
APPLICATION FOR PARATRANSIT SERVICE AND ADA CERTIFICATION

Texas A&M Paratransit
TAMU 1373
College Station, Texas 77843-1373
P 979.845.1971
F 979.862.4817

Please answer the following questions as completely as possible. If a question does not apply to you, clearly mark N/A in the space provided.

General Information

Faculty Staff Student

Name

Last: _____ First: _____ Middle: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Permanent Address: _____ Local Address: _____

Indicate Intersection nearest your home: _____

Indicate Bus Stop nearest your home and the distance to that stop: _____

Date of Birth: _____ UIN: _____

Emergency Contact

Name: _____ Home Phone: _____

Relationship: _____ Work Phone: _____

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

Name: _____ Phone: _____

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Information About the Applicant's Disability

Please check the reason(s) why you are seeking ADA Paratransit eligibility:

- I can use Texas A&M buses to go some places, but for other places I cannot get to or from the bus stops.
- I can use Texas A&M buses sometimes, but only if they are equipped with wheelchair lifts.
- I can never use Texas A&M buses because (explain briefly):
-

Please check the reason(s) why you are seeking ADA Paratransit eligibility:

- Physical Developmental
- Cardio-Pulmonary Visual Impairment
- Other (specify) _____
-

Describe how your disability affects you functionally, so that you cannot use fixed-route buses (explain briefly):

Is the disability described above: Temporary Permanent

If temporary is it:

- Under 3 months 3 to 6 months 6 to 9 months 9 to 12 months

If you use mobility aids, check all those that apply:

- Wheelchair Long white Cane Leg Brace
- Motor Wheelchair Cane Service Animal
- Scooter (i.e. Amigo) Walker Crutches

Give size of wheel base: _____ Other: _____

Note: We may not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 32" or if your total weight with wheelchair is more than 600 pounds.

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

- I cannot travel outside my house/apartment
- I can travel up to 6 blocks (1/2 mile)
- I can get to the curb in front of my house/apartment
- I can travel up to 9 blocks (3/4 mile)
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Can you travel ONLY if you are accompanied by another person? Yes No

If yes, do you need the assistance of this person to help you with:

Mobility Medication Other Specify: _____

How do you currently travel? (Check all that apply)

Drive myself Someone else drives Van/car service

Texas A&M bus A&M Paratransit Taxi

Other Specify: _____

Questions About Using Texas A&M Buses

Have you ever used Texas A&M buses? Yes No

If yes how often per week? _____

If yes, why did you stop? _____

If yes, why is it IMPOSSIBLE,
not just difficult, for you to
travel on Texas A&M buses? _____

If no, why not? _____

Which of the following are you ABLE to do? Check yes or no.

Can you ask for and follow written or oral information such as
bus schedules? Yes No

Can you cross the street when you get off the bus? Yes No

Can you follow instructions in an emergency? Yes No

Do you know where to get off the bus? Yes No

Can you reach your destination when you get off the bus? Yes No

If any answers are "NO", how does your disability make it impossible?

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Are you able to get to and from bus stops on your own or using a support device? Yes No

If no, please check below those that apply:

- I cannot make it if there are no curb cuts. I get confused and cannot find my way.
 I cannot if the street or sidewalk is too steep. I probably could with instructions.
 I cannot cross busy streets and intersections. I feel unsafe traveling alone.
 I cannot find my way at night because of a vision problem.

I cannot travel outside when it is: Too hot Too cold Snow/ice
If any answers are checked, how does your disability make it impossible? Explain fully.

Have you ever received Travel Training for bus use? Yes No

Who did the training? (Name of person or agency) _____

Was the training successfully completed? Yes No

If no, why not? _____

Can you climb three 11 inch steps or find a seat by yourself without the assistance of another person? Yes No

Please list the three trips you will make most frequently using Paratransit. Please list origin of trip and destination and the number of trips to that destination each week.

From: _____ To: _____ No. trip/week: _____

From: _____ To: _____ No. trip/week: _____

From: _____ To: _____ No. trip/week: _____

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Applicant's Certification, Consent of Release of Application Information

I understand that my application will be returned if it is not complete. I confirm that all the information that I provide on this application is true, to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to the revocation of my certification. I understand that a false statement made herein may result in the rejection of my application for Paratransit service.

I agree to notify the Texas A&M Office of Paratransit Coordinator if I no longer need Paratransit for any reason, including a change in my ability to use bus service. I also understand that failure to adhere to the policies and procedures for using Paratransit may be grounds for suspending or revoking my eligibility to participate in this program.

In the event that I apply for Paratransit eligibility in another community, I hereby authorize Texas A&M Paratransit to release this information on my Paratransit application to such agency.

Finally, I acknowledge that I may be requested to submit to an evaluation at a professional medical facility. If this occurs, I authorize Texas A&M University to release my Paratransit application to this agency. I understand that if I refuse to undergo an evaluation it will be conclusively determined that I am withdrawing my application for Texas A&M University Paratransit. Further, I authorize the agency that performs the evaluation to share the results with Texas A&M University Paratransit.

Signature of Applicant

Date

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Certification of Disability

I, _____ (Name of Physician), certify
_____ (Name of Patient), to be a severely disabled person who has been a
patient of mine since _____ (date) and whose diagnosis:

Please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using the Texas A&M University bus service.

I also certify that the medical information provided in the application is accurate to the best of my knowledge and is consistent with the application's medical diagnosis.

Signed this _____ day of _____, 20_____

Signature of Physician

Medical License Number

Street Address

City State Zip Code

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