 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 important to me.                                    | 1 | 2 | 3 |
| 10. | Lower LATS fares compared to LATS Paratransit 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 need help with the tie downs and I don't think the LATS driver will help me.            | 1 | 2 | 3 |
| 13. | I would have to get up earlier in the morning to catch the bus, which would be a problem. | 1 | 2 | 3 |
| 14. | If the bus moves before I'm seated, I'm afraid<br>I might fall.                           | 1 | 2 | 3 |

#### 

PART IV – Please select someone who would NOT be riding with you.

### In Case Of Emergency Notify:

| Name       |       | Relationship |          |
|------------|-------|--------------|----------|
| Home Phone |       | Work Phone   |          |
| Address    | City  | State        | Zip Code |
| *****      | ***** | *****        | ****     |

PART V – Please read the following and initial the box indicating you understand and will abide by the statement.

I understand my rights and responsibilities for LATS PARATRANSIT Service and they are:

| 1. | LATS is public transportation and I will be sharing rides with other passengers                                    |  |
|----|--|--|
| 2. | LATS does not provide emergency service  |  |
| 3. | I must show my LATS I.D. card and pay the fare each time I ride  |  |
| 4. | LATS No-Show policy is based on a percentage of rides missed not the total r<br>of rides missed in a 30 day period |  |
| 5. | LATS has 15 minutes before and 15 minutes after the scheduled pick up time to arrive                               |  |
| 6. | LATS will wait only <b>5 minutes</b> from the time it arrives  |  |
| 7. | LATS is a origin to destination paratransit service  |  |

I certify that the information provided in this application is accurate. I understand that false information may result in the denial or annulment of LATS service. I further understand that 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 services.

| Applicant's Signature   | Date |
|-------------------------|------|
| Interviewer's Signature | Date |

\*\*If applicant has been assisted by someone else in completing this application, that person must complete the following:

| Last Name      | First Name | Mid. Initial              |
|----------------|------------|---------------------------|
| Street Address |            | Apt. No.                  |
| City           | State      | Zip Code                  |
| Home Phone     | Work Phone | Relationship to Applicant |

| ******** | *************  |
|----------|----------------|
|          |                |
|          |                |
| _ Date:  | Determination: |
| _ Date:  | Determination: |
| _ Date:  | Determination: |
|          |                |
|          |                |
|          |                |
|          | _ Date:        |

#### Dear Health Care Provider;

The Americans with Disabilities Act (ADA) and its implementing federal regulations established categories of persons who are eligible to receive paratransit services, operates complementary to fixed-route bus services. The three categories of persons with rights to complementary paratransit are:

- 1. Persons who, because of their disability, cannot independently board, ride and/or disembark from an accessible vehicle.
- 2. Person who, because of their disability, cannot use vehicles without ramps or other accommodations.
- 3. Persons who, because of their disability, cannot get to or from a boarding or disembarking location.

Any individual is to be certified as ADA paratransit eligible if there is any part of the transit system that cannot be used or navigated by that individual because of a disability. Persons are not to be qualified or disqualified on the basis of a specific diagnosis or disability.

The information requested from you on the following pages will allow the Lawton Area Transit System (LATS) to obtain the information necessary to establish eligibility of the applicant.

Thank you for your assistance. Lawton Area Transit System (580) 248-5252

| *****   | *****   | ******                                | *****          |  |  |
|---|---|---------------------------------------|----------------|--|--|
| PART VI To Be Completed By Appropriate Health Care Provider<br>(Please Print or Type)   |   |                                       |                |  |  |
| Please Check One:   | Physician<br>Licensed Health<br>Licensed Rehab/   |                                       |                |  |  |
| Applicant's Name _  | Last  | First                                 | Mid. Initial   |  |  |
| Medical diagnosis o   | of condition causing disability:  |                                       |                |  |  |
| Is the condition permanent?<br>Yes No If not, expected duration:<br>Does this disability prevent the applicant from utilizing the fixed route services (regular<br>bus service)? If yes, please describe in detail. |   |                                       |                |  |  |
|   |   |                                       |                |  |  |
| PART VII – Please<br>The following inform   | answer all of the following qu<br>nation will be used to ensure to<br>on and that LATS can make a | estions.<br>that an appropriate vehic | cle is sent to |  |  |
| Does the applicant  | use any of the following mobi   | lity aids? (Check all that            | apply)         |  |  |
| Cane  | Power Chair   | Communicatio                          | on Board       |  |  |
| White Cane  | Large Power Chair   | Service Anim                          | al             |  |  |
| Walker  | Power Scooter   | Portable Oxy                          | gen Supply     |  |  |
| Crutches  | Manual Chair  | Personal Car                          | e Attendant    |  |  |
| Leg Braces  | Picture/Alphabet Boar   | d Other:                              |                |  |  |

| 1. | Can the appli | cant walk or | wheel 1/4 mile | without the | assistance o | f another | person? |
|----|---------------|--------------|----------------|-------------|--------------|-----------|---------|
|    | Yes           | No           |                |             |              |           |         |

- 2. Can the applicant climb three 10-inch steps with assistance? Yes\_\_\_\_ No\_\_\_\_
- 3. Can the applicant wait outside without support for 15 minutes? Yes\_\_\_\_ No\_\_\_\_
- 4. Is applicant on dialysis? Yes\_\_\_\_ No\_\_\_\_
- 5. Does the applicant have a hearing impairment? Yes\_\_\_\_ No\_\_\_\_
- 6. Is the applicant able to give addresses and phone numbers upon request? Yes\_\_\_\_ No\_\_\_\_
- 7. Is the applicant able to recognize a destination or landmark? Yes\_\_\_\_ No\_\_\_\_
- 8. Is the applicant able to deal with unexpected situations or unexpected changes in routine?

Yes\_\_\_\_ No\_\_\_\_

- 9. Is the applicant able to ask for, understand, and follow directions? Yes\_\_\_\_ No\_\_\_\_
- 10. Is the applicant able to safely and effectively travel alone through crowded and/or complex facilities?

Yes\_\_\_\_ No\_\_\_\_

#### \*\* If the applicant has a visual impairment:

| Visual acuity with best correction: | Right Eye<br>Both Eyes | Left Eye |
|-------------------------------------|------------------------|----------|
| Visual Fields:                      | Right Eye<br>Both Eyes | Left Eye |
|                                     |                        |          |

Please describe any other disability or effect that prevents the applicant from using the regular bus service.

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### PART VIII

Based upon my professional knowledge of the applicant, I certify that the preceding information is true and correct.

| Name of Health Care Provider | С                      | Office Phone Number |          |
|------------------------------|------------------------|---------------------|----------|
| Office Street Address        | City                   | State               | Zip Code |
| State License Number (Comple | ete if Applicable – Mu | st be Current)      |          |
| Signature                    |                        |                     | Date     |