



CityBus Office Use Only

Applicant First and Last Name _____

Date App Received: / /

Date Letter Sent: / /

Date of Interview: / /

Disposition: _____

ACCESS Application

Steps to Completing this Application

To apply for CityBus ACCESS paratransit service, you and your medical professional must fully complete and return this application. The application consists of the following parts: **Information About the Certification Process** (pages 2 – 3), **Information About the Applicant** (pages 4 – 7), **Authorization to Release Medical Information** (page 8), and the **Medical Verification Form** (pages 9 – 13).

Be sure to sign the **Information About the Applicant** section on page 7 and the **Authorization to Release Medical Information** on page 8. Be sure to provide responses to all questions. If any questions are not answered, your application will be considered incomplete. Be sure to have your medical professional complete and sign the **Medical Verification Form** on pages 9 – 13. Without your medical professional's signature, your application will be considered incomplete.

It is important to print legibly throughout your application so that CityBus staff may make an appropriate certification determination. Please note that incomplete applications will be returned.

Completed applications may be returned via mail or in person at:

CityBus Administrative Offices
1250 Canal Rd.
Lafayette, IN 47904

ACCESS Application

Information About the Certification Process

Eligibility for the CityBus ACCESS paratransit service is determined on a case-by-case basis in accordance with the Americans with Disabilities Act (ADA). Certification is strictly limited to those who have disabilities that prevent them from using CityBus ADA accessible fixed route bus service. If you are found to be capable of using CityBus ADA accessible fixed route bus service, you will not be eligible for ACCESS paratransit service.

It is important to note that all CityBus fixed route buses are ADA accessible. That means all our buses are equipped with wheelchair ramps, are able to lower for ease of boarding, and are equipped with annunciators and marquee displays to indicate upcoming bus stops.

CityBus will use the information obtained in this application and certification process only for the provision of transportation through the ACCESS paratransit service. The information will not be shared with any other person or agency without the express written consent of the applicant.

In order to allow CityBus to evaluate your application, it may be necessary to contact your medical professional to confirm the information provided. The medical professional should be familiar with your disability and is authorized to provide the information required for the evaluation of this application for certification for ACCESS service. The **Medical Verification Form** must be signed by your medical professional for your application to be complete.

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CityBus will review this application within 21 days of receipt. You will receive information regarding scheduling an appointment with a CityBus representative to determine if you are eligible for ACCESS. At that appointment your eligibility conditions will be reviewed, and a certification determination made.

Completed applications awaiting certification review will be kept on file for six months from the date of receipt. If we don't hear back from you within that timeframe, your application will be shredded and a new application will be required for consideration.

If certified, a photo ID will be prepared, and you will then be able to start using ACCESS. The photo ID must be shown to the driver prior to boarding. In addition, this photo ID allows persons certified for ACCESS to ride fare free on CityBus ADA accessible fixed route bus service and provides presumptive eligibility to use similar paratransit services operated by other transit agencies.

If the applicant is denied certification, the applicant may file a written appeal within 60 days. Appeals will be reviewed by a CityBus representative to determine if you are eligible for ACCESS. Applicants who file an appeal may be required to undergo a functional assessment to determine eligibility at the expense of CityBus. If the appeal is denied after a functional assessment, a final appeal may be made to the CityBus ADA Appeal Board. The CityBus ADA Appeal Board will consist of three individuals selected by the CityBus Board of Directors Chairperson, the Mayor of Lafayette, and the Mayor of West Lafayette, or their designee.

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Information About the Applicant

First Name

Last Name

Address

City

State

Zip Code

Phone Number – Can we text you at this number?

Yes

No

Email Address – Provide if possible.

Date of Birth: ____ / ____ / ____

Are you affiliated with any of the following?

Purdue University Ivy Tech Community College Wabash Center

In case of emergency, we should contact:

First Name

Last Name

Phone Number

Relationship

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I understand that the use of information provided is intended for the sole purpose of establishing eligibility and certification for the ACCESS paratransit service. Information will be kept confidential and will not be released without my express permission.

What is the disability that prevents you from using our fixed route bus service?

Note: All CityBus fixed route buses are ADA accessible.

Is this condition temporary? Yes No

If "Yes", expected duration until: _____ / _____ / _____

How does this disability prevent you from using our fixed route bus service?

Note: All CityBus fixed route buses are ADA accessible.

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Are there any other effects of your disability we need to be aware of?

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by CityBus.

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

- Wheelchair/Powerchair Crutches/Cane/Walker Guide Dog

Do you require an escort when you use transit (this person rides free)?

- Yes No

Have you answered all the questions and provided explanations where required? **Please note that incomplete applications will be returned.**

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I hereby certify that the information given on this application is correct. I have read and understand the **ACCESS Details & User Guidelines** and agree to abide by them.

I understand that a medical professional familiar with my functional abilities to use public transit must complete the **Medical Verification Form** found on pages 9 – 13 in order to assist in the determination of eligibility. The **Authorization to Release Medical Information** on page 8 must be completed and signed.

Signature of Applicant

Date

If this application was completed by another person, please list their information here:

First Name

Last Name

Phone Number

Relationship

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Authorization to Release Medical Information

I hereby authorize the following medical professional, who can verify my disability or health related condition, to release necessary information to the Greater Lafayette Public Transportation Corporation dba CityBus as part of the application and certification process for the provision of transportation through the ACCESS paratransit service. This information will be used only to verify my eligibility for ACCESS paratransit services in accordance with the Americans with Disabilities Act (ADA). I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

Medical professional who may release my medical information:

First Name

Last Name

Address

City

State

Zip Code

Phone Number

Signature of Applicant

Date

ACCESS Application

Medical Verification Form

This portion of the application must be completed and signed by the medical professional listed in the **Authorization to Release Medical Information** found on page 8.

Applicant's First Name

Applicant's Last Name

This individual is applying for ACCESS paratransit services. In accordance with the Americans with Disabilities Act (ADA), paratransit service is available only for persons who because of a disability, are prevented from riding the fixed route bus.

It is important to note that all CityBus fixed route buses are ADA accessible. That means all our buses are equipped with wheelchair ramps, are able to lower for ease of boarding, and are equipped with annunciators and marquee displays to indicate upcoming bus stops.

An individual could be prevented from riding the fixed route bus in either of the following ways: 1) is unable to independently get to and from a bus stop, on or off the bus, or successfully navigate to a destination or 2) is unable to understand how to complete a bus trip.

For the benefit of the Applicant, please answer the following questions as fully and accurately as possible. Please be specific when answering the questions. Incomplete answers will result in the application being returned to the applicant. All medical information will be kept confidential. Please call ACCESS at (765) 742-2121 if you have any questions.

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Please review the information provided by the applicant on pages 5 and 6 of the application. Based on your knowledge of the applicant's condition, is the information accurate?

Yes No Somewhat

If "No" or "Somewhat" please explain:

What specific conditions contribute to the applicant's mobility and/or cognitive limitations?

Note: All CityBus fixed route buses are ADA accessible.

Is this condition temporary? Yes No

If "Yes", expected duration until: _____ / _____ / _____

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How does the applicant's disability prevent them from riding a fixed route bus?

Note: All CityBus fixed route buses are ADA accessible.

Are there any other effects of the applicant's disability we need to be aware of?

Please answer the following questions:

Can the applicant walk 200 feet without the assistance of another person?

Yes No Sometimes

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

Yes No Sometimes

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Can the applicant travel $\frac{3}{4}$ mile without the assistance of another person?

Yes No Sometimes

Can the applicant wait outside without support for ten minutes?

Yes No Sometimes

Can the applicant give address and telephone numbers upon request?

Yes No

Can the applicant recognize a destination or landmark?

Yes No

Can the applicant deal with unexpected situations or unexpected change in routine?

Yes No

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

Yes No

Can the applicant safely and effectively travel through crowded and/or complex facilities?

Yes No

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This **Medical Verification Form** has been completed by:

- Physician Nurse Practitioner
 Health Care Professional Rehabilitation Professional

Organization Name

First Name

Last Name

Address

City

State

Zip Code

Phone Number

I hereby certify that the information provided on the **Medical Verification Form** portion of this application is true and correct.

Signature of Medical Professional

Date

Thank you for your assistance in completing this form.