

To Whom It May Concern:

Please find enclosed an application form for ADA (Americans with Disabilities Act) Paratransit eligibility. Eligibility for Paratransit service (Dial-A-Ride) is determined by the criteria listed below.

1. Does the disability prevent the individual from getting to and from a bus stop at point of origin or destination?
2. Can the individual board and utilize the bus at the bus stop?
3. Can the individual independently recognize the destination and disembark?
4. If a trip involves transfers and connections, are the paths of travel between routes accessible and navigable by the individual?

If you have questions concerning the ADA application process, contact CyRide's Transit Assistant Operations Supervisor Rob Holm at 515-292-1100.

Please return the enclosed application form to:

Ames Transit Agency (CyRide)
601 N. University Blvd.
Ames, IA 50010



REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

The information obtained in this certification process will only be used by the Ames Transit Agency for the provisions of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Name _____

Address _____

City _____ State _____ Zipcode _____

Telephone Number (Home) _____ (Work) _____

Date of Birth _____ Social Security # _____
(Optional)

What is the disability which prevents you from using our fixed route service?

Is this condition temporary?_____ If yes, expected duration until_____

How does the above disability prevent you from using fixed route services?

Please explain completely. Use an additional sheet if needed.

For Office Use Only

Received _____ Approved/Denied _____

ADA Card # _____ Expiration Date _____ PCA? _____

Notes: _____

Are there any other effects of your disability of which we need to be aware?

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by the Ames Transit Agency.

Do you use any of the following aids for mobility? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Electric Wheelchair |
| <input type="checkbox"/> Powered scooter | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Service Animal (i.e guide dog) |
| <input type="checkbox"/> Personal Care Attendant | <input type="checkbox"/> Other Aid _____ |

Do you require a Personal Care Attendant when you travel using transit?

- Yes No

Does the disability prevent you from getting to or from a bus stop at point of origin or destination?

- Yes No Sometimes _____

Can you board and utilize the bus at the bus stop?

- Yes No Only if the bus is wheelchair lift equipped

Can you independently recognize the destination and disembark?

- Yes No Only if taught to recognize certain stops

If a trip involves transfers, can you determine which bus and transfer point to use?

- Yes No Sometimes _____

Reasonable Modification Request (Optional): Describe any modifications to CyRide's policies, practices or procedures in order for you (an individual with disabilities) to access CyRide's services. (These requests may also be made as you schedule your service for Dial-A-Ride.)

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name _____

Address _____

City _____ **State** _____ **Zipcode** _____

Daytime Phone Number _____ **Signed** _____

Caseworker (if applicable) _____

Daytime Phone _____

In order to allow the Ames Transit Agency (CyRide) to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form.

The following (check one): Physician

Health Care Professional Rehabilitation Professional

Is familiar with my disability and is authorized to provide information to the Ames Transit Agency required to complete this certification. _____

Name _____

Address _____

City _____ **State** _____ **Zipcode** _____

Daytime Phone Number _____ **Signed** _____

I hereby certify that the information given in this application is correct.

Signed _____ **Date** _____