

Dear _____:
(Professional's Name)

The attached authorization form has been submitted by _____, who indicated you can provide us information regarding their *abilities and limitations* and the impact on their ability to use fixed route transit services. Federal law requires Blacksburg Transit provide Paratransit services to persons who *cannot* utilize available fixed route bus services. The information you provide will allow us to make an appropriate evaluation of this request. Federal law also requires that we make a prompt determination in this matter.

We understand that you may only see the applicant concerning one disability, so please answer the questions pertaining to the disability you are familiar with for this applicant. Because there are sections in this application that may not apply to the applicant, it is important to make the appropriate answers only to those applicable sections, marking the section that does not apply and moving on to the next one.

Your immediate attention to this matter will be greatly appreciated. The applicant can only be considered after receiving this completed form. Thank you very much for your cooperation.

I do not have sufficient knowledge of this individual to offer information of their ability to use fixed route transit services. _____

If checked, please skip to the signature on the other side of this page.

GENERAL INFORMATION

Capacity in which you know the applicant:

Identification of *all* condition(s) causing their limitations for safely getting to a bus stop, boarding an accessible bus (using either a ramp or one small step), and safely getting to a destination (Please explain completely):

Is this condition temporary? _____ Yes _____ No

If temporary, expected duration until: _____/_____/_____

Is this condition episodic or occasional? _____ Yes _____ No

If yes, under what circumstances?

Does/would this person *require* a Personal Care Attendant to travel with them on all trips?

_____ Yes, he/she needs assistance with:

_____ mobility _____ reading _____ eating
_____ transfers _____ medication _____ other: _____
_____ all of the above

_____ No

VISUAL IMPAIRMENTS

Does this person have a visual impairment? _____ Yes _____ No

(Note: If the applicant does not have a visual impairment, please check No and go to the next section.)

Under what conditions is the applicant unable to independently get to and from a bus stop safely, board an accessible bus (using either a ramp or one small step), and safely get to a destination?

Vision is worse during these conditions:

_____ bright sunlight _____ glare (from snow or vehicles)
_____ dimly lit or shaded places _____ see the same in different lighting conditions
_____ night time _____ no vision at all

The eye condition is considered to be: _____ stable _____ degenerative _____ other _____

DEVELOPMENTAL DISABILITIES

Does the applicant have a cognitive or developmental disability? _____ Yes _____ No

(Note: If the applicant does not have a developmental disability, please check No and go to the next section.)

Under what conditions is the applicant unable to independently get to and from a bus stop safely, board an accessible bus (using either a ramp or one small step), and safely get to a destination?

Is the person able to:

Give address and telephone numbers upon request?

_____ Yes _____ No _____ Sometimes

Safely and effectively travel through a crowded area?

_____ Yes _____ No _____ Sometimes

Deal with unexpected situations or changes in routine?

_____ Yes _____ No _____ Sometimes

Be aware of safety issues when traveling alone?

_____ Yes _____ No _____ Sometimes

MOBILITY DISABILITIES

Does the applicant have a mobility disability? _____ Yes _____ No

(Note: If the applicant does not have a mobility disability, please check No and go to the next section.)

Under what conditions is the applicant unable to independently get to and from a bus stop safely, board an accessible bus (using either a ramp or one small step), and safely get to a destination?

FUNCTIONAL ABILITIES (to be completed for all applicants)

Please indicate the applicant's ability to perform the following functions:

- | | | |
|---|----------|----------|
| a. Understand directions needed to complete a trip? | Y | N |
| b. Identify the correct bus or transit stop? | Y | N |
| c. Wait standing 15 minutes outside at a stop? | Y | N |
| d. Wait if seated? | Y | N |
| e. Recognize a destination or landmark? | Y | N |

_____ Yes _____ No _____ Sometimes Would this individual *possibly* be able to safely use an accessible fixed route bus service for some trips if a person were to train the individual on riding and understanding the bus system? This includes independently getting to and from a bus stop safely, boarding an accessible bus (using either a ramp or one small step), and safely getting to a destination.

Your Name/Title: _____

Office/Agency Address: _____

Office Phone Number: _____

By my signature, I certify this information is true and correct. I understand that falsification of the information may result in denial of service to the applicant. I understand all information will be kept confidential. I understand the applicant has a right to receive a copy of this form.

Signature: _____ Date _____

Thank You Very Much for Your Time!!