



Application for ADA Paratransit Service Certification

The American with Disabilities ACT of 1990 (ADA) is a civil rights bill which bans discrimination against people with disabilities. To meet their needs, public bus companies must provide a variety of services.

If you have a disability which prevents you from using a lift-equipped SVSS bus some or all of the time you may be eligible for ADA paratransit van service some or all of the time.

All information will be kept confidential. Only the information required to provide the services you request will be disclosed to those who perform those services. Your answers will not be shared with any other person or company.

It is important that all parts of this form are completed. If the application is not complete, it will be returned to you and that will delay having your application processed.

Please use the envelope provided or return to:

Shenango Valley Shuttle Service (SVSS)
2495 Highland Rd.
Hermitage, Pa 16148

If you have any questions, please call (724)981-6222

PLEASE PRINT

Last Name _____ First _____ Initial _____

Address _____ City _____ Zip _____

Date of Birth (Month/day/year): ____/____/____ Male ____ Female ____

Daytime Phone # () _____ Evening Phone # () _____

TDD* _____ Social Security # _____
(Optional)

Language Ability (Please check all that apply)

English ____ Other ____

Emergency Contact Name _____ Relationship _____

Daytime Phone # () _____ Evening Phone # () _____

Date:

Office Use Only

Name:

A. Mobility Information

1. Which of these mobility aids or equipment do you use to help you get where you need to go?
(Please check all that apply to you)

- None
- Cane
- White Cane
- Walker
- Crutches
- Other _____
- Manual Wheelchair
- Power Wheelchair
- Powered Scooter/ Cart
- Bus route ID kit
- Service dog
- Picture board
- Alphabet board
- Portable oxygen

2. Using a mobility aid or on your own, how many blocks can you go on level ground?

- Less than 2
- 2 to 4
- more than 4

3. If you were to ride the regular SVSS bus would you need someone with you?

- Always >>>>>
- Sometimes >>>>>
- No

<input type="checkbox"/> To help me get to or from the bus stop
<input type="checkbox"/> To help me get on or off the bus
<input type="checkbox"/> To help me get where I am going

4. Have you ever had any training to learn how to use a regular bus?

- Yes >>>>>
- No

The training was at: _____
I learned: (Check all that apply to you)
<input type="checkbox"/> General bus travel <input type="checkbox"/> How to ride 1 or 2 specific routes
<input type="checkbox"/> I completed the training <input type="checkbox"/> I did NOT complete the training

5. If you are found eligible for paratransit van services, will you:

- Be able to meet the van at the curb?
- Need driver assistance from your door?
- Need driver assistance for the van to the door of your destination?

B. Disability or health condition information

(Please read pages 3 and 4 before completing this section, and indicate all conditions which affect your ability to use the bus.)

1. General Medical condition

None

Cancer

Kidney Failure

Pneumonia

Diabetes

Organ Transplant

Other _____

2. Bone and Joint Conditions

None

Amputation of:

Ankylosing Spondylitis

Broken Bone

Arthritis

(Please Specify)

Fusion

(Please Specify)

Osteo-arthritis

Osteoporosis

Rheumatoid Arthritis

Scleroderma

Other _____

3. Brain/Nerves/Muscle Conditions

None

Alzheimer's disease

Hemiplegia

Post- Polio

Brain Injury

Huntington's chorea

Quadriplegia

Cerebral Palsy

Multiple Sclerosis

Spina Bifida

Dementia

Muscular Dystrophy

Stroke

Epilepsy

Paraplegia

Vertigo/ Dizziness

Guillian - Barre

Parkinson's disease

Other _____

4. Heart and Circulatory Conditions

None

Angina

Heart Attack

Peripheral Vascular Disease

Congestive Heart Failure

Heart Surgery

Edema

High Blood Pressure

Other _____

5. Lung and Breathing Conditions

- None
- Allergies Chronic Obstructive Pulmonary Disease (COPD)
- Asthma Cystic Fibrosis Emphysema Lung Cancer

Other _____

6. Vision/Hearing/Speech Conditions

- None
- Aphasia Glaucoma Hard of Hearing
- Cataracts Legally Blind Partially Sighted
- Deaf - Blind Deaf Visual Field Deficit
- Diabetic Retinopathy Night Blindness

Other _____

7. Developmental/Mental Conditions

- None
- Autism Dwarfism Mood Disorder
- Developmental Disability Mental Retardation Psychosis
- Mild Mild Thought Disorder
- Moderate Moderate
- Severe Severe

Other _____

8. Is your Health Condition or disability temporary?

Yes >>>>>

How long do you expect it to last? # of Years _____

No >>>>>

I don't know>>>>>

How long have you had this condition or disability?
_____ Since Birth or # of Years _____

9. Does your disability or health condition change from time to time in ways which affect your ability to use the bus?

Yes >>>>>

No

Please describe:

C. Regular bus use information

1. Do you ride the regular SVSS bus?

Yes >>>>>

How many days per week? _____

How many days per month? _____

No

No, but I used to ride the bus

2. Can you communicate with the bus driver yourself or with the help of an aid (Such as a letter board or bus route ID cards)?

Yes

No >>>>>

Please check all that apply

I cannot understand the driver

I need a communication aid and don't have one

Other people cannot understand me

Other _____

3. How many blocks do you need to go to get to a SVSS bus top/ bus route?

Less than 2

2 to 4

More than 4

Don't know

4. Using a mobility aid or on your own, can you make your way to the SVSS bus stop/bus route?

Yes

No >>>>>

Please check all that apply to you.

I can't find the stop because I get confused

I need someone to help me get there

I could with training

I don't want to ride the Metro bus

The ground is too uneven or steep for me to get there

I can't go that far

Snow or heavy rain make it impossible for me to get there

Other _____

5. Can you wait 10 minutes at a bus stop (or at a street corner or intersection that is located along the SVSS's bus route) that does not have seats and/ or shelter?

Yes

No >>>>>

Please check all that apply to you

I get too confused and might get lost

I don't like to wait that long

Standing for 10 minutes makes me too tired to ride the bus

Very cold weather is dangerous to my health

Very hot weather is dangerous to my health

Other _____

No, but I could wait for 10 minutes at a stop which does have seats and a shelter.

6. SVSS buses have lifts to help you get on the bus if you have difficulty with steps. If you were to use the SVSS bus lift, could you get on and off the lift by yourself (whether standing or with a mobility aid)?

I don't know, I've never tried it

Yes, I can get on and off by myself

Sometimes >>>>>

No >>>>>

Please check all that apply

There isn't room at my bus stop

The ground at my bus stop is too uneven or steep

I feel unsafe on the lift

My mobility aid won't fit on the lift

I need someone to help me on and off

Other _____

7. Do you know where to get off the bus or can you find out

- Yes
- No >>>>>

Please check all that apply

- I get confused or can't remember where I'm going
- I don't know where the bus stop is
- I need a communication aid and don't have one
- I could with training
- Other _____

8. From where the bus stops to let you get off, can you make your way to place you need to go?

- Yes
- No >>>>>

Please check all that apply

- I get confused or can't remember where I'm going
- I need someone to help me get there
- I feel unsafe there
- I don't want to ride the regular SVSS
- The ground is too uneven or steep for me to get there
- I can't walk that far
- I could with training
- Other _____

9. Are there any other conditions which limit your ability to use the bus?

- Yes >>>>>
- No

(More on next page)

D. Applicant Signature

"Do not detach – Must be submitted with application"

1. I certify that the information I gave 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. I understand that SVSS may contact the healthcare professional who has completed the **Professional Verification** attached to this application, in order to confirm this information.

Applicant Signature _____ **Date** _____

Please have 9 pages completed BEFORE you send in this form!

2. Person completing form if other than applicant (*please check one*):

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

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

Exceptions or Additions:

Print Name: _____

Signature _____ **Daytime Phone # ()** _____

Relationship to Applicant _____ **Date** _____

Address _____

City _____ **State** _____ **Zip Code** _____

E. Professional Verification

NOTE: THIS PORTION MUST BE COMPLETED BY ONE OF THE FOLLOWING CURRENTLY LICENSED PROFESSIONALS: Registered nurse, Physician, Social Worker, Psychologist, Physical therapist, Chiropractor, Occupational therapist, Speech pathologist, Nurse practitioner, Physician's assistant, Mental health counselor, Respiratory therapist, Vocational rehabilitation counselor, or Recreation therapist employed by a medical facility.

The Americans with Disabilities Act of 1990 (ADA) is a Civil rights bill which bans discrimination against people with disabilities. To meet their needs, public bus companies must provide a variety of services.

The applicant may be found eligible for paratransit van services for all trips he/she requests or eligible (based on functional ability) for some trip requests but not for others, or capable of using the regular bus.

NOTE: Most SVSS buses are equipped with a lift for people who use a wheelchair or can't climb stairs.

The information you provide will enable us to make an appropriate determination for each trip request. All information will be kept confidential. Thank you for your assistance.

Capacity in which you know the applicant: _____

Physical and/or cognitive condition which functionally prevents use of lift - equipped bus:

Is this condition temporary? ___ No ___ Yes, For ___ Months

___ I have reviewed all of the information contained in this application, and hereby certify that all information is true and correct to the best of my knowledge and ability.

Exceptions and Additions: _____

Print Name and Title _____

Signature _____

Clinic/Agency _____

Address _____

Professional License, Registration or Certification # _____