

**Regional Transit Connection
Sheboygan's Paratransit Program**

**APPLICATION FOR
PARATRANSIT CERTIFICATION**

For office use only:

Date Received _____

Category _____

Status _____

Effective Date _____

Expiration Date _____

Sheboygan Transit provides a specialized transportation program for people whose disabilities prevent them from using the fixed route bus system. Regional Transit Connection (RTC), a division of Sheboygan Transit, provides this service. The City of Sheboygan is required to provide this service under the auspices of the Americans with Disabilities Act (ADA).

The information obtained in this certification will be used only for the provision of the Paratransit Program. ***It is very important that you complete the application thoroughly.*** Incomplete applications may be returned, thereby delaying the certification process.

PLEASE TYPE OR PRINT:

1. Last Name _____ First Name _____ M.I. _____

2. Address _____
(Include facility name if applicable)

City _____ State _____ Zip _____

3. Telephone number (home) _____ (work) _____

4. Date of birth _____ Social Security # _____

5. What is your disability? _____

Is this condition temporary? Yes No If "Yes," the expected duration is until ____ / ____ / ____

Are you on Medical Assistance? (Not to be confused with Medicare) Yes No

6. How does your disability prevent you from using the Sheboygan fixed route bus service?
Please explain thoroughly. (*Attach additional information if necessary.*)

Applicant's Last Name _____

7. Are there any other effects of your disability or health condition that we should be aware of?

8. Which, if any, of the following aids for mobility do you use? (*Check all that apply.*)

- Manual wheelchair Electric wheelchair Electric scooter Walker
 Guide animal White Cane Cane Crutches

If you use a wheelchair or electric scooter, please provide the following information:

Make/Model _____ Size of device: Length _____ Width _____

Your weight _____ Weight of chair _____

9. Do you travel with a Personal Care Attendant?

- Yes No If "Yes," list individual's name and relationship to you _____

10. Please answer the following questions about your disability/health condition:

Do you use a communication aide?

- Yes No If "Yes," please specify the device _____

Does your disability allow you to give addresses and telephone numbers upon request?

- Yes No Sometimes _____

Does your disability allow you to recognize a destination landmark?

- Yes No Sometimes _____

Does your disability allow you to ask for, understand and follow directions?

- Yes No Sometimes _____

11. List the names of two people who may be contacted in case of an emergency:

Name _____ Telephone # _____ (H)
_____ (W)

Relationship _____ Address _____

Name _____ Telephone # _____ (H)
_____ (W)

Relationship _____ Address _____

12. Please answer all the following questions about your mobility:

Can you travel from your residence to the curb or roadside without assistance?

Yes No Sometimes _____

Can you travel one block without the assistance of another person?

Yes No Sometimes _____

Can you travel ¼ mile without the assistance of another person?

Yes No Sometimes _____

Can you travel ¾ mile without the assistance of another person?

Yes No Sometimes _____

Can you climb steps without assistance?

Yes No Sometimes _____

If "Yes," how many in succession? _____

Can you wait outside without support for 10 minutes?

Yes No Sometimes _____

Have you ever ridden on a fixed route bus?

Yes Why do you no longer ride on the fixed route bus? _____

No Why not? Please explain _____

If personalized assistance were provided to teach you how to ride the fixed route bus, would you be willing to use it? Why or why not? _____

Did you know that the Americans with Disabilities Act (ADA) of 1990 only requires public transportation programs to serve those individuals in a "common wheelchair?" The ADA defines a "common wheelchair" as a mobility device that is **no more than 30 inches wide, 48 inches long or weighs more than 600 pounds when occupied.**

If your mobility device exceeds these dimensions, the ADA does NOT guarantee your paratransit service.

Applicant's Last Name _____

13. In order for your application to be evaluated, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form:

The following professional is familiar with my disability/health condition and is authorized to provide Regional Transit Connection office with the information required to complete this certification. (If more than one professional is involved with your care, please attach additional information.)

- Physician/Nurse Health care professional Rehabilitation professional
 Occupational therapist Physical therapist Mental health professional

Professional(s) Name _____

Facility _____ Address _____

City _____ State _____ Zip _____

Telephone number _____ FAX _____

I hereby authorize the above professional to provide the required information to Sheboygan Transit. I certify that the information here and on the preceding pages is correct. I understand that falsification of information may result in denial of service and may lead to criminal prosecution according to appropriate federal and state law.

Furthermore, I understand that it may be necessary for me to participate in an in-person evaluation to determine my eligibility for paratransit services. This evaluation will be provided by the Regional Transit Connection Operations Supervisor.

Signed _____ Date _____

14. If this application has been completed by someone other than the person requesting certification, he/she must supply the following information about him/herself:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Daytime telephone number _____

Would you like correspondence regarding this application and service sent to you? Yes No

Signed _____ Date _____

Please mail or fax this COMPLETED application form to:

**Regional Transit Connection
608 Commerce Street
Sheboygan, WI 53081
Phone 920-459-3409
Fax 920-459-0231**

Please note that you will be contacted via telephone if you need to be evaluated in person. All applicants will receive a letter within 21 days of receipt of the application with a determination. If you are denied, the appeals process will be provided.