

Person to be contacted in the event of an emergency. Please select someone who would not be riding in the vehicle with you:

Name _____ Daytime Phone _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Relationship to Applicant _____

To be completed if the applicant was helped by another person in the completion of this application.

Name _____ Daytime Phone _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Relationship to Applicant _____

I understand that the purpose of this form is to determine if I am eligible to ride Easy Breeze Paratransit, and that the Easy Breeze Paratransit staff may need to contact me for more information. I certify that I have been truthful in answering this form, and that the information I have provided is correct.

X _____
Signature of Applicant or Responsible Party

X _____
Date

Will you need further materials in a different format? Yes No

If **yes**, please check all that apply:

- Braille Audio Cassette
 Large Print Other Language: _____

Please read the following statements and check those that best describe the reason you are requesting Easy Breeze Paratransit (ADA) eligibility.

- I can use Palmetto Breeze buses sometimes if the conditions are right.
- I believe I could learn to ride the bus if someone taught me.
- I have difficulty or cannot climb stairs and can only board a Palmetto Breeze bus if it has a lift.
- I have a visual disability that prevents me from ever getting to and from the bus, even with training.

- The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
- Because of my disability I can "**never**" use the bus by myself.
- I can get to and from the bus stop if the distance is not too great and the route is free from physical barriers.
- There is no Palmetto Breeze fixed route bus service in my area.
- I am not really sure if I can use the bus.
- My disability makes it impossible to walk to and from the bus, even in good weather.
- I "**do not**" want to ride the fixed route bus.
- I am not able to use the Palmetto Breeze fixed route bus for other reasons. *(Please explain):*

II. Information About Your Disability and Mobility Equipment

- What disability(s) prevents you from safely using our accessible fixed route bus service?
(Check all that apply)

- Physical
- Visual Impairment
- Mental Illness
- Other: _____
- Mental / Cognitive

- Have you had a disability for more than one year? Yes No
- Is your disability permanent? Yes No

If **no**, how long do you expect to have your disability? _____

- Does your disability change much from day to day? Yes No

- Check any and every mobility aids you use *(Check all that apply):*

- Manual Wheelchair
- Electric Wheelchair
- Large Electric Wheelchair
- Powered Scooter / Cart
- 3 Wheeled Scooter / Cart
- 4 Wheeled Scooter / Cart
- Prosthesis
- Other: _____
- Service Animal
- White Cane
- Crutches
- Walker
- Leg Brace(s) / Cast
- Oxygen Tank
- Communication Device

- Do you require a Personal Care Attendant (PCA) to accompany you when traveling?
(If "Yes" that person is generally required for all trips.)
 - No
 - Yes, I need assistance when I travel with:
 - Mobility Reading Eating
 - Transfers Medication
 - All of the above Other: _____
- Can you safely get to the Easy Breeze Paratransit vehicle without the help of another person?
 - Yes No Sometimes

If **no** or **sometimes**, please explain why? _____

III. Use of Fixed Route Service

- If you currently use Palmetto Breeze Transit's fixed route Bus service, do you need the assistance of another person? *(Check One)*
 - Always Sometimes Never

- If you ever need another person's assistance, what does that person do for you?

- What is the closest bus stop to your home that meets your needs? *Please give the location:*
(ex: Corner of Ulmer Rd & Burnt Church Rd)

- Can you safely get to this bus stop by yourself? *(Check One)*
 - Always Sometimes Never

If **sometimes** or **never**, please explain why? _____

- What is the most difficult part of riding Palmetto Breeze Transit's fixed route bus service for you? *Please list as many things as you can think of:* (ex: The bus moves before I am seated, etc.)

- Can you ever safely cross the street by yourself? *(Check One)*
 - Always Sometimes Never

If **sometimes**, under what circumstances? _____

- Does your health condition or transportation disability change from day to day in a way that affects your ability to use accessible buses? *(Check One)*
 - Yes, good on some days, bad on others.
 - No, doesn't change.
 - Don't know.

If **yes** or **don't know**, please explain why? _____

IV. Travel / Mobility Training

- Have you ever received training to learn how to use the bus or travel around the community? *(Check One)*

Yes No

If **yes**, which agency or person provided the training? _____

- When were you trained? _____

- Did you successfully complete the training? Yes No

If **no**, why not? _____

- Was your training route specific? Yes No

- Which routes did you learn? _____

- Would you like to participate in free training to learn to ride the bus?

Yes No

V. Weather Considerations

- Does the weather affect your ability to use Palmetto Breeze Transit fixed route bus service?

Yes No

If **yes**, please explain how? _____

VI. Your Functional Ability

Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, check one answer box. Your answers should be based on how you feel most of the time, under normal circumstances, using your mobility equipment, and whether you can perform this activity independently.

Without the help of someone else, can you:

1. Walk up and down three steps if there are handrails on both sides?
 Always Sometimes Never Not sure
2. Use the telephone to get information?
 Always Sometimes Never Not sure
3. Travel one block of the sidewalk when the weather is good.
 Always Sometimes Never Not sure
4. If you are able to do this, how long does it take you?
 Less than 5 minutes 5-10 minutes Not sure
5. Cross the street, if there are curb cuts?
 Always Sometimes Never Not sure
6. Ride up and down a wheelchair lift with handrails on both sides?
 Always Sometimes Never Not sure
7. Travel three level blocks on the sidewalk, when the weather is good.
 Always Sometimes Never Not sure
8. If you are able to do this, how long does it take you?
 Less than 10 minutes 10-15 minutes Not sure
9. Wait 10 minutes in good weather outdoors without a place to sit?
 Always Sometimes Never Not sure
10. Step on and off the curb from a sidewalk?
 Always Sometimes Never Not sure
11. Travel up or down a gradual hill on the sidewalk, if the weather is good?
 Always Sometimes Never Not sure
12. Find your way to the bus stop, if someone shows you the way once?
 Always Sometimes Never Not sure
13. Currently travel by yourself.
 Always Sometimes Never Not sure

14. If you need the assistance of another person, what do they do for you?

15. Have you ever gotten lost when traveling alone?

- Yes No, I never travel alone. No, I've never gotten lost.

If you answered **yes**, were you able to find your way back?

- Yes Yes, with help No

16. If you were not able to find your way back, what did you do? _____

17. The weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk using your mobility aid?

- | | |
|---|--|
| <input type="checkbox"/> I can't travel outdoors alone at all | <input type="checkbox"/> Curb in front of my house |
| <input type="checkbox"/> Less than 1 block | <input type="checkbox"/> 6 blocks |
| <input type="checkbox"/> 3 blocks | <input type="checkbox"/> More than 9 blocks |
| <input type="checkbox"/> 9 blocks | <input type="checkbox"/> Other: <i>(explain)</i> _____ |
| <input type="checkbox"/> Not sure | |

VII. Visual Disability

*(Note: If you **do not** have a visual disability, please skip this section and move on to the next.)*

• **Name of eye disease/condition:** _____

• **My vision is worse during these conditions:**

- Bright sunlight Dimly lit or shaded places
 Glare (from snow or vehicles) I have no vision at all
 See the same in different lighting conditions.

• **My eye condition is considered to be:**

- Stable Degenerative Other: _____

• **I have difficulty safely navigating through traffic conditions because of the following:** *(Check all that apply)*

- Insufficient peripheral vision
 Inability to judge distances and speeds of oncoming vehicles
 Difficulty seeing motorcycles and bicycles
 Difficulty seeing traffic lights
 Other: _____

- **I can easily see steps and curbs:**
 Yes No
- **While waiting to board my bus, I can see bus routes on the buses:**
 Yes No Sometimes
- **I can safely find my destination without assistance:**
 Yes No Sometimes

VIII. Environment Around Your Home

- Do you have multiple steps at the entrance you use at your residence?
 Yes No
- How would you describe the terrain where you live? (Ex: steep hill, flat, long gradual hill, etc.)

- Are there sidewalks in your neighborhood? Yes No

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use Palmetto Breeze Transit fixed route service:

- Please list the trips you take most often, which you believe you would not be able to use the accessible fixed route bus. Factors should include being able to get to the bus stop, wait, board and ride or disembark from the bus as well as get from the stop to your destination. This information will not be used to schedule any trips. You must call the office for all trip requests.

List any additional trips on a separate sheet if necessary.

- Did you require any assistance to complete this form? Yes No
- If **yes**, how did that person assist you? _____

****PLEASE REVIEW THE QUESTIONNAIRE TO MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS TO THE BEST OF YOUR ABILITY. BE SURE YOU HAVE COMPLETED EVERY PAGE AND SIGNED THE FORM ON PAGE 2 AND PAGE 9.****

Authorization for Release of Doctor's Information

In order for Easy Breeze Paratransit to evaluate your request for eligibility, it is necessary for us to contact a professional(s) who is familiar with your health condition or disability and your functional abilities and limitations. This information helps us to gain a better understanding of your disabilities and to find the eligibility type to suit your needs. Please list one or two professionals who we can contact if we need additional information.

Examples of qualified professionals include:

- | | | |
|--------------------------|-------------------------------|-----------------|
| Physician (M.D. or D.O.) | Independent Living Specialist | Ophthalmologist |
| Physical Therapist | Rehabilitation Specialist | Psychiatrist |
| Occupational Therapist | Social Worker | Psychologist |
| Mobility Instructor | Registered Nurse | Case Manager |

Please complete the following information requested below and mail Application #1 to:
Easy Breeze Paratransit, 25 Benton Field Road, Bluffton, SC 29910
 Palmetto Breeze Transit will then forward Application #2 to the physician(s) or professional(s) noted below.

Please check this box if **you** would like a copy of the Application #2 to take to your physician.

 Name of qualified professional

 Name of qualified professional

 Type of Professional

 Type of Professional

 Professional's Agency

 Professional's Agency

 Street Address

 Street Address

 City, State & Zip Code

 City, State & Zip Code

 Phone Number

 Phone Number

**ALL MEDICAL INFORMATION, WHICH YOU OR A PROFESSIONAL PROVIDE ABOUT YOUR
 DISABILITY, WILL BE KEPT STRICTLY CONFIDENTIAL.**

I authorize the professional(s) listed above to release to Easy Breeze Paratransit information about my disability or health condition and its effect on my ability to travel on Palmetto Breeze Transit's fixed route bus system. I understand that I may revoke this professional from releasing the information described up to 60 days from the date below.

 X

 Signature of Applicant or Responsible Party

 X

 Date