PART B must be completed by an independent qualified medical professional who can verify and substantiate the applicant’s functional abilities. The qualified medical professional must fall under one of the following categories:

- Physician (M.D. or D.O.) or registered nurse
- Physical or occupational therapist
- Psychiatrist, psychologist, or mental health counselor
- Ophthalmologist

DEAR QUALIFIED PROFESSIONAL:

The application form below contains questions to assist you in evaluating the applicant to determine their ability or inability to ride Lawrence Transit System regular fixed-route T service unassisted. The applicant is currently applying for T Lift ADA Complementary Paratransit Service. T Lift service is strictly limited for only those persons with disabilities requiring public transportation services in the City of Lawrence who are unable to utilize regular fixed-route T bus service. T Lift is a door-to-door demand response service where customers call ahead to schedule trips and must be able to meet the vehicle at street level for pickup.

*Please read the following ADA (Americans with Disabilities Act) definition of a person with a disability, as it relates to public transit:*

Any person with a disability who is unable, as a result of a physical or mental impairment, to board, ride or disembark from an accessible vehicle (wheelchair lift equipped) independently or complete transfers without the assistance of another individual.

*and/or*

Any person with a disability who has a specific impairment related condition that prevents them from traveling to and from a bus stop on the public bus system. Architectural and environmental barriers such as distance, terrain or weather do not, standing alone, form a basis for eligibility. However, consideration should be given to the interaction of environmental conditions (terrain and weather) with the individual’s impairment related condition.

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>P.O. Box/Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
</table>

Is the applicant **unable** to use T fixed-route service as outlined above. Yes _____ No _____

ADA – 9/2014
PART B
If no, STOP HERE and don’t complete the rest of the application form. Please sign, date and mail this page to Lawrence Transit System, 1260 Timberedge Rd., Lawrence, KS 66049

---

Professional Signature      Date

Printed Name    Certification/Licensure    Phone Number

---

If you answered yes to the above question, please continue to the next page and answer all of the questions. Questions regarding this form may be directed to Lawrence Transit System at (785) 312-7054.

While answering the following questions, keep in mind this information will be one element in the eligibility determination made by the transit system’s staff/contractor. Please verify the disability claimed by the applicant, the extent of this disability, and for functional assessments as to the applicant’s ability to perform activities related to using a fixed route transit service. Your input will be particularly important where applicants have claimed a “hidden” or “non-visible” disability (e.g. a medical condition such as a cardiac or pulmonary condition, mental illness, or a joint disease etc.). This verification will also assist in determining the degree of cognitive capability.

1. Have you ever examined/evaluated the applicant in the past?   Yes _____  No _____
   If yes, was examination/evaluation within the last twelve months?   Yes _____  No _____
   Length of time in treatment/under your care? _______________________

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 regular fixed-route T service?

   ___ Certified Legally Blind
   ___ Loss or inability to use one or more limbs
   ___ Severe effects of stroke
   ___ Paralysis affecting mobility, speech, vision or memory
   ___ Severe arthritis
   ___ Autoimmune disorders, for example, Lupus or Scleroderma etc.
   ___ Severe cardiac and/or respiratory impairment affecting strength and/or endurance
   ___ Severe emotional disorder (may require an escort)
   ___ Developmental disabilities, for example, intellectual disability, cerebral palsy, epilepsy, autism or neurological disorder, etc.
   ___ Hearing loss accompanied by an inability to understand speech with/without a hearing aid
   ___ Other (Please explain the medical diagnosis and then describe the disability or health condition/limitation) Use other side of page if necessary

---
Date of onset? ______________________________

3. Is the applicant’s disability:
   Permanent Yes _____ No _____
   If temporary, how long? ____________________________

Is this applicant’s disability:
   Seasonal ______ If so, which season(s)? ______________________________

4. What mobility aids does the applicant utilize? Check all that apply.
   Manual Wheelchair ____ Electric Wheelchair ____
   Powered Scooter ____ Cane ____
   Walker ____ White Cane ____
   Service Animal ____ Crutches ____
   Oxygen ____ Other (please list) _____________

5. Does the applicant require a Personal Care Attendant (PCA) when traveling on transit vehicles?
   (Riders must provide their own PCA)
   Never _____ Sometimes _____ Always _____
   If a PCA is needed, explain why.
   __________________________________________________________________________
   __________________________________________________________________________

6. Which of the following weather conditions impact 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 _____
   Pollution/Allergies_____ Other_____ N/A _____

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

7. Does rough terrain make it hard for the applicant to travel?
   Yes _____ No _____ Sometimes ________
If you answered Yes or Sometimes, describe your definition of rough terrain and how that makes it difficult for the applicant to travel.

______________________________________________________________

8. Is applicant able to: **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 his/her destination while on the bus?
   ___ Once he/she gets off the bus, locate and reach his/her destination?
   ___ Cross a busy intersection?
   ___ Find his/her way between familiar locations?
   ___ Signal the bus driver to get off the bus at familiar stop and then get off the bus? *Assume the driver the 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?

Your Name and Title: ____________________________________________

Certificate/Licensure: __________________________________________

Office Address: _________________________________________________

Office Telephone Number: _________________________________________

Signature ___________________________ Date: _________________

**Qualified professional** please forward the signed original to Lawrence Transit System at 1260 Timberedge Rd., Lawrence, KS 66049. You may also fax a copy to (785) 312-7958 to expedite the process, but the signed original must be forwarded to the Lawrence Transit System, Attn: T Lift Certification Officer. Thank you for your cooperation.
Authorization Form for Disclosure of Protected Health Information

I ___________________________ authorize the qualified professional
(Printed Name of Patient)
________________________________________________ completing Part B (Qualified Professional
(Printed Name and Title of Qualified Professional)

Verification) of the T Lift Paratransit Eligibility Application on my behalf, to release this information about
my disability and abilities to use the accessible regular T fixed-route bus service to representatives of the
Lawrence Transit System for their review as well as any supporting or other pertinent information about
my health or medical condition to assist the Lawrence Transit System solely for the purpose of
determining eligibility for T Lift ADA complementary paratransit service in the City of Lawrence, Kansas. I
understand that all medical information about my disability will be kept strictly confidential.

I understand that I do not have to sign this authorization in order to be considered for services,
but I understand that no weight will be given to medical conditions claimed which cannot be verified. In fact, I have the right to refuse to sign this authorization. When my information is used or
disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no
longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in
writing except to the extent that the Lawrence Transit System has acted in reliance upon this
authorization. My written revocation must be submitted to the T Lift Certification Officer at Lawrence
Transit System, 1260 Timberedge Road, Lawrence, KS, 66049.

Signature of Applicant or Legal Guardian ___________________________ Date ___________________________

Legal Guardian’s Relationship to Applicant: __________________________________________________________

Printed Name of Legal Guardian, if applicable: ______________________________________________________

Printed address & telephone number of Legal Guardian: ______________________________________________

Applicant / guardian must be provided with a signed copy of this authorization form.

NOTE: If only able to make a “mark” for your signature, simply make your mark and then have someone act as a witness by signing their name above or beside yours. May be signed by a “legal guardian” or “power of attorney” only if a copy of documentation showing your legal authority to act and sign on
applicant’s behalf is also provided. DOCUMENTATION IS NOT NECESSARY FOR THE PARENT OF A
MINOR CHILD.

Qualified professional please fax a copy of this signed release form to (785) 312-7958, Attention: T Lift Certification Officer. Thank you for your cooperation.