Ozark Regional Transit
ADA Paratransit Eligibility Application
Epilepsy & Seizure Disorder Supplemental Form
Updated 10/7/2021

Date Received by ORT: _____

If you need assistance completing this application, please call the ORT Call Center at (479) 756-5901

Email application to paracert@ozark.org or Mail application to Ozark Regional Transit: Attn: ADA Coordinator, 2423 E Robinson Ave, Springdale, AR 72764 or Fax to (479) 756-2901

Personal Contact Information

_____

Name **Phone** **Date of Birth**

_____

Person assisting with application **Phone** **Relationship**

Questions Pertaining to Your Seizures

1. Have you ever been diagnosed with Epilepsy or another seizure disorder?

___ Yes ___ No

Please explain:

_____
_____
_____

2. Which of the following types of seizures do you have?

____ Absence Seizures
____ Complex Partial Seizures
____ Psychomotor Seizures
____ Grand Mal Seizures
____ Petit Mal Seizures
____ Simple Partial Seizures
____ Tonic Clonic Seizures
____ Other – Specify _____

3. Do you have any warning signs before you have a seizure? (Example: aura)

___ Yes ___ No

Please explain:

_____
_____
_____

4. Do any of the following triggers cause your seizures?

___ Stress
___ Flashing Light
___ Heat
___ Dehydration
___ Anxiety
___ Loud Noise
___ Fatigue
___ Not taking medication
___ Other - Specify _____

5. How often do you have seizures?

___ Daily **Frequency _____**
___ Weekly **Frequency _____**
___ Monthly **Frequency _____**
___ Yearly **Frequency _____**

6. How long do your seizures usually last?

_____

7. Are you currently on prescription medication to help control seizures?

___ Yes ___ No

Please explain:

_____
_____
_____

8. What behaviors do you exhibit during your seizures?

_____
_____
_____

9. Do you demonstrate any of the following after your seizures?

___ Confusion
___ Physical Weakness
___ Disorientation
___ Agitation or Irritability
___ Sleepiness
___ Anxiety
___ Impaired Awareness
___ Other _____

10. Does your Epilepsy or seizure disorder interfere with any of the following major life activities?

___ Self Care
___ Mobility
___ Play
___ Independent Living
___ Work
___ Communication
___ Leisure Activities

11. Have you ever required immediate medical attention after a seizure?

___ Yes ___ No

Please explain:

_____
_____
_____

Professional Verification Epilepsy & Seizure Disorder Supplemental Form of ADA Paratransit Eligibility Application With Ozark Regional Transit

Questions Pertaining to Applicant's Seizures

1. Has the applicant ever been diagnosed with epilepsy or any other seizure disorder?

___ Yes ___ No

Please explain:

_____

_____

_____

2. Which of the following types of seizures does the applicant have?

____ Absence Seizures
____ Complex Partial Seizures
____ Psychomotor Seizures
____ Grand Mal Seizures
____ Petit Mal Seizures
____ Simple Partial Seizures
____ Tonic Clonic Seizures
____ Other – Specify _____

3. Does the applicant have any warning signs before a seizure? (example: aura)

___ Yes ___ No

Please explain:

_____

_____

_____

4. Which of the following triggers the applicant's seizures?

___ Stress
___ Flashing Light
___ Heat
___ Dehydration
___ Anxiety
___ Loud Noise
___ Fatigue
___ Not taking medication
___ Other - Specify _____

5. How often does the applicant have seizures?

___ Daily **Frequency _____**
___ Weekly **Frequency _____**
___ Monthly **Frequency _____**
___ Yearly **Frequency _____**

7. How long does the applicant's seizures usually last?

_____

8. Is the applicant currently on prescription medication to help control their seizures?

___ Yes ___ No

Please explain:

_____
_____
_____

9. What behaviors does the applicant exhibit during their seizures?

_____
_____
_____

10. Which of the following behaviors does the applicant demonstrate after their seizures?

___ Confusion
___ Physical Weakness
___ Disorientation
___ Agitation or Irritability
___ Sleepiness
___ Anxiety
___ Impaired Awareness
___ Other _____

11. Does the applicant's Epilepsy or seizure disorder interfere with any of the following major life activities?

___ Self Care
___ Mobility
___ Play
___ Independent Living
___ Work
___ Communication
___ Leisure Activities

12. Has the applicant ever required immediate medical attention after a seizure?

___ Yes ___ No

Please explain:

_____
_____
_____