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 712-2000 x 236. You can also request assistance during your in-person interview.

Again, we thank you for your interest in CitiAccess.

Director of Paratransit
806-712-2010
CITIAccess CERTIFICATION OF ADA ELIGIBILITY

Return completed application to:
CITIBUS
Director of Transportation
801 Texas Avenue
Lubbock, Texas  79401

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)

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<th>Last Name</th>
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<th>Home Phone</th>
<th>Work Phone</th>
<th>Social Security No.</th>
<th>Date of Birth</th>
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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?

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<tr>
<th>Destination or Street Address</th>
<th>Frequency of Travel</th>
<th>How do you get there now?</th>
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24. Are there places you would like to go that you cannot get to now?

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<th>Destination or Street Address</th>
<th>Frequency of Travel</th>
<th>Barrier?</th>
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25. How did you find out about the CitiAccess service?

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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.

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

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<th>Name</th>
<th>Relationship</th>
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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

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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:

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<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Relation to Applicant</th>
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**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 VI -- To Be Completed By Appropriate Health Care Provider
(Please Print or Type)

Please Check One:  ___ Physician  
     ___ Licensed Health Care Provider  
     ___ Licensed Rehab/Social Worker

Applicant’s Name _______________________________________________________
                       Last         First        Mid. Initial

Medical diagnosis of condition causing disability:_______________________________
______________________________________________________________________
______________________________________________________________________

Is the condition permanent? 
   Yes____   No____   If not, expected duration:________________________

Does this disability prevent the applicant from utilizing the fixed route services (regular bus service)? If yes, please describe in detail.   ________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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PART VII – Please answer all of the following questions.

The following information will be used to ensure that an appropriate vehicle is sent to provide transportation and that CitiAccess can make an accurate analysis of the applicant’s trip requests.

Does the applicant use any of the following mobility aids? (Check all that apply)

☐ Cane   ☐ Power Chair   ☐ Communication Board
☐ White Cane   ☐ Large Power Chair   ☐ Service Animal
☐ Walker   ☐ Power Scooter   ☐ Portable Oxygen Supply
☐ Crutches   ☐ Manual Chair   ☐ Personal Care Attendant
☐ Leg Braces   ☐ Picture/Alphabet Board   ☐ Other: ______________

Please indicate below if the applicant can be left alone

☐ Applicant can be left alone   ☐ Applicant can’t be left alone
Can the applicant walk or wheel ¼ mile (3 blocks) without the assistance of another person?
   Yes____   No____

1. Can the applicant climb three 10-inch steps with assistance?
   Yes____   No____

2. Can the applicant wait outside without support for 15 minutes?
   Yes____   No____

3. Is applicant on dialysis?
   Yes____   No____

4. Does the applicant have a hearing impairment?
   Yes____   No____

5. Is the applicant able to give addresses and phone numbers upon request?
   Yes____   No____

6. Is the applicant able to recognize a destination or landmark?
   Yes____   No____

7. Is the applicant able to deal with unexpected situations or unexpected changes in routine?
   Yes____   No____

8. Is the applicant able to ask for, understand, and follow directions?
   Yes____   No____

9. Is the applicant able to safely and effectively travel alone through crowded and/or complex facilities?
   Yes____   No____

** If the applicant has a visual impairment: 

Visual acuity with best correction:   
   Right Eye _________   Left Eye _________
   Both Eyes _________

Visual Fields:   
   Right Eye _________   Left Eye _________
   Both Eyes _________

Please describe any other disability or effect that prevents the applicant from using the regular bus service.  ___________________________________________________
______________________________________________________________________
______________________________________________________________________
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PART VIII

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

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<thead>
<tr>
<th>Name of Health Care Provider (Please Print)</th>
<th>Office Phone Number</th>
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<th>Zip Code</th>
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State License Number (Complete if Applicable – Must be Current)

Signature ________________________________  Date __________