

# BUTTE SILVER BOW

## COPPER CITY CONNECTION PARA-TRANSIT

### APPLICATION

#### Request for Certification of ADA Para-Transit Eligibility

The information obtained in this certification process will only be used by the City of Butte Silver Bow Copper City Connection Para-Transit for the provision of transportation services. Information regarding the evaluation of your functional ability will only be shared with other transit providers as needed to facilitate travel through those providers. The information will not be provided to any other person or agency except as outlined in the approved eligibility certification process.

Please answer all questions contained in the application. Failure to answer any questions will delay processing your application

1. Name (First, Middle Initial, Last): \_\_\_\_\_
2. Physical Address: \_\_\_\_\_
  - a. Name of Facility/Apartment Building (If Applicable): \_\_\_\_\_
3. City, State, Zip: \_\_\_\_\_
4. Telephone Number (Including area code) Home, Cell, Work: \_\_\_\_\_
  - a. Email address (if available): \_\_\_\_\_
5. Date of Birth (month, day, year): \_\_\_\_\_
6. In case of emergency notify (Name) (Phone/day/night) (Relationship): \_\_\_\_\_
7. Gender (Male  Female  )

#### Your ability to use fixed route buses

Butte Silver Bow (Copper City Connection) fixed route buses are equipped with ramps to accommodate anyone unable to climb stairs. Most mobility aids including wheelchairs, can be accommodated on these buses.

1. Have you ever ridden or do you currently ride Copper City Connection fully accessible fixed route buses? Yes  No
2. Do you know where the nearest fixed route bus stop to your home is? Yes  No
3. Can you walk or use your mobility device to get to the bus stop nearest your home? Yes  No
4. Are you able to sit for 30 minutes or more when riding a bus? Yes  No
5. Would you be interested in learning how to use the fixed route bus? Yes  No

**Information about your disability**

1. What is the disability which prevents you from using Copper City Connection fully accessible fixed route buses?
  - o Please list disabilities or conditions that prevent you from riding. For example: Multiple sclerosis, paraplegia, blindness, heart disease, Alzheimer’s, Epilepsy, etc. Please **do not** list the symptoms you experience, such as dizziness, fatigue, joint pain, etc.

- Permanent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Temporary: \_\_\_\_\_

2. If any of your conditions are temporary what is the expected duration?
3. Please give a narrative of your disability? *(This is where you may list the symptoms of your disability or condition which prevents you from using the fixed route buses.)*

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

4. Do you require a personal care attendant? Yes  No

5. Do you use any of the following mobility aids or specialized equipment? Check all that apply:

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> I do not use any mobility aids  | <input type="checkbox"/> Cane           | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Motorized Wheelchair*           | <input type="checkbox"/> Walker         | <input type="checkbox"/> Scooter*   |
| <input type="checkbox"/> Manual Wheelchair*              | <input type="checkbox"/> Leg Braces     | <input type="checkbox"/> Crutches   |
| <input type="checkbox"/> Respirator/portable oxygen tank | <input type="checkbox"/> Service Animal | <input type="checkbox"/> prosthesis |
| <input type="checkbox"/> Walker with seat                | <input type="checkbox"/> other          |                                     |

*\*Wheelchair means a three or more wheeled mobility device.*

If you use a wheelchair/scooter/cart please provide the following information.

Does your mobility device weigh more than 600 pounds when occupied? Yes  No

What is the width of your wheelchair or scooter? \_\_\_\_\_ inches

What is the length of your wheelchair or scooter? \_\_\_\_\_ inches

6. Please check the box that best describes your current living situation
  - 24 hour care or skilled nursing facility
  - Assisted living facility
  - I receive assistance from someone that comes to my home to help with daily living activities
  - I live with family members who help me
  - I live independently (without the assistance of another person)

7. Please indicate the reason why your are seeking ADA complimentary curb to curb Para-Transit Service (Check all that apply)
- The closest fixed route bus stop is too far from my home (three city blocks)
  - I do not know how to ride the fixed route bus
  - I am unable to get or remember transit system information
  - I cannot walk by myself between the bus stop and my destination because of the (check all that apply)
    - Up/down curb cuts hinder me
    - Various terrains hinder me
    - Cross streets of various widths hinder me
    - Various street signal controls stop me
  - I am unable to calculate the correct fare and put into the fare box
  - I cannot see the bus/read the route numbers
  - I cannot recognize/see stops or orient myself to bus location on the route
  - I cannot recognize where to exit the bus
8. How do you currently travel?
- Friend
  - Family
  - Taxi
  - Walk
  - Other
9. Please list any routine trips (weekly or daily) for which you would use Para-transit Service.
- Doctor
  - Therapy
  - Shopping
  - Other (specify) \_\_\_\_\_

I hereby affirm that the statements made herein are true and correct and I authorize the completion of this form and/or the release of related information to Butte Silver Bow Copper City Connection.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If someone other than the applicant completed this form on behalf of the applicant, that person must complete the following:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City, State, Zip: \_\_\_\_\_
4. Telephone (Home, work, cell): \_\_\_\_\_
5. Relationship: \_\_\_\_\_
6. Signature: \_\_\_\_\_
7. Date: \_\_\_\_\_

## Health Care Professional Verification of Disability Form

This part of the application form should be completed by one of the following health care professionals who is currently treating the applicant for their disability, and is authorized to provide this information to Butte Silver Bow "Copper City Connection" Para-Transit Bus Service

Check the appropriate box to identify your profession

- A rehabilitation specialist or vocational rehabilitation counselor
- An orientation and mobility specialist
- An occupational or physical therapist
- An independent living counselor
- A social worker or mental health counselor
- A physician
- A registered nurse

Applicant Name: \_\_\_\_\_

1. Have you ever examined/evaluated the applicant in the past? Yes  No   
If yes, was the examination/evaluation within the last twelve months? Yes  No
2. What is the applicant's specific disability or health condition/limitation and how does it limit or prevent his/her ability to travel independently or utilize the Butte Silver Bow Copper City Connection transit fixed route service?  
\_\_\_\_\_

3. Is the applicant's disability:  
Permanent Yes  No   
If no how long will the individual be temporary disabled? \_\_\_\_\_

4. What mobility aids does the applicant utilize? (check all that apply)
  - Does not use any mobility aids
  - Motorized Wheelchair
  - Manual Wheelchair
  - Respirator/portable oxygen tank
  - Walker with seat
  - Cane
  - Walker
  - Leg Braces
  - Service Animal
  - Other
  - White Cane
  - Scooter
  - Crutches
  - Prosthesis

5. Is the applicant able to do any of the following with the use of a mobility aid and without the assistance of another person?

	Yes	No	Sometimes
Travel 1 city block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel 3 city blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb three 12 inch steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait outside with support for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "No" or "Sometimes" describe in detail any factors which would have an adverse impact on the applicants abilities to travel or wait outside. (example: extreme cold)

\_\_\_\_\_

Which of the following weather/environmental conditions if any affect the applicant's disability or health condition such that it prevents him/her from independently getting to and/or from a bus stop?

Indicate:  Heat  Cold  Humidity  Snow  Ice  
 Light  Darkness  Pollution/Allergies  other

What specific weather condition prevents this person from getting around on his/her own?  
How so? \_\_\_\_\_

6. Is applicant able to: (Check all that apply)
- Understand and/or process information enabling them to use a fixed route bus
  - Ask for or follow written or oral information such as scheduling including TDD, audio tape, or voice
  - Figure out the correct fare
  - Follow instructions in an emergency
  - Recognize his/her destination while on a fixed route bus
  - Once off the bus at the bus stop able to locate and reach his/her destination
  - Find their way between familiar locations
  - Signal the bus driver to get off the fixed route bus at his/her bus stop
  - Grasp coins, passes and handles
  - Communicate with driver's addresses or desired destination
  - Deal with unexpected situations or unexpected changes in routine (route changed due to road construction, regular bus stop closed)
  - Go up and down steps unassisted
7. Any additional information you believe pertinent to the applicant's situation.
8. I have read this application in entirety. (information submitted by applicant) Yes  No
9. I agree with the information provided by the applicant. Yes  No
10. If no (9-10) please explain and provide specifics for each question you disagree with the information submitted by the applicant. \_\_\_\_\_

I hereby affirm that the statements made herein are true and correct.

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

Specialty or Title & Agency: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail completed application to:

BSB Transit Copper City  
Connection Para-Transit  
126 West Granite Street  
Butte, MT. 59701  
**Fax: 497-6524**