AMERICANS WITH DISABILITY ACT (ADA) SERVICE APPLICATION

The attached application must be completed by individuals (or their caregivers) that wish to apply for eligibility for paratransit ADA Service.

To apply, complete the following:

1. Fill out pages **1-7 COMPLETELY.** Page 8 should be completed by a medical professional, caseworker, social worker, or other qualified healthcare professional familiar with your functional abilities. Should you need assistance in completing this application or if you have any concerns with this later section of the application, please contact Laketran's ADA Coordinator at 440-350-1067 or outreach@laketran.com. Incomplete applications will not be processed and will be returned.

2. Mail completed applications to:
   Laketran
   Attn: ADA Coordinator
   555 Lakeshore Blvd.
   Painesville Twp., Ohio 44077

   Or email the completed application to outreach@laketran.com

3. Once your application has been reviewed, you will receive a call from the ADA Coordinator. During this call, the ADA Coordinator will conduct a short phone interview to review your application and if necessary set up an in person interview and determine if further assessments will be needed to make an accurate eligibility determination.

4. If it is deemed necessary by the ADA Coordinator, an independent, objective assessment of your functional ability to perform the tasks necessary to use the fixed route (Local Routes 1-9) service will be scheduled and conducted by a third-party agency. Laketran will provide transportation for this assessment to and from the testing agency.

5. Upon review of all of the information gathered in the eligibility process, your ADA eligibility will be determined. Should you be found eligible, an approval letter and Laketran ADA photo I.D. card will be issued. Should you be denied eligibility, a letter stating the reasons for this decision will be mailed to you along with the appeals process.

6. You will be notified of your ADA eligibility status within 21 business days of the date that your application is complete. A completed application includes the initial application, the phone interview and any needed assessment, provided that the assessment is completed within 2 weeks of the receipt of the initial application.

LAKETRAN
Application for ADA Service

The completion of this application is the first step in the process of applying for Laketran's paratransit ADA Service. To help us accurately determine your eligibility status, please complete this application as thoroughly as possible. In order to be considered complete every question on the application must be answered or marked not applicable (NA). Incomplete applications will not be processed and will be returned. Page 8 should be completed by a healthcare professional, case worker, social worker, or other qualified professional familiar with your functional abilities. Should you have any concerns or need assistance in completing any part of the application, please contact Laketran's ADA Coordinator at 440-350-1067.

PLEASE PRINT/TYPE IN BLUE OR BLACK INK.

PART I: BACKGROUND INFORMATION

Applicant: _____
Last Name First Name M.I.

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home/Cell): _____ (Work): _____

Email Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Emergency Contact Person: _____

Phone (Home/Cell): _____ (Work): _____

Relationship to Applicant: _____

OFFICE USE ONLY

Date Received _____ Form Reviewed: Yes ____ No____ Date: _____

First applicant Contact Date: _____ Eligibility Approved: Yes ____ No____ Date: _____
Phone interview Date: _____ Eligibility Category: _____
In Person Interview Date: _____
Functional Testing Required: Yes____ No____ Date: _____
Functional Testing Date: _____

PART II: INFORMATION ABOUT YOUR DISABILITY

1. What is/are your disability/disabilities? _____

   _____

   _____

2. How does your disability affect your ability to use the fixed route (Local Routes 1-9) service:

   _____

   _____

3. Do you need someone to accompany you when you travel (personal care assistant)?

   □ Yes □ No □ Sometimes

   If yes or sometimes, how often? _____

4. Have you had a disability for more than one year? □ Yes □ No

5. Do you anticipate that your functional ability will improve or decline in the future because of your disability?

   □ Yes, improve □ Yes, decline □ No □ I don't know

   If yes, how soon do you anticipate an improvement or decline of your functional ability? _____

   _____

6. Do your functional abilities fluctuate from day to day? (for example, do you have more abilities on some days than others because of your disability) □ Yes □ No

   If yes, please explain: _____

7. Do you use a mobility aid? □ Yes □ No

   If Yes, please circle all that apply to you:

Manual Wheelchair	Motorized Wheelchair	Scooter
Service Animal (Guide Dog)	Cane	Crutches
Brace(s)	Walker	Portable Oxygen
White Cane	Other (please specify): _____	

8. Your trip origin and destination must be accessible by ramp or lift. For the safety of our drivers and customers, Laketran drivers **DO NOT** maneuver a wheelchair, scooter or large walker over more than **one step/curb.** Should your origin or destination not be accessible to these types of mobility aids, you must make outside arrangements for assistance prior to your trip.

   If you use a wheelchair or scooter, does your residence have a wheelchair ramp?

   □ Yes □ No □ Not Applicable

   If no ramp, how many steps? _____

   If more than one step, **how** do you transport your wheelchair to the street level? _____

   _____

PART III: INFORMATION ABOUT YOUR CURRENT USE OF THE LOCAL ROUTE BUS SERVICE

Please note: The use of the term bus below refers to the Local Routes 1-9.

9. Have you ever used the Local Route bus service? □ Yes □ No

10. Do you currently use the Local Route bus service? □ Yes □ No

    If no, why did you stop? _____

    If yes, which routes do you use? _____

    If yes, do you need the assistance of another person and what aid does that person perform for you? _____

    _____

11. Do you know which bus route(s) serve your neighborhood?

    □ Route 1 □ Route 2 □ Route 3 □ Route 4 □ Route 5 □ Route 6
    □ Route 7 □ Route 8 □ Route 9 □ I don't know

12. Can you get to the bus stop nearest to your house independently? □ Yes □ No

    If no, why not? _____

13. Please check all statements that apply below:

    □ I ride the bus frequently.

    □ I ride the bus sometimes, if the conditions are right.

□ I ride the bus when I am feeling well.

□ I can only ride the bus if they have a wheelchair lift or low floor.

□ I have a vision impairment that prevents me from ever getting to and from the bus, even with training.

□ I could learn to use the bus if someone taught me.

□ I am not sure if I can use the bus service.

□ I can never use the bus service by myself.

□ I have no bus service in my area.

□ I am not able to use the bus service for other reasons.

Please explain: _____

_____

□ I don't like to use the Local Route bus service.

Please explain: _____

_____

14. Can you cross any street by yourself? □ Yes □ No

If yes, what types of streets? _____

_____

If no, please explain: _____

_____

15. Are you able to grasp handles or railings, coins or tickets while boarding or exiting the bus?

□ Yes □ No

If no, please explain: _____

16. Can you understand and follow directions to get you to your destination? □ Yes □ No

If no, please explain: _____

17. Does weather affect your ability to use the bus system? □ Yes □ No

If yes, please explain: _____

18. Have you ever received training on how to use the bus system? □ Yes □ No

If yes, which agency provided the training? _____

When was the training provided? _____

Did you successfully complete the training? □ Yes □ No

19. Would you like to receive travel training? □ Yes □ No

PART IV: APPLICANT'S CURRENT TRAVEL

List the last 5 most frequent destinations you traveled to and how you traveled there:

Destination Address / Frequency of Travel / How do you get there now?

_____

_____

_____

_____

_____

_____

_____

PART V: APPLICANT CERTIFICATION

I understand that the purpose of this application is to determine if I am eligible for Laketran's paratransit ADA Service and that Laketran staff may need to contact me for additional information. Additionally, I understand that I may be required to attend an in-person interview or functional assessment as part of this application process.

By signing this application, I certify that I have been truthful in answering each question and that the information that I have provided is accurate to the best of my knowledge.

I agree to notify Laketran if I no longer need to use the ADA Service.

_____ _____

Signature Date

PART VI: TO BE COMPLETED ONLY IF ANOTHER PERSON HELPED THE APPLICANT IN THE COMPLETION OF THIS FORM

Name of Person Providing Assistance: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home/Cell): _____ (Work): _____

Email Address: _____

Relationship to Applicant: _____

PART VII: APPLICANT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize the professional listed below to release to Laketran information about my disability and health condition and its effect on my ability to travel on the Laketran bus system. I understand that I may revoke this authorization at any time.

All medical information provided will remain confidential to the extent permitted under the law, except that the information may be shared with others directly involved in the eligibility determination process.

LICENSED HEALTHCARE PROFESSIONAL INFORMATION:

_____

First Name Last Name Title (MD, PA, NP,PT,OT,CM) Other

_____

Telephone Number Agency/Organization

_____

Applicant or Authorized Signature

PART VIII: HEALTHCARE PROFESSIONAL CERTIFICATION

To be eligible for Laketran's paratransit ADA Service, a person must have a medically documented disability that prevents him/her from using the fixed route bus system (Local Routes 1-9). If the disability prevents a person from using a fixed route bus with lift/ramp-equipment some or all of the time, they may be eligible for ADA Service.

By regulation, only those persons applying for paratransit ADA Service for which at least one of the categories below applies, can be found eligible for service by Laketran.

1. "Any individual with a disability who is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual, (except the operator of a wheelchair lift or other boarding device) to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities."

2. "Any individual with a disability who needs the assistance of a wheelchair lift or other boarding device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities. If the individual wants to travel on a route of the system during hours of operation at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route."

3. "Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system."

Notice to Healthcare Professional

ADA Service eligibility is not based solely on the presence of a disability, rather the applicant's functional ability to physically and cognitively navigate a fixed route system independently. Your evaluation of the applicant and the information provided by the applicant must be solely based upon their functional abilities to use fixed route bus services (Local Routes 1-9).

The information provided should focus on the applicant's functional physical and cognitive abilities to ride the Local Routes, not either the applicant's age or economic status or whether or not the applicant finds it uncomfortable or inconvenient to ride fixed route transportation (including getting to/from a bus stop, boarding, riding and alighting fixed route vehicles).

Please complete this application as thoroughly as possible. The information is needed to make an accurate determination of eligibility for the applicant. Inaccurate results in eligibility determinations could reduce service availability for those persons legitimately eligible for the service.

Thank you for taking the time to fill out this application. Your attention to this process is important and appreciated by Laketran.

TO BE COMPLETED BY A HEALTHCARE PROFESSIONAL, CASE WORKER, SOCIAL WORKER, OR OTHER QUALIFIED PROFESSIONAL. PLEASE PRINT.

Name: _____ Title: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Applicant Name: _____

Initial each statement to which you agree.

_____ I certify that I have treated the applicant and am familiar with his/her disability and health condition.

_____ I certify that I have read and agree with the applicant's information in its entirety.

_____ I certify that I have read and disagree with the applicant's information.

_____ I certify that I have read and disagree with some of the applicant's information.

If you do not agree with the information provided by the applicant, (please explain in detail why you disagree):

_____

_____

_____

_____

If condition is not permanent, what is the anticipated duration: _____

I certify that the information provided above is accurate to the best of my knowledge. I understand that if needed, Laketran's ADA Coordinator may contact me for follow-up information.

_____ _____

Signature Date

License Number_____