

Flint Hills Area Transportation Agency  
5815 Marlatt Avenue  
MANHATTAN, KS 66503  
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Email: fhata@fhata.org  
flinthillsatabus.com



## ADA PARATRANSIT ELIGIBILITY APPLICATION

### PART A

#### Personal/Contact Information

The Flint Hills aTa Bus provides origin to destination para-transit service to individuals who cannot use Flint Hills aTa Bus Fixed Route services to make their trips. To be eligible for this service, the functional limitations of an individual's disability must prevent regular use of Flint Hills aTa Bus Fixed Route service. Architectural and environmental barriers such as distance, terrain or weather do not, standing alone, form a basis for eligibility. However, consideration may be given to the interaction of environmental conditions (terrain and weather) with the individual's impairment related condition. **Disability alone does not automatically qualify an individual for origin to destination bus service.**

To become eligible for service, applicants along with a qualified professional such as: physician (M.D. or D.O.), registered nurse, physical or occupational therapist, psychiatrist, psychologist, mental health counselor, vocational counselor, rehabilitation specialist, independent living skills trainer, or ophthalmologist must complete and submit PART A and PART B for review within 21 days of the day the applicant first rode the origins to destinations service.

Applicants will also need to complete an Authorization Form for Disclosure of Protected Health Information attached to Part B that will be submitted by the qualified professional.

Please Type or Print in Ink to complete application forms.

REQUIRED

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

TTD/TTY (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail address: \_\_\_\_\_

*Please notify the Flint Hills aTa Bus office of any change in address, phone number(s), emergency contact, medical condition or special assistance needs.*

Do you need assistance filling out this form?

Yes  No

If you answered **YES**, please contact our office. You will be put in contact with our Mobility Manager, who will provide you with further assistance.

Do you require information in an alternative format?

Large Print  Electronic Format  Other \_\_\_\_\_

Flint Hills aTa Bus offers free travel training services for anyone who needs assistance learning to use regular fixed route buses and/or planning a trip on the bus. A travel trainer works with you either one-on-one or in a group to teach you how to use the fixed route services.

Are you interested in receiving travel training services to learn how to ride the fixed route service?

Yes       No

Emergency Contact Information:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If someone is helping you with this application, that person **must** complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Do you have a disability or health condition that prevents you from using fixed route buses?

No, I am applying based **only on my age.** **\*\*\*Stop Here- Proceed to Page 5\*\*\*** **You must attach a copy of documentation of your age.** Return this form to the address listed above. In order to qualify based upon age, you must verify that you are at least 60 years of age.

Yes, I am applying to the ADA Paratransit service. **You must complete the entire application.**

REQUIRED

**INFORMATION ABOUT YOUR ABILITIES**

1. Do you have a disability or health condition that **prevents** you from using the fixed route aTa Bus service?  Yes  No

a) How does your disability prevent you from independently using the regular fixed routes service? Please be specific (Must be completed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) a. Is your disability permanent?  Yes  No

c) b. If your disability is temporary, how long do you think it will be until you're better? # \_\_\_\_\_ months

d) Is there a season during the year that your disability/health condition worsens and prevents you from traveling without help? (**Check all that apply**)

Spring  Summer  Fall  Winter

2. Do you use any of the following mobility aids? **Check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair       |
| <input type="checkbox"/> Powered Scooter   | <input type="checkbox"/> Cane                      |
| <input type="checkbox"/> Walker            | <input type="checkbox"/> White Cane                |
| <input type="checkbox"/> Service Animal    | <input type="checkbox"/> Crutches                  |
| <input type="checkbox"/> Oxygen            | <input type="checkbox"/> Other (please list) _____ |

3. Do changes in weather (like extreme heat, cold, wind, rain, snow and/or ice) combined with your disability or health condition **stop** you from using the aTa Bus fixed-route service?  Yes  No

*If yes, explain completely. Use an additional sheet if necessary.*

\_\_\_\_\_  
\_\_\_\_\_

4. Do you require the assistance of a personal care attendant (PCA) when you travel? (**Riders must provide their own PCA**)

Yes  No  Sometimes

5. All Flint Hills Area Transportation Agency vehicles have wheelchair lifts (if you are unable to climb stairs, you can stand on the lift). Would you be able to get onto and off of a regular bus **without the help of another person?** (The driver operates the lift and helps with the securement system. Lifts have handrails.)

Yes  No  Sometimes

If you answered **No or sometimes**, explain why:

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6. Does your disability or health condition **stop** you from getting to or from an aTa Bus Fixed Route Bus Stop without help from another person, for one of the following reasons?  
**(Check all that apply.)**

Unable (not just difficult) to travel on rough or hilly terrain

Extreme sensitivity to certain weather conditions

Extreme fatigue due to health condition

Unable to cross busy intersections

Lack of sidewalks and curb cuts at aTa Bus bus stop

Unable to locate aTa Bus bus stop due to a visual impairment

Unable to wait outside for ten (10) minutes

Unable to travel on ice or snow covered surfaces

Unable to identify correct aTa Bus in the daytime when it is light

Unable to identify correct aTa Bus in early morning or evening hours when it is dark

Other (*please explain*): \_\_\_\_\_

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7. How many blocks is your home to the nearest aTa Bus Fixed Route bus stop? \_\_\_\_\_  
**(A city block is approximately 500 feet long)**

8. Indicate below how far you are able to travel **without** help.

Less than 200 hundred feet     ¼ mile (3 blocks)

½ mile (6 blocks)     ¾ mile (9 blocks)     more than ¾ of a mile

9. After arriving at an aTa Bus Fixed Route bus stop, how long can you wait outside (**not sitting**) until an aTa Bus Fixed Route bus arrives?

30 minutes or longer     15 minutes     10 minutes     Less than 10 minutes

If you cannot stand while waiting, *explain why*: \_\_\_\_\_

10. Are you **able** to perform the following functions without assistance from another person:  
**(check all that apply)**

Understand and/or process information

Ask for or follow written or oral information, such as schedule including TDD, audio or voice?

Figure out the correct fare?

\_\_\_ Follow instructions in an emergency?

\_\_\_ Recognize your destination while on the aTa Bus Fixed Route bus?

\_\_\_ Once you get off the aTa Bus can you locate and reach your destination?

\_\_\_ Cross a busy intersection?

\_\_\_ Find your way between familiar locations?

\_\_\_ Signal the bus driver to get off the bus at a familiar aTa Bus bus stop and then get off the bus? *Assume the driver calls out all aTa Bus Fixed Route bus stops.*

\_\_\_ Grasp coins, passes, and handles?

\_\_\_ Communicate addresses, destinations, and telephone numbers on request?

\_\_\_ Deal with unexpected situations or unexpected changes in routine e.g., fixed routes changed due to road construction, regular fixed route bus stop closed?

\_\_\_ Go up and down steps?

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I understand that the purpose of completing PART A is the first step to determine if I am eligible for the **aTa Bus ADA Complementary Paratransit Service due to disability** or if I can and should use the aTa Bus Fixed Route bus service.

Furthermore, I agree to have a **qualified professional** conduct an independent professional assessment of my eligibility by completing PART B of the application process. I understand that failure to participate in this assessment will result in a denial of eligibility for the Flint Hills Area Transportation Agency Para-transit service.

I understand that Part A, Part B, and the Authorization Form for Disclosure of Protected Health Information attached to Part B must be submitted to complete the application review. In addition, I authorize the qualified healthcare professional completing Part B on my behalf to release this information to the Flint Hills Area Transportation Agency for their review as well as any supporting or other pertinent information about my health or medical condition to assist Flint Hills Area Transportation Agency staff in determining eligibility for complementary para-transit service. I understand that upon receipt of Part A submitted by me or a representative on my behalf, and Part B by a qualified professional conducting the independent professional assessment will begin the 21 calendar day application review period by the Flint Hills Area Transportation Agency. Furthermore, I understand that the Flint Hills Area Transportation Agency may need to contact me or a representative on my behalf regarding my application as well as possibly the qualified professional completing Part B to obtain more information.

I certify by my signature that I have been truthful in answering all questions in this application, and that the information I have provided is correct. I understand that providing false information could result in denial of service.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

If you assisted the applicant to complete this form, sign below:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date