

# Half-Fare Bus Services Eligibility Application

The WSTA fixed route system operates in accordance with the Americans with Disabilities Act (ADA) of 1990. The Half Fare Bus Service Program is designed to serve individuals who are disabled. All our vehicles are ADA accessible.

## Who Is Eligible?

Under the ADA regulations, individuals who qualify for half-fare bus services qualify for at least one of the following two categories:

1. The individual who has a mental or physical impairment, and is not eligible to use Trans-AID due to Conditional Eligibility.
2. The individual needs the assistance of a wheelchair lift or other boarding device and is able, with such assistance, to get on, ride, and get off an accessible vehicle.

If at least one of the above items applies to you, identify that item by filling in the corresponding number(s) above \_\_\_\_\_. **(ex. If you have a mental or physical impairment, and are not eligible to use Trans-AID due to Conditional Eligibility, then fill in the #1).**

## Eligibility: What You Should Know About This Program:

- If WSTA determines that an individual can use the fixed route service for a trip from a particular point-of-origin to a particular destination; then that individual may not use Trans-AID.
- If the applicant is determined to be eligible for this program, he/or she will receive a temporary half-fare ID. Within 30 days, he/she can come to the Downtown Transportation Center to be photographed for the permanent Transit ID.
- Fixed route service is typically provided by larger buses (over 30 feet in length) traveling on a regular, pre-designated, pre-scheduled route.
- Buses traveling on a fixed route do not deviate off the scheduled route.
- Marked bus stops are located along the route, and printed schedules are available at several locations around Winston-Salem and on the City of Winston-Salem's Web site.
- Passengers pay only \$.50 per trip. WSTA monthly passes and ten-ride passes are available at a half the regular price.

## **How to Apply**

1. Review this application thoroughly. Additional copies are available from the Mobility Management Department of the Winston-Salem Transit Authority (336) 727-2000.
2. If you believe you qualify for Half-Fare Bus Service, complete part A of this application.
3. Provide the application – both parts A & B – to an authorizing professional. Both parts of the application must be completed in order for your application to be considered.
4. Mail the completed applications (both parts A&B) to:

Winston-Salem Transit Authority  
Mobility Management Department  
100 West Fifth Street  
Winston-Salem, NC 27101  
Or Fax the completed application to (336) 748-3161

## **What Happens After I Turn in My Application**

1. After WSTA has received your application, you will be contacted within 21 business days by the WSTA/ ADA Coordinator/staff by phone or mail.

This application is available in alternative formats, if needed. If you would like additional assistance, please call (336) 727-2000. If you are a TTY user, call 1-800-735-8262. The information in this application will be used only to determine your eligibility for Half-Fare Bus Services, and will be kept confidential.

**Half-Fare Bus Services Eligibility Application  
Part A**

Please complete the following information:

Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Work/Other daytime telephone number: \_\_\_\_\_

If hearing impaired, TTY number: \_\_\_\_\_

Have you used the WSTA fixed route bus system? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, which routes? \_\_\_\_\_

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What is the closest bus stop to your home? \_\_\_\_\_

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Can you get to the bus stop by yourself? \_\_\_\_\_ No \_\_\_\_\_ Yes

If no, what limits you from getting there? \_\_\_\_\_

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Name any WSTA routes which serve your neighborhood:

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Language Ability (Please check all that apply):  
\_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (specify) \_\_\_\_\_

This condition is: \_\_\_\_\_ temporary \_\_\_\_\_ permanent

Please check any of the following environmental or individual factors which are applicable to your situation:

1. Environment:

If I use the Regular (Fixed Route), I must have:

a bench       a shelter       nothing additional

When crossing a street, I need:

curb cuts     tactile curb warnings     audible signals  
 accessible median strip     no more than (#) lanes of traffic

I cannot make my way across ground which is:

paved or sidewalk     grassy     gravel     hilly

My ability to access transportation is affected by weather which is:

warm (above  degrees)     cold (below  degrees)  
 rainy     icy     windy

My ability to access transportation is dependent on the time of day. I cannot see in:

full daylight     partial daylight     darkness /semi-darkness

My ability to access stairs is as follows. I can manage:

only one or two steps     only with a handrail     no steps

2. Individual

I can wait at a bus stop

No more than (#) minutes       at least one hour

The bus stop which I can access

must be stops for which I have received formal travel training  
 must be only areas familiar to me

I travel:  alone     both alone and with a companion

only with an attendant or companion (this does NOT affect eligibility)

Can you ask for follow written or oral instructions to use the fixed route buses?

Yes      If **No** or **Sometimes**, please check all that apply:  
 No       I get confused and might get lost  
 Sometimes       Other people cannot understand me  
 I don't know because I have       I probably could with instruction Never tried

to use the buses

Other: \_\_\_\_\_

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

I can get to the curb in front of the house/ apartment  
 I can travel up to 3 blocks (1/4 mile)

- I can travel up to 6 blocks (1/2 mile)
- I can travel up to 9 blocks (3/4 mile)
- I can't travel outside my house/ apartment

If you travel with someone who assists you, does this person assist you in:

- Getting to or from bus stops
- Getting on or off the bus
- To help me where I am going
- Other (describe): \_\_\_\_\_

I can cross a street with  2-3 lanes       4-6 lanes       I cannot cross

### 3. Bus Info

Is there something that might help to make your bus ride more pleasant? (check all that apply)

- Yes, route and schedule information
- Yes, learning to use the buses
- Yes, a communication aid
- Yes, if bus stops were closer to where I live and where I need to go
- Yes, (describe) \_\_\_\_\_
- No, none of these apply

Which of the following mobility aids do you use? (Please check all that apply)

- |                                                  |                                               |                                          |
|--------------------------------------------------|-----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Cane                    | <input type="checkbox"/> Manual wheelchair    | <input type="checkbox"/> Service animal  |
| <input type="checkbox"/> White cane              | <input type="checkbox"/> Powered wheelchair   | <input type="checkbox"/> Picture board   |
| <input type="checkbox"/> Walker                  | <input type="checkbox"/> Powered scooter/cart | <input type="checkbox"/> Alphabet board  |
| <input type="checkbox"/> Crutches                | <input type="checkbox"/> Boarding chair       | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Prosthesis              | <input type="checkbox"/> Transfer board       | <input type="checkbox"/> None of these   |
| <input type="checkbox"/> Other (describe): _____ |                                               |                                          |

If you use a manual or powered wheelchair or scooter, what year, make and model is it?

If you use a manual or powered wheelchair or scooter, is it more than 30-inches wide, more than 48-inches long, or does it weigh more than 600 pounds (person plus mobility device)?

- Yes       No

**Part B of this application must be filled out by a health care or human services professional who is familiar with the applicants disabling condition and/or functional limitation.**

**Your signature on the application authorizes this professional to provide information to the Fixed Route Services regarding your eligibility for ADA services and any needed clarification of functional limitations due to your disabling condition.**

**In the space provided below, CLEARLY PRINT the name of the professional who will be verifying your application, and specify his/her position.**

Name of professional: \_\_\_\_\_

Professional affiliation (check the appropriate designation):

- |                                                             |                                                          |
|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Licensed physician                 | <input type="checkbox"/> Licensed physical therapist     |
| <input type="checkbox"/> Licensed occupational therapist    | <input type="checkbox"/> Licensed social worker          |
| <input type="checkbox"/> Nurse (LPN or RN)                  | <input type="checkbox"/> Certified psychologist          |
| <input type="checkbox"/> Certified rehabilitation counselor | <input type="checkbox"/> Speech pathologist              |
| <input type="checkbox"/> Vision specialist                  | <input type="checkbox"/> Orientation/Mobility specialist |
| <input type="checkbox"/> Audiologist/Hearing specialist     | <input type="checkbox"/> MR/DD qualified specialist      |

I certify that the information contained in this application is correct and authorize the above-named professional to provide verification of my condition supporting information as needed:

Applicant's signature: \_\_\_\_\_

If the applicant was assisted by someone else to complete this form, please list contact information below:

Name: _____ Daytime phone: _____
Address: _____
Relationship to applicant: _____
Signature: _____

Applicant's emergency contact (if different from person assisting with application):

Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

**Personal Care Attendant(s):**

**If you require mobility assistance from one or more Personal Care Attendants, please complete the following information:**

Personal Care Attendant Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Personal Care Attendant Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

## Release of Information

Because I receive services from the following rehabilitation facility or health care professional or agency which is familiar with my disability, you have my permission to discuss or provide healthcare information to the ADA Coordinator of the Winston-Salem Transit Authority, should they need to contact you for the purpose of completing this certification procedure.

(Please use a separate form for each agency)

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Staff person familiar with the case: \_\_\_\_\_

I understand that this information will be held by WSTA in the strictest confidence and will not be shared with any other person or agency, unless it is needed for an Appeal Hearing with the Trans-Aid Appeal Board.

Signature of Applicant: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## Half-Fare Bus Services Eligibility Application – Part B Professional ADA Verification

You are being asked by the applicant named in Part A of this application to provide information regarding his/her ability to use the public transportation services of the Winston-Salem Transit Authority. WSTA provides ADA services through Fixed Route to ADA eligible persons with disabilities. The information you provide will allow us to evaluate the request and determine the individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: WSTA fixed route transit services available within the city are currently accessible to persons with disabilities who need lift-equipped vehicles, vehicles which kneel to the curb, and/or announcement of bus stops. The individual applying for Half-Fare Bus Service **MUST BE ABLE TO ACCESS THESE SERVICES** due to:

- ~ The individual's disability which will not prevent them from getting to or from a WSTA fixed bus stop, or transferring between vehicles **and/or**
- ~ The individual's disability which will not prevent them from being able to get on, ride, or get off a lift-equipped vehicle.

Eligibility for Half-Fare Bus Service is determined on a trip by trip basis. It is **extremely important** that you provide specific information about the individual's **functional** limitations, so these determinations can be made. For example, an individual who can easily and safely get to the bus stop nearest their home may not be able to get to a bus stop at their desired destination and thus would be eligible for transportation based on the destination.

Please follow these steps to verify this application:

1. Read Part A of the application in its entirety.
2. Fill out Part B of the application completely, using the criteria provided.
3. Return the completed application to the applicant within 7 days of receipt. The applicant is responsible for returning the application to WSTA.
4. Be aware that you may be contacted for further information if questions remain about the applicant's abilities.
5. If you have any questions, contact WSTA at (336) 727-2000. If you use a TTY, call 1-800-735-8262 and ask to be connected to (336) 727-2000

**Part B – Professional Verification, continued**

Name of Client: \_\_\_\_\_

I have read Part A in its entirety: \_\_\_\_\_ Yes \_\_\_\_\_ No

I agree with the information provided in Part A: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

Please list the condition causing the applicant’s disability:

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Please supply additional information regarding which functional limitation are associated with this condition:

- |                                                   |                                                         |
|---------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Mobility impairment      | <input type="checkbox"/> Visual impairment              |
| <input type="checkbox"/> Hearing impairment       | <input type="checkbox"/> _____total _____partial        |
| <input type="checkbox"/> _____ total _____partial | <input type="checkbox"/> Compromised endurance          |
| <input type="checkbox"/> Cognitive impairment     | <input type="checkbox"/> _____muscular _____respiratory |
|                                                   | <input type="checkbox"/> Other (please specify below)   |
- \_\_\_\_\_

\*If this individual has functional limitations due to a cognitive impairment, please indicated any of the following issues that are pertinent to this individual:

- \_\_\_\_\_ Cannot be left alone to wait for transportation.
- \_\_\_\_\_ Displays behavior that is unsafe for self or others using public transportation.
- \_\_\_\_\_ Cannot recognize vehicles that he/she should board.

For any impairment(s) checked above, please note specific precautions that this individual must follow in terms of:

- Travel distance limitations \_\_\_\_\_
- Limitations regarding time of day to travel \_\_\_\_\_
- Weather conditions \_\_\_\_\_
- Environmental conditions \_\_\_\_\_

What is the severity of this individual’s condition?

- Mild       Moderate       Severe       Profound/Chronic

## Part B – Professional Verification, continued

What is the expected duration of this individual's condition?

- Temporary: Approximate expected duration until \_\_\_\_/\_\_\_\_/\_\_\_\_
- Long-term: Potential for improvement or periods of remission
- Permanent: No expectation of functional improvement

Please choose the statement below which best represents your opinion regarding this individual's use of public transportation:

- This individual should be able to access public transportation successfully.
- This individual can use public transportation under certain situations as stated above.
- This individual cannot use public transportation due to multiple functional limitations

**Thank you for your assistance!!**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone # \_\_\_\_\_

Organization / Practice: \_\_\_\_\_

Winston Salem Transit Authority  
Half-Fare Bus Services Program  
Half-Fare Bus Application Agreement

I, \_\_\_\_\_, have received and read the Half-Fare Bus Services Application. I have read and understand who is eligible, how to apply for the half –fare program, and the process of qualifying for services after I turn in the completed application. I understand that it is my responsibility, or an appointed representative, to read the guidelines and requirements of the Half-Fare bus services process.

I understand that both Part A and Part B must be completed in order for the application to be considered eligible, and that Part B of the application has to be completed by an authorizing professional.

I also understand that I will be contacted within 21 business days after the receipt of the completed application by the WSTA ADA Coordinator by phone or mail.

It is further acknowledged that the determination of my eligibility is based on the completed application and the information provided by the authorizing professional.

\_\_\_\_\_  
(Applicant’s Signature)

\_\_\_\_\_  
(Date)