

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;
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 may not be eligible for Trans-AID service.
- Trans-AID 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 three 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

To apply for the ADA Paratransit services (Trans-AID), you must complete an ADA Paratransit Certification application, which can be obtained from the Winston-Salem Transit Authority (336.727.2000) or www.wstransit.com and clicking Paratransit. You must complete both parts of the application in its entirety in order for your application to be considered. Please complete part A of this application. Then provide both parts A & B to a medical, certified or licensed professional who is familiar with your qualifying condition.

Application Process

Once you have a completed application, please contact WSTA at 336.727.2000 to schedule an in-person interview and assessment to determine your eligibility.

On the date of your scheduled interview, please bring your completed application (both parts A & B). ***Do not mail, fax, or email your application.*** Your eligibility will be based on the following factors:

- Information provided by applicant in part A of the application
- Information provided in Part B by professionals (i.e., physician or therapist) familiar with your qualifying conditions
- In-person assessment of your abilities. All in-person interviews and assessments are held at the Clark Campbell Transportation Center
 - If requested, WSTA will provide transportation at no charge to and from the appointment for eligibility determinations.

Once WSTA staff has reviewed the completed application, and conducted the in-person interview and assessment, the ADA Compliance office has 21 calendar days to determine the eligibility for the transportation services. If WSTA has not made a determination of eligibility within 21 calendar days, you will be treated as eligible and may receive Trans-AID services until WSTA makes a determination.

If you are denied Trans-AID eligibility or are granted conditional or temporary eligibility, you will receive a letter regarding the decision and a copy of the Trans-AID Appeal Process. You have the right to appeal the eligibility determination.

WSTA will continue to accept re-certification applications for passengers eligible for ADA transportation. Re-certifications are for existing passenger's eligible for Trans-AID under the ADA program. In order to continue utilizing the Trans-AID service, you are required to renew your certification every three (3) years. However, if you have been diagnosed with a permanent disability (i.e., total loss of vision, multiple sclerosis, and autism), re-certifications will take place every five (5) years; no professional verification is needed from a professional.

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.

Name: _____ Date: _____

Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

Please list closest intersection to home: _____

Please provide directions to your home from the Transportation Center at 100 W 5th Street

Home telephone number _____

Work/ other daytime telephone number _____

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 WSTA 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 WSTA 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. How far can you walk **by yourself** or with the assistance of a mobility aid?

- _____ 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

4. Are you able to get to and from the bus stop **by yourself**?
 Yes No

If No, check reasons that apply:

- I cannot travel outside of my house or apartment
- I can only get to the curb in front of my house or apartment
- I can if someone is with me to assist me
- I cannot get to places where there are no curb cuts
- I cannot cross busy streets or intersections
- I cannot travel outside when it is too hot
- I cannot find my way at night due to a vision problem

5. 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 _____
-

6. 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 from 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.

G. Applicant's Signature

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 the purpose of the application is to determine if I am eligible for the Trans-AID service. I certify the information I gave in the application is true and correct, and the application will be returned to me if not completed in its entirety, which delays the process. I recognize that falsification or misrepresentation of facts or changes in my medical condition may result in changes to my certification status. I further realize that additional information from my healthcare professional related to the disability or medical condition is required; and may be used to help determine my eligibility.

I understand that Part A must be completed in order for the application to be considered eligible. It is further acknowledged that the determination of my eligibility is based on the completed application.

Applicant Signature

Date

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a parent or guardian is required)

Part B of this application must be filled out by a health care or human services professional who is familiar with the applicant's 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 |

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 Committee.

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 independently 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: _____

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 from their front door to the vehicle?

Yes _____ No _____

Part B – Professional Verification, continued

If no, will the applicant require assistance from a PCA/companion to the van?

Yes _____ No _____

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

Yes _____ No _____

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 fixed route bus services:

- This individual should be able to access fixed route bus services successfully
- This individual can use fixed route bus services under certain situations as stated above
- This individual cannot use fixed route bus services due to one or multiple functional limitations

Thank you for your assistance!!

Date: _____

Signature: _____

Printed Name: _____

Address: _____

Phone # _____

Organization / Practice: _____