



VICTORIA TRANSIT
1908 N Laurent #115
Victoria, Texas 77901
(361) 578-8775
Fax: (361) 580-3206

ADA PARATRANSIT ELIGIBILITY CERTIFICATION FORM

This certification form will be used to determine your eligibility for Victoria Transit PARATRANSIT Services. Victoria Transit provides an origin to destination service and provides ADA complementary paratransit services for people who, due to a disability, are unable to use fixed route bus services for some or all of their trips. To qualify for PARATRANSIT Service:

1. You must complete the entire form.
2. Incomplete forms will not be considered.
3. A physician must verify your disability (short or long term), prognosis, and date of occurrence. This information must be submitted with the application. *(See attached Physician's Statement form)*
4. Application processing time is 21 business days. You are presumed eligible until you receive eligibility determination in the mail. If we do not receive your information within the 21-day timeframe, you will not be able to continue using our services until all required documentation is returned.
5. You will be sent a letter by mail informing you of your status, whether you are approved or denied.
6. All clients who are temporarily disabled will be recertified for PARATRANSIT Services every October.

The information you provide is confidential. It will only be shared with agencies involved with Victoria Transit's eligibility determination process, and will not be provided to any other person or agency, except as provided by the Texas Open Records Act.

Please read the following statements and check those which best describe what you believe is your ability to use Victoria Transit's bus service without assistance. You may select more than one.

When are you unable to independently use Victoria Transit's bus services?

- I can use the bus for some trips, but not other times because there are barriers that prevent me from using the system.
- I use the bus service frequently.
- I have difficulty understanding and remembering all of the things I would have to do to find my way to and from the bus.
- I believe I could learn to ride the bus, if someone taught me.
- I have difficulty or cannot climb stairs and can only board a Victoria Transit vehicle if it has a lift.
- I have a visual disability, which prevents me from ever getting to and from the bus, even with training.
- The severity of my disability can change from day-to-day. I can only ride the bus when I am feeling well.
- I can never use the bus by myself.
- I can get to and from the bus if the distance is not too great, and the route is barrier-free.
- I am not able to use the bus for the following reasons. (Please explain):

PART I – General Information to be completed by Applicant
(Please print or type)

Last Name First Name Middle Initial Male/Female

Street Address Building/Apt. Number

Apartment Name

City State Zip Code

Home Phone Work Phone Date of Birth

If this is a “Gate Community”, Please provide gate code _____

Is your residence located on a “dead end street” or “alley”?
Please Circle: Yes or No

If yes, what is the approximate distance “feet” from the main road? _____

If you have a Para-Transit I.D. Card from another agency, please provide the name of that agency and the I.D. number _____

Part II- Information on your disability and mobility equipment

What is it about your disability that prevents you from using Victoria Transit's bus services?

Is your disability permanent? Yes No

If not, what is the expected duration of your disability? _____ / _____ / _____
Month Day Year

Have you ever had a seizure? Yes No

If Yes, What type? _____ How Often? _____

Are your seizures controlled by medication? Yes No

Do you use any of the following mobility aids? (Check all that apply)

- Manual Wheelchair Walker Dog
 Powered Wheelchair Cane Portable Oxygen
 Powered Scooter Braces Crutches
 Prosthesis Other _____

PART III- Questions on using the bus service

1. Have you ever used Victoria Transit's bus service? Yes No
2. Does your physical condition change from day to day where it may be difficult to use the bus service?
 Yes, my physical condition is good on some days and bad on others.
 No, my physical condition does not change from day to day
 Not sure
 Other reasons _____

3. On days when your physical condition is **good**, can you, on your own, or using a mobility aid: (wheelchair, scooter, walker, crutches, dog, ECT.)

- Get to the curb in front of my house
 - Travel up to 1 block
 - Travel up to 4 blocks
 - Travel up to 6 blocks
 - I can't travel outside my house. Please explain _____
-

4. On days when your physical condition is **bad**, can you, on your own, or using a mobility aid: (wheelchair, scooter, walker, crutches, dog, ECT.)

- Get to the curb in front of my house
 - Travel up to 1 block
 - Travel up to 4 blocks
 - Travel up to 6 blocks
 - I can't travel outside my house. Please explain _____
-

5. Does the weather have an affect on your ability to use the bus services?

- Yes
- No
- I don't know

6. If you answered YES to questions number 5, how does the weather affect your ability to use the bus service?

7. Are you currently using Victoria Transit's bus service?

- Yes
- No

If Yes, Please name the route(s) you use

8. Can you transfer from one bus to another?

- Yes
- No

If No, Please explain

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

Yes No

If No, please explain _____

10. Are you able to follow written or oral instructions to use the bus services?

Yes No

If No, please explain _____

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

Yes No

If No, please explain _____

12. Could you wait 30 minutes at a bus stop that does not have a seat or shelter?

Yes No

If No, please explain _____

13. Are you able to get on or off a bus if it had a passenger lift?

Yes No

If No, please explain _____

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

Yes No

If No, please explain _____

15. Are you able to recognize when it is time to get on and off the bus?

Yes No

If No, please explain _____

PART IV- Questions about Training

Travel Training is available *free* to persons with disabilities who may be able to use Victoria Transit’s Fixed-Route bus system. Travel Training is offered to familiarize customers with general public transit, specific routes, bus stops, and transfer stations. Training for Victoria Transit’s Fixed-Route bus systems does not make you ineligible for PARATRANSIT Service.

For informational use, please answer the following questions:

16. Have you ever had training on how to use bus services?
 Yes No

If YES, please check all the skills you have learned:

- General bus travel
- Getting to and from the bus stops and/or transfer stations
- Getting on and off bus
- What to do in emergencies
- How to transfer from one bus to another

17. Did you complete the training?
 Yes No
If No, please explain _____

18. Would you be interested in receiving training for Victoria Transit’s Fixed-Route service?
 Yes No

PART V- Your Current Travel

List your 3 most frequent destinations and how do you currently get there?

Destination Address	Frequency of Travel	How do you currently get there?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The American with Disabilities Act of 1990 (ADA) requires that public entities, which operate non-commuter fixed route transportation services, also provide complementary (similar) PARATRANSIT service for individuals unable to use the fixed route system.

Victoria Transit will carry a wheelchair and occupant if the lift and vehicle can physically accommodate them, unless doing so is inconsistent with legitimate safety requirements.

- Includes such circumstances as a wheelchair or other wheeled device of such size that it would block an aisle, or would interfere with the safe evacuation of passengers in an emergency.

Wheelchairs are defined to include “three-or more wheeled devices”.

Do you and your assistive device weigh more than 800 pounds?

Yes No

In Case of an Emergency Notify:

Name	Relationship	Home Phone/Work Phone
------	--------------	-----------------------

Address	City	State	Zip Code
---------	------	-------	----------

I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize Victoria transit to obtain verification of any information given in this application and obtain essential medical information necessary for the determination of PARATRANSIT eligibility. I also agree to submit myself for an in-person evaluation by Victoria Transit and/or its acting agency for determination of PARATRANSIT eligibility.

Applicant’s Signature	Date
-----------------------	------

If completed by someone other then the applicant:

Name	Relationship	Phone Number
------	--------------	--------------

Signature



Please remit to:
Victoria Transit
1908 N Laurent St Suite 115
Victoria, Texas 77904
Office (361)578-8775 / Fax: (361)580-3206

PHYSICIAN'S STATEMENT FOR PARATRANSIT SERVICE ELIGIBILITY

Date: _____
Applicant Name: _____
Applicant's Date of Birth: _____

PLEASE NOTE
This form must be filled out completely. Incomplete forms will not be processed and will be returned to the applicant.

The person name above is currently being treated or was formerly treated by me. The person has informed me of his/her intent to apply for Victoria Transit PARATRANSIT Service. The information provided in this form is intended to verify any medical/health conditions that prevent the applicant from using our Fixed Route Service.

The following information confirms the applicant's disability:

Diagnosis/Disability	Date of Onset:
_____	_____
_____	_____
_____	_____

Prognosis: _____

Disability Status (Select One):

- Applicant will be temporarily disabled for _____ months.
- Applicant is considered permanently disabled.

My signature below confirms that the above information is accurate and represents the current physical and/or mental condition of the applicant named on this form.

**Physicians Signature and Credentials (M.D., Ph.D.)

**Print Physician Name and Credentials (M.D., Ph.D.)

**Physician's Office Phone Number

Must be signed by a licensed Physician