The Belle Urban System – D.A.R.T.  
ADA Paratransit Eligibility Application – 2007

In accordance with the Americans with Disabilities Act of 1990 (ADA), The Belle Urban System provides paratransit or “door to door” service to anyone with a functional limitation which prevents them from using public transportation and who is traveling within the area served by The Belle Urban System buses. Paratransit service is intended only for those trips that the person cannot make on The Belle Urban System fixed route buses. This application form is intended to determine when and under what circumstances the applicant can use The Belle Urban System fixed route buses and when paratransit service is required.

The Belle Urban System will only use the information obtained in this application for the provision of door-to-door transportation services. Information may be shared with other transit providers to facilitate travel in other service areas at the applicant’s request. The information will not be provided to any other person or agency.

**Instructions for completing this form:**

Before completing this application please read the enclosed Eligibility Criteria Brochure to learn more about paratransit services.

The applicant (or someone assisting the applicant) must complete sections A through E. A licensed professional from the list provided must complete and sign the Professional Verification.

All applicants, whether new or applying for recertification, must complete a new application.

All questions must be answered. Incomplete forms will be returned.

If you have any questions or need assistance completing this form, please contact us at 1-262-619-2438. Mail completed forms to:

The Belle Urban System D.A.R.T.  
1900 Kentucky Street  
Racine, WI 53405
GENERAL INFORMATION

Last Name: ____________________________________________

First Name: __________________________________________ MI: ______

Address: ____________________________________________ Apt#: ______

City: ___________________________ State: ______ Zip: ______

Daytime Phone: (____) __________________________ TTY: Yes  No

Evening Phone: (____) __________________________ TTY: Yes  No

Birth Date: ______/______/_______  Gender: M  F

Do you need future written information provided to you in an accessible format? Yes  No

Emergency Contact Person:

Name: _______________________________ Relationship: ____________

Day Phone: (____) __________________________ Eve. Phone: (____) ____________

A. INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

1. What type or types of disabilities prevent you from using The Belle Urban System? Please check all that apply.

☐ Physical disability  ☐ Visual impairment/Blindness

☐ Developmental disability  ☐ Brain injury

☐ Mental illness  ☐ Other __________________________
2. Please describe your disability (or disabilities) in more detail, including the diagnosis (or diagnoses).


3. Please indicate all of the mobility aids or equipment you use when traveling outside your home.

☐ Communications Device  ☐ Long white Cane  
☐ Cane  ☐ Manual Wheelchair  
☐ Powered Wheelchair  ☐ Scooter  
☐ Crutches  ☐ Walker  
☐ Leg braces  ☐ Prosthesis  
☐ Service Animal  ☐ None  
☐ Other: ________________________________

4. If you use a wheelchair or scooter, is it:

☐ Less Than 30 Inches Wide?  ☐ Yes  ☐ No
☐ Less Than 48 Inches Long?  ☐ Yes  ☐ No
☐ Less Than 600 Pounds when Occupied?  ☐ Yes  ☐ No

B. INFORMATION ABOUT YOUR VISION

1. Cause of vision loss/ Diagnosis:


2. Are you totally blind?  _____ Yes  _____ No  If yes, skip to question #7.

3. My vision is worst during these conditions. Check all that apply:

☐ Bright sunlight  
☐ Dimly lit or shaded places  
☐ Nighttime  
☐ I see the same in different lighting conditions
4. My eye condition is considered to be:
   □ Stable
   □ Degenerative
   □ Other (please explain)

5. I am able to use my vision to consistently identify the following signs and environmental features, as they relate to traveling to the transit stop and using fixed route service. Please check all that apply:
   □ The color of traffic lights
   □ Pedestrian Walk/ Don’t Walk signals
   □ Crosswalk markings
   □ Curbs or curb ramps
   □ Level changes along the walking path
   □ Bus/transit stop signs that indicate the location of the stop

6. Anything else you wish to tell us about your vision in regards to mobility within the community?

7. Most often, I use the following mobility aids when I walk outside: Please check all that apply:
   □ Sighted (person) guide
   □ Guide dog
   □ White cane
   □ Optical devices (telescope, light, special glasses, etc.)
   □ None of the above
   □ Other, please list: ____________________________

9. When I’m not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.
   ☐ Yes ☐ No ☐ Sometimes
10. My hearing is normal: ___ Yes ___ No

If No, please describe your functional hearing problems.
___________________________________________________________________
___________________________________________________________________

C. INFORMATION ABOUT YOUR CURRENT USE OF FIXED ROUTE SERVICES OR PARATRANSIT SERVICES

1. Do you currently use The Belle Urban System by yourself?
   ___ Yes ___ No

   If YES continue, if NO, go to question #5.

2. If yes, how often? (Circle the choice that best applies to you)
   Daily  Several times per week  At least once per month  Rarely

3. When was the last time you independently used The Belle Urban System?
   ________________________________________________________________

4. If you need the assistance of another person to travel while using the bus or train, what assistance does this person provide?
   ________________________________________________________________

5. You indicated that you do not use The Belle Urban System. Why not? Please check all that apply:
   ___ The closest stop is too far from my house
   ___ I do not know how to ride The Belle Urban System
   ___ I cannot travel by myself between the bus stop and my destination
   ___ I'm afraid to use The Belle Urban System
   ___ I do not want to use The Belle Urban System
   ___ Other (explain)
6. Please list destinations for which you use or need Paratransit services and the reasons why you are unable to use fixed route services for those trips.

a. Destination and address:


Reasons why fixed route service cannot be used:


b. Destination and address:


Reasons why fixed route service cannot be used:


c. Destination and address:


Reasons why fixed route service cannot be used:


Please read the following statements and check all those that best describe what you believe about your ability to use The Belle Urban System by yourself.

☐ I use The Belle Urban System for some trips, but sometimes there are barriers that prevent me from using these services

☐ I use The Belle Urban System frequently on routes to familiar destinations
D. YOUR FUNCTIONAL ABILITY

Your answers to questions in this section will help us better understand your functional ability in specific areas. For each question, please circle only one answer. Your answers should be based on your physical and cognitive ability to perform the tasks independently using the mobility equipment that you typically use when traveling outside your home.

Without the help of someone else, can you:

1. Walk up and down the steps if there are handrails on both sides?
   Always  Sometimes  Never  Not Sure

2. Use the telephone to get information?
   Always  Sometimes  Never  Not Sure

3. Travel one level block on the sidewalk in good weather?
   Always  Sometimes  Never  Not Sure

4. If you are able to do this, how long does it take you?
   Less than 5 minutes  Five to ten minutes  Not Sure

5. Cross the street, if there are curb cuts?
   Always  Sometimes  Never  Not Sure

6. Ride up and down a wheelchair lift with handrails on both sides?
   Always  Sometimes  Never  Not Sure

7. Cross the street, if there are traffic controls?
   Always  Sometimes  Never  Not Sure

8. Travel three blocks on the sidewalk in good weather?
Always    Sometimes    Never    Not Sure

9. If you are able to do this, how long does it take you?
   Less than ten minutes    Ten to Fifteen minutes    Not Sure

10. Step on and off a curb from a sidewalk?
    Always    Sometimes    Never    Not Sure

11. Wait ten minutes outside in good weather if there is no seat?
    Always    Sometimes    Never    Not Sure

12. Find your own way to or from bus stop after being shown?
    Always    Sometimes    Never    Not Sure

13. Currently travel by yourself using any mode of transportation?
    Always    Sometimes    Never    Not Sure

14. If always or sometimes, which modes of transportation allow you to travel independently?
    Paratransit    The Belle Urban System    Car

15. Have you ever gotten lost when traveling alone?
    Yes    No, I never travel outside alone    No, I’ve never gotten lost

16. If yes, were you able to find your way back?
    □ Yes    □ Yes, with help    □ No

17. If the weather is good and there are no environmental barriers, how far can you travel outdoors using your mobility device, if applicable.
    □ I cannot travel outdoors alone at all
    □ Less than: 1 block
    □ 3 blocks
    □ 9 blocks
    □ Not sure
    □ Curb in front of my house
    □ 6 blocks
    □ More than 9 blocks
    □ Other: ____________________
E. WEATHER AND ENVIRONMENT

Does the weather affect your ability to use The Belle Urban System?
☐ Yes    ☐ Sometimes    ☐ No  If yes or sometimes, please explain how:

________________________________________________________________________

________________________________________________________________________

Are you able to get to and from The Belle Urban System stops on your own?

☐ Yes    ☐ No    ☐ Sometimes

If No or Sometimes, please check all that apply

☐ I cannot get places if there are no curb-cuts
☐ I cannot if the street or sidewalk is too steep
☐ I cannot cross busy streets and intersections
☐ I cannot travel outside when it is too hot or too cold due to my disability
☐ I cannot find my way at night because of a vision disability
☐ I get confused and cannot find my way
☐ I probably could with travel training
☐ I feel unsafe when traveling alone on The Belle Urban System
☐ Other: ____________________________________________________________

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use The Belle Urban System.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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Certifications

Applicant Signature

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.

Applicant Signature ____________________________ Date __________

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.

Print Name __________________________________________
Signature __________________________ Daytime Phone ________________
Relationship to Applicant __________________________ Date __________
Address __________________________________________
## FOR OFFICE USE ONLY

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**PROGRAM**

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Professional Verification

THIS PAGE MUST BE COMPLETED BY ONE OF THE FOLLOWING CURRENTLY LICENSED PROFESSIONALS: (please check one)

___Physician
___Registered nurse
___Psychiatrist

Please describe all conditions (physical, cognitive, emotional, other), which functionally prevent the applicant from using The Belle Urban System fixed routes?

__________________________________________________________________________

How does this condition **PREVENT** the applicant from using The Belle Urban System fixed route bus service?

__________________________________________________________________________

Is this condition temporary? ___ Yes, for____ months. ___No

Exceptions or additions:

__________________________________________________________________________

I certify that the information contained in parts I – V of this application is true and correct to the best of my knowledge and ability.

Signature ___________________________ Date ________________

Print Name ____________________________ Telephone ________________

Clinic/Agency ____________________________ Telephone ________________

Address __________________________________________

The Americans with Disabilities Act of 1990 (ADA) is a civil rights law that bans discrimination against people with disabilities. To meet their needs, public transportation companies must provide a variety of services. The applicant may be found eligible for paratransit services for all trips he or she requests, or eligible (based on functional ability) for some trip requests but not for others, or ineligible because he or she is capable of using fixed route transit. The information you provide will enable us to make an appropriate determination for this applicant. All information will be kept confidential. Thank you for your assistance.