



Applicant,

We appreciate your interest in our curb-to-curb paratransit service. The following application must be filled out legibly and completely. The physicians form must be completed by a doctor, licensed health care provider, or licensed social caregiver familiar with your disability.

After CitiAccess receives your completed application you may be contacted to schedule an in-person interview to determine your eligibility. Transportation will be provided to you free of charge both to and from the Citibus administrative offices at 801 Texas Ave.

You will receive a determination letter within 21 business days. If you require any assistance in completing this application you may call our scheduling office at 767-2389. You can also request assistance during your in-person interview.

Again, we thank you for your interest in CitiAccess.

**Director of Transportation
767-2380 ext. 241**

CITIAccess CERTIFICATION OF ADA ELIGIBILITY

Return completed application to:

CITIBUS
Director of Transportation
801 Texas Avenue
Lubbock, Texas 79401

OFFICE USE ONLY
Determination: _____
Expiration Date: _____
Assessment Date: _____

CitiAccess will only use the information obtained in this certification process for the provision of transportation services.

PART I -- To Be Completed By Applicant (*Please Print or Type*)

Last Name	First Name	Mid. Initial	
Street Address		Apt. No.	
City	State	Zip Code	
Home Phone	Work Phone	Social Security No.	Date of Birth

PART II – Please answer all of the following questions.

1. Are you able to board and disembark without assistance from a Citibus *without* a wheelchair lift?
 Yes ___ No ___ If no, please explain: _____

2. Are you able to board and disembark without assistance from a Citibus *with* a wheelchair lift?
 Yes ___ No ___ If no, please explain: _____

3. Are you able to travel to the nearest bus stop?
 Yes ___ No ___ If no, please explain: _____
 Location: _____ How Far: _____

4. Do you currently use Citibus services?
 Yes____ No____
 What routes?_____
5. Are you able to handle money and transfers?
 Yes____ No____ If no, please explain:_____
6. And are you able to use railings and handles?
 Yes____ No____ If no, please explain:_____
7. Are you able to keep balance while seated on a moving bus?
 Yes____ No____
8. Are you able to understand bus schedules? Yes____ No____
 Understand and follow directions? Yes____ No____
 Process information to ride Citibus? Yes____ No____
9. If you can use a lift-equipped bus, are you presently unable to ride because:
 ____ One of more routes you want to ride do not have lift-equipped buses?
 ____ The lift cannot be operated at bus stops where you need to board?
 ____ Your wheelchair cannot be accommodated on a transit vehicle?
 ____ Other reasons. Please explain:_____
10. Are you prevented from traveling to or from a bus stop boarding location for one or more of the following reasons?
 ____ Inability to negotiate hilly terrain
 ____ Extreme sensitivity to climatic conditions
 ____ Allergic/environmental sensitivities
 ____ Hyper-fatigue, frailty
 ____ Night blindness
 ____ Inability to cross busy intersections
 ____ Inability to climb three 10-inch steps
 ____ Bus stop too far away
 ____ Other reasons. Please explain:_____
11. Are you able to perform the following functions without supervision?
 a) Find your way between familiar locations?
 Yes____ No____ Yes, with training ____
 b) Signal the bus driver to get off at a familiar stop and get off the bus there?
 Yes____ No____ Yes, with training ____
 c) At a bus stop served by more than one bus route, can you distinguish the correct bus to board and indicate your intention to board?
 Yes____ No____ Yes, with training ____

12. Are you able to perform the following functions without the assistance of another person?
 _____ Travel 200 feet (the length of a city block)
 _____ Travel ¼ mile (the length of 3 city blocks)
 _____ What is the maximum distance you can travel to get to a bus stop?
13. Is your ability to get from place to place affected by:
 _____ Terrain, such as steep hills, no sidewalks/crosswalks, or other conditions
 _____ Rain, snow, ice
 _____ Extreme temperatures of heat or very cold, windy weather
14. Are you able to wait outdoors for 10 minutes?
 Yes_____ No_____ Sometimes_____
 If no, please explain _____
15. Do you have trouble standing for more than 15 minutes?
 Yes_____ No_____ Sometimes_____
 If yes, please explain _____
16. Does your disability allow you to use the bus when you are feeling well?
 Yes_____ No_____
17. Does your disability allow you to use the bus when you are *not* feeling well?
 Yes_____ No_____
18. Are there sidewalks at your residence?
 Yes_____ No_____
19. How would you describe the terrain where you live? (very steep hill, long gradual hill, flat, etc.) _____

20. Are you able to cross the street or a busy intersection by yourself?
 Yes_____ No_____
 If yes, under what circumstances? _____

21. Have you ever received mobility training for routes or destinations?
 Yes_____ No_____
 What did you learn? _____

22. If travel training were available, would you be interested in participating?
 Yes_____ No_____

23. List three of your most frequent destinations, and how you get there?

Destination or Street Address	Frequency of Travel	How do you get there now?
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Are there places you would like to go that you *cannot* get to now?

Destination or Street Address	Frequency of Travel	Barrier?
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. How did you find out about the CitiAccess service? _____

PART III – These questions in this section are designed to give us a better understanding of your opinions about certain aspects of accessible fixed route bus service. Please read each question carefully and circle the number that indicates whether you agree, disagree, or are not sure.

	<u>Agree</u>	<u>Disagree</u>	<u>Not Sure</u>
1. The bus system is too complicated for me to figure out.	1	2	3
2. I've heard good stories about Citibus service from other people.	1	2	3
3. I'm not at all interested in using Citibus service for my transportation.	1	2	3
4. I have to have a seat on the bus, but I'm afraid I won't get one.	1	2	3
5. Everyone on the bus will be inconvenienced since it takes me longer to board. People will get angry.	1	2	3
6. Riding the bus makes me more vulnerable to crime, and I'm afraid for my safety.	1	2	3

- | | | | |
|---|---|---|---|
| 7. I think my neighborhood has good bus service. | 1 | 2 | 3 |
| 8. I'm afraid I'll get off at the wrong stop. | 1 | 2 | 3 |
| 9. Arriving at my destination on time is not important to me. | 1 | 2 | 3 |
| 10. Lower Citibus fares compared to CitiAccess are an incentive for me to ride the bus. | 1 | 2 | 3 |
| 11. Taking my trips by bus would take me too long. | 1 | 2 | 3 |
| 12. I need help with the tie downs and I don't think the Citibus driver will help me. | 1 | 2 | 3 |
| 13. I'd have to get up earlier in the morning to use the bus, which would be a problem. | 1 | 2 | 3 |
| 14. If the bus moves before I'm seated, I'm afraid I might fall. | 1 | 2 | 3 |

PART IV – Please select someone who would NOT be riding with you.

In Case Of Emergency Notify:

_____		_____	
Name		Relationship	
_____		_____	
Home Phone		Work Phone	

Address	City	State	Zip Code

Please indicate below if the applicant can be left alone at their destination

___ Applicant can be left alone at destination ___ Applicant can't be left alone at destination

PART V – Please answer all of the following questions.

I understand my rights and responsibilities for CitiAccess Service and they are:

- 1. CitiAccess is public transportation and I will be sharing rides with other passengers.....
- 2. CitiAccess does not provide emergency service.....
- 3. I must show my CitiAccess I.D. card and pay the fare each time I ride.....
- 4. Three “No Shows” in 30 days could result in ridership suspension.....
- 5. CitiAccess has 15 minutes before and 15 minutes after the scheduled pick up time to arrive.....
- 6. CitiAccess will wait only 5 minutes from the time it arrives.....
- 7. CitiAccess is curb to curb service.....

I certify that the information provided in this application is accurate. I understand that false information may result in the denial or annulment of CitiAccess service. I further understand that all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services.

Applicant's Signature _____ Date _____

Interviewer's Signature _____ Date _____

****If applicant has been assisted by someone else in completing this application, that person must complete the following:**

Last Name	First Name	Mid. Initial
Street Address		Apt. No.
City	State	Zip Code
Home Phone	Work Phone	Relation to Applicant

Office Use Only

Screening Committee Review:

Reviewed By: _____ Date: _____ Decision: _____

Reviewed By: _____ Date: _____ Decision: _____

Reviewed By: _____ Date: _____ Decision: _____

Comments: _____

Dear Health Care Provider:

The Americans with Disabilities Act and its implementing federal regulations established categories of persons who are eligible to receive paratransit services complementary to fixed-route bus services. The three categories of persons with rights to complementary paratransit are:

1. Persons who, because of their disability, cannot independently board, ride and/or disembark from an accessible vehicle.
2. Person who, because of their disability, cannot use vehicles without lifts or other accommodations.
3. Persons who, because of their disability, cannot get to or from a boarding or disembarking location.

Any individual is to be certified as ADA paratransit eligible if there is any part of the transit system that cannot be used or navigated by that individual because of a disability. Persons are not to be qualified or disqualified on the basis of a specific diagnosis or disability.

The information requested from you on the following pages will allow CitiAccess to obtain the information necessary to establish eligibility of the applicant. Thank you for your assistance.

PART VIII

Based upon my professional knowledge of the applicant, I certify that the preceding information is true and correct.

Name of Health Care Provider (Please Print) Office Phone Number

Office Street Address City State Zip Code

State License Number (Complete if Applicable – Must be Current)

Signature _____ Date _____