

Trans-AID Eligibility Application For Person's with Seizure Disorders

Trans-AID, a paratransit system operating in accordance with the Americans with Disabilities Act (ADA) of 1990, is designed to serve individuals whose disabling condition or functional limitation prevents them from using regular fixed route WSTA bus services.

Who Is Eligible?

Under the ADA regulations, individuals who qualify for paratransit services (known as Trans-AID) qualify for at least one of the following three categories:

1. The individual is unable, as a result of mental, visual or physical impairment as defined in the ADA to get on, ride, or get off an accessible vehicle of the WSTA fixed route bus system, even with training;
2. The individual can use or learn to use an accessible public transportation, **BUT** such a vehicle is not available on the route when the person wants to travel;
3. The individual has a specific impairment-related condition (including limitations of vision, hearing or disorientation), which prevents travel to or from the Downtown Transportation Center or stop of the WSTA fixed route bus system.

If at least one of the above items that applies to you, identify that item by filling in the corresponding number(s) _____. (**ex. If you have a mental or physical impairment and cannot access WSTA fixed route system, then you would fill in the #1).**)

Eligibility: What You Should Know About This Program:

- Individuals who can access regular fixed route bus services are not eligible for Trans-AID service.
- Trans-ID service operates where the WSTA fixed route service operates, and during the same days and hours.
- If the applicant is determined to be eligible for this program, one of two designations may be made: Unconditional, Conditional, or Temporary. Unconditional eligibility indicates that the applicant can use Trans-AID services for all trips with the service area. Conditional eligibility indicates that some trips are eligible and some not, based on functional ability to use the WSTA bus system, given the specific environment and demands of each trip. Temporary eligibility indicates that your condition is not permanent and you have an expected duration of your disability.

How to Apply

1. Complete an ADA Paratransit Certification form attained from the ADA Coordinator.
2. If you believe you qualify for Trans-AID, 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 to schedule an in-person interview and functional assessment to determine your eligibility based on the following factors:
 - a. Information provided on your application.
 - b. Information provided by your authorizing professional.
 - c. Results of a brief assessment of your actual functional abilities.
 - d. A review of available transportation options in the areas in which you desire to travel.
- All in-person interviews and functional assessments are held at the Clark Campbell Transportation Center.
- If needed, the WSTA ADA Coordinator will schedule an interview and functional assessment in your work setting.
2. If you have questions or have not been contacted within 21 business days of submitting your application, call the ADA Coordinator at (336) 727-2000. If you use a TTY, call 1-800-735-8262. If, at that time a determination of your eligibility has not been made, you will be temporarily eligible for Trans-AID service until such time as your application can be reviewed.
3. If you are denied Trans-AID eligibility, you will receive a letter regarding this decision and a copy of the Trans-AID Appeals Process. You have the right to appeal. For more information, contact the WSTA/ ADA Coordinator at (336) 727-2000. If you use a TTY, call 1-800-735-8262.

This application is available in alternative formats. If you would like additional assistance, please call (336) 727-2000. The information in this application will be used only to determine your eligibility for Trans-AID services, and will be kept confidential.

Trans-AID Eligibility Application Part A

Please complete the following information:

Name: _____

Birth date: ____/____/____

Address: _____

City: _____ State _____ Zip _____

Home telephone number: _____

Work/Other daytime telephone number: _____

If hearing impaired, TTY number: _____

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

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

If yes, which routes? _____

Are you currently using fixed-route transportation? _____ No _____ Yes

What is the closest bus stop to your home? _____

If you do not know, check N/A. _____

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

If no, what limits you from getting there? _____

If you do not know, check N/A. _____

Language Ability (Please check all that apply) _____ English _____ Spanish
_____ Other (specify) _____

Please describe the disability or health condition that prevents you from using fixed route buses. (Please list all disabilities and/ or health conditions that apply)

Have you ever had a seizure?

Yes

No

If yes, what type? _____

Are you taking medication to control the seizure?

- Yes
- No

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

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): | | |

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

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

- ____ I can get from 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

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)

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

List your 5-6 most frequent destinations and how you currently get there:

Destination	Frequency of travel	How you get there now:

List places you would like to go but cannot currently access:

Destination	Frequency desired	Barriers to your access

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 Trans-AID 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 |

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: _____

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: _____

Trans-AID 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 paratransit services through Trans-AID to ADA eligible persons with disabilities who cannot use regular services. 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 Trans-AID service **MUST BE UNABLE TO ACCESS THESE SERVICES** due to:

- ~ Conditions which prevent them from getting to or from a WSTA fixed bus stop, or transferring between vehicles **and/or**
- ~ Conditions which prevent them from being able to get on, ride, or get off a lift-equipped vehicle.

Individuals for whom performing these tasks is inconvenient or uncomfortable are **NOT ELIGIBLE** for services, and you are asked to verify this information.

Eligibility for Trans-AID 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

1. In what capacity do you know the applicant?

2. How long have you known or worked with the applicant?

3. When did you last see or treat the applicant?

4. Please describe what the applicant experiences during and after a seizure.

5. How often do seizures occur?

6. What is the prognosis?

7. Are the seizures preceded by an aura?

___ Yes _____ No _____ Sometimes

8. If YES or SOMETIMES, does the applicant usually have time to prepare and make him or herself as safe as possible?

9. Are there certain things that will trigger the applicant's seizures?

___ Yes _____ No

10. If YES, please describe these triggers.

Part B – Professional Verification, continued

11. Please describe the applicant's ability to travel alone in the community. When and where can he/she safely travel?

12. What advice or limitations on traveling alone in the community have been communicated to the applicant?

13. Is the applicant permitted to drive?

Yes No

Comments:

14. Is the applicant taking any medication(s) prescribed by you or another professional?

Yes No

Comments:

15. If **YES**, please list the type, frequency, dose, and any comments about how the medication(s) may complicate the individual's independent mobility in the community.

<u>Medication</u>	<u>Dosage/ Frequency</u>	<u>Affect on Functional Ability (if any)</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

15. If the applicant takes his/her medication compliantly, will he/she be able to travel independently in the community?

Yes No

17. Do you deem the applicant to be compliant in taking prescribed medication?

Yes No

18. Is there anything about the use of medication that would complicate the individual's use of public transportation?

Yes No

Part B – Professional Verification, continued

If YES, please explain.

19. Has the applicant's functional ability decreased temporarily due to adjustment to medication?

Yes

No

20. If YES, please explain, and note the expected duration of the decrease in functional ability.

Verify information about places to which the applicant now travels and his/her typical activities.

21. Comments about the applicant's typical activities and current travel destinations.

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: _____

Phone # _____

Organization / Practice: _____

Winston Salem Transit Authority
Trans-AID Paratransit Services
Trans-AID Application Agreement

I, _____, have received and read the Trans-AID Eligibility Application for persons with disabilities. I have read and understand who is eligible, how to apply for Trans-AID, 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 Trans-AID eligibility 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, who will schedule an in-person interview and functional assessment at the Clark Campbell Transportation Center at 100 West 5th Street in Winston-Salem, NC.

It is further acknowledged that the determination of my eligibility is based on the completed application, information provided by the authorizing professional, the assessment of my functional capabilities, and the review of available transportation options in the areas in which I desire to travel.

(Applicant's Signature)

(Date)