



Americans With Disabilities Act (ADA) Eligibility

Name: _____

Address: _____

Date of birth: _____

Telephone Home: _____ Cell: _____

If someone assisted you in completing this form, please identify him/her below:

Name: _____

Telephone Home: _____ Cell: _____

Part 2: Applicant Information:

1. Are you a: Current CHQ Transit Rider New Applicant Visitor
2. Are you able to access the City Fixed Route System? Yes No
3. If you answered no to question 2 what type or types of disabilities prevent you from using the CHQ Transit city fixed routes?
 Physical Disability Developmental Disability Visual Impairment/Blindness
 Mental Illness Other/Explain _____

4. Describe how your disability prevents you from riding CHQ Transit City Fixed Routes.

Does your disability or condition change from day to day in ways that affect your ability to use the CHQ Transit City Fixed Routes?

- No
 Yes, if so please explain _____

5. Does the weather keep you from using the CHQ Transit City Fixed Routes?

- Yes No

6. Is the disability temporary or permanent?

- Permanent Temporary expected to last how long? _____

7. What type of mobility aids do you use? (Check all that apply):

- Braces Cane Communication Board Crutches
 Manual Wheelchair Prosthesis Portable oxygen
 Scooter Motorized wheelchair Service Animal Walker
 White Cane Other _____
 I do not use a mobility aide

8. If you use a manual or powered wheelchair or scooter, please give the dimensions. _____

9. Do you need assistance to get to the bus from your door? Yes No

10. Do you require a lift to board the bus? Yes No

11. Do you require a Personal Care Attendant to help you travel? Yes No

12. Can you climb three steps with a handrail, without assistance?

- Yes No

What accommodations would assist you in being able to ride the CHQ Transit City Fixed Routes? _____

- Help with trip planning Bus stop closer to my home
 Help communicating Other _____
 Someone to teach me (Travel Training) None

13. Please put a check mark in the boxes for your usual destinations:

(This information helps CHQ Transit better plan to service all customers)

	At least 3-5 times /week	Once a week	Monthly	Occasionally
Work				
Medical				
School				
Shopping				
Recreation				
Other				

14. How are your transportation needs being met now? (Please check all that apply)

- Public Transit
 Walking
 Friend/Relative
 Personal Transportation
 Agency Sponsored Trip
 Other/Explain _____

15. How far can you travel/walk on your own or using a mobility device?

- I can travel up to _____ feet or _____ blocks.

16. How long can you wait for a bus at a bus stop?

- Unassisted _____ minutes
 Bus stop with bench _____ minutes
 Bus Stop with shelter _____ Minutes

I understand that the information about my disability contained in this application will be confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this application is true and correct.

Applicant's

Signature _____ Date _____

This concludes the applicant's portion of the application packet.

May request Physician's Verification at a later date.

Mail this form back to: CHQ Transit
234 Hopkins Ave
Jamestown, NY 14701