

# LONGVIEW TRANSIT CERTIFICATION OF ADA ELIGIBILITY

Return completed application to:

**LONGVIEW TRANSIT**  
**Director of Operations**  
**908 Pacific Ave., Suite 200**  
**Longview, Texas 75602**

OFFICE USE ONLY
Determination: _____
Expiration Date: _____
Assessment Date: _____

LONGVIEW TRANSIT will only use the information obtained in this certification process for the provision of transportation services.

## PART I -- To Be Completed By Applicant *(Please Print or Type)*

_____	_____	_____	
Last Name	First Name	Middle. Initial	
_____		_____	
Street Address		Apt. No.	
_____	_____	_____	
City	State	Zip Code	
_____	_____	_____	
Home Phone	Work Phone	Social Security Number	Date of Birth

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## PART II – Please answer all of the following questions.

- Are you able to board and disembark without assistance from Longview Transit *without* a wheelchair lift?  
Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_
- Are you able to board and disembark without assistance from Longview Transit *with* a wheelchair lift?  
Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_
- Are you able to travel to the nearest bus stop?  
Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_  
Location: \_\_\_\_\_ How Far: \_\_\_\_\_

4. Do you currently use Longview Transit services?  
 Yes \_\_\_ No \_\_\_  
 What routes? \_\_\_\_\_
5. Are you able to handle money and transfers?  
 Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_
6. And are you able to use railings and handles?  
 Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_
7. Are you able to keep balance while seated on a moving bus?  
 Yes \_\_\_ No \_\_\_
8. Are you able to understand bus schedules? Yes \_\_\_ No \_\_\_  
 Understand and follow directions? Yes \_\_\_ No \_\_\_  
 Process information to ride Longview Transit? Yes \_\_\_ No \_\_\_
9. If you can use a lift-equipped bus, are you presently unable to ride because:  
 \_\_\_ One of more routes you want to ride do not have lift-equipped buses?  
 \_\_\_ The lift cannot be operated at bus stops where you need to board?  
 \_\_\_ Your wheelchair cannot be accommodated on a transit vehicle?  
 \_\_\_ Other reasons. Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Are you prevented from traveling to or from a bus stop boarding location for one or more of the following reasons?  
 \_\_\_ Inability to negotiate hilly terrain  
 \_\_\_ Extreme sensitivity to climatic conditions  
 \_\_\_ Allergic/environmental sensitivities  
 \_\_\_ Hyper-fatigue, frailty  
 \_\_\_ Night blindness  
 \_\_\_ Inability to cross busy intersections  
 \_\_\_ Inability to climb three 10-inch steps  
 \_\_\_ Bus stop too far away  
 \_\_\_ Other reasons. Please explain: \_\_\_\_\_  
 \_\_\_\_\_

11. Are you able to perform the following functions without supervision?
- a) Find your way between familiar locations?  
 Yes \_\_\_ No \_\_\_ Yes, with training \_\_\_
- b) Signal the bus driver to get off at a familiar stop and get off the bus there?  
 Yes \_\_\_ No \_\_\_ Yes, with training \_\_\_
- c) At a bus stop served by more than one bus route, can you distinguish the correct bus to board and indicate your intention to board?  
 Yes \_\_\_ No \_\_\_ Yes, with training \_\_\_
12. Are you able to perform the following functions without the assistance of another person?  
 \_\_\_ Travel 200 feet (the length of a city block)  
 \_\_\_ Travel ¼ mile (the length of 3 city blocks)  
 \_\_\_ What is the maximum distance you can travel to get to a bus stop?
13. Is your ability to get from place to place affected by:  
 \_\_\_ Terrain, such as steep hills, no sidewalks/crosswalks, or other conditions  
 \_\_\_ Rain, snow, ice  
 \_\_\_ Extreme temperatures of heat or very cold, windy weather
14. Are you able to wait outdoors for 10 minutes?  
 Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_
15. Do you have trouble standing for more than 15 minutes?  
 Yes \_\_\_ No \_\_\_ Sometimes \_\_\_  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_
16. Does your disability allow you to use the bus when you are feeling well?  
 Yes \_\_\_ No \_\_\_
17. Does your disability allow you to use the bus when you are *not* feeling well?  
 Yes \_\_\_ No \_\_\_
18. Are there sidewalks at your residence?  
 Yes \_\_\_ No \_\_\_
19. How would you describe the terrain where you live? (very steep hill, long gradual hill, flat, etc.) \_\_\_\_\_  
 \_\_\_\_\_

20. Are you able to cross the street or a busy intersection by yourself?

Yes \_\_\_ No \_\_\_

If yes, under what circumstances? \_\_\_\_\_

\_\_\_\_\_

21. Have you ever received mobility training for routes or destinations?

Yes \_\_\_ No \_\_\_

What did you learn?

\_\_\_\_\_

\_\_\_\_\_

22. Travel training is available; would you be interested in participating?

Yes \_\_\_ No \_\_\_

23. List three of your most frequent destinations, and how you get there?

Destination or Street Address	Frequency of Travel	How do you get there now?
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Are there places you would like to go that you *cannot* get to now?

Destination or Street Address	Frequency of Travel	Barrier?
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. How did you find out about the LONGVIEW TRANSIT service?

\_\_\_\_\_

\_\_\_\_\_

PART III – These questions are designed to give us a better understanding of your opinions about certain aspects accessible fixed route bus service. Please read each question carefully and circle the number that indicates whether you agree, disagree, or are not sure.

	<u>Agree</u>	<u>Disagree</u>	<u>Not Sure</u>
1. The bus system is too complicated for me to figure out.	1	2	3
2. I've heard good stories about Longview Transit service from other people.	1	2	3
3. I'm not at all interested in using Longview Transit service for my transportation.	1	2	3
4. I have to have a seat on the bus, but I'm afraid I won't get one.	1	2	3
5. Everyone on the bus will be inconvenienced since it takes me longer to board. People will get angry.	1	2	3
6. Riding the bus makes me more vulnerable to crime, and I'm afraid for my safety.	1	2	3
7. I think my neighborhood has good bus service.	1	2	3
8. I'm afraid I'll get off at the wrong stop.	1	2	3
9. Arriving at my destination on time is not important to me.	1	2	3
10. Lower Longview Transit fares compared to Longview Transit is an incentive for me to ride the bus.	1	2	3
11. Taking my trips by bus would take me too long.	1	2	3
12. I need help with the tie downs and I don't think the Longview Transit driver will help me.	1	2	3
13. I'd have to get up earlier in the morning to use the bus, which would be a problem.	1	2	3
14. If the bus moves before I'm seated, I'm afraid I might fall.	1	2	3

PART IV – Please select someone who would NOT be riding with you.

**In Case Of Emergency Notify:**

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Name	Relationship
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Home Phone	Work Phone
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Address	City	State	Zip Code
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PART V – Please answer all of the following questions.

I understand my rights and responsibilities for LONGVIEW TRANSIT Service and they are:

1. LONGVIEW TRANSIT is public transportation and I will be sharing rides with other passengers.....
2. LONGVIEW TRANSIT does not provide emergency service.....
3. I must show my LONGVIEW TRANSIT card and pay the fare each time I ride.....
4. Three “No Shows” in 30 days could result in ridership Suspension.....
5. LONGVIEW TRANSIT has 15 minutes before and 15 minutes after the scheduled pick up time to arrive.....
6. LONGVIEW TRANSIT will wait only 5 minutes from the time it arrives.....
7. LONGVIEW TRANSIT is curb to curb service.....

I certify that the information provided in this application is accurate. I understand that false information may result in the denial or annulment of LONGVIEW TRANSIT service. I further understand that 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's Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*If applicant has been assisted by someone else in completing this application, that person must complete the following:

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address Apt. No.

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Work Phone Relation to Applicant

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**Office Use Only**

Screening Committee Review:

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Decision: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Decision: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Decision: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear Health Care Provider:**

The Americans with Disabilities Act and its implementing federal regulations established categories of persons who are eligible to receive paratransit services complementary to fixed-route bus services. The three categories of persons with rights to complementary paratransit are:

1. Persons, who, because of their disability, cannot independently board, ride and/or disembark from an accessible vehicle.
2. Persons who, because of their disability, cannot use vehicles without lifts or other accommodations.
3. Persons who, because of their disability, cannot get to or from a boarding or disembarking location.

Any individual is to be certified as ADA paratransit eligible if there is any part of the transit system that cannot be used or navigated by that individual because of a disability. Persons are not to be qualified or disqualified on the basis of a specific diagnosis or disability.

The information requested from you on the following pages will allow LONGVIEW TRANSIT to obtain the information necessary to establish eligibility of the applicant. Thank you for your assistance.



Applicant height: \_\_\_\_\_

Applicant weight: \_\_\_\_\_

Can the applicant walk or wheel ¼ mile (3 blocks) without the assistance of another person?

Yes \_\_\_\_\_ No \_\_\_\_\_

1. Can the applicant climb three 10-inch steps with assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Can the applicant wait outside without support for 15 minutes?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is applicant on dialysis?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does the applicant have a hearing impairment?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is the applicant able to give addresses and phone numbers upon request?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Is the applicant able to recognize a destination or landmark?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Is the applicant able to deal with unexpected situations or unexpected changes in routine?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Is the applicant able to ask for, understand, and follow directions?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Is the applicant able to safely and effectively travel alone through crowded and/or complex facilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\* If the applicant has a visual impairment:**

Visual acuity with best correction:

Right Eye \_\_\_\_\_

Left Eye \_\_\_\_\_

Both Eyes \_\_\_\_\_

Visual Fields:

Right Eye \_\_\_\_\_

Left Eye \_\_\_\_\_

Both Eyes \_\_\_\_\_

Please describe any other disability or effect that prevents the applicant from using the regular bus service. \_\_\_\_\_

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**PART VIII**

Based upon my professional knowledge of the applicant, I certify that the preceding information is true and correct.

\_\_\_\_\_  
Name of Health Care Provider (Please Print) Office Phone Number

\_\_\_\_\_  
Office Street Address City State Zip Code

\_\_\_\_\_  
State License Number (Complete if Applicable – Must be Current)

Signature \_\_\_\_\_ Date \_\_\_\_\_