

PART II – Please answer all of the following questions.

1. Are you able to board and disembark without assistance from a CCART vehicle without a wheelchair lift?

Yes ___ No ___ If no, please explain: _____

2. Are you able to board and disembark without assistance from a CCART vehicle with a wheelchair lift?

Yes ___ No ___ If no, please explain: _____

3. Are you able to travel to the nearest vehicle stop?

Yes ___ No ___ If no, please explain: _____

Location: _____ How Far: _____

4. Do you currently use CCART 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 vehicle? Yes ___ No ___

8. Are you able to understand vehicle schedules? Yes___ No___

a. Understand and follow directions? Yes___ No___

b. Process information to ride CCART? Yes___ No___

9. If you can use a lift-equipped vehicle, are you presently unable to ride because:

___ One of more routes you want to ride do not have lift-equipped vehicles?

___ The lift cannot be operated at vehicle 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 vehicle 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 vehicle intersections

___ Inability to climb three 10-inch steps

___ Vehicle 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 vehicle driver to get off at a familiar stop and get off the vehicle there?

Yes ___ No ___ Yes, with training ___

c) At a vehicle stop served by more than one vehicle route, can you distinguish the correct vehicle 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 vehicle 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 vehicle when you are feeling well?

Yes ____ No ____

17. Does your disability allow you to use the vehicle 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 vehicle 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. If travel training were available, would you be interested in participating?

Yes _____ No _____

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

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

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

<input type="checkbox"/> Frequency	Destination or Street Address of Travel Barrier?

25. How did you find out about the CCART service?

OFFICE USE ONLY

Determination: _____

Expiration Date: _____

Assessment Date: _____

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

Circle one:

- 1. Agree
- 2. Disagree
- 3. Not Sure

1. The vehicle system is too complicated for me to figure out	1	2	3
2. I've heard good stories about <u>CCART</u> service from other people.	1	2	3
3. I'm not at all interested in using <u>CCART</u> service for my transportation.	1	2	3
4. I have to have a seat on the vehicle, but I'm afraid I won't get one.	1	2	3
5. Everyone on the vehicle will be inconvenienced since it takes me longer to board. People will get angry	1	2	3
6. Riding the vehicle makes me more vulnerable to crime, and I'm afraid for my safety.	1	2	3
7. I think my neighborhood has good vehicle 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 fares compared to CCART are an incentive for me to ride the vehicle.	1	2	3
11. Taking my trips by vehicle would take me too long.	1	2	3
12. I need help with the tie downs and I don't think the CCART driver will help me.	1	2	3
13. I'd have to get up earlier in the morning to use the vehicle, which would be a Problem.	1	2	3
14. If the vehicle 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:

Name

Relationship

Home Phone

Work Phone

Address City State Zip Code

PART V – Please answer all of the following questions.

I understand my rights and responsibilities for CCART Service and they are:	Initial
1. CCART is public transportation and I will be sharing rides with other passengers.	
2. CCART does not provide emergency service.	
3. I must show my CCART I.D. card each time I ride.	
4. Three "No Shows" in 30 days could result in ridership suspension.	
5. CCART has 15 minutes before and 15 minutes after the scheduled pick up time to arrive.	
6. CCART will wait only 5 minutes from the time it arrives.	
7. CCART 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 CCART service. I authorize the disclosure of medical and personal information provided by me or on my behalf to persons responsible for or authorized to make a determination of my eligibility. In the event my application is denied, I understand and acknowledge that I have a right of appeal.

I understand and acknowledge that my appeal is to the CCART Advisory Board and that the appeals process includes a meeting of the Advisory Board to which the public has access and that my personal and medical information will be disclosed at that meeting. By filing any appeal I thereby waive any right to the confidentiality of personal and medical information provided by me in this application.

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

Office Use Only

Screening Committee Review:

Reviewed By: _____ Date: _____ Decision: _____

Reviewed By: _____ Date: _____ Decision: _____

Reviewed By: _____ Date: _____ Decision: _____

Comments:

Date

Name
Title
Company
Address

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 vehicle 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. Person 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 CCART to obtain the information necessary to establish eligibility of the applicant. Thank you for your assistance.

Sincerely,

Pat. C. Greever
Director of Transportation

PART VI -- To Be Completed By Appropriate Health Care Provider
(Please Print or Type)

Please Check One:

- Physician
- Licensed Health Care Provider
- Licensed Rehab/Social Worker

Applicant's Name _____
Last, First Mid. Initial

Medical diagnosis of condition causing disability

Is the condition permanent?

Yes ___ No ___ If not, expected duration: _____

Does this disability prevent the applicant from utilizing the fixed route services (regular vehicle service)? If yes, please describe in detail.

PART VII – Please answer all of the following questions.

The following information will be used to ensure that an appropriate vehicle is sent to provide transportation and that CCART can make an accurate analysis of the applicant's trip requests.

Does the applicant use any of the following mobility aids? (Check all that apply)

Cane	
White Cane	
Walker	
Crutches	
Power Chair	
Large Power Chair	
Leg Braces	
Power Scooter	
Manual Chair	
Picture/Alphabet Board	
Communication Board	
Service Animal	
Portable Oxygen Supply	
Personal Care Attendant	
Other	

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

Yes ___ No ___

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

Yes ___ No ___

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

Yes ___ No ___

4. Is applicant on dialysis?

Yes ___ No ___

5. Does the applicant have a hearing impairment?

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

10. 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 vehicle service.

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 Address City, State Zip Code

Phone

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

Signature _____ Date _____

Date

Name
Address
City, State, Zip

Dear Applicant::

We appreciate your interest in our curb-to-curb paratransit service. The following application must be filled out legibly and completely. The physicians form must be completed by a doctor, licensed health care provider, or licensed social caregiver familiar with your disability.

After Collin County Area Regional Transit (CCART) receives your completed application you may be contacted to schedule an in-person interview to determine your eligibility. Transportation will be provided to you free of charge both to and from the CCART administrative offices at 600 N. Tennessee Street, McKinney, Texas.

You will receive a determination letter within 21 days. If you require any assistance in completing this application you may call our scheduling office at 972-562-4275. You can also request assistance during your in-person interview.

Again, we thank you for your interest in CCART.

Sincerely,

Pat C. Greever
Director of Transportation