

LiftLine Service

1115 Jack Wells Blvd.
Shreveport, Louisiana 71107
(318) 673-5316

PARATRANSIT RIDER APPLICATION

Our Mission:

Working to make a difference in our customers' lives by providing safe, dependable, convenient and courteous service.



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www.sportran.org



APPLICATION FOR LIFTLINE ELIGIBILITY

PLEASE PRINT

Date: _____

Name: _____
Last First Middle Initial

Street Address: _____ Apt./Bldg.# _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Date of Birth: _____

Do you live in a Nursing Home? Yes No Do you receive Medicaid? Yes No

If someone assisted you in completing this form, please identify them below:

Name: _____ Telephone: _____

Please give us the name and telephone number of someone we can call in an emergency:

Name: _____ Telephone: _____

Relationship to you: _____

Please indicate below the reasons why you are seeking LiftLine eligibility (check ONE reason below that best describes your case):

- Because of my disability, I can NEVER use SporTran bus service, even if I can get to the bus stop, And the bus is accessible to those with disabilities
- I could use a lift-equipped SporTran Bus but, because of my disability, I cannot get to or from The bus stop.

I understand the purpose of this evaluation form is to determine if there are times when I cannot use SporTran bus service and must, therefore, use the LiftLine paratransit service. I understand that the information about my disability contained in this application will be kept confidential and shared only with Professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my LifLine eligibility status being revoked as well as other actions by SporTran.

Applicant's Signature: _____ Date: _____

1. What type of disabilities prevent you from using SporTran Bus Service?

- physical disability visual impairment/blindness developmental disability
- mental illness other none

Please describe your disability in more detail: _____

2. Is the disability described above temporary or permanent?

- Temporary, I expect it to last for another _____ months Permanent I don’t know

3. Please indicate if you use any of the following mobility aids or equipment (check all that apply)

- cane long white cane leg braces crutches walker
- picture board alphabet board manual wheelchair power wheelchair
- powered scooter/cart service animal (describe): _____ other _____
- portable oxygen I don’t use any of the above aids or equipment

Note: We may not be able to accommodate you on LiftLine or the bus if your wheelchair/scooter is longer than 48 inches or wider than 30 inches, or if the total weight of you and your wheelchair is more than 600 pounds. We will carry the wheelchair and occupant if the lift/ramp and vehicle can accommodate the wheelchair and occupant.

4. Will you travel with your own Personal Care Attendant (PCA)? yes no sometimes
 (PCA can be a CNA, friend or family member)

5. Please list the three trips you now make or will make most frequent using LiftLine.

SAMPLE

	FROM	TO (Place or Address)
1)	<u>35 Palm Drive 71103</u>	<u>Walmart, Airline Dr., Bossier City 71111</u>

	FROM	TO (Place or Address)
1)	_____	_____
2)	_____	_____
3)	_____	_____

6. Have you ever used SporTran Buses?

- YES, I typically use SporTran buses ____ times a week
- YES, I used to but I stopped because: _____
- NO

7. Is there something that might help you ride the buses, or to ride more often? (check all that apply)

- YES, route or schedule information
- YES, bus stops closer to my house
- NO, none of these would help
- YES, learning to use the buses
- YES, (describe) _____

8. Can you ask for and follow written or oral instructions to use a SporTran Bus?

- YES
 - NO
 - SOMETIMES
 - I don't know because I have never tried
- If NO or SOMETIMES, please check all that apply to you**
- I get confused and might get lost
 - Other people cannot understand me
 - I probably could with instructions
 - Other: _____

9. Are you able to get to and from bus stops on your own?

- YES
 - NO
 - SOMETIMES
 - I don't know because I have never tried
- If NO or SOMETIMES, please check all that apply to you**
- I can't get around without curb-cuts
 - I can't if the street or sidewalk is steep
 - I can't cross busy streets
 - I can't travel at dusk due to poor vision
 - I get confused and can't find my way
 - I can't travel outside when it is too hot
 - Other: _____

10. Using a mobility aid or on your own, how far can you travel?

- I cannot travel outside my house/apartment
- I can get to the curb in front of my house/apartment
- I can travel up to 3 blocks (1/4 mile)
- I can travel up to 6 blocks (1/2 mile)
- I can travel up to 9 blocks (3/4 mile)

11. Can you wait up to 30 minutes for a SporTran bus at a bus stop?

- YES
 - YES, but only if the stop has a bench and a shelter
 - NO, (explain): _____
-
-

12. Can you get on and off a SporTran bus? (Note that all of the buses have wheelchair lifts or ramps, and a “kneeler” which lowers the height of the steps. Passengers who find the steps to be too high may enter and exit the bus by standing on the lift or using the ramp).

- YES
 - NO
 - SOMETIMES
 - I don't know because I have never tried
- If NO or SOMETIMES, please check all that apply to you**
- Only if the bus has a wheelchair lift
 - I cannot climb the steps
 - I don't want to use the lift
 - Other: _____

13. If you are able to get on and off a SporTran bus, can you get to a seat or wheelchair position?

- YES
 - NO
 - SOMETIMES
 - I don't know because I have never tried
- If NO or SOMETIMES, please check all that apply to you**
- I need someone to help me
 - I have a balance problem
 - I need the seat nearest the door
 - Other: _____

14. If you are able to get on and off SporTran buses, do you know where to get off the bus or can you find out by yourself?

- YES
 - NO
 - SOMETIMES
- If NO or SOMETIMES, please check all that apply to you**
- I get confused or lost easily
 - I can't if the driver calls out the stops
 - I probably could with training
 - Other: _____

15. Are there any other conditions that limit your ability to use SporTran buses?

- YES (Please Describe): _____
-
- NO

NOTE: Travel training is personal (one-on-one) instruction that teaches an individual how to use the SporTran buses.

16. Have you ever had any personal instruction on how to use a SporTran bus?

- NO, I have not received any personal instruction
- YES, I received personal instruction through an agency

Name of agency: _____

- YES, I received personal instruction from a friend/relative

Indicate below all the skills you learned

- to travel to and from bus stops
- to cross streets
- to ride on the following routes (please list them):

Route # _____ Route # _____ Route # _____ Route # _____

- reading bus schedules and planning trips
- Other: _____

Did you complete the above described instruction? YES NO

17. SporTran will be offering free training to anyone interested in learning how to ride the regular buses. Would you be interested in getting information about this service?

- YES
- NO

**THIS ENDS THE PORTION OF
THE FORM TO BE COMPLETED
BY THE APPLICANT**

**THE NEXT SECTION MUST
BE COMPLETED BY THE
PROFESSIONAL DESCRIBED
ON THE NEXT PAGE**

THIS SECTION MUST BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN, NURSE, OCCUPATIONAL OR PHYSICAL THERAPIST, QUALIFIED MENTAL HEALTH PROFESSIONAL, INDEPENDENT LIVING SPECIALIST, REHABILITATION COUNSELOR, OR OTHER PROFESSIONAL FAMILIAR WITH YOU AND YOUR DISABILITY

The attached application has been submitted by: _____ who has indicated that you are familiar with his/her disability. **The purpose of this form is not to verify the applicant's medical condition, but to verify the effect of his/her medical condition on the ability to get around independently. All questions must be answered for this form to be considered complete.** This information will allow SporTran to make a fair evaluation of the applicant's request for Paratransit Services. Thank you for your cooperation.

1. Capacity in which you know the applicant: _____

How does the disability cause a functional limitation that affects this person's ability to get around on his/her own? If the person's ability to get around on his/her own varies in degree at different times, explain the worst case scenario. Please be specific.

2. Is this condition temporary? Yes No

If Yes, expected duration until: _____

3. If the applicant has a disability affecting mobility, answer the following:

a. Assuming the length of a city block is 500 feet, how many blocks can this person walk without assistance?

- 0 Blocks 1 Block 2 Blocks 3 Blocks 4 Blocks
 5 Blocks 6 Blocks 7 Blocks 8 blocks 9 Blocks

b. Does this person use mobility aids? Yes No If Yes, what type (s)?

- Manual Wheelchair Electric Wheelchair Power scooter Crutches
 Cane Walker Prosthesis Brace
 White Cane Service animal Attendant
 Other: _____

c. With the use of a mobility aid, how many blocks can the applicant travel independently?

- 0 Blocks 1 Block 2 Blocks 3 Blocks 4 Blocks
 5 Blocks 6 Blocks 7 Blocks 8 blocks 9 Blocks

d. How many 7-inch steps (avg. step height) can this person climb without assistance? _____

e. How many 10-inch steps can this person climb without assistance? _____

f. How long can the person wait for a bus at a bus stop?

- 10 minutes 15 minutes 30 minutes Other: _____

g. Is the individual able to independently maneuver onto and off of a wheelchair lift with or without a mobility aid? Yes No

h. Does this individual require a Personal Attendant/PCA when traveling on public transit?

- Yes No

i. Can this individual read informational signs? Yes No

If No, please explain: _____

j. Can this individual navigate independently? Yes No

If No, please explain: _____

IS THIS PERSON ABLE TO:

k. Give his/her address and telephone number on request? Yes No

l. Recognize landmarks while riding a moving vehicle? Yes No

m. Deal with unexpected situations or unexpected changes in routine? Yes No

n. Ask for, understand and follow directions? Yes No

o. Safely/effectively travel through complex and/or crowded facilities? Yes No

4. If any, what specific weather conditions prevent the individual from getting around on his or her own?

Please explain completely: _____

5. Please describe any other functional limitation(s) affecting mobility not described above. Be Specific:

6. Your Name and Title: _____

Office Address: _____ Off. Phone: _____

Signature: _____ Date: _____