

This application is available in English, Spanish and Large Print format. If you require any other accessible format, please call (910) 433-1232 (option #4) or email FAST@ci.fay.nc.us.



PARATRANSIT SERVICE ELIGIBILITY APPLICATION

Please complete this application as thoroughly as possible, and to the best of your ability. In order to be considered complete, **every question** on the application must be answered. The more information you provide, the better our ADA staff will understand your abilities.

If you have any questions, please call (910) 433-1232 (option #4).

Please return the completed application to:

Fayetteville Area System of Transit (FAST)
FASTTRAC! Application Review
455 Grove Street
Fayetteville, NC 28301

GENERAL INFORMATION

Name

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Date of Birth (Month/Day/Year)

EMERGENCY CONTACT

Please list the name of the person or agency that we may contact in the event of an emergency:

Name

Address

City

State

Zip Code

Primary Phone Number

Alternate Phone Number

Email Address

Relationship to Client

USE OF FIXED ROUTE BUS SERVICE

Do you currently use the FAST fixed route system?

Yes

No

When was the last time you used the FAST fixed route system?

Can you get to a bus stop by yourself? Check One.

Yes

No

Sometimes

Describe your disability and explain how it prevents you from using the FAST fixed route bus service. Be specific.

Is this condition temporary? Check one.

Yes, until (enter date)

No

FUNCTIONAL ABILITY AND MOBILITY INFORMATION

Do you use any of the following mobility aids? Check all that apply.

Wheelchair

Cane

White cane

Crutches

Walker

Service animal

Hearing aid

Prosthesis

Other (please specify)

Do you need someone to help you when you travel outside of the home?

Yes

No

Sometimes

If you need someone to help you, what assistance do they provide?

Can you walk up and down three 12-inch steps without help?

Yes No Sometimes

Can you cross the street when a curb cut is available?

Yes No Sometimes

Are you able to identify the correct bus for your destination?

Yes No Sometimes

Can you wait at least 10 minutes at a bus stop that does not have a seat and/or a bus shelter?

Yes No Sometimes

What barriers in your surroundings make it difficult for you to use the bus? Check all that apply.

- Lack of curb cuts
- No sidewalks
- Steep hills
- Busy streets I must cross
- Sidewalks are in poor condition (holes, etc.)

- Other (please specify)

Are you able to read, hear, understand and/or process information, schedules or directions that are needed to make necessary decisions during a trip?

Yes

No

Sometimes

INFORMATION ABOUT ACCESSIBLE FAST BUS SERVICE

Traveling by FAST bus is a good alternative for those who are able to do so. Even if you cannot ride the bus by yourself, you may want to consider using the bus if someone will be available to assist you. FAST offers special fare incentives to FASTTRAC! riders using the bus, and PCA's ride for free.

YOUR CURRENT TRAVEL

List your three (3) most frequent destinations and how you get there now:

Destination 1

Street Address

Frequency

Current Mode of Transportation
(Family, Friend, Taxi, etc.)

Destination 2

Street Address

Frequency

Current Mode of Transportation
(Family, Friend, Taxi, etc.)

Destination 3

Street Address

Frequency

Current Mode of Transportation
(*Family, Friend, Taxi, etc.*)

Please review the entire application to make sure all questions have been answered to the best of your ability. Once you return your completed application, you will receive a call from a FASTTRAC! representative to set up an interview and transit orientation class. All applicants must attend the class and in-person assessment before they can be considered for eligibility.

ACKNOWLEDGMENT

I, the Applicant, understand that the purpose of this application form is to determine my eligibility for the ADA service. I agree to immediately notify the Fayetteville Area System of Transit (FAST) of any changes in disability status and understand that this may affect my eligibility to use the service. (Persons in violation will receive written notification that service will be suspended.) I also agree to release the information contained herein, which will be treated confidentially. I further understand that FAST reserves the right to request additional information.

Signature of Applicant/Parent/Legal Guardian

Printed Name of Applicant/Parent/Legal Guardian

Date

MEDICAL CARE

Please list the name of the physician, health care professional or rehabilitation counselor who may be contacted by FAST Staff if verification is required.

Name

Address

City

State

Zip Code

Phone Number

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the professional listed above to release to FAST information about my disability or health condition and its effect on my ability to travel on the FAST/FASTTRAC! bus. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional listed to release the information described for up to 90 days from the date below.

Signature of Applicant/Parent/Legal Guardian

Date

Printed Name of Applicant/Parent/Legal Guardian

Date



PROFESSIONAL VERIFICATION FORM (PVF) FOR ADA

NOTE: The next three pages of this document must be completed by a physician, health care professional, or licensed rehabilitation counselor.

Applicant's Name:

The Americans with Disabilities Act of 1990 (ADA) is a Civil Rights bill which bans discrimination against people who are functionally unable to ride the current fixed route bus service. Services must be provided to those who are unable to use fixed route bus services. The applicant has indicated that you can provide information regarding his/her abilities to use ADA services. In order to be considered, **every question** on the PVF must be answered. The information you provide will enable us to make an appropriate determination for each trip request. All information will be kept confidential.

Please return the completed application to:

Fayetteville Area System of Transit (FAST)
FASTTRAC! Application Review
455 Grove Street
Fayetteville, NC 28301
FAX: (910) 433-1064
Email for Scanned Documents: FAST@ci.fay.nc.us

How do you know the applicant?

Medical diagnosis of condition(s) causing disability:

Is this condition temporary?

No

Yes/Please provide an end date

Is the applicant able to (check all that apply):

Walk or travel 200 feet without assistance?	No	Yes
Walk or travel ¼ mile without assistance?	No	Yes
Walk or travel ¾ mile without assistance?	No	Yes
Climb three 12-inch steps without assistance?	No	Yes
Wait outside without support for 10 minutes or more?	No	Yes
Does the applicant use any mobility aids?	No	Yes

If yes, please list and explain to what extent:

Does the applicant have a hearing disability?	No	Yes
Does the applicant have a cognitive disability?	No	Yes

If yes, can the applicant (check all that apply):

Give address and phone numbers upon request?	No	Yes
Recognize a destination or landmark?	No	Yes

Deal with an unexpected change in routine?	No	Yes
Ask for, understand, and follow directions?	No	Yes
Safely and effectively travel through crowded and/complex facilities?	No	Yes

Does the applicant have a psychiatric disability?	No	Yes
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What was the date of onset?

What is the prognosis?

Is the applicant taking any psychotropic, antidepressant or other medication(s) prescribed by you?

No	Yes
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If yes, please list the type, frequency, dose, and any comments about how the medication(s) may complicate the individual's independent mobility in the community.

If the applicant takes his/her medications compliantly, will he/she be able to travel independently in the community?

Do you deem the applicant to be compliant in taking prescribed medication?

No	Yes
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Does the applicant have a seizure disorder?

No

Yes

If yes, how often do seizures occur?

What is the prognosis?

Are there certain things that will trigger the applicant's seizures?

Please describe the applicant's ability to travel alone in the community. When and where can he/she safely travel without assistance?

What advice or limitations on traveling alone in the community have been communicated to the applicant?

Is the applicant permitted to drive?

No

Yes

Please identify any other conditions that limit the applicant's ability to use the fixed route FAST bus service:

NOTE: It is important that **all parts** of this form are completed. If not, the applicant's certification process will be delayed.

Print Name and Title:

Signature:

Date:

Phone Number:

Clinic/Agency Name:

City:

State:

Zip Code:

Professional License, Registration or
Certification Number: