



LAWRENCE TRANSIT SYSTEM
 1260 Timberedge Rd.
 Lawrence, KS 66049
 Phone: 785-312-7054 Fax: 785-312-7958
www.lawrencetransit.org

T LIFT PARATRANSIT ELIGIBILITY APPLICATION

PART A Personal/Contact Information

The **T Lift** provides door-to-door paratransit service to individuals who cannot use the regular **T** system to make all their trips. To be eligible for service, the functional limitations of an individual's disability must prevent use of regular fixed-route bus service. Age, distance from a bus stop or inability to drive by themselves, are not taken into consideration in determining eligibility. **To become eligible for service, applicants must submit PART A and PART B for review. PART A of the application form is to be completed by the applicant or by someone on behalf of the applicant. PART B must be completed by an independent qualified medical professional who can verify and substantiate the applicant's functional abilities. Applicants will also need to complete an Authorization Form for Disclosure of Protected Health Information attached to Part B that will be submitted by the qualified professional.**

Please Type or Print in Ink to complete application forms.

Last Name _____ First Name _____ MI _____
 Address _____ Apt. No. _____
 City/Town _____ State _____ Zip _____
 Home Phone : (____) _____ Work Phone: (____) _____
 TTD/TTY (____) _____ Cell Phone (____) _____
 DOB ____/____/____ E-Mail address: _____

Do you require information in an alternative format?

Braille _____ Large Print _____ Audio Tape _____ Other: _____

If someone is helping you with this application, that person **must** complete the following:

Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____

Emergency Contact Information:

Name _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

INFORMATION ABOUT YOUR ABILITIES

1. Do you have a disability or health condition that **prevents** you from using the regular fixed-route **T** service? Yes No

a. How does your disability prevent you from independently using the regular fixed route service? Please be specific (Must be completed) _____

b. Is your disability permanent? Yes No

c. If your disability is temporary, how long do you think it will be until you're better?

_____ Months.

d. Is there a season during the year that your disability/health condition worsens and prevents you from traveling without help? (**Check all that apply**)

Spring Summer Fall Winter

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

Manual Wheelchair

Electric Wheelchair

Powered Scooter

Cane

Walker

White Cane

Service Animal

Crutches

Oxygen

Other (please list) _____

3. Do changes in weather (like extreme heat, cold, wind, rain, snow and/or ice) combined with your disability or health condition **stop** you from using the regular fixed-route **T** bus service? Yes No

If yes, explain completely. Use an additional sheet if necessary.

4. Do you require the assistance of a personal care attendant (PCA) when you travel? (**Riders must provide their own PCA**)

Yes No Sometimes

5. All Lawrence Transit System vehicles have wheelchair lifts (if you are unable to climb stairs, you can stand on the lift). Would you be able to get onto and off of a regular bus **without the help of another person?** (The driver operates the lift and helps with the securement system. Lifts have handrails.)

Yes No Sometimes

If you answered **No or Sometimes**, explain why:

6. Does your disability or health condition **stop** you from getting to or from a bus stop without help from another person, for one of the following reasons? (**Check all that apply.**)

- Unable (not just difficult) to travel on rough or hilly terrain
- Extreme sensitivity to certain weather conditions
- Extreme fatigue due to health condition
- Unable to cross busy intersections
- Lack of sidewalks and curb cuts at bus stop
- Unable to locate bus stop due to a visual impairment
- Unable to wait outside for ten (10) minutes
- Unable to travel on ice or snow covered surfaces
- Unable to identify correct bus in the daytime when it is light
- Unable to identify correct bus in early morning or evening hours when it is dark
- Other

Please explain: _____

7. How many blocks is your home to the nearest bus stop? _____
(A city block is approximately 500 feet long)

8. Indicate below how far you are able to travel **without** help.
- Less than 200 feet ¼ mile (3 blocks) ½ mile (6 blocks)
- ¾ mile (9 blocks) more than ¾ of a mile

9. After arriving at a bus stop, how long can you wait outside (**not sitting**) until the bus arrives?
- 30 minutes or longer 15 minutes 10 minutes Less than 10 minutes
- If you cannot stand while waiting, *why not?* _____

10. Are you **able** to perform the following functions without assistance from another person: (**check all that apply**)

- Understand and/or process information
- Ask for or follow written or oral information, such as schedules
including TDD, audio tape or voice?

- Figure out the correct fare?
 - Follow instructions in an emergency?
 - Recognize your destination while on the bus?
 - Once you get off the bus, locate and reach your destination?
 - Cross a busy intersection?
 - Find your way between familiar locations?
 - Signal the bus driver to get off the bus at a familiar stop and then get off the bus?
- Assume the driver calls all stops.*
- Grasp coins, passes, and handles?
 - Communicate addresses, destinations, and telephone numbers on request?
 - Deal with unexpected situations or unexpected changes in routine e.g., route changed due to road construction, regular bus stop closed?
 - Go up and down steps?

11. If training for riding on the regular **T** bus system were available at no charge, do you think that you would benefit from receiving this training?

Yes No

I understand that the purpose of completing PART A is the first step to determine if I am eligible for **T Lift ADA Complementary Paratransit Service**.

Furthermore, I agree to have a **qualified professional** conduct an independent professional assessment of my eligibility by completing PART B of the application process. I understand that failure to participate in this assessment will result in a denial of eligibility for the Lawrence Transit System **T Lift** paratransit service.

I understand that Part A, Part B, and the Authorization Form for Disclosure of Protected Health Information attached to Part B must be submitted to complete the application review. In addition, I authorize the qualified healthcare professional completing Part B on my behalf to release this information to the Lawrence Transit System for their review as well as any supporting or other pertinent information about my health or medical condition to assist Lawrence Transit System assigned staff in determining eligibility for T Lift service. I understand that upon receipt of Part A submitted by me or a representative on my behalf, and Part B by a qualified professional conducting the independent professional assessment, will begin the 21 calendar day application review period by the Lawrence Transit System. Furthermore, I understand that the Lawrence Transit System may need to contact me or a representative on my behalf regarding my application as well as possibly the qualified professional completing Part B to obtain more information.

I certify by my signature that I have been truthful in answering all questions in this application, and that the information I have provided is correct. I understand that providing false information could result in denial of service.

Applicant's Signature

Date

If you assisted the applicant to complete this form, sign below:

Signature

Date
