

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

TRANSIT USE ONLY

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?			