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CALL-A-BUS ELIGIBILITY APPLICATION

The purpose of this application is to provide an opportunity for you to describe how your disability prevents you from riding the ColumBUS fixed route system. This includes any environmental (weather, ice, etc.) as well as physical barriers (terrain, steps, etc.) that prevent you from riding the fixed route. Information contained in this application will be kept confidential and shared with the professionals involved in the evaluation of your eligibility for *Call-a-Bus* or others only if disclosure is required by law.

Please complete this application as thoroughly as possible and to the best of your ability. If you have difficulty answering any questions on the application or if you need assistance completing this form, please call *Call-a-Bus* at (812)376-2506. **We cannot begin processing the application until it is complete.** If a question does not apply to you, please write “Not Applicable” or “NA.”

There are two sections to this application;

Applicant’s Questionnaire - to be filled out by the applicant or by someone on the applicant’s behalf.
Medical Professional’s Questionnaire - to be filled out by a medical professional (Physician, Physician Assistant, licensed Nurse, Physical Therapist, Rehabilitation Specialist, licensed Psychologist, licensed Counselor) familiar with the applicant’s abilities.

The application will not be considered complete by ColumBUS Transit staff until both Questionnaires are completed in full.¹ Please email, mail or deliver to:

Call-a-Bus
850 Lindsey Street
Columbus, IN 47201
(812)376-2506

callabus@columbus.in.gov

¹ Incomplete Application: Under conditions where the applicant satisfactorily shows the Medical Professional’s Questionnaire cannot be completed in a reasonable time due to protracted appointment dates or other causes beyond the control of the applicant, Call-a-Bus staff will make a temporary eligibility determination based only on the Applicant’s Questionnaire. If granted, it will extend until 21 days after the provided appointment date. If not granted, it will be reconsidered as a new application once the completed Questionnaire is received. (See the Call-a-Bus Paratransit Plan)

Applicant's Questionnaire:

Please Print:

Name _____ Date of Birth _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Emergency Contact _____ Relationship _____ Phone _____

If the applicant is being assisted in this section, the assistant should complete this part below:

Name _____ Daytime Phone _____

Address _____

Relationship to Applicant _____ Date _____

Email Address _____

To whom should we communicate with regarding eligibility, etc.? Please circle one:

Applicant

Assistant

Other

If "Other", please fill in below:

Name _____ Daytime Phone _____

Address _____ or email _____

Relationship to Applicant _____ Date _____

Will you need future materials in an alternative format? If yes, please circle one:

Large Print

Email

Audio Cassette

Compact Disc

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

What is the disability that prevents you from using the ColumBUS Transit fixed route system?

My disability is permanent

My disability is temporary until ____/____ (month/year)

My disability changes from day to day? Explain _____

What mobility aid do you use? (check all that apply)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> White Cane | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Motorized Wheelchair | <input type="checkbox"/> Crutches | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Cane | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Portable Oxygen | _____ |

Wheelchair users: _____Length _____Width _____Weight

YOUR USE OF COLUMBUS TRANSIT FIXED ROUTE SYSTEM (Check all that apply)

- I use the ColumBUS Transit fixed route service frequently.
- I have never attempted to ride the fixed route buses.
- I believe I could learn to ride the fixed route bus, if someone would teach me.
- I can use the fixed route bus sometimes, if the conditions are right.
- If I use fixed route service now, I will need the assistance of another person. (sometimes/always)
- I am not sure if I can ride the fixed route buses.
- It is impossible for me to use the fixed route buses to some destinations.
- Would you like travel training to learn to ride the fixed route bus?

DISABILITY EFFECT

- I have difficulty understanding or remembering the schedule or my way to and from the bus.
- I have difficulty or cannot climb stairs and can only board a bus with a lift/ramp.
- I have a visual disability which prevents me from getting to and from the bus.
- My medical condition is such that I can ride the fixed route bus only when I am feeling well.
- My disability prevents me from getting to and from the bus stop.

YOUR ABILITY TO USE THE COLUMBUS TRANSIT FIXED ROUTE SYSTEM

1) List things about riding a fixed route bus that are difficult for you?

2) Can you cross the street by yourself? (Yes/No/Sometimes) Explain _____

3) If you have used the fixed route system, when did you use it last? _____ What Route? _____

4) What is the closest bus stop to your home? (ex. 5th and Jackson). _____

a) Can you get to this stop by yourself? (Yes/No/Sometimes) Explain: _____

5) Does the weather affect your ability to use the fixed route bus system? (Yes/No) Explain: _____

VISUAL IMPAIRMENT:

Please fill out this section if you have a visual impairment.

Name of Eye Disease/Condition: _____

My vision is worse during these conditions:

Bright sunlight

Night time

Dimly lit or shaded places

I have no vision at all

My eye condition is

Stable

Degenerative

Other _____

I can see steps and curbs.

I can see the route numbers on the bus from the bus stop

I can find the bus stop without assistance.

ADDITIONAL INFORMATION:

Please use this space to tell us anything else about your travel challenges and your ability to use the ColumBUS Transit fixed route service:

Medical Professional's Questionnaire

This Questionnaire is to be filled out by a medical professional who is not only familiar with the applicant's diagnosis, but who is also familiar with his/her mobility. ColumBUS Transit policy requires this to be a medical professional (Physician, Physician Assistant, licensed Nurse, Physical Therapist, Rehabilitation Specialist, licensed Psychologist, licensed Counselor). If you have any questions regarding what professionals will be accepted, please call ColumBUS Transit at (812) 376-2506.

GUIDELINES FOR PROFESSIONAL REPORT TO *Call-a-Bus*

Your patient/client has requested eligibility for *Call-a-Bus* ADA transportation service. Because of your professional relationship with this applicant, you are uniquely qualified to help clarify his or her **functional abilities and limitations**. The following are guidelines for using *Call-a-Bus*. These guidelines may help you understand the information we need to determine the applicant's eligibility for *Call-a-Bus*.

ColumBUS Transit fixed-route and *Call-a-Bus* Service

ColumBUS Transit offers two different types of transportation: ColumBUS Transit fixed-route service and *Call-a-Bus* paratransit service.

ColumBUS Transit fixed-route service provides many accessibility features that make it possible for people with different types of disabilities to use it. These features include: low-floor buses, bus kneeling, and low-slope boarding/alighting ramps (no steps); tie-downs and passenger restraints for wheelchairs; bus stop announcements; large print bus identification signs; priority seating; and alternative-format schedules.

Call-a-Bus paratransit service provides curb-to-curb transportation on a shared-ride basis to eligible individuals whose disability prevents them from using the fixed-route bus transportation at all, or under certain circumstances.

The basis for *Call-a-Bus* ADA eligibility is the American with Disabilities Act. Eligibility is based on:

- **Functional ability** to independently perform the tasks necessary for bus use including: getting to and from the bus stop, getting on the bus, riding the bus and understanding how to navigate the system in a variety of environments. A diagnosis by itself does not qualify an individual for *Call-a-Bus*.
- Whether the disability **prevents** the individual from performing these tasks (as opposed to the task being more inconvenient or difficult)
- Whether the individual can perform these tasks **all of the time, only under some circumstances, or never**. An example of "some circumstances": the individual can use the fixed-route if it is two level blocks or less to the bus stop, and no snow or ice are present.

Information we need from you:

You may expand, in as much detail as you can provide, how this individuals physical, sensory, cognitive or emotional problems may impact his/her ability to travel on a bus. Please relate your comments to the specific tasks necessary to get to and from a bus stop, board, ride and navigate the ColumBUS Transit fixed route system.

If you have any questions regarding *Call-a-Bus* or this Questionnaire, contact the Transit Coordinator at ColumBUS Transit (812) 376-2506. Thank you for your cooperation.

Please email or mail application to:

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850 Lindsey Street
Columbus, IN 47201
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PROFESSIONAL VERIFICATION

Applicant's Name _____ Date of Birth _____

Relationship:

Relationship with the applicant: _____ No. of years: _____

Date of last face-to-face contact (by you or your agency)? _____

Diagnosis:

Primary Diagnosis: _____ No. of years: _____

Current treatment: _____

Prognosis: _____

Treatment: _____ Expected Recovery: _____

Medication

Compliant in taking medication

Secondary Diagnosis: _____ No. of years: _____

Medication's effect on the individual's ability to travel independently: _____

Functional Abilities:

Applicant can walk. Describe walking ability (distance, speed) under good, level conditions: _____

Urban conditions (weather, terrain, street width/condition) where applicant could not walk: _____

Can the walking applicant:

Navigate around large objects

Negotiate gravel surfaces

Navigate around small objects

Negotiate loose dirt/sand surfaces

Locate curbs

Walk up a 16' reasonable slope

Step up a 6" curb

Walk up a 30' reasonable slope

Step down a 6" curb

Cross streets at a crosswalk

Negotiate sidewalks in good condition

Locate a safe place to cross

Negotiate on broken pavement

Activate a "walk" light

Negotiate on uneven/grassy surfaces

Wait without a bench for 10 minutes

Mobility aid(s) used by the applicant: Type? _____ No. of years: _____

Describe travel mobility (distance, speed) under good, level conditions: _____

Urban conditions (weather, terrain, street width/condition) where mobility fails: _____

Can the mobility-aided applicant:

- | | |
|---|--|
| <input type="checkbox"/> Maneuver onto a low-floor bus ramp | <input type="checkbox"/> Place fare in farebox |
| <input type="checkbox"/> Negotiate up a curb ramp | <input type="checkbox"/> Handle fare tickets |
| <input type="checkbox"/> Negotiate down a curb ramp | |

Conditions:

Are any of the following conditions affected by the applicant's disability? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Orientation | <input type="checkbox"/> Gait or balance | <input type="checkbox"/> Sensitivity to cold weather |
| <input type="checkbox"/> Problem solving | <input type="checkbox"/> Sense of time | <input type="checkbox"/> Sensitivity to hot weather |
| <input type="checkbox"/> Short-term memory | <input type="checkbox"/> Judgment | <input type="checkbox"/> Inappropriate social behavior* |
| <input type="checkbox"/> Long-term memory | <input type="checkbox"/> Communication | <input type="checkbox"/> Anxiety level |
| <input type="checkbox"/> Other (Please explain) _____ | | |

*Please describe any inappropriate social behavior _____

Are any of the following conditions observed from the applicant? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> High day-to-day variability in disability | <input type="checkbox"/> Visual hallucination |
| <input type="checkbox"/> Inconsistent performance | <input type="checkbox"/> Seizures: Type: _____ |
| <input type="checkbox"/> Auditory hallucinations | o medication controlled? _____ |

Please explain any checked conditions: _____

Training:

Would travel training for the fixed route system be appropriate for the applicant? _____

Would training tools help with fixed route travel? (Ex. Memory cards, written route directions, photos, etc.)

Is the goal of traveling independently on the fixed route system within the context of treatment? _____

Additional info:

Any additional appropriate information about the applicant: _____

I certify that this information is true and correct to the best of my knowledge.

Signature _____ Date _____

Print Name _____ Licensed Title _____

Agency _____

Address _____

_____ Phone _____