

CONNECT TRANSIT PARATRANSIT SERVICE APPLICATION

Please complete this application thoroughly and to the best of your ability. If there are questions you do not understand, call Connect Transit at (409) 944-4324 for assistance before returning this form. In order to be considered complete, every question on the application must be answered.

The purpose of the application is to provide an opportunity for you to describe the limitations you may have which prevent you from using Connect Transit fixed route bus service. The more information you provide, the better Connect Transit will understand your ability.

It is the responsibility of the individual to have their certifying healthcare professional fill out the last page of this form as well as write a letter on letterhead, confirming disabilities.

(All information is confidential.)

BASIC INFORMATION

Name						
Date of Birth						
Phone Number	Work					
	Home					
Address						
	City		ST		ZIP	

EMERGENCY CONTACT INFORMATION

Name						
Relationship						
Phone Number	Work					
	Home					
Address						
	City		ST		ZIP	

YOUR OPINION ON BUS SERVICE

Read the following statements and circle the one that best describes what you believe is your ability to use Connect Transit fixed-route bus service by yourself. Circle only one:

1. I don't think I can ever ride the bus independently.
2. I'm really not sure if I can ride the bus.
3. I can ride the bus by myself sometimes, if the conditions are right.
4. I use the bus frequently.

We would like to understand your reasons for using the Connect Transit Paratransit service instead of the fixed-route bus service. Read the following statements and circle the letter that best describes how important each of these factors is to your decision.

A = Very Important	B = Not Important	C = Not Sure
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Fear of crime	A	B	C
What the weather is like	A	B	C
Whether I have packages to carry	A	B	C
Getting on and off the bus	A	B	C
Getting to and from the bus stop	A	B	C
Other:	A	B	C
Other:	A	B	C

Indicate the one factor above which is most important to your decision.

ABOUT YOU

Tell us about your disability.			
Is it a temporary condition?	Yes	No	Don't Know
	If so, for how long?		
Do you use any of the following aids for mobility? (Circle all that apply)			
Manual Wheelchair	Electric Wheelchair	Power Scooter	Crutches/Walker
Cane	Service Animal	Personal Care Attendant	Other: _____ _____
If you use a scooter or wheelchair, what is the scooter or wheelchair's:			
Width		Length	
Make		Weight	
Are you able to operate the aid on your own?	Yes	No	

INFORMATION ABOUT YOUR CURRENT CONNECT TRANSIT USE

Do you currently use Connect Transit fixed-route bus service at all?	Yes		No	
When was the last time you used the Connect Transit fixed-route service?				
Where is the closest bus stop to your residence?				
Can you get to this stop by yourself?	Yes	No	Sometimes	Don't Know
If not, why not?				

YOUR FUNCTIONAL ABILITY

Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, circle one answer. Your answers should be based on how you feel most of the time, under normal circumstances, and whether you can perform this activity independently.

Can you climb up and down three, 12-inch steps?	Always	Sometimes	Never	Don't Know
Use the telephone to get information?	Always	Sometimes	Never	Don't Know
Walk a city block in favorable weather?	Always	Sometimes	Never	Don't Know
If you are able to do this, how long does it take you?	0-5 mins	5-10 mins	10+ mins	Don't Know
Cross the street if there are curb cuts?	Always	Sometimes	Never	Don't Know
Ride up and down a wheelchair lift?	Always	Sometimes	Never	Don't Know
Walk 6 blocks in favorable weather?	Always	Sometimes	Never	Don't Know
If you are able to do this, how long does it take you?	0-10 minutes	10-20 minutes	20+ minutes	Don't Know
Wait up to 20 minutes at a bus stop that does not have a seat or shelter?	Always	Sometimes	Never	Don't Know
Travel up or down a gradual hill?	Always	Sometimes	Never	Don't Know
Find your own way to a bus stop, if shown the way once?	Always	Sometimes	Never	Don't Know
Travel by yourself?	Always	Sometimes	Never	Don't Know

If you need the assistance of another person, what do they do for you?			
Barriers in your surroundings that make it difficult to travel the fixed route?	Lack of curb cuts	Lack of sidewalks	Hills or other terrain
	Busy crosswalks	Poor sidewalk condition	Other
If other, explain			

WEATHER AND ENVIRONMENT CONSIDERATIONS

The following questions deal with how environmental factors impact your ability to use fixed-route or paratransit services.

Does the weather affect your ability to use the fixed-route service?	Always	Sometimes	Never	Don't Know
Explain				
How many steps are there at the entrance of your residence?				
Can you get to the Paratransit vehicle without the assistance of another individual?			Yes	No
If no, why not?				
Please describe the terrain near your residence.				
Are there sidewalks in your neighborhood?			Yes	No

YOUR CURRENT TRAVEL

List your three most frequent destinations and how you get there now.

Destination	How Often	How do you travel there

ADDITIONAL INFORMATION

Use this space to tell us anything else you would like us to know about your travel challenges and your ability to use fixed-route service.

Did you require any assistance to complete this form?		Yes	No
If yes, how did he/she assist you?			
I hereby certify that the above information is correct.			
Signature of Applicant			
Date			
If you are filling out this information for another individual, complete the following:			
Name			
Relationship			
Phone Number			
Address			
	City		ST
		ZIP	

FOR OFFICE USE ONLY		Application #	
Date Received		Date Approved	

CONNECT TRANSIT PERMISSION FOR RELEASE OF INFORMATION

This gives Connect Transit permission to ask your healthcare professional for information about your disability.

In order to allow Connect Transit Paratransit Service to evaluate your request, it may be necessary to contact a healthcare professional to confirm the information that you have provided. Identify the healthcare professional best able to verify your functional ability to use transit services. Identify the physical or other official that would have the appropriate specialization to provide more information about your condition. Connect Transit will not use any information in this application except for the purposes of determining eligibility.

<i>Please circle one of the following to best describe your healthcare professional</i>		
Rehabilitation Counselor	Social Service Professional	Independent Living Counselor
Occupational Therapist	Physician	Other Healthcare Professional

Professional's Name						
Phone Number						
Address						
	City		ST		ZIP	

The above healthcare professional is familiar with my disability and is authorized to provide information to Connect Transit as required to complete this application.

Signature of Applicant	
Date	

Please send completed Paratransit Service Application to:
Gulf Coast Center Administrative Offices
 4352 E.F. Lowry Expressway
 Texas City, Texas 77591
 (409) 944-4324

CONNECT TRANSIT PARATRANSIT SERVICE

Please have your physician or healthcare professional fill out the below in full

Dear Physician or Certified Healthcare Professional:

We are requesting your assistance so that we can determine whether the undersigned applicant is eligible for Connect Transit ADA Paratransit Services. Paratransit Service is an on-demand, origin-to-destination service for individuals whose disability prevents them from using the local fixed-route Connect Transit bus system because a passenger is:

- Unable, without the assistance of another person, to board, ride, or disembark from an accessible local Connect Transit bus. This includes people who, due to impairment, are unable to navigate the system.
- Prevented from getting to and from the bus stop, based on a disabling condition.

Please render judgment whether the applicant, in your professional opinion, can or cannot access an accessible bus due to a disability. We have provided the space below for you to describe in layman terms an applicant's disability and how it prevents use of the fixed route bus system. Detailed information will help Connect Transit make a proper eligibility determination.

Thank you,

Connect Transit

IMPORTANT: PLEASE SIGN THE APPLICATION BELOW AND PROVIDE AN ADDITIONAL SIGNATURE ON YOUR PROFESSIONAL LETTERHEAD OR PRESCRIPTION NOTE TO HELP US PREVENT FRAUDULENT APPLICATIONS. THE APPLICATION CANNOT BE PROCESSED WITHOUT ALL REQUESTED INFORMATION AND BOTH SIGNATURES.

Patient/Client Name				
How does the medical condition prevent local fixed-route bus usage?				
Is this disability:	Permanent	Temporary	If temporary, please specify how many months	
Does the applicant use any of the following aids for mobility?				
Manual Wheelchair	Electric Wheelchair	Cane	Guide/Service Animal	Other (please specify)
Crutches	Powered Scooter	Walker	Personal Care Attendant	
Name			Phone Number	
Signature			Date	