

Request for Certification of ADA Paratransit Eligibility

This information obtained in this certification process will only be used by the Fort Smith Transit Department for the provision of transportation services. Information will only be shared with other transit providers, upon request of applicant, to facilitate travel in those specified areas. The information will not be provided to any other person or agency.

1. Name: _____

2. Street Address: _____

City: _____ State: _____ Zip Code: _____

3. Telephone Number: _____

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

5. Is this condition temporary, long term, or permanent? _____

6. How does this disability prevent you from using fixed route services? Please explain completely. Use additional sheet(s) if necessary.

7. Can you follow written or verbal instruction? Circle (YES / NO)

8. Are you able to use a telephone to access transportation information? Circle (YES / NO)

9. What are the effects of your disability? Explanation is required.

THE FOLLOWING INFORMATION WILL BE USED TO ENSURE THAT AN APPROPRIATE VEHICLE IS PROVIDED FOR YOUR TRANSPORTATION AND THAT AN ACCURATE ANALYSIS OF YOUR TRIP REQUESTS CAN BE MADE BY THE FORT SMITH TRANSIT DEPARTMENT.

10. Do you use any of the following aids for mobility? (Circle all that apply)

Manual Wheelchair / Electric Wheelchair / Oversized Wheelchair / Powered Scooter / Cane / Crutches / Personal Care Attendant / Dog Guide / Other (explain below)

11. Do you require a Personal Care Attendant (PCA) when you travel using the transit system? (A PCA is an individual provided by the applicant to assist the passenger)

YES _____ NO _____

The Transit Department will allow a maximum of two (2) minutes for boarding acknowledgement and drivers provide reasonable assistance in boarding.

12. What distance can you travel (I.e., walking or using a mobility device)?

13. Explain how the weather would affect this distance.

14. Can you climb or descend 12 inch steps with or without assistance?

YES _____ NO _____

If yes, how many steps? _____

15. How long can you stand with or without the use of a mobility device?

FORT SMITH TRANSIT DEPARTMENT MAY NEED TO CONTACT YOUR PHYSICIAN OR OTHER PROFESSIONAL FOR ADDITIONAL INFORMATION IF NEEDED. PLEASE COMPLETE THE FOLLOWING INFORMATION.

16. The following physician _____, health care professional _____, rehabilitation professional _____ (check one) is familiar with my disability and is authorized to provide information to the Fort Smith Transit Department to complete this certification.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT AND I AUTHORIZE FORT SMITH TRANSIT TO CONTACT THE ABOVE PROFESSIONAL TO DISCUSS MY DISABILITY:

Applicant Signature

Date

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Signature of Representative

Date

Please Return Application to:

Fort Smith Transit

6821 Jenny Lind Road

P.O. Box 1908

Fort Smith, AR 72902

(479) 783-6464

Fax: (479) 788-6525

Toll Free (877) 335-9555

Arkansas Relay Services for the Hearing Impaired 7-1-1

Fort Smith Transit does not discriminate in admission or access to, or treatment or employment in its program or activities