



Your input will be particularly important where applicants have claimed a “hidden” or “non-visible” disability (e.g. a cardiac or pulmonary condition, mental illness, or a joint disease, etc.). This verification can also assist in determining the degree of cognitive capability with the goal being to qualify only those applicants who are truly unable to use the aTa Bus fixed route service and need the curb-to-curb aTa Bus ADA Para-Transit service.

1. Have you ever examined/evaluated the applicant? 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?

- \_\_\_ 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 (e.g., Lupus, Scleroderma, etc.)
  - \_\_\_ Severe cardiac and/or respiratory impairment affecting strength and/or endurance
  - \_\_\_ Severe emotional disorder (may require an escort)
  - \_\_\_ Developmental disability (e.g., mental retardation, cerebral palsy, epilepsy, autism, neurological disorder, etc.)
  - \_\_\_ Hearing loss accompanied by an inability to understand speech with/without a hearing aid
  - \_\_\_ Other (Please describe the disability or health condition/limitation. Use other side if necessary.)
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of onset? \_\_\_\_\_

3. Is the applicant’s disability permanent? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If temporary how long? \_\_\_\_\_
4. Is this applicant’s disability seasonal? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, which season(s)? \_\_\_\_\_

5. What, if any, mobility aids does the applicant utilize? **Check all that apply.**

- |                   |       |                     |       |
|-------------------|-------|---------------------|-------|
| Manual Wheelchair | _____ | Electric Wheelchair | _____ |
| Powered Scooter   | _____ | Cane                | _____ |
| Walker            | _____ | White Cane          | _____ |
| Service Animal    | _____ | Crutches            | _____ |
| Oxygen            | _____ | None                | _____ |

Section 37.3 of the DOT regulations implementing the Americans with Disabilities Act of 1990 (ADA) (49 CFR Parts 27, 37, and 38) defines a "wheelchair" as a mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered. If you checked Wheelchair and/or Scooter under #5 does the mobility aid meet this definition?

Yes \_\_\_\_\_ No \_\_\_\_\_

Drivers are not permitted to push mobility aids (wheelchairs) whose combined weight of passenger and mobility aid exceeds 300 lbs. Will applicant be able to maneuver themselves onto the bus, into a forward facing position and in moving out of and away from the bus on de-boarding or provide a PCA for such movement?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does the applicant require a Personal Care Attendant (PCA) when traveling on transit vehicles?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

If needed, please explain why. \_\_\_\_\_

7. Which, if any, weather conditions impact the applicant's disability or health condition preventing him/her from independently getting to and/or from a bus stop?

Heat \_\_\_\_\_ Cold \_\_\_\_\_ Humidity \_\_\_\_\_ Snow \_\_\_\_\_ Ice \_\_\_\_\_ Pollution/Allergies \_\_\_\_\_ Other \_\_\_\_\_

8. Would rough terrain prevent the applicant from traveling to and/or from a fixed route bus stop?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

If "Yes" or "Sometimes", describe the type of rough terrain that would prevent the applicant from traveling to and from a fixed route bus stop.

\_\_\_\_\_  
\_\_\_\_\_

9. What abilities apply to the applicant? **Check all that apply**

- \_\_\_ Understand and/or process information enabling them to use a fixed route bus service
- \_\_\_ Ask for or follow written or oral directions (e.g., schedules, audio tape or voice)
- \_\_\_ Figure out the correct fare
- \_\_\_ Follow instructions in an emergency
- \_\_\_ Recognize his/her destination while on a fixed route bus
- \_\_\_ Once he/she gets off the bus at a fixed route bus stop, locate and reach his/her destination
- \_\_\_ Cross a busy intersection to get to and/or from a fixed route bus stop
- \_\_\_ Find his/her way between familiar locations
- \_\_\_ Signal the bus driver to stop at a familiar bus stop
- \_\_\_ Get off the bus after signaling the driver to stop at a familiar stop (*the driver calls out all stops*)
- \_\_\_ Grasp coins, passes, and handles
- \_\_\_ Communicate addresses, destinations, and telephone numbers on request to a fixed route driver
- \_\_\_ Handle unexpected situations or changes in routines (e.g., route change, bus stop closed, etc.)
- \_\_\_ Go up and down steps unassisted

**By signing below you confirm the applicant's need for origin to destination bus service.**

Name and Title: \_\_\_\_\_

Certificate/Licensure: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please forward the signed original to: Flint Hills aTa Bus, 5815 Marlatt Avenue, Manhattan, KS 66503 or you may fax a copy to 785-537-6327. Thank you for your cooperation.

