LAWRENCE TRANSIT
T LIFT ELIGIBILITY
APPLICATION

The T Lift is a door-to-door shared ride, demand response service where customers call ahead to schedule trips. The applicant must be able to meet the vehicle at the street for pickup. The T Lift provides service to individuals who cannot use the regular fixed route 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. To become eligible for service, **applicants must submit a completed application for review**. This application contains two sections. **Section A** must be completed by the applicant or their proxy. **Section B** must be completed by a qualified professional. Once a completed application is received, it will start a maximum 21-day review period. Please submit your completed application via email, fax, or mail.

SECTION A
APPLICANT INFORMATION (PLEASE TYPE OR PRINT IN INK)

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

PREFERRED NAME _____ MAILING ADDRESS _____ APT # _____

CITY, STATE, ZIP _____

HOME/PICK-UP ADDRESS _____ APT # _____ GATE CODE: _____

CITY, STATE, ZIP _____

DATE OF BIRTH ____/____/____ PRIMARY LANGUAGE _____ TTY/TTD ☐ YES ☐ NO

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

DO YOU REQUIRE INFORMATION IN AN ALTERNATIVE FORMAT?

☐BRAILLE ☐LARGE PRINT ☐AUDIO TAPE ☐OTHER _____

IF FILLING OUT THIS FORM ON BEHALF OF THE APPLICANT, PLEASE PROVIDE YOUR

FIRST NAME _____ LAST NAME _____

PHONE NUMBER _____ RELATIONSHIP TO APPLICANT _____

ADDRESS _____ CITY, STATE, ZIP _____

AGENCY NAME (IF APPLICABLE) _____ SIGNATURE _____

SECTION A CONTINUED
EMERGENCY CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____

PHONE NUMBER _____ RELATIONSHIP TO APPLICANT _____

ADDRESS _____ CITY, STATE, ZIP _____

DISCLOSURE OF HEALTH AND ABILITIES

1. Please describe all disabilities and health conditions that may prevent you from using the regular fixed route service:

Condition 1: _____ Is condition permanent? ☐YES ☐NO
Explanation: _____
_____

Condition 2: _____ Is condition permanent? ☐YES ☐NO
Explanation: _____
_____

Condition 3: _____ Is condition permanent? ☐YES ☐NO
Explanation: _____
_____

If any condition is temporary, detail how many months until you are generally recovered _____

2. Do changes in weather (extreme heat, cold, wind, rain, snow or ice) combined with your disability or health condition stop you from using the regular fixed-route bus service? ☐YES ☐NO

Please explain: _____

3. Do you require the assistance of a Personal Care Attendant (PCA) when traveling? (**Riders must provide their own PCA**) ☐YES ☐NO ☐SOMETIMES

Please explain: _____

4. Do you use any of the following mobility aids?

☐Manual Wheelchair
☐Powered Scooter
☐Walker
☐Service Animal
☐Oxygen
☐Electric Wheelchair
☐Cane
☐White Cane
☐Crutches
☐Other (please list):
_____

5. All Lawrence Transit vehicles have wheelchair lifts, which also serve people who have difficulty using stairs. Would you be able to get onto and off from a regular bus without the help of another person? (The driver would still operate the lift and help with the securement system) ☐YES ☐NO ☐SOMETIMES

Please explain: _____

SECTION A CONTINUED
AUTHORIZATION OF PROTECTED HEALTH INFORMATION

I, _____, authorize the qualified professional,
(Printed name of patient)

_____, completing Section B of the T Lift
(Printed name and title of qualified professional)

Paratransit Eligibility Application on my behalf, to release this information about my medical diagnoses and abilities to use the accessible regular T Lift Fixed Route bus service to representatives of Lawrence Transit for their review as well as any supporting or other pertinent information about my health or medical condition to assist Lawrence Transit solely for the purpose of determining eligibility for T Lift ADA paratransit service. 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 form in order to be considered for services, but I understand that no weight will be given to medical conditions claimed which cannot be verified.**

☐ By checking this box, I consent to Lawrence Transit, Senior Resource Center (Senior Wheels), and Independence Inc., to share the information disclosed in this document for the sole purpose of determining eligibility to access their respective transportation services. I understand that each transportation service has individualized rules, fees, and capacity to provide service. By sharing my personal information, I acknowledge that I may be referred to another service if the preferred transportation service provider is unable to provide service as needed.

_____ _____
Signature of Applicant or Legal Guardian Date

Legal Guardians Relationship to Applicant _____ Phone Number _____

Printed Name of Legal Guardian, if applicable _____

Printed Address, City, Zip of Legal Guardian _____

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

if the applicant is 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 application's behalf is also provided. **DOCUMENTATION IS NOT NECESSARY FOR THE PARENT OF A MINOR CHILD.

STOP

THE FOLLOWING PAGES TO BE COMPLETED BY A QUALIFIED PROFESSIONAL

SECTION B
QUALIFIED PROFESSIONAL DEFINITION

This section is to be completed by an independent **qualified professional** who can verify and substantiate the applicant's functional abilities. A qualified profession should fall under one of the following categories:

- Physician (M.D. or D.O) or Registered Nurse
- Physical or Occupational Therapist
- Psychiatrist, Psychologist, or other mental health professional
- Ophthalmologist

ADA AND INSTRUCTIONS

In relation to public transportation, the ADA defines a person with a disability as "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."

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.

DISCLOSURE OF HEALTH AND ABILITIES

1. Please describe all disabilities and health conditions that may prevent the applicant from using the regular fixed route service (attach extra page if necessary):

Condition/ICD-9CM CODE 1: _____ Is condition permanent? ☐YES ☐NO
Explanation: _____

_____

Condition/ICD-9CM CODE 2: _____ Is condition permanent? ☐YES ☐NO
Explanation: _____

_____

Condition/ICD-9CM CODE 3: _____ Is condition permanent? ☐YES ☐NO
Explanation: _____

_____

2. Does the applicant use any of the following mobility aids?

☐Manual Wheelchair	☐Oxygen	☐Crutches
☐Powered Scooter	☐Electric Wheelchair	☐Other (please list):
☐Walker	☐Cane	_____
☐Service Animal	☐White Cane	

3. Does the applicant require the assistance of a Personal Care Attendant (PCA) when traveling? (**Riders must provide their own PCA**) ☐YES ☐NO ☐SOMETIMES

SECTION B CONTINUED

4. Do changes in weather (extreme heat, cold, wind, rain, snow or ice) combined with the disability or health condition stop the applicant from using the regular fixed-route bus service? ☐YES ☐NO

Please explain:

_____

5. All Lawrence Transit **fixed-route** buses are ADA accessible. Based on the disclosed medical/health conditions and your expert opinion, do you believe the applicant capable of riding the **fixed route** service? ☐YES ☐NO

QUALIFIED PROFESSIONAL VERIFICATION

LEGAL FIRST/LAST NAME _____ TITLE _____

CERTIFICATE/LICENSE # (**required):** _____ PHONE NUMBER _____

OFFICE ADDRESS, CITY, STATE, ZIP _____

I certify by my signature that the above medical diagnoses and answers to questions of ability are true. I understand that providing false information could result in the applicant's denial of service.

SIGNATURE _____ DATE _____