



Ozark Regional Transit  
ADA Paratransit Eligibility Application for a Vision Disability  
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](mailto: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 Visual Disability and Mobility

## 1. Name of Eye Disease or Condition

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## 2. Your vision is worse during these conditions:

- I have no vision at all
  - Bright sunshine
  - Dimly lit or shaded places
  - Nighttime
  - Raining
  - Other \_\_\_\_\_
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## 3. Your eye condition is considered to be:

- Stable /  Degenerative
- Temporary /  Permanent

## 4. 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 _____                        |  |
- 

## 5. Can you travel alone outdoors in the following locations?

- |                              |                             |                                     |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | On your own property?               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | To places on your block?            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | To places within your neighborhood? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Further away?                       |

Please explain:

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**6. Can you see steps or curbs well enough to safely get around on your own?**

Yes     No     Sometimes

**Please explain:**

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**7. While waiting to board the bus, can you see the route numbers on the fixed route buses?**

Yes     No     Sometimes

**Please explain:**

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**8. Can you recognize the bus as it approaches you in time to wave it down?**

Yes     No     Sometimes

**Please explain:**

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**9. Can you find your destination without assistance of another person?**

Yes     No     Sometimes

**Please explain:**

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**10. Is your hearing normal?**

Yes     No     Sometimes

**Please explain:**

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**11. Can you easily hear the bus or bus driver when they announce bus stops / routes when you are outside the bus?**

Yes     No     Sometimes

**Please explain:**

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**12. Can you easily hear the bus or bus driver when they announce bus stops / routes when you are inside the bus?**

Yes     No     Sometimes

**Please explain:**

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**13. 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 \_\_\_\_\_

**13. Can you hear traffic well enough to safely cross streets consistently?**

Yes     No     Sometimes

**Please explain:**

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**14. Could you safely cross the following intersections without the assistance of another person?**

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:**

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## 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.

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1. Is your disability permanent?

Yes     No - expected duration \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Have you ever had a seizure?

Yes     No

What Type?

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How often?

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Are your seizures controlled by medication?

Yes     No

If a seizure disorder is your main disability please 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.**

<b>Medication</b>	<b>Purpose</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

## 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:

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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:

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

- Yes       No

Please explain:

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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**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:**

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

Yes       No

**Please explain:**

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

Yes       No

**Please explain:**

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

Yes       No

**Please explain:**

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

Yes     No

**Please explain:**

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**Cognitive Abilities**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No     Sometimes

**Please explain:**

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

Yes     No     Sometimes

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No     Sometimes

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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**Questions about using Fixed Route bus service**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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**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?**

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**5. Which bus routes service your neighborhood?**

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

Yes     No     Sometimes

**Please explain:**

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**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:**

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

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

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

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## 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:

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2. Did you finish the training?

Yes     No

Please explain:

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

Yes     No

Please explain:

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## Current Travel

Please list your most frequent destinations

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How do you get there now?

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

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<b>Person completing verification</b>	<b>Professional Title or Specialty</b>	
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<b>Designated Professional Signature</b>	<b>Medical License Number</b>	
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<b>Agency</b>	<b>Business Address</b>	<b>Zip</b>
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<b>Business Phone</b>	<b>Email address</b>	
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<b>ORT Applicant</b>	<b>Applicant Date of Birth</b>	
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**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.**

**Information on Visual Disability and Mobility**

**1. Name of applicant's eye disease or condition:**

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**2. The applicant's eye condition is considered to be:**

Stable /  Degenerative

Temporary /  Permanent

**3. The applicant's vision is worse during these conditions:**

Has no vision at all

Bright sunshine

Dimly lit or shaded places

Nighttime

Raining

Other \_\_\_\_\_

**4. Does the applicant use any of the following mobility aids when they walk outdoors?**

Manual Wheelchair

Electric Wheelchair or Scooter

White Cane (for visual impairment)

Walker

Crutches

Other \_\_\_\_\_

Service Animal

Walking Cane

Portable Oxygen

PCA/Attendant

Leg Braces

**5. Can the applicant see steps or curbs well enough to travel around on their own?**

Yes  No  Sometimes

**Please explain:**

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**6. While waiting to board the bus, could the applicant see the route numbers on the bus?**

Yes     No     Sometimes

**Please explain:**

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**7. Could the applicant recognize the bus as it approached them in time to wave it down?**

Yes     No     Sometimes

**Please explain:**

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**8. Is the applicant's hearing normal?**

Yes     No     Sometimes

**Please explain:**

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**9. Could the applicant hear or see traffic well enough to be safe crossing streets on their own consistently?**

Yes     No     Sometimes

**Please explain:**

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**10. 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**

**11. Could the applicant travel to and from the bus stop without help?**

- Yes     No     Sometimes

**Please explain:**

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**12. Would weather conditions affect the applicant's vision?**

- Yes     No     Sometimes

**Please explain:**

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**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:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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**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:**

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**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:**

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

Yes      No

**Please explain:**

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

Yes     No

Please explain:

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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:

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**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:**

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

- Yes     No

**Please explain:**

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

- Yes     No

**Please explain:**

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

- Yes     No

**Please explain:**

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

Yes     No

**Please explain:**

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**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:**

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

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## **Epilepsy & Seizure**

**1. Has the applicant ever had a seizure?**

Yes     No

**What Type?**

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**How often?**

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**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".**



## 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.

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**Signature**

**Date**

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**Signature of alternative person completing application**

**Date**