



Ozark Regional Transit
ADA Paratransit Eligibility Application
Updated 10/7/2021

Date Received by ORT: _____

If you need assistance completing this application, please call the ORT Call Center at (479) 756-5901

Email application to paracert@ozark.org or Mail application to Ozark Regional Transit: Attn: ADA Coordinator, 2423 E Robinson Ave, Springdale, AR 72764 or Fax to (479) 756-2901

Personal Contact Information

Name Male/Female Email Address

Home Address City Zip

Mailing Address City Zip

Home Phone Cell Phone Work Phone

Date of Birth Primary Language

Emergency Contact - Relationship Address Phone

Person Assisting with Application Relationship Phone

Preferred Media/Communication Type

___ Regular Print

___ Large Print

___ Email

Information on Disability

List any health conditions or disabilities (permanent or temporary) and how they affect your ability to get around and/or would prevent you from travelling 3/4 mile.

1. Is your disability permanent?

Yes No - expected duration ____/____/____

2. Have you ever had a seizure?

Yes No

What Type?

How often?

Are your seizures controlled by medication?

Yes No

If a seizure disorder is your main please disability include the "Epilepsy & Seizure Disorder Supplemental Form".

3. Do you have a visual disability that limits or prevents you traveling on your own?

Yes No

If your main disability is vision, please use the "ADA Application for Vision Disability".

4. Do you have any memory, mental, or cognitive conditions that limit or prevent you traveling on your own?

Yes No

5. Have you ever been diagnosed with any of the following?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Bacterial Meningitis | <input type="checkbox"/> Closed Head Injury |
| <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Viral Encephalitis | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other – Specify _____ | |

6. Do you use any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Electric Wheelchair or Scooter | <input type="checkbox"/> Walking Cane |
| <input type="checkbox"/> White Cane (for visual impairment) | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Walker | <input type="checkbox"/> PCA/Attendant |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Other _____ | |

7. List all prescription medications you currently take and for what purpose.

Medication	Purpose
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mobility

1. On days when your physical condition is good, what is the maximum distance you can travel without the assistance of another person? (With primary mobility aid if applicable)

- Can't travel outside my home on my own Explanation _____
- Get to the curb in front of your home Explanation _____
- Travel up to 1 block (500 feet)
- Travel up to 2 blocks
- Travel up to 4 blocks
- Travel up to 6 blocks
- Travel up to 9 blocks

2. Can you safely cross the following intersections?

- Yes No At small quiet streets with little traffic (no traffic controls)
- Yes No At small intersections with traffic controls
- Yes No At busy multi-lane intersections with traffic controls

Please explain:

3. Does the weather have any effect on your ability to get around or use the bus?

- Yes No I don't know

Please explain:

4. Can you wait 15 to 30 minutes at a bus stop that has a seat?

- Yes No

Please explain:

5. Can you wait 15 to 30 minutes at a bus stop that does not have a seat?

Yes No

Please explain:

6. Can you wait 15 to 30 minutes at a bus stop that does not have a shelter?

Yes No

Please explain:

7. Are you able to get on and off a bus using 3 steep steps?

Yes No

Please explain:

8. Are you able to get on and off the bus if it has a lift?

Yes No

Please explain:

9. Does your physical condition change much from day to day?

Yes, my condition is good on some days and very bad on others.

No, my condition is much the same from day to day.

Please explain:

10. Are you able, on your own, to transfer from one bus to another?

Yes No

Please explain:

11. Can you get to and from the bus stop nearest your home without the assistance of another person?

Yes No

Please explain:

12. Are you able to follow written or oral instructions to pay your bus fare?

Yes No

Please explain:

13. Are you able to recognize when it's time to get on or off the bus?

Yes No

Please explain:

Cognitive Abilities

1. Can you give your name, address, and phone number if asked?

Yes No

Please explain:

2. Can you give the driver your destination if asked?

Yes No

Please explain:

3. Can you recognize, on your own, your destination or landmarks from the bus?

Yes No

Please explain:

4. Can you, on your own, ask for, understand, and follow oral directions to use the bus?

Yes No Sometimes

Please explain:

5. Are you, on your own, able to follow written directions to use the bus?

Yes No Sometimes

Please explain:

6. Are you, on your own, able to use the telephone or internet to obtain bus information?

Yes No

Please explain:

7. Would you know what to do if things did not happen as they should or usually do?

Yes No Sometimes

Please explain:

8. Do you have a diagnosed mental or cognitive condition?

Yes No

Please explain:

9. If you have a mental or cognitive condition, is it being assisted or controlled by medications?

Yes No

Please explain:

10. Are there any behavioral issues related to your mental or cognitive condition that ORT should be aware of?

Yes No

Please explain:

Questions about using Fixed Route bus service

1. Have you ever used ORT or Razorback Transit bus service?

Yes No

Please explain:

2. Are you currently using ORT or Razorback Transit bus service?

Yes No

Please explain:

3. Have you participated in ORT's Fixed Route reduced fare program (Disabled and seniors)?

Yes No

**Disabled/Senior 60 -74 is \$.60 per ride or \$15 per month
Seniors 75 and above are FREE**

4. Where is the closest bus stop (or pick up point) from your home?

5. Which bus routes service your neighborhood?

6. Are you able to travel to and from the nearest bus stop without the help of another person?

Yes No Sometimes

Please explain:

7. How do you know when or where to get off the bus?

- I ask the driver to announce my stop.
- I ask the other passengers to help me.
- I can see my stop from inside the bus.
- Other

Please explain:

8. When was the last time you used an ORT or Razorback Transit Fixed Route bus?

9. What is it about riding the Fixed Route bus service that is most difficult for you?

10. What specific situations prevent you from using the Fixed Route bus service?

Travel Training

Travel Training is available for free to all persons with a disability who may be able to use an accessible bus. The purpose of this training is to familiarize you with the service in general or to help you learn a specific route. Training to use the fixed routes does not make you ineligible for paratransit.

1. Have you ever had training on how to use the bus?

Yes No

Please explain:

2. Did you finish the training?

Yes No

Please explain:

3. Would you be interested in training to use the ORT buses?

Yes No

Please explain:

Current Travel

Please list your most frequent destinations

How do you get there now?



Ozark Regional Transit ADA Paratransit Applicant Agreement

I confirm that all provided information is true to the best of my knowledge. I understand that my application and the professional verification of all my claims will be returned if both parts are not complete. I understand that all claims are subject to review and verification. Any false claims, misrepresentations, or a refusal to provide professional verification, will result in the rejection of my application.

I agree that if I am certified for Ozark Regional Transit's ADA Paratransit service, I will:

- Pay the exact fare for each trip.
- Notify ORT of any change to my condition or situation that may affect my eligibility.
- Abide by all ORT policies and procedures.

I understand that failure to abide by the ORT policies and procedures may result in a suspension of service or the revoking of my application and my right to participate in ORT's ADA Paratransit service.

I understand and agree to hold Ozark Regional Transit harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to maintain the safety of the adaptive equipment or certified guide/service animal that I require for mobility.

I authorize Ozark Regional Transit to verify all claims with the designated professional, and give that professional authorization to release any information needed to complete the application process.

Applicant Signature

Date

Signature of alternative person completing application

Date



**Professional Verification of
ADA Paratransit Eligibility Application
With Ozark Regional Transit**

Designated Professional Completing Verification **Professional Title or Specialty**

Designated Professional Signature **Date**

Professional relationship with applicant **Medical License Number**

Agency **Business Address** **Zip**

Business Phone **Email address**

ORT Applicant **Applicant Date of Birth**

Instructions:

Please answer all questions as completely as possible, and return to applicant. The applicant will then return the completed verification to ORT with their portion of the ADA Paratransit Eligibility Application. Please keep in mind that ORT considers what a person is able to do, not just that they have a disability. The purpose of this application is to determine if a person is able to use our fixed route bus service all the time, part of the time, or not at all. Included is a section to provide any additional information that would assist will providing a complete and fair review.

Thank you.

Information on Disability

Please list all applicant health conditions or disabilities. For each condition explain how it could affect their ability to get around and/or prevents them from traveling 3/4 mile on their own.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. Has the applicant ever been diagnosed with any of the following?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Bacterial Meningitis | <input type="checkbox"/> Closed Head Injury |
| <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Viral Encephalitis | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other – Specify _____ | |

2. Please list all prescription medications the applicant currently takes and their purpose.

Medication	Purpose
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cognitive Abilities

1. Could the applicant give their name, address, and phone number if asked?

Yes No

Please explain:

2. Could the applicant give the driver their destination if asked?

Yes No

Please explain:

3. Could the applicant recognize destinations or landmarks from the bus?

Yes No

Please explain:

4. Can the applicant ask for, understand, and follow directions?

Yes No

Please explain:

5. Would the applicant know how to deal with unexpected changes to routine?

Yes No

Please explain:

6. Could the applicant perform a multiple route bus ride, which includes transfers from one vehicle to another?

Yes No

Please explain:

7. Does the applicant have a diagnosed mental or cognitive condition?

Yes No

Please explain:

8. If the applicant has a mental disorder, is it being assisted or controlled by medications?

Yes No

Please explain:

9. Are there any behavioral issues related to the applicant's mental or cognitive condition that ORT should be aware of?

Yes No

Please explain:

Physical Mobility

1. Does the applicant use any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Electric Wheelchair or Scooter | <input type="checkbox"/> Walking Cane |
| <input type="checkbox"/> White Cane (for visual impairment) | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Walker | <input type="checkbox"/> PCA/Attendant |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Other _____ | |

2. Could the applicant board a bus using 3 deep steps?

Yes No

Please explain:

3. Could the applicant board a bus using a wheelchair lift?

Yes No

Please explain:

4. Does the applicant require an Attendant/PCA to travel?

Yes No

Please explain:

**5. Please rate the applicant's condition in the following areas in terms of:
Excellent / Good / Fair / Poor / None / Don't Know**

E/G/F/P/N/DK

<input type="checkbox"/> Upper body strength	<input type="checkbox"/> Lower body strength
<input type="checkbox"/> Coordination	<input type="checkbox"/> Balance
<input type="checkbox"/> Safety awareness	<input type="checkbox"/> Independent judgement
<input type="checkbox"/> Verbal communication	<input type="checkbox"/> Written communication
<input type="checkbox"/> Stamina and endurance	

6. What is the maximum distance the applicant could travel without the assistance of another person? (With primary mobility aid if applicable)

Not even to motor vehicle on their own - must have a person to assist
 To curb in front of home
 1 block (500 feet)
 2 blocks
 4 blocks
 6 blocks
 9 blocks
 No distance limitation

7. Could the applicant wait 15 to 30 minutes at a bus stop?

Yes No

Please explain:

8. Could the applicant safely cross the following intersections?

- Yes No **At small quiet streets with little traffic (no traffic controls)**
 Yes No **At small intersections with traffic controls**
 Yes No **At busy multi-lane intersections with traffic controls**

Please explain:

9. Would temperature extremes affect the applicant's ability to get around?

- Yes No

Please explain:

10. Are there any sun or heat sensitivity issues due to a condition or medication?

- Yes No

Please explain:

11. Would any weather conditions affect the applicant's ability to get around?

- Yes No

Please explain:

12. Are there any surfaces that would affect the applicant's ability to get around?

Yes No

Please explain:

Other

1. Does the applicant have a vision limitation that has not been corrected by glasses or contacts that may affect their ability to get around?

Yes No

Please explain:

2. Is there any other information that ORT should be aware of when reviewing the applicant's ability to use fixed route bus services?

Epilepsy & Seizure

1. Has the applicant ever had a seizure?

Yes No

What Type?

How often?

Are the seizures controlled by medication?

Yes No

If a seizure disorder is the applicant's main disability, please include the "Epilepsy & Seizure Disorder Supplemental Form".