

**Application for
GO, too
ADA Complementary Paratransit Service**

General Information (Please Print)

First Name _____ Last Name _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____ Phone (other) _____

Email _____

Gender: M _____ or F _____ Birthdate _____ Age _____

Race/Ethnicity: _____ African-American _____ Asian _____ Caucasian
_____ Hispanic/Latino _____ Native American _____ Other (Please specify) _____

Please check if you need information in one of the following formats:

_____ Large Print _____ Audio Tape _____ Spanish _____ Bosnian _____ Email

Please give us the name and contact information of a friend or relative who we can call in case we are unable to reach you:

Name _____ Relationship _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____ Phone (other) _____

May we contact this person in case of an emergency? Yes _____ or No _____

May we share personal and/or medical information, if necessary, with this person?

Yes _____ or No _____

Please read the following statements and check those that best describe what you believe is your ability to ride a *GO bg transit* bus without someone helping you.

- I can ride the bus for some trips, but not for all trips because there are barriers that prevent me from using the system. Please describe any barriers: _____

- I ride the bus often.
- I believe that I could learn to ride the bus if someone taught me.
- I can get to and from bus stops if the distance is not too far.
- I can ride the bus when I am feeling well. There are other times, when my disability or health condition worsens, that I cannot ride the bus.
- I can use the bus if it is to someplace where I often go.
- I have a disability or health condition that prevents me from riding the bus if the weather is very hot.
- I have a disability or health condition that prevents me from riding the bus if the weather is very cold.
- My disability or health condition makes it impossible to travel when there is snow or ice on the ground.
- I cannot climb the stairs to get on the bus.
- I cannot safely cross a street to get to a bus stop. If so, which street? _____
- I can get to and from bus stops if there are curb-cuts in the sidewalks.
- I have difficulty understanding or remembering all the things I would have to do to use the bus.
- I am not sure if I can use the bus system.
- I am afraid to use the bus system.
- I have difficulty seeing which bus to ride.

Information About Your Disability

Please describe the disability or health condition that prevents you from riding GO bg transit buses.

Is this a permanent condition? Yes _____ No _____

Is your disability temporary? Yes _____ No _____ If yes, How long do you expect it to last? _____

Do you use any of these mobility aids or equipment?

- | | |
|---|---|
| <input type="checkbox"/> cane | <input type="checkbox"/> powered scooter |
| <input type="checkbox"/> crutches | <input type="checkbox"/> powered wheelchair |
| <input type="checkbox"/> walker | <input type="checkbox"/> manual wheelchair |
| <input type="checkbox"/> braces | <input type="checkbox"/> portable oxygen |
| <input type="checkbox"/> prosthesis | <input type="checkbox"/> service animal |
| <input type="checkbox"/> long white cane | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> I do not use any of these mobility aids. | |

Do you need to bring someone with you to help you when you travel?

Yes _____ No _____ Sometimes _____

Does your disability change from time to time ? Do you have good days and bad days?

Yes _____ No _____ Sometimes _____

Without the help of someone else can you:

Ask for and understand written or spoken directions?

- Usually Sometimes Never Not Sure

Find your way to and from a bus stop?

- Usually Sometimes Never Not Sure

Cross a street?

- Usually Sometimes Never Not Sure

Wait for 10 minutes for a bus if there is no place to sit?

- Usually Sometimes Never Not Sure

Step up or down a curb?

- Usually Sometimes Never Not Sure

Ride a bus?

- Usually Sometimes Never Not Sure

Transfer from one bus to another?

- Usually Sometimes Never Not Sure

Climb 3 steps?

- Usually Sometimes Never Not Sure

What is the farthest that you can walk outdoors (or travel with your mobility aid) without the help of another person?

- Less than 1 block 2 blocks (1/4 mile)
 1 block 4 blocks (1/2 mile)
 6 blocks (3/4 mile)
 I cannot travel outdoors alone.

Please list three places where you go most often and tell us how you get there.

1. Where do you go? _____

Address _____

How often do you go there? _____

How do you get there? _____

2. Where do you go? _____

Address _____

How often do you go there? _____

How do you get there? _____

3. Where do you go? _____

Address _____

How often do you go there? _____

How do you get there? _____

I verify that the above information is true to the best of my knowledge. I understand that supplying false information can disqualify my application. If the information that I provide is found to be false, and I am found eligible for GO, too service based on that false information, I understand that my eligibility may be revoked. I agree to participate in an in-person evaluation by Community Action of Southern Kentucky and/or its acting agency for determination of my eligibility.

Applicant's Signature_____
Date

If completed by someone other than the applicant:

Name_____
Relationship_____
Date_____
Signature

Release of Information

It may be necessary to gather additional information about your disability or health condition before we are able to make a decision about your **GO, too** ADA Complementary Paratransit eligibility. Please complete the form below to grant us permission to contact a health care professional who is familiar with you. You do not have to provide this information in order for us to consider your application. However, in some cases we may not be able to make a determination without further information.

I receive services from the following health care professional, rehabilitation facility, or agency. Community Action of Southern Kentucky, on behalf of **GO bg transit**, has my permission to contact them to obtain information about my disability and travel abilities for the purpose of determining my eligibility for ADA Complementary Paratransit service.

My Name: _____

Name of the Professional: _____

Agency: _____

Address: _____

Phone: _____

I understand that this information will be held in confidence by Community Action of Southern Kentucky, and will not be shared with any other person or agency, except the professionals involved in my eligibility determination.

I understand that I may revoke this consent at any time by providing written notification.

Signature of Applicant: _____

Signature of Guardian (if appropriate): _____

Date: _____