Ozark Regional Transit  
ADA Paratransit Eligibility Application for a Vision Disability  
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

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<th>Relationship</th>
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Preferred Media/Communication Type

___ Regular Print     ___ Large Print     ___Email
Information on Visual Disability and Mobility

1. Name of Eye Disease or Condition
_____________________________________________________________________________

2. Your vision is worse during these conditions:
   ___ I have no vision at all
   ___ Bright sunshine
   ___ Dimly lit or shaded places
   ___ Nighttime
   ___ Raining
   ___ Other ____________________________________________________________________

3. Your eye condition is considered to be:
   ___ Stable / ___ Degenerative
   ___ Temporary / ___ Permanent

4. Do you use any of the following?
   ___ Manual Wheelchair
   ___ Electric Wheelchair or Scooter
   ___ White Cane (for visual impairment)
   ___ Walker
   ___ Crutches
   ___ Other ____________________________________________________________________
   ___ Service Animal
   ___ Walking Cane
   ___ Portable Oxygen
   ___ PCA/Attendant
   ___ Leg Braces

5. Can you travel alone outdoors in the following locations?
   ___ Yes ___ No On your own property?
   ___ Yes ___ No To places on your block?
   ___ Yes ___ No To places within your neighborhood?
   ___ Yes ___ No Further away?

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
6. Can you see steps or curbs well enough to safely get around on your own?

___ Yes    ___ No    ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

7. While waiting to board the bus, can you see the route numbers on the fixed route buses?

___ Yes    ___ No    ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

8. Can you recognize the bus as it approaches you in time to wave it down?

___ Yes    ___ No    ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

9. Can you find your destination without assistance of another person?

___ Yes    ___ No    ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
10. Is your hearing normal?
___ Yes   ___ No   ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

11. Can you easily hear the bus or bus driver when they announce bus stops / routes when you are outside the bus?
___ Yes   ___ No   ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

12. Can you easily hear the bus or bus driver when they announce bus stops / routes when you are inside the bus?
___ Yes   ___ No   ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

13. How do you know when or where to get off the bus?
___ I ask the driver to announce my stop
___ I ask the other passengers to help me
___ I can see my stop from inside the bus
___ Other ___________________________________
13. Can you hear traffic well enough to safely cross streets consistently?

___ Yes  ___ No  ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

14. Could you safely cross the following intersections without the assistance of another person?

___ Yes  ___ No  At small quiet streets with little traffic (no traffic controls)
___ Yes  ___ No  At small intersections with traffic controls
___ Yes  ___ No  At busy multi-lane intersections with traffic controls

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Information on Disability

List any health conditions or disabilities (permanent or temporary) and how they affect your ability to get around and/or would prevent you from travelling 3/4 mile.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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_____________________________________________________________________________

1. Is your disability permanent?
   ___ Yes   ___ No - expected duration _____/_____/

2. Have you ever had a seizure?
   ___ Yes   ___ No

   What Type?
   __________________________________________________________________________

   How often?
   __________________________________________________________________________

Are your seizures controlled by medication?
   ___ Yes   ___ No

If a seizure disorder is your main disability please include the "Epilepsy & Seizure Disorder Supplemental Form".

3. Do you have a visual disability that limits or prevents you traveling on your own?
   ___ Yes   ___ No

If your main disability is vision, please use the "ADA Application for Vision Disability".
4. Do you have any memory, mental, or cognitive conditions that limit or prevent you traveling on your own?

___ Yes    ___ No

5. Have you ever been diagnosed with any of the following?

___ Stroke   ___ Bacterial Meningitis   ___ Closed Head Injury
___ Brain Tumor  ___ Viral Encephalitis  ___ Cerebral Palsy
___ Alzheimer’s  ___ Parkinson’s Disease  ___ Tourette’s Syndrome
___ Diabetes   ___ Other – Specify ______________________________

6. Do you use any of the following?

___ Manual Wheelchair       ___ Service Animal
___ Electric Wheelchair or Scooter ___ Walking Cane
___ White Cane (for visual impairment) ___ Portable Oxygen
___ Walker                   ___ PCA/Attendant
___ Crutches                 ___ Leg Braces
___ Other ______________________________

7. List all prescription medications you currently take and for what purpose.

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Mobility

1. On days when your physical condition is good, what is the maximum distance you can travel without the assistance of another person? (With primary mobility aid if applicable)

___ Can't travel outside my home on my own       Explanation ____________________________
___ Get to the curb in front of your home       Explanation ____________________________
___ Travel up to 1 block (500 feet)            Explanation ____________________________
___ Travel up to 2 blocks                       
___ Travel up to 4 blocks                       
___ Travel up to 6 blocks                       
___ Travel up to 9 blocks                       

2. Can you safely cross the following intersections?

___ Yes       ___ No  At small quiet streets with little traffic (no traffic controls)
___ Yes       ___ No  At small intersections with traffic controls
___ Yes       ___ No  At busy multi-lane intersections with traffic controls

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

3. Does the weather have any effect on your ability to get around or use the bus?

___ Yes       ___ No       ___ I don't know

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

4. Can you wait 15 to 30 minutes at a bus stop that has a seat?

___ Yes       ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
5. Can you wait 15 to 30 minutes at a bus stop that does not have a seat?

___ Yes   ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

6. Can you wait 15 to 30 minutes at a bus stop that does not have a shelter?

___ Yes   ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

7. Are you able to get on and off a bus using 3 steep steps?

___ Yes   ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

8. Are you able to get on and off the bus if it has a lift?

___ Yes   ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
9. Does your physical condition change much from day to day?

___ Yes, my condition is good on some days and very bad on others.

___ No, my condition is much the same from day to day.

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

10. Are you able, on your own, to transfer from one bus to another?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

11. Can you get to and from the bus stop nearest your home without the assistance of another person?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

12. Are you able to follow written or oral instructions to pay your bus fare?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
13. Are you able to recognize when it's time to get on or off the bus?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Cognitive Abilities

1. Can you give your name, address, and phone number if asked?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

2. Can you give the driver your destination if asked?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

3. Can you recognize, on your own, your destination or landmarks from the bus?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
4. Can you, on your own, ask for, understand, and follow oral directions to use the bus?

___ Yes  ___ No  ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

5. Are you, on your own, able to follow written directions to use the bus?

___ Yes  ___ No  ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

6. Are you, on your own, able to use the telephone or internet to obtain bus information?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

7. Would you know what to do if things did not happen as they should or usually do?

___ Yes  ___ No  ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
8. Do you have a diagnosed mental or cognitive condition?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

9. If you have a mental or cognitive condition, is it being assisted or controlled by medications?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

10. Are there any behavioral issues related to your mental or cognitive condition that ORT should be aware of?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Questions about using Fixed Route bus service

1. Have you ever used ORT or Razorback Transit bus service?
   ___ Yes   ___ No

   Please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Are you currently using ORT or Razorback Transit bus service?
   ___ Yes   ___ No

   Please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Have you participated in ORT’s Fixed Route reduced fare program (Disabled and seniors)?
   ___ Yes   ___ No

   Disabled/Senior 60-74 is $.60 per ride or $15 per month
   Seniors 75 and above are FREE

4. Where is the closest bus stop (or pick up point) from your home?
   ____________________________________________________________

5. Which bus routes service your neighborhood?
   ____________________________________________________________
6. Are you able to travel to and from the nearest bus stop without the help of another person?

___ Yes    ___ No    ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

7. How do you know when or where to get off the bus?

___ I ask the driver to announce my stop.
___ I ask the other passengers to help me.
___ I can see my stop from inside the bus.
___ Other

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

8. When was the last time you used an ORT or Razorback Transit Fixed Route bus?

_____________________________________________________________________________

9. What is it about riding the Fixed Route bus service that is most difficult for you?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

10. What specific situations prevent you from using the Fixed Route bus service?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Travel Training

Travel Training is available for free to all persons with a disability who may be able to use an accessible bus. The purpose of this training is to familiarize you with the service in general or to help you learn a specific route. Training to use the fixed routes does not make you ineligible for paratransit.

1. Have you ever had training on how to use the bus?
   ___ Yes    ___ No

   Please explain:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. Did you finish the training?
   ___ Yes    ___ No

   Please explain:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. Would you be interested in training to use the ORT buses?
   ___ Yes    ___ No

   Please explain:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

Current Travel

Please list your most frequent destinations  How do you get there now?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Professional Verification of
ADA Paratransit Eligibility Application
With Ozark Regional Transit

<table>
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<tr>
<th>Person completing verification</th>
<th>Professional Title or Specialty</th>
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<tbody>
<tr>
<td>Designated Professional Signature</td>
<td>Medical License Number</td>
</tr>
<tr>
<td>Agency</td>
<td>Business Address</td>
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<tr>
<td>Business Phone</td>
<td>Email address</td>
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<tr>
<td>ORT Applicant</td>
<td>Applicant Date of Birth</td>
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Instructions:

Please answer all questions as completely as possible, and return to applicant. The applicant will then return the completed verification to ORT with their portion of the ADA Paratransit Eligibility Application. Please keep in mind that ORT considers what a person is able to do, not just that they have a disability. The purpose of this application is to determine if a person is able to use our fixed route bus service all the time, part of the time, or not at all. Included is a section to provide any additional information that would assist will providing a complete and fair review.
Information on Visual Disability and Mobility

1. Name of applicant's eye disease or condition:
_____________________________________________________________________________

2. The applicant's eye condition is considered to be:
___ Stable / ___ Degenerative
___ Temporary / ___ Permanent

3. The applicant's vision is worse during these conditions:
___ Has no vision at all
___ Bright sunshine
___ Dimly lit or shaded places
___ Nighttime
___ Raining
___ Other ____________________________________________________________________

4. Does the applicant use any of the following mobility aids when they walk outdoors?
___ Manual Wheelchair
___ Electric Wheelchair or Scooter
___ White Cane (for visual impairment)
___ Walker
___ Crutches
___ Other ____________________________________________________________________

___ Service Animal
___ Walking Cane
___ Portable Oxygen
___ PCA/Attendant
___ Leg Braces
___ Other ____________________________________________________________________

5. Can the applicant see steps or curbs well enough to travel around on their own?
___ Yes ___ No ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
6. While waiting to board the bus, could the applicant see the route numbers on the bus?
___ Yes  ___ No  ___ Sometimes

Please explain:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Could the applicant recognize the bus as it approached them in time to wave it down?
___ Yes  ___ No  ___ Sometimes

Please explain:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

8. Is the applicant's hearing normal?
___ Yes  ___ No  ___ Sometimes

Please explain:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

9. Could the applicant hear or see traffic well enough to be safe crossing streets on their own consistently?
___ Yes  ___ No  ___ Sometimes

Please explain:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
10. Could the applicant safely cross the following intersections?

___ Yes  ___ No  At small quiet streets with little traffic (no traffic controls)
___ Yes  ___ No  At small intersections with traffic controls
___ Yes  ___ No  At busy multi-lane intersections with traffic controls

11. Could the applicant travel to and from the bus stop without help?

___ Yes  ___ No  ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

12. Would weather conditions affect the applicant’s vision?

___ Yes  ___ No  ___ Sometimes

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Information on Disability

Please list all applicant health conditions or disabilities. For each condition explain how it could affect their ability to get around and/or prevents them from traveling 3/4 mile on their own.

____________________________________  _______________________________________
____________________________________  _______________________________________
____________________________________  _______________________________________
____________________________________  _______________________________________
____________________________________  _______________________________________
____________________________________  _______________________________________
____________________________________  _______________________________________
____________________________________  _______________________________________

1. Has the applicant ever been diagnosed with any of the following?

___ Stroke  ___ Bacterial Meningitis  ___ Closed Head Injury
___ Brain Tumor  ___ Viral Encephalitis  ___ Cerebral Palsy
___ Alzheimer's  ___ Parkinson's Disease  ___ Tourette's Syndrome
___ Diabetes  ___ Other – Specify ______________________________________

2. Please list all prescription medications the applicant currently takes and their purpose.

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Cognitive Abilities

1. Could the applicant give their name, address, and phone number if asked?
   ___ Yes   ___ No

   Please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Could the applicant give the driver their destination if asked?
   ___ Yes   ___ No

   Please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Could the applicant recognize destinations or landmarks from the bus?
   ___ Yes   ___ No

   Please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. Can the applicant ask for, understand, and follow directions?
   ___ Yes   ___ No

   Please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
5. Would the applicant know how to deal with unexpected changes to routine?

___ Yes    ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

6. Could the applicant perform a multiple route bus ride, which includes transfers from one vehicle to another?

___ Yes    ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

7. Does the applicant have a diagnosed mental or cognitive condition?

___ Yes    ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

8. If the applicant has a mental disorder, is it being assisted or controlled by medications?

___ Yes    ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
9. Are there any behavioral issues related to the applicant’s mental or cognitive condition that ORT should be aware of?

___ Yes    ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Physical Mobility

1. Does the applicant use any of the following?

___ Manual Wheelchair   ___ Service Animal
___ Electric Wheelchair or Scooter   ___ Walking Cane
___ White Cane (for visual impairment)   ___ Portable Oxygen
___ Walker   ___ PCA/Attendant
___ Crutches   ___ Leg Braces
___ Other ____________________________________________________________________

2. Could the applicant board a bus using 3 deep steps?

___ Yes    ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

3. Could the applicant board a bus using a wheelchair lift?

___ Yes    ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
4. Does the applicant require an Attendant/PCA to travel?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

5. Please rate the applicant's condition in the following areas in terms of:
Excellent / Good / Fair / Poor / None / Don't Know

E/G/F/P/N/DK

___ Upper body strength  ___ Lower body strength
___ Coordination  ___ Balance
___ Safety awareness  ___ Independent judgement
___ Verbal communication  ___ Written communication
___ Stamina and endurance

6. What is the maximum distance the applicant could travel without the assistance of another person? (With primary mobility aid if applicable)

___ Not even to motor vehicle on their own - must have a person to assist
___ To curb in front of home
___ 1 block (500 feet)
___ 2 blocks
___ 4 blocks
___ 6 blocks
___ 9 blocks
___ No distance limitation

7. Could the applicant wait 15 to 30 minutes at a bus stop?

___ Yes  ___ No

Please explain:
_____________________________________________________________________________
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_____________________________________________________________________________
8. Could the applicant safely cross the following intersections?

___ Yes ___ No  At small quiet streets with little traffic (no traffic controls)
___ Yes ___ No  At small intersections with traffic controls
___ Yes ___ No  At busy multi-lane intersections with traffic controls

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

9. Would temperature extremes affect the applicant’s ability to get around?

___ Yes ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

10. Are there any sun or heat sensitivity issues due to a condition or medication?

___ Yes ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

11. Would any weather conditions affect the applicant's ability to get around?

___ Yes ___ No

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
12. Are there any surfaces that would affect the applicant’s ability to get around?

___ Yes    ___ No

Please explain:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Other

1. Does the applicant have a vision limitation that has not been corrected by glasses or contacts that may affect their ability to get around?

___ Yes    ___ No

Please explain:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

2. Is there any other information that ORT should be aware of when reviewing the applicant’s ability to use fixed route bus services?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Epilepsy & Seizure

1. Has the applicant ever had a seizure?

___ Yes  ___ No

What Type?
_____________________________________________________________________________

How often?
_____________________________________________________________________________

Are the seizures controlled by medication?

___ Yes  ___ No

If a seizure disorder is the applicant’s main disability, please include the "Epilepsy & Seizure Disorder Supplemental Form".
Ozark Regional Transit ADA Paratransit Applicant Agreement

I confirm that all provided information is true to the best of my knowledge. I understand that my application and the professional verification of all my claims will be returned if both parts are not complete. I understand that all claims are subject to review and verification. Any false claims, misrepresentations, or a refusal to provide professional verification, will result in the rejection of my application.

I agree that if I am certified for Ozark Regional Transit’s ADA Paratransit service, I will:

• Pay the exact fare for each trip.
• Notify ORT of any change to my condition or situation that may affect my eligibility.
• Abide by all ORT policies and procedures.

I understand that failure to abide by the ORT policies and procedures may result in a suspension of service or the revoking of my application and my right to participate in ORT’s ADA Paratransit service.

I understand and agree to hold Ozark Regional Transit harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to maintain the safety of the adaptive equipment or certified guide/service animal that I require for mobility.

I authorize Ozark Regional Transit to verify all claims with the designated professional, and give that professional authorization to release any information needed to complete the application process.

_________________________________________  ____________________________
Signature                  Date

_________________________________________  ____________________________
Signature of alternative person completing application  Date