



Application #1 Request for Eligibility Certification

Easy Breeze Paratransit is an ADA Complementary Paratransit service that provides persons who, due to a disability, are unable to use Palmetto Breeze Transit's public fixed route transportation, which includes low floor accessible buses. Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you cannot answer, or if you need assistance to complete this form, please call Easy Breeze Paratransit (843-757-7129) for assistance. This is the first of two (2) applications that need to be completed in order for your eligibility to be determined. The purpose of this form is to provide an opportunity for you to describe barriers in the environment and how your disability prevents you from using Palmetto Breeze Transit's fixed route bus service. The more information you provide, the better Easy Breeze Paratransit will understand your ability and travel challenges. **Please return your completed application to Palmetto Breeze Transit, ATTN: Mobility Manager, P.O. Box 2029, 25 Benton Field Road, Bluffton, SC 29910.**

The second application (Application #2) will be sent to your physician, health care or rehabilitation professional indicated on the last page of Application #1, after our office receives it. Once both parts of the application have been received, a determination of eligibility is made, and a packet of information pertaining to this eligibility determination will be mailed to you.

Information contained in this application will be kept confidential and shared only with professionals involved in evaluating your eligibility.

I. General Information (Please Print Clearly)

Name _____
Last First MI

Street Address _____

(Bldg. Complex
Apt/P.O. Box) _____

City _____ State _____ Zip _____

Do you live inside Hilton Head or Bluffton Town Limits ____ Yes ___ No
This does not determine your eligibility

Phone (Primary) _____ Work _____

E-mail _____

Date of Birth _____ Male Female

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 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 _____ X _____
(Signature of Applicant or Responsible Party) 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.

- 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
 - Other: _____ All of the above
- 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? _____

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 Wm Hilton Parkway & Matthews Drive)

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

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

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

- 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?
 - Yes, good on some days, bad on others.
 - No, doesn't change.
 - Don't know.

If “yes” or “don't know” was selected, 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 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 you answered **yes**, please explain how: _____

VI. Your Functional Ability

Your answers to the questions in this section will help us better understand you 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 five minutes Five to ten 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 ten minutes Ten to fifteen 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 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?**
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15. **Have you ever gotten lost when traveling alone?**
 Yes No, I never travel alone No, I've never gotten lost

16. **If yes, were you able to find your way back?**
 Yes Yes, with help No

17. **If you weren't able to find your way back, what did you do?**

18. **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 (explain) |
| <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:**
 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)

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 _____ X _____
(Signature of Applicant or Responsible Party) Date

All medical information, which you or a professional provide about your disability, will be kept strictly confidential.