

CERTIFICATION OF ADA PARATRANSIT ELIGILITY

ADA ELEGIBILITY COMMITTEE
Fairmont-Marion County Transit Authority
400 Quincy Street, Fairmont, WV 26554

Phone: (304) 366-8177
Fax: (304) 366-2308
TDD: (304) 366-5295

The information obtained in this certification process will be used by the FMCTA Eligibility Committee only for the provision of transportation services. Information will be shared only with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency. Use additional paper as needed.

| | | |
|---------------------------|-----------------------|------------|
| Name: _____ | Age: _____ | |
| Address: _____ | Fire Locator #: _____ | |
| City: _____ | State: _____ | Zip: _____ |
| Directions to Home: _____ | | |
| _____ | | |
| _____ | | |
| Home Phone: _____ | Other Phone: _____ | |

| |
|--|
| Describe nature of disability (in your own words): _____ |
| Is this condition temporary? _____ If yes, date expected to end: _____ How long have you had this disability? _____ Describe mobility (What prevents you from getting to or on a bus which has a wheelchair lift? _____ |
| _____ |
| How far do you live from a route bus? _____ Can you climb steps? _____ If yes, how many? _____ |
| How high (each step)? _____ How long can you stand without assistance? _____ How far can you walk without assistance? _____ Does weather affect your condition in any way? _____ |
| If yes, please explain: _____ |
| Do you have any special needs, such as oxygen? _____ If so, please list: _____ |
| _____ |

| | | | |
|--|---------------------------|-------------------------------------|-------------------------|
| The following information will help us take the appropriate measures in providing services to you. Do you use any of the following aids for traveling? (Check all that apply.) | | | |
| Manual Wheelchair _____ | Electric Wheelchair _____ | Powered scooter (3-wheeled) _____ | Cane _____ |
| Crutches _____ | Walker _____ | Personal Care Assistant (PCA) _____ | Assistance Animal _____ |
| Other (Please Describe) _____ | | | |
| If you require a PCA, is it: Always _____ Sometimes _____ | | | |
| Wheelchair / Scooter Users: What is the total weight of you and the chair? _____ / LBS | | | |

I hereby certify that the information given herein is correct, and that by signing, I agree to abide by ADA rules.

| | |
|--|------|
| Applicant's Signature | Date |
| Signature of other, if not signed by the applicant | Date |

If the application has been completed by someone other than the person requesting certification, that person must complete the following:

| | |
|---------------|-----------------------|
| Name _____ | Relationship _____ |
| Address _____ | Daytime Phone _____ |
| City _____ | State _____ Zip _____ |
| Signature | Date |

FMCTA does not discriminate on the basis of race, color, or national origin. To find out more information about our nondiscrimination obligations or to file a complaint, please contact us at (304)366-8177, visit our website (www.fmcta.com), or visit us at our office at 400 Quincy St., Fairmont, WV 26554.

Revised 10/20/11

| TRANSIT USE ONLY | | | | | | | | | | |
|----------------------------|--|-------------|--|-------|--------------|--|-----------|------------------|--------------------------|--|
| DATE APPLICATION RECEIVED: | | | | | | | | | | |
| APPROVED | | DISAPPROVED | | PCA? | ALWAYS | | SOMETIMES | | CATEGORY | |
| RESTRICTIONS: | | | | | | | | | | |
| ELIGIBILITY CONDITIONS: | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | |
| LENGTH OF CERTIFICATION: | | | | | REVIEW DATE: | | | | DATE APPLICANT NOTIFIED: | |
| SIGNED: | | | | TITLE | | | | ADA COORDINATOR? | | |