

CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

ADA ELIGIBILITY COMMITTEE
Fairmont Marion County Transit Authority
400 Quincy Street, Fairmont, WV 26554
Phone: 304-366-8177 (Voice); 304-366-2308 (FAX)

The information obtained in this certification process will be used by the FMCTA Eligibility Committee only for the provision of transportation services. Information will be shared only with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency. Use additional paper, as needed.

Name _____	Age _____
Address _____	Fire Locator # _____
City _____	State _____ Zip _____
Directions to home: _____	

Telephone: (Home) _____ (Other) _____	

Describe nature of disability (in your own words) _____

Is this condition temporary? _____ If yes, date expected to end _____ How long have you had this disability ? _____ Describe mobility (What prevents you from getting <u>to or on a bus</u> <i>which has a wheelchair lift</i> ?) _____

How far do you live from a bus route? _____ Can you climb steps? _____ If yes, how many? _____
How high (each step)? _____ How long can you stand without assistance? _____ How far can you walk without assistance? _____ Does weather affect your condition in any way? _____ If yes, please explain. _____
Do you have any special needs, such as oxygen? List _____

The following information will be used to ensure the appropriate equipment and measures are taken to provide the service most beneficial to YOUR needs. Do you use any of the following aids *for traveling*? (Check all that apply.)

Manual Wheelchair _____ Electric Wheelchair _____ Powered scooter (3-Wheeled scooter) _____

Cane _____ Crutches _____ Walker _____ Personal Care Attendant (PCA) _____ Assistance Animal _____

Other (Describe) _____

WHY do you feel you REQUIRE a Personal Care Attendant (PCA)? _____

If you require a PCA, is it... Always? _____ Sometimes? _____ Wheelchair/scooter users: What is the total weight of you and your chair (approximate - in pounds) _____

I hereby certify that the information given herein is correct, and that by signing, I agree to abide by ADA rules.

Applicant's Signature _____ Date _____

Signature of Other, if not signed by applicant _____

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

Name _____ Relationship _____

Address _____ Daytime Phone: _____

City _____ State _____ Zip _____

Signed _____ Date _____

FOR TRANSIT USE ONLY

Date application Received _____

Approved _____ Disapproved _____ PCA? _____ Always _____ Sometimes _____ Category _____

Restrictions: _____

Eligibility Conditions: _____

Comments: _____

Length of certification: _____ Review date: _____ Date applicant notified: _____

Signed: _____ Title _____ ADA Coordinator? _____