



**Metro Plus Paratransit
ELIGIBILITY APPLICATION**

Form must be filled out completely

Please Return Completed Form to: River Valley Metro Mass Transit Dist.
1137 E. 5000 N. Rd.
Bourbonnais, IL. 60914

Personal Information

- 1. Name _____
- 2. Social Security Number _____
- 3. Address _____
City _____ State _____ Zip _____
- 4. Telephone No. (Home) _____ (Work) _____
- 5. Date of Birth _____

Certification

A. I certify that the information I give in this application is true and correct. I understand that falsification of information may result in denial of service. I understand all information will be kept confidential and only the information required to provide the services I request will be disclosed to those who perform those services.

Applicant Signature _____

Date _____

B. Person completing form other than applicant (please check one):

- I certify that the information provided in this application is true and correct, based upon information given to me by the applicant.

- I certify that the information provided in this application is true and correct, based upon my knowledge of the applicant's health condition or disability.

Exceptions or Additions: _____

Print Name _____ Date _____

Agency _____

Signature _____

Daytime Phone _____

Relationship to Applicant _____

Address _____

City _____ State _____ Zip _____

Authorization For Release Of Medical/Psychological Records

(Must be completed by applicant, Not Physician)

THIS SECTION IS TO BE COMPLETED BY YOU, THE APPLICANT, AND NOT BY YOUR PHYSICIAN, PSYCHIATRIST OR HEALTH CARE PROFESSIONAL. A SEPARATE FORM MAY BE SENT TO HIM/HER TO CONFIRM THE INFORMATION YOU HAVE PROVIDED.

NOTE: Disability verification by a qualified professional **does NOT guarantee eligibility, but it can play a major role in the eligibility determination process.** While verification by a physician is NOT required, it is important that any professional that verifies another individual's disability be familiar not only with that person's particular disability, but with an individual's ability or inability to travel on Metro's regular bus system. This information is confidential and will NOT be shared with any other person or agency, with the possible exception of another transit provider or transportation program to facilitate travel in those areas.

NOTE: Only the following professionals are authorized to verify your disability:

Licenses Physician, Psychiatrist, Physical Therapist (PT), Occupational Therapist (OTR), Certified Rehabilitation Counselor (CRC), and Orientation and Mobility Specialist (O&M).

Name of Professional: _____
Agency: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
Fax Number: _____

Name of Professional: _____
Agency: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
Fax Number: _____

APPLICANT INFORMATION

NAME (PRINT): _____
SIGNATURE: _____ DATE: _____

PARENT OR LEGAL GUARDIAN INFORMATION *

NAME (PRINT): _____
SIGNATURE: _____ DATE: _____

*** NOTE: Applicant signature or Parent/Legal Guardian signature is REQUIRED for application processing.**

Present Means Of Travel

1. Have you ridden a River Valley Metro's fixed route bus in the last 3 months?

Yes No

If No, have you attempted to use a fixed route bus in the last 3 months?

Yes No

If Yes, please explain what happened _____

2. What assistance do you need when traveling? *Check all that apply*

<input type="checkbox"/> Support Cane	<input type="checkbox"/> Electronic Travel Aid
<input type="checkbox"/> Long Cane/White Cane	<input type="checkbox"/> Personal Care Attendant
<input type="checkbox"/> Service Animal	<input type="checkbox"/> Powered Scooter
<input type="checkbox"/> Crutches	<input type="checkbox"/> Prosthesis
<input type="checkbox"/> Wheelchair (Power)	<input type="checkbox"/> Wheelchair (Manual)
<input type="checkbox"/> Walker	<input type="checkbox"/> None
<input type="checkbox"/> Need help transferring to a seat	

Other _____

If you use a wheelchair or scooter/cart, is it

More than 30 inches wide OR

More than 48 inches long, OR

Weigh more than 600 pounds when empty?

3. Do you require a Personal Care Attendant (PCA)* when you travel?

Always Sometimes Never

If Always or Sometimes, provide name of PCA:

* A PCA is someone designated or employed by a person with a disability to assist that person in meeting his or her personal needs and/or to facilitate travel for a specific trip. A PCA is not a companion.

Transit Travel/Training Information

1. Do you know where to get off the bus, or can you find out?
 Always Sometimes Never

If Sometimes, please explain. _____

2. Have you ever had any training to use the fixed route bus service?
 Yes In Process No

Disability and Functional Limitation Information

1. Please describe your current disability (list all applicable disabilities).

2. Is your health condition or disability temporary?
 Yes No

If Yes, expected end date ____/____/____ or (____ months)

3. Does your health condition or disability change from day-to-day in ways that affect your ability to use the fixed route bus service?
 Yes No

If Yes, please explain _____

4. Are there any other conditions (such as extreme hot or cold weather) that limit your ability to use the fixed route bus service?

- Yes No

If Yes, please explain _____

5. Can you transfer from one fixed route bus to another?

- Yes Sometimes No

If Sometimes or No, please explain _____

6. Can you use the telephone or TTY to make calls?

- Yes Sometimes No

If Sometimes or No, please explain _____

7. Can you follow written or verbal instructions?

- Yes Sometimes No

If Sometimes or No, please explain _____

8. Are you able to make your way to and from the nearest bus stop to your home, either with or without mobility aids?

- Yes Sometimes No

If Sometimes or No, please explain _____

9. Can you wait outside for 15 minutes?

Yes

Sometimes

No

Explain if Sometimes or No _____

10. Are you able to travel $\frac{1}{4}$ mile (4 blocks or less), either with or without mobility aids?

Yes

Sometimes

No

Explain if Sometimes or No _____

11. If using a wheelchair, are you able to transfer from the chair to a bus seat?

Yes

No

If Yes describe limitations: _____

Miscellaneous

1. Check all that apply if you are NOT currently riding fixed route buses:

____ I don't know how to ride the regular fixed route bus.

____ I'm afraid to ride the regular fixed route bus.

____ I don't want to ride the regular fixed route bus.

____ It is too far to get to the regular fixed route bus.

____ The ground is too uneven or steep for me to get to the bus stop.

____ There are no sidewalks where I live.

____ I need a wheelchair lift or ramp to board the bus.

____ I can use the regular fixed route bus under certain circumstances.

____ I cannot recognize a destination or landmark.

____ Other (Please explain) _____

2. Are there any other aspects of your health condition or disability that we should know about?

Yes

No

If Yes, please explain _____