

Trans-AID Eligibility Application For Person's with Visual Impairments

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) _____. (**Example - If you have a mental or physical impairment and cannot access WSTA fixed route system, 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 this application in its entirety.

Please Print:

Name _____

Date of Birth ____/____/____

Address _____

Apt. _____

City _____ State _____ Zip Code _____

Home telephone number _____

Work/ other daytime telephone 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:

Signature _____

Date _____

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: _____

Relationship to applicant: _____

A. Information about your disability and mobility devices

1. Cause of vision loss or diagnosis _____

2. List any other disabilities or conditions which affect your ability to use the bus:

3. Are you totally blind? ___ Yes ___ No
If yes, skip to question # 8

4. My vision is worse during these conditions:

_____ Bright sunlight
_____ Dimly lit or shaded places
_____ Night time
_____ About the same in all lighting conditions

5. My eye condition is considered to be:

_____ Stable
_____ Degenerative
_____ Other (please explain) _____

6. I am able to use my vision consistently to identify the following signs and environmental features, as they relate to traveling to the transit stop and using fixed route service. Please check all that apply:

_____ The color of traffic lights
_____ Pedestrian Walk / Don't Walk signals
_____ Crosswalk markings
_____ Curbs or curb ramps
_____ Level changes along the walking path
_____ Bus/transit stop signs that indicate location of stop

7. Anything else you wish to tell us about your vision in regards to mobility within the community?

8. Most often, I use the following mobility aids when I walk outdoors:

- _____ sighted (person) guide
- _____ dog guide
- _____ long white cane
- _____ optical devices (telescope, light, special glasses, etc.)
- _____ none of the above
- _____ Other (Please list) _____

9. When I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.

___ Yes ___ No ___ Sometimes

10. My hearing is normal. ___ Yes ___ No

If No, please list

11. When necessary, I can rely upon traffic sounds to help me cross the street

___ Yes ___ No ___ Sometimes

B. Information about your current use of WSTA's fixed route bus service

1. Do you currently use Your Transit bus service by yourself at all?

___ Yes ___ No

If YES, continue, **If NO**, go to question #6.

2. If yes, how often? (Circle the choice that best applies to you)

___ Daily ___ Several times per week ___ At least once per month ___ Rarely

3. When was the last time you independently used Your Transit bus service?

4. Are you able to travel on the bus without the assistance of another person?

___ Always ___ Sometimes ___ Never

5. If you travel with someone who assists you, what does this person assist you with?

6. You indicated that you do not use the bus. Why not? (Check all that apply)

- The closest stop is too far from my house
- I don't know how to ride the bus
- I can't walk by myself between the bus stop and my destination
- I'm afraid to use the bus
- I don't want to use the bus
- Other (explain)

C. Mobility Training

1. Have you ever received mobility training? Yes No

If no, do you think you would like to participate in mobility training: Yes No

If yes, which agency provided your training? _____

Location of agency _____

Do you feel your instructor has information relevant to your ability to use fixed route transit?

Yes No

2. Did you receive instruction in bus travel in this community?

Yes No

Did you successfully complete training to use the bus? Yes No

If yes, which route(s) did you learn?

Which destinations did you learn?

D. Your ability to travel independently

1. My widest area of independent travel is:

- a. My own property
- b. Places within the same block of my residence
- c. Restricted to specific routes I know (such as home to work, home to shopping, home to church, etc)
- d. Practically anywhere in the community

2. The reason(s) I do not travel independently within the community include (check all that apply):

- a. I have never been taught.
- b. My neighborhood is too dangerous (crime, vulnerability).
- c. I don't want to travel beyond my immediate neighborhood alone.
- d. Environmental barriers prevent me. (Ex: no sidewalks, very busy intersection, etc.)
- e. Other please explain _____

3. My independent travel using fixed route bus service is restricted because I have difficulty with:

(Check all that apply, and add more information as needed)

- negotiating large parking lots to get to business entrances
- walking in areas without sidewalks
- traveling to new areas
- crossing streets between my home & the bus stop
- traveling in inclement weather
- other - please explain _____

4. I can cross streets independently under the following conditions: (check all that apply)

a. At quiet streets with very little traffic (stop signs or no traffic control)
 Usually Sometimes Never

b. At most traffic lights
 Usually Sometimes Never

c. Anywhere
 Yes No

d. Never
 Yes No

E. Your Current Travel

Please list the destinations for which you think you need paratransit, and the reasons why you are unable to use fixed route service for those trips.

1. Destination: _____

Reasons why fixed route service cannot be used:

2. Destination: _____

Reasons why fixed route service cannot be used:

3. Destination: _____

Reasons why fixed route service cannot be used:

Please read the following statements and check those that best describe your ability to use public transportation independently. You may check all that apply:

_____ I use fixed route for some trips, but sometimes there are barriers that prevent me from using the bus.

_____ I use the bus frequently, on familiar routes to familiar destinations

_____ I use the bus to go to new places.

_____ I believe I could learn to ride the bus if someone taught me how to use it.

_____ I am not able to use the bus by myself

_____ The severity of my disability can change form day to day. I ride the bus when I am feeling well

_____ Some weather conditions prevent me from getting to and from the bus stop

_____ I can get to and from the bus stop if the distance is not too great

_____ I can use the bus except when I have no orientation to new transfer points or between the bus stop and my final destination.

_____ The bus does not always go to where I want to go

F. Your Functional Ability

Your answers to the questions in this section will help us better understand your functional ability in specific areas. Check one answer for each question. Answers to these questions should be based on your physical or cognitive ability to perform this activity independently with or without mobility equipment.

Without the help of some else, can you:

1. Are you able to use the telephone to get information?

Yes No Not Sure

2. Are you able to travel one level block on the sidewalk if the weather is good?

Yes No Not Sure

3. If you are able to do this, how long does it take you?

Less than 5 minute's Five to ten Minutes Not Sure

4. Travel three level blocks on the sidewalk, when the weather is good

Always Sometimes Never Not Sure

5. Wait ten minutes in good weather at a bus stop that does not have a seat and a shelter?

Always Sometimes Never Not Sure

6. Step on and off the curb from a sidewalk?

Always Sometimes Never Not Sure

7. Find your own way to the bus stop, after being shown?

Always Sometimes Never Not Sure

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use WSTA's fixed route bus service.

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: _____

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

Name of Client: _____

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 have read Part A in its entirety: _____ Yes _____ No

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

If no, please explain: _____

How long have you known the applicant? _____

When did you last see the applicant? _____

What is the formal diagnosis of the applicant's eye disease or condition?

What was the date of onset? _____

What is the prognosis? Is the condition stable, degenerative, or otherwise changing?

Is this individual able to travel independently? Yes _____ No _____

If the applicant is able to travel independently, do they have the ability to cross streets?

Yes _____ No _____

Part B – Professional Verification, continued

Does applicant have total loss of vision? Yes_____ No_____

If no, is visual acuity dependent on season or time of day? Yes_____ No_____

Is the applicant’s ability to travel independently affected by other environmental conditions? If so, please describe.

Has the applicant received any mobility or travel training from an O&M Specialist?
Yes_____ No_____

If no, do you believe that the applicant would benefit from mobility instruction or travel training? Yes_____ No_____

Please explain:

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)