

**SIOUX CITY TRANSIT SYSTEM**

**REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY**

The following information is necessary to determine whether your application meets the Federal Transportation Department's rule (49 CFR, Part 37, Sub-part F) that defines eligibility and necessity for alternative public transit service, also known as Para Transit Service. Eligibility for complementary paratransit is directly related to the functional ability of an individual with a disability to use Fixed Route public transit services. Eligibility is not based on a medical diagnosis or a type of disability. The decision is based upon the applicant's functional ability to use the fixed route bus. It is not a medical decision.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

3. Daytime Telephone: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Have you used Sioux City Public Transit Fixed Route buses? Yes or No: \_\_\_\_\_

7. How does your disability prevent you from using a Fixed Route bus? Fixed Route buses are equipped with ADA accessible features such as ramps, securement spaces, designated priority seating and audio announcements (either electronic or driver announced).

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

8. Do you use any of the following mobility aides: (Check all that apply)

Manual Wheelchair  Electric Wheelchair  Crutches  White Cane

Power Scooter  Cane  Guide Dog  Walker  Hearing Aide

Boarding Chair  Communication Board  Brace  Prosthesis  Oxygen

Other (Please identify \_\_\_\_\_)

9. Do you require a personal care attendant when you travel? Yes or No: \_\_\_\_\_

10. Which of the following activities are you able to perform?

a. Walk one (1) city block (300 ft.) without assistance  Yes  No

b. Walk four (4) city blocks without assistance  Yes  No

c. Climb one (1), seven (7)-inch high step without assistance  Yes  No

d. Climb three (3), twelve (12) inch high steps without assistance  Yes  No

e. Wait outdoors without support for ten (10) minutes  Yes  No

11. Are you a Veteran with a service-connected disability? \_\_\_\_ Yes \_\_\_\_ No

If YES, please provide documentation stating you have a service-connected disability in order to qualify for free Paratransit services.

12. I hereby certify that the preceding information is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

13. If this application was completed by someone other than the person applying for certification, that individual must complete the following:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following to provide contact information for your physician (s). All information must be reviewed, documented, and confirmed by a qualified medical professional.

The following: Physician \_\_\_\_ Health Care Professional \_\_\_\_ Rehabilitation Professional \_\_\_\_ diagnosed and is knowledgeable about my disability and my ability to travel. This person(s) is authorized to provide all information and to answer questions about this application for the Sioux City Transit System to evaluate eligibility.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Business Telephone (Daytime): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

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

Daytime Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please return document in person or mail this completed application to: **Sioux City Transit System at 509 Nebraska Street, Sioux City, Iowa 51101. Fax is also available at (712) 279-6407.**

## REQUEST FOR PROFESSIONAL DOCUMENTATION AND VERIFICATION OF CONDITION

(To be completed by the applicant's Medical Doctor or Health Care Professional)

Dear \_\_\_\_\_:

The attached authorization form has been submitted by \_\_\_\_\_, who identified you as his or her physician/health care professional. You should be familiar with the disability(s) which may impact the applicant's ability to utilize public transit services. Please answer all questions on this form. The information is used to evaluate the eligibility of the applicant to use complementary paratransit services (use of a van w/lift for curb-to-curb service) as defined by the Federal Transportation Department's rule at 49 CFR, Part 37, Sub-part F. Federal law states that complementary paratransit is directly related to the functional ability of individuals with disabilities to use Fixed Route transit services. Eligibility is not based on a medical diagnosis or a type of disability. This process is not aimed at making a medical or diagnostic determination only. It is not dispositive. What is needed is a determination of whether, as a practical matter, the individual can use Fixed Route public transit in his or her own circumstances.

The information will allow Sioux City Transit System to make a timely determination on the application for para transit services and must be returned within five (5) days.

Are you the applicant's physician? \_\_\_\_\_ YES \_\_\_\_\_ NO

1. In your professional opinion, how does the applicant's disability (s) prohibit the applicant from using a Fixed Route public transit bus? (Fixed route buses are equipped with ADA accessible features such as ramps, securement spaces, designated priority seating and audio announcements either electronic or driver announced).

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

Is the condition temporary? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. If the applicant has a disability affecting mobility, please answer the following:
  - a. Assuming a City Block is 300 feet long, how many blocks can this person walk without help?  
\_\_\_\_\_ CITY BLOCKS
  - b. Does this person use mobility aides? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES, please specify:  
\_\_\_\_\_
  - c. How many City Blocks can the applicant walk using a mobility aide? \_\_\_\_\_ CITY BLOCKS.
  - d. How many seven (7)-inch steps (average height) can the applicant climb without help? \_\_\_\_\_
  - e. How many ten (10)-inch steps can the applicant climb without assistance? \_\_\_\_\_
  - f. How many minutes can the applicant wait outdoors for a bus at a designated bus stop? \_\_\_\_\_
  - g. Is the applicant able to independently maneuver onto and off a wheelchair lift, or use a ramp to enter and leave a Fixed Route bus without a mobility aide? \_\_\_\_\_ YES \_\_\_\_\_ NO
  - h. Does the applicant require a Personal Care Attendant (PCA) when traveling on a public transit vehicle? \_\_\_\_\_ YES \_\_\_\_\_ NO.

i. Is the applicant able to read informational signs and/or written materials?  YES  NO

If NO, please explain:

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j. Is the applicant able to make their own way independently outside of their home?

YES  NO. If NO, please explain:

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Is the applicant able to:

k. Provide his/her address & telephone number upon request?  YES  NO

l. Recognize landmarks and destinations?  YES  NO

m. Deal with unexpected situations or changes in routine?  YES  NO

n. Ask for, understand, and/or follow directions?  YES  NO

o. Safely & effectively travel through crowds & complex facilities?  YES  NO

3. If any, what specific weather conditions would prevent the applicant from getting around on his or her own? Please explain completely:

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4. Please describe any other functional limitation(s) affecting mobility not described or listed above?

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5. In your professional opinion, is the applicant capable of using a Fixed Route Public Transit System that utilizes predetermined routes and bus stops and a set time schedule?  YES  NO

6. Your Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

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

Thank you for your assistance with this request.

PLEASE RETURN THE COMPLETED FORM TO:

**Sioux City Transit System, 509 Nebraska Street, Sioux City, IA, 51101**

**FAX # 712-279-6407.**