



ADA PARATRANSIT APPLICATION FORM

BTaccess is Bloomington Public Transportation Corporation's ADA paratransit system. It serves locations within the Bloomington city limits only. Please complete this application as thoroughly as possible and to the best of your ability. If you have any questions on the application or need assistance completing this form, please call BTaccess at (812) 336-7433. **In order for the application to be considered complete, every question on the application must be answered. We cannot begin processing the application until it is complete.** If a question does not apply to you, please write "Not Applicable" or "NA."

The purpose of this application is to provide an opportunity for you to describe how your disability prevents you from riding the Bloomington Transit's fixed route system. The more complete and accurate information you provide, the better BTaccess will understand your abilities and travel challenges. Information contained in this application will be kept confidential and shared with the professionals involved in the evaluation of your eligibility for BTaccess or others only if disclosure is required by law.

There are two sections to this application. Part A is to be filled out by the applicant or by someone on the applicant's behalf. Part B is to be filled out by a professional familiar with the applicant's functional abilities. **The same person may not fill out both A and B.** The application will not be accepted or considered complete by BTaccess until both parts are completed correctly, in full, and delivered or mailed to:

BTaccess
130 West Grimes Lane
Bloomington, IN 47403
Or
customer@bloomingtontransit.com

Part A

Please Print:

Name: _____ Birth Date: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Cell Phone: _____ Email: _____
House Phone: _____ Work Phone: _____
Work Phone: _____

To be completed by any person assisting the applicant with the completion of this application:

Name: _____ Phone: _____
Address: _____
Relationship to Applicant: _____
Email: _____

To whom should we send future correspondence (information regarding eligibility, missed trips, policy, etc)? Information may only be sent to one person.

Name: _____ Phone: _____
Address: _____
Relationship to Applicant: _____
Email: _____

In what format shall our correspondence be? Check one of the following:

Mail Large Print Mail Email Audio Cassette Compact Disc

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1) What is the disability or disabilities that prevent you from using the Bloomington Transit fixed route system?

2) Is your disability considered permanent? Mark One: Yes No

3) If no, how long to you expect to have this disability? _____

4) Does your disability change from day to day? Mark One: Yes No

5) If yes, please explain:

6) Designate any mobility aids you use (check all that apply)

- | | | | |
|---|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> White Cane | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Motorized Wheelchair (identify wheels) | <input type="checkbox"/> Three Wheel | <input type="checkbox"/> Four Wheel | |

Brand Name of Chair/Scooter: _____

Required of all wheelchair users:

_____ Length of Wheelchair _____ Width of Wheelchair _____ Weight of Wheelchair

PLEASE READ THE FOLLOWING STATEMENTS AND CHECK THOSE WHICH BEST DESCRIBE WHAT YOU BELIEVE IS YOUR ABILITY TO USE THE BLOOMINGTON TRANSIT FIXED ROUTE SYSTEM. YOU MAY SELECT MORE THAN ONE.

- I use the Bloomington Transit fixed route service frequently.
- I can use the fixed route bus sometimes, if the conditions are right.
- I have difficulty understanding and/or remembering all of the things I need to do to find my way to and from the bus.
- I have a temporary disability which prevents me from getting to the bus stop. I will need BTaccess only until I recover.
- I believe I could learn to ride the fixed route bus, if someone would teach me.
- The severity of my disability changes from day to day. I can ride the fixed route bus only when I am feeling well.
- I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use the fixed route system.
- I have never attempted to ride the fixed route buses.
- I am not sure if I can ride the fixed route buses.

INFORMATION ABOUT YOUR ABILITY TO USE THE BLOOMINGTON TRANSIT FIXED ROUTE SYSTEM

1) If you use fixed route service now, do you need the assistance of another person?

(Check One) Always Sometimes Never

2) What is it about riding a fixed route bus that is most difficult for you? (Ex. The bus moves before I am seated, etc.) Please list as many things as you can think of. If you need additional space, please use a separate piece of paper:

3) What are the specific conditions of your disability which prevent you from using the fixed route bus? If you need additional space, please use a separate piece of paper:

4) Can you cross the street by yourself? Yes No Sometimes

5) If sometimes, under what conditions can you cross the street?

INFORMATION ABOUT YOUR CURRENT USE OF THE BLOOMINGTON TRANSIT FIXED ROUTE SYSTEM

1) Do you currently use the fixed route system?

Yes No

Which Routes: _____

2) When was the last time you independently used the fixed route system? _____

3) What is the closest bus stop to your home? Please give the location:

(example such as Corner of Fifth and Grant)

INFORMATION ON WEATHER RELATED CONDITIONS

1) Does the weather affect your ability to use the fixed route bus system?

Yes No

2) If yes, please explain how weather affects your ability to use the fixed route system:

INFORMATION ABOUT THE ENVIRONMENT AROUND YOUR HOME

1) How would you describe the terrain where you live? (Ex. Very steep hill, long gradual hill, etc.)

2) Are there sidewalks at your residence? Yes No

INFORMATION ON TRAVEL/MOBILITY TRAINING

1) Have you ever received training to learn how to use the fixed route bus or to travel around the community? Yes No

2) If yes, who providing training and when? _____

INFORMATION REGARDING YOUR FUNCTIONAL ABILITY

Your answers to the questions in this section will help us to better understand your functional ability in specific areas. For each question, circle one answer. Your answers should be based on your ability to complete these tasks independently according to how you feel most of the time, under normal circumstances, using your mobility equipment.

Without the help of someone else, can you:

1) Walk up and down three steps if there are handrails on both sides?

Always Sometimes Never Not Sure

2) Use a phone to get information?

Always Sometimes Never Not Sure

3) Cross the street, if there are curb cuts?

Always Sometimes Never Not Sure

- 4) Wait ten minutes at bus stop that does not have a seat or shelter, if the weather is good?
 Always Sometimes Never Not Sure
- 5) Travel up or down a gradual hill on the sidewalk, if the weather is good?
 Always Sometimes Never Not Sure
- 6) Find your way to the bus stop, if someone shows you the way once?
 Always Sometimes Never Not Sure
- 7) Step on and off the curb from a sidewalk?
 Always Sometimes Never Not Sure

8) If you need the assistance of another person when traveling, what do they do for you?

- 9) Have you ever gotten lost when traveling alone? Check all that apply.
 Yes No I never travel alone. No, I've never gotten lost.
 If yes, what was the outcome of the situation?
-

If the weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk, with your mobility aid if you use one? (A downtown Bloomington city block is approximately 300 feet long)

- | | | | |
|---|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 100 feet | <input type="checkbox"/> 200 feet | <input type="checkbox"/> 300 feet | <input type="checkbox"/> 400 feet |
| <input type="checkbox"/> 500 feet | <input type="checkbox"/> 600 feet | <input type="checkbox"/> 700 feet | <input type="checkbox"/> 800 feet |
| <input type="checkbox"/> 900 feet | <input type="checkbox"/> If farther, how much? | | |
| <input type="checkbox"/> I can't travel outdoors alone at all | | | |

INFORMATION REGARDING YOUR OPINIONS ABOUT CERTAIN ASPECTS OF ACCESSIBLE FIXED ROUTE BUS SERVICE

Please read each question carefully and mark the answer that indicates whether or not you agree, disagree, or are not sure.

The fixed route system is too complicated for me to figure out. Agree Disagree Not Sure

I'm not at all interested in using the fixed route service for my transportation. Agree Disagree Not Sure

Riding the bus makes me more vulnerable to crime. I'm afraid for my safety. Agree Disagree Not Sure

I think my neighborhood has good bus service. Agree Disagree Not Sure

Taking my trips by fixed route bus would Agree Disagree Not Sure

If the bus moves before I am seated, I believe I might fall. Agree Disagree Not Sure

INFORMATION REGARDING ANY VISUAL IMPAIRMENT

Please fill out this section if you have a visual impairment.

Name of Eye Disease/Condition: _____

- My vision is worse during these conditions:
- Bright sunlight
 - Dimly lit or shaded places
 - Night time
 - I see the same in different lighting conditions
 - I have no vision at all

I can easily see steps and curbs. Yes No Sometimes

I can see the route numbers on the bus from the bus stop. Yes No Sometimes

I can find the bus stop without assistance. Yes No Sometimes

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use the Bloomington Transit fixed route service:

I certify that the information I provided is true and correct.

Applicant's signature _____ Date _____

PART B - PROFESSIONAL FOR VERIFICATION

Please take this section of the application to a professional for verification of your disability and your functional abilities. *The same person may not fill out both parts A and B.* We prefer that this section be filled out by someone who is not only familiar with your diagnosis, but who is also familiar with your mobility. We suggest taking these forms to your physician, health care professional (nurse, physical therapist, psychiatrist, rehabilitation specialist, etc). If you have any questions regarding what professionals will be accepted, please call the Customer Service Manager at (812) 336-7433 ext 102.

GUIDELINES FOR PROFESSIONAL REPORT TO BTACCESS

Your patient/client has requested eligibility for BTaccess ADA transportation service. Because of your professional relationship with this applicant, you are uniquely qualified to help clarify his or her functional abilities and limitations. The following are guidelines for using BTaccess. These guidelines may help you in understanding the type of information we need in order to determine the applicant's eligibility for BTaccess.

Bloomington Transit and BTaccess Service

Bloomington Public Transportation Corporation offers two different types of public transportation: Bloomington Transit (fixed-route service) and BTaccess (paratransit service). Bloomington Transit's fixed route service provides many accessibility features that make it possible for people with different types of disabilities to ride on its buses. These features include: lifts and ramps (there is no need to walk up or down steps of a bus); kneeling (lowering) front steps, wheelchair tie-downs and restraints secured by the driver; driver assistance getting on and off the bus, audible and visual bus stop announcements; large print bus identification signs; priority seating at the front of buses for elderly and people with disabilities; and the availability of bus schedules in alternative formats. BTaccess is a paratransit service that provides discounted curb-to-curb transportation on a shared-ride basis to eligible individuals with disabilities whose disability prevents them from using public, fixed-route bus transportation at all, or under certain circumstances.

The basis for BTaccess ADA eligibility is the American with Disabilities Act. Eligibility is based on:

- **Functional ability** to independently perform the tasks necessary for bus use including: getting to and from the bus stop, getting on the bus, riding the bus and understanding how to navigate the system in a variety of environments. A diagnosis by itself does not qualify an individual for BTaccess.
- Whether the individual is **prevented** from performing these tasks (as opposed to the task being more inconvenient or difficult)
- Whether the individual can perform these tasks **all of the time, only under some circumstances**, or if the disability would **always prevent** the individual from performing these tasks. BTaccess eligibility is unique to the individual's personal functional ability and reflects ability to use the bus only in some circumstances (ex., could use the bus if

it were not more than two level blocks to the bus stop, and there was no snow or ice present.)

Information we need for you to provide:

You may expand, in as much detail as you can provide, how this individual's physical, sensory, cognitive or emotional problems may impact his/her ability to travel on a fixed route bus. Please relate your comments to the specific tasks necessary to board, ride and navigate the Bloomington Transit fixed route system by describing how each condition limits his/her functional ability in these specific areas.

The following is a list of specific points which can serve as a guide for your report to BTaccess. Please address any of the following points that apply to the applicant on the forms provided (pages 9-11):

- **Specific diagnosis and prognosis** of *each* of your client's disabling conditions. Identify for which of them you are currently treating him/her.
- **Specific measurements:**
 - **For the visually impaired:** visual acuity measurements and visual field readings for both eyes
 - **For the cognitively impaired:** I.Q. scores and Adaptive Behavior scores
- **Date of onset**
 - **Prognosis** if the individual has a progressive disease or condition, or if he/she is expected to improve or recover. Provide the best estimate of the rate at which this is expected to occur, and if therapy is part of the treatment plan.
- **Mobility Impairments**
 - Can the individual walk?
 - Under what conditions can s/he walk?
 - Under what conditions can s/he not walk?
 - What mobility aids does s/he use?
 - How long has s/he been using this device?
 - How far can s/he walk/travel independently using mobility aids?
 - How do weather conditions (rain, ice, snow) affect his/her mobility?
 - How are balance and endurance affected?
- **Neurological Impairments or Head Injuries**
 - Is judgment or behavioral inhibition impaired, and to what extent?
- **Seizures**
 - What type of seizures?
 - Are they controlled by medication?
- **Emotional and/or Behavioral Problems**
 - Is judgment impaired?
 - Does the individual experience disabling anxiety, auditory or visual hallucinations, delusions, etc.
- **General Information**
 - Would the individual need the help of an assistant or companion in order to ride the bus?
 - How do temperature fluctuations affect his/her functioning?

If you have any questions regarding BTaccess or these forms, contact the Customer Service Manager at (812)336-7433 extension 102. Thank you for your cooperation. Please email or mail application to:

BTaccess
130 W. Grimes Lane
Bloomington, IN 47403
Email: customer@bloomingtontransit.com

BTACCESS MEDICAL / PROFESSIONAL VERIFICATION

Applicant's Name _____ Date of Birth _____

- 1) In what capacity do you know this individual? _____
- 2) How long have you know this individual? _____
- 3) What is the last date of face to face contact (by you or your agency) with this individual?

4) Primary Disability/Medical Condition

5) Secondary Medical Condition(s)

6) Date of onset _____

7) Currently receiving any treatment

8) What is the prognosis?

- 9) Are there effects of the disability variable? Check one: Yes No
- 10) Temperature sensitivity? Heat and/or Cold
- 11) Do you deem the individual to be compliant in taking medication? Yes No
- 12) How does the above medication affect the individual's functional ability to travel independently within the community?

13) When taking medication compliantly, will the individual be able to travel independently in the community, utilizing the Bloomington Transit *fixed route bus* system? Yes No

14) Does the individual currently experience either auditory or visual hallucinations?
 Yes No

For the following questions, please provide information regarding the applicant's abilities taking into consideration the applicant's mobility aid, if applicable.

15) Maximum distance patient/client is able to travel? (a downtown Bloomington city block is approximately 300 feet)

- 300 feet 600 feet 900 feet 1,000 feet
 1,500 feet 2,000 feet If farther, how much? _____
 I can't travel outdoors alone at all

16) Would the individual exhibit any signs of distress at the maximum distance?

- Yes No

If yes, please explain: _____

17) Would the individual be able to follow directions along a route? Yes No

18) Are they able to navigate around large obstacles? Yes No

19) Are they able to navigate around small obstacles? Yes No

20) Can the individual locate curb/curb cut? Yes No

Independently step up 6" curb Yes No

Independently step down 6" curb Yes No

Independently maneuver up/down curb cut Yes No

21) Would the individual be: Yes No

Able to negotiate sidewalk that is in good condition Yes No

Able to negotiate on broken pavement/surfaces Yes No

Able to negotiate on uneven/grassy surfaces Yes No

Able to negotiate on gravel surfaces Yes No

Able to negotiate on loose dirt/sand surfaces Yes No

Able to negotiate up a 30' ramp of reasonable slope Yes No

Able to negotiate up a 16' ramp of reasonable slope Yes No

22) Number of lanes individual is able to successfully cross _____

Able to cross the street at a crosswalk Yes No

Able to locate crosswalk/safe place to cross cut Yes No

Able to independently activate "walk" light Yes No

Can the individual safely initiate crossing from curb/curb cut Yes No

- 23) Able to wait without a bench at the bus stop for 10 minutes Yes No
- 24) Can individual safely negotiate three 12 inch steps Yes No
- 25) Able to climb bus steps from street level without curb Yes No

26) Please check if any apply to the individual:

- Ambulatory Wheelchair user 3 wheeled scooter Walker Cane

27) Is the individual:

- | | | | |
|---|------------------------------|---|-----------------------------|
| Able to maneuver onto bus lift platform | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Able to negotiate up ramp from street level | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Able to negotiate down ramp to street level | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Able to place fare in farebox | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Able to handle fare tickets | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Able to stand on a moving bus | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |

28) Would the individual be able to independently:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Identify and board the correct bus | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leave the house on time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seek and ask for directions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transfer to a second bus | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exit bus at the correct destination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Monitor time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

29) Are any of the following affected by the individual's disability? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Monitoring time |
| <input type="checkbox"/> Problem solving | <input type="checkbox"/> Judgment |
| <input type="checkbox"/> Short-term memory | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Long-term memory | <input type="checkbox"/> Inconsistent performance |
| <input type="checkbox"/> Gait or balance | <input type="checkbox"/> Inappropriate social behavior |
| <input type="checkbox"/> Other | |
-

30) Please describe any inappropriate social behavior

31) Would mobility training be appropriate for this individual? Yes No

If no, why not?

32) Would training tools help with fixed route travel? (Ex. Memory cards, written route directions, photos, etc.) Yes No

33) How will using BTaccess better suit this individual than using the Bloomington Transit fixed route system?

34) Is the goal of traveling independently on the fixed route system (even limited travel in the neighborhood) within the context of treatment? Yes No

35) Is there any additional information regarding this individual which you believe impacts his/her functional ability to use the Bloomington Transit fixed route system or any special circumstances that you believe should be considered:

I certify that this information is true and correct to the best of my knowledge.

Signature _____

Please Print or Type Name _____

Agency _____

Address _____

Phone _____ Date _____