

Current Transportation

Do you use regular Capital Metro buses now? ___Yes___No ___Sometimes

If no or sometimes, what limits or prevents you from using the buses? (e.g. no sidewalks)

What is the most difficult part of riding the bus for you?_____

What bus routes serve your neighborhood?_____

What is the closest bus stop to your home? (Please give location.)_____

Can you get to this bus stop by yourself? ___Yes ___No ___Sometimes

If not, why not?_____

Can you board the bus by yourself? ___Yes ___No ___Sometimes

If not, why not?_____

Have you ever received any training to use the fixed route bus service? ___Yes ___No

If not, would you like to participate in training? ___Yes ___No

If you do not ride Capital Metro buses: how do you currently travel? (for example, family, friends)_____

Assistive Devices Used

(Check all that apply)

___ **Manual Wheelchair** _____ Foldable; passenger must be able to transfer to 4-door sedan
(check one) without driver assistance

_____ Passenger is not able to transfer to a 4-door sedan without
driver assistance

___ High Wheelchair

___ Cane/White Cane

___ Walker (Foldable)

___ Long Wheelchair

___ Crutches

___ Walker (non-foldable)

___ Electric Wheelchair

___ Wide Wheelchair

___ Oxygen Tank

___ Stroller-Type Chair

___ Powered Scooter

___ Other_____

___ Certified Service Animal

___ Braces

___ Communication Device ___ Prosthetics

Preferred Media/Communication Type

<input type="checkbox"/> Regular Print	<input type="checkbox"/> Large Print	<input type="checkbox"/> Braille
<input type="checkbox"/> Cassette Tape	<input type="checkbox"/> Computer Diskette	<input type="checkbox"/> TDD/Texas Relay
<input type="checkbox"/> Other (please specify) _____		<input type="checkbox"/> Espanol
<input type="checkbox"/> E-Mail (please give address) _____		

STS APPLICANT AGREEMENT

I agree that if I am certified for STS, I will pay the exact fare, if required, for each trip. I agree to notify the STS office of any changes in my status which may affect my eligibility to use the service. I also understand that failure to adhere to the STS policies and procedures will be grounds for revoking my application and the right to participate in the program.

I understand and agree to hold STS harmless against all claims or liability for damages to any person, property, or personal injury occurring as a result of my failure to equip or maintain the safety of the adaptive equipment or certified guide/service animal that I require for mobility. I have read and fully understand the conditions for service outlined in the STS Policies and Procedures and agree to abide by them.

I hereby authorize the release of verification information and any additional information to Capital Metro for the purpose of evaluating my eligibility to participate in the STS Program.

I certify that the information provided in this application is true and correct.

Signature Date

The following information is to be filled out if the application was completed by a person other than the applicant:

NAME _____ DAYTIME PHONE _____

ADDRESS _____
Street Apt# City State Zip

Signature Date

Emergency Contact

NAME _____
Relationship Phone Number(s)

ADDRESS _____
Street Apt# City State Zip

This page and the following 2 pages must be completed by a Qualified professional (PLEASE PRINT).

SPECIAL TRANSIT SERVICES (STS)

Verification of Eligibility

Please note: All information for verification of eligibility must be provided by a **qualified professional**. Examples of qualified professionals are:

Caseworker	Chiropractor	Optometrist	Physician
Psychiatrist	Psychologist	Registered Nurse	Social Worker
Licensed Medical Professional		Mental Retardation Professional	
Orientation & Mobility Specialist		Counselor from an Established Agency	

PERSON COMPLETING VERIFICATION _____

PROFESSIONAL TITLE _____

AGENCY/AFFILIATION _____

STATE OF TEXAS CERTIFICATION ID# _____

BUSINESS ADDRESS _____
Street Suite City State Zip

BUSINESS TELEPHONE _____

If you mark **NO** or **SOMETIMES** to any item below, please explain.

1. What is the medical diagnosis that causes the disability (e.g., mental retardation, epilepsy)? _____

Is this condition temporary? ___Yes ___No

If yes, expected duration--until: _____
Date of duration

2. Does the applicant's disability require that he or she travel with an attendant?
___Yes ___No ___Sometimes

Explain: _____

3. Is there any other medical information STS should know in the event of an emergency? (e.g. Hepatitis, Tuberculosis) _____

4. If the client has a disability affecting mobility, is he or she:

able to travel a distance of 200 feet without assistance? ___Yes ___No
___Sometimes Explain_____

able to travel a distance of 3 blocks (1/4 mile) without assistance over
different types of terrain? ___Yes ___No ___Sometimes
Explain: _____

able to climb three 12-inch steps without assistance? ___Yes ___No
___Sometimes Explain_____

able to wait outside without support for 15-30 minutes in different weather
conditions? ___Yes ___No ___Sometimes
Explain: _____

able to cross: ___2-way stop ___4-way stop

able to cross traffic light-controlled intersection in the following areas:

___residential ___semi-business ___business

5. If vision-impaired, what is Best Corrected Acuity? Right_____ Left_____

Field Restriction: Right_____ Left_____

If legally blind, is he or she:

able to travel a distance of 200 feet without assistance? ___Yes ___No
___Sometimes Explain_____

able to travel a distance of 3 blocks (1/4 mile) without assistance over
different types of terrain? ___Yes ___No ___Sometimes
Explain: _____

able to climb three 12-inch steps without assistance? ___Yes ___No
___Sometimes Explain_____

able to wait outside without support for 15-30 minutes in different weather
conditions? ___Yes ___No ___Sometimes Explain:_____

able to cross: ___2-way stop ___4-way stop

able to cross traffic light-controlled (or traffic controlled) intersection in the following
areas: ___residential ___semi-business ___business

6. If the person has a cognitive disability, is he or she able to:

give name, address and telephone numbers upon request? ___Yes ___No
___Sometimes Explain:_____

recognize a destination or landmark? ___Yes ___No ___Sometimes
Explain:_____

deal with unexpected situations or unexpected changes in routine? ___Yes ___No
___Sometimes Explain_____

ask for, understand, and follow directions? ___Yes ___No ___Sometimes
Explain:_____

safely and effectively travel through crowded and/or complex facilities? ___Yes ___No
___Sometimes Explain:_____

7. If the person is speech impaired, is he or she able to:

communicate verbally? ___Yes ___No ___Sometimes Explain_____

communicate with an augmentative device? ___Yes ___No ___Sometimes
Explain_____

communicate in writing? ___Yes ___No ___Sometimes
Explain_____

communicate over the telephone? ___Yes ___No ___Sometimes

I verify that the information provided above for verification is true and correct to the best of my knowledge.

Signature of Qualified Professional

Date