

**Indian River Transit
Community Coach Paratransit Eligibility Application**

**Completed applications accepted via mail/ fax/or in person at:
Senior Resource Association/ Indian River Transit
Paratransit Eligibility Specialist**

4385 43rd Avenue
Vero Beach, Florida 32967
Monday – Friday
7AM-4:30PM

To contact the Eligibility Specialist with any questions or concerns:

Phone: (772) 569-0903 x230

Fax: (772) 569-8469

Email: ssmith@sramail.org

INSTRUCTIONS FOR COMPLETING THIS APPLICATION: Please complete all parts of this application in order to be considered for multiple programs.

Part 1: General Rider Information

Part 2: Applicant Signature Page

Part 3: Verification of Income

Part 4: Verification of Disability

Once a completed application is submitted, an applicant's eligibility will be determined within 21 business days. If a determination is not made within the 21 days, the applicant will be deemed eligible for services for the extended duration of the application review. The applicant will remain eligible for services unless the application is denied. Applicants do have the right to appeal the decisions made by the Eligibility Department. Please contact the department for further appeal process information.

Applications are processed in the order they are received. Processing may take 7 to 21 business days from day of receipt to complete.

**Part 1
General Rider Information**

Receipt Date: _____
Expiration Date: _____
Approved Date: _____
ADA Category: 1.....2.....3

(Please Print)

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt/ Bldg. #: _____

Building/ Complex/ Development name **OR** closest crossroads/ major intersection:

City: _____ State: _____ Zip: _____

Date of Birth: _____ Email Address: _____

Gender: Male Female

Contact Number: _____

Secondary Contact Number: _____

In the event of an emergency, please notify:

	Contact Name	Relationship	Phone Number
1			
2			

Part 1
General Rider Information - Continued

A. Please indicate if you use one or more of the following mobility aids and/or equipment listed below:

- Cane
- Crutches
- Leg Braces
- White Cane
- Oxygen
- Service Animal
- Manual Wheelchair
- Powered Wheelchair
- Powered Scooter/ Cart
- Sighted (Person) Guide
- Walker
- Oxygen Tank or other portable medical equipment: _____
- Other
(Please specify): _____
- I do not use mobility aids or equipment

****Note: The Community Coach is able to accommodate wheelchairs up to 30 inches wide and 48 inches long. The maximum weight limit is 800lbs (200lbs more than the average of 600lbs).***

B. Do you require the assistance of a Personal Care Attendant (PCA)? (A PCA is a person who must travel with you to assist with your daily life functions).

- Never
- Sometimes
- Always

C. Can you be left unattended? Yes / No

D. Do you need information provided to you in an alternative format? Yes / No

If yes, please indicate which alternative format is preferred:

- Large print
- Audio CD/Tape
- Braille
- Other: _____

Part 2
Applicant Certification and Consent

I understand that the information contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility for the provision of transportation services. The information will not be provided to any other person or agency. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that any person who knowingly makes false or misleading statements in an application may be denied paratransit eligibility.

Applicant's Signature: _____ **Date:** _____

If someone, other than the client assisted with the completion of this application please provide their contact information below:

Name: _____ **Date:** _____

Street Address: _____

City _____ State: _____ Zip Code: _____

Relationship to Applicant: _____

In the Event of an Evacuation:

In the event of a mandatory evacuation order issued by Indian River County Emergency management due to a hurricane or flood, would you need transportation to a shelter? Yes/ No

**To register with the Indian River County Department of
Emergency Services:**

Phone: (772)226-3900

**Part 3
Application Certification**

A. To apply for the Transportation Disadvantaged (TD) Program, please complete the following:

Total Monthly Income: \$ _____
*(*Question is required, but not used in determining eligibility.)*

B. Do you have a physical or mental impairment that substantially limits one of your major life activities? (Caring

for oneself, performing manual tasks, seeing, eating, hearing, etc.)

- No
- Sometimes
- Always

If you answered yes to Question B in Part 3, Please specify the nature of the impairment:

- Mobility Impairment (Stroke, Brain/Spinal/Nerve trauma)
- Neurological Disability (MS, MD, Cerebral Palsy, Epilepsy, Alzheimer's, Parkinson's, Other)
- Visual Disability (Macular Degeneration, visually impaired, legally blind)
- Uncontrolled Fatigue (Chemo/ Radiation, Dialysis)
- Cognitive or Sensory Impairment (Autism, Down Syndrome, Dementia, developmental, other)
- Impairment Related (Hearing Impairment, Cardiac Impairment, COPD/ Respiratory, Arthritis, Neuropathy)

Part 4
Applicant Certification

A. American's With Disability Act Program

Please indicate below the reasons you are seeking Door to Door eligibility. Check all applicable.

To qualify for the Community Coach, a person must be UNABLE to use the GoLine fixed- route bus system of Indian River County due to a physical or mental impairment:

- Because of my disability, I can never use the GoLine bus service.
- I can use the GoLine occasionally, but the buses need to be equipped with wheel chair lifts.
- I can use the GoLine to travel to a few places, but I have trouble getting to and from the bus stops in other places.

B. What type of disability prevents you from using the GoLine buses? (Check all that apply).

- Mobility Impairment (Stroke, Brain/Spinal/Nerve Trauma)
- Neurological Disability (MS, MD, Cerebral Palsy, Epilepsy, Alzheimer's, Parkinson's, Other)
- Visual Disability (Macular Degeneration, visually impaired, legally blind)
- Uncontrolled Fatigue (Chemo/ Radiation, Dialysis)
- Cognitive or Sensory Impairment (Autism, Down Syndrome, Dementia, Developmental, Hearing Impairment, Other)
- Impairment Related (Cardiac , COPD, Respiratory, Arthritis, Neuropathy)

Please describe your disability in more detail: _____

C. Is the disability described above temporary or permanent?

- Temporary. I expect it to last _____ months.
- Permanent
- I don't know

D. Have you ever used the GoLine fixed – route bus service?

- Yes, I use the following bus routes: _____
- No

Part 4 (Continued)
Application Certification

E. When are you UNABLE to use the GoLine fixed-route bus system? Please indicate all that apply.

- I can use GoLine bus services for some trips. Other times there are barriers that prevent me from using the bus.
- I have difficulty understanding and remembering the instructions to use the bus. I am easily disoriented.
- I can only get to and from the bus stops if: the distance to the bus stop is not too great and there are curbs and sidewalks along the route.
- I can only wait at GoLine bus stops if there is a bus shelter/ bench available. I cannot cross busy streets and/or intersections.
- The severity of my disability changes from day to day. I can only ride the GoLine fixed- route transit system when I am feeling well.
- I have difficulty (or unable to) climbing stairs. I can only board a GoLine bus if it has a ramp or lift.
- I have a health condition that prevents me from using the GoLine bus if the walk to the bus stop is too far or if the weather is too hot.

F. Would any of the following help you to use the fixed- route transit system?

- Route and schedule information
- Bus stops closer to your home
- A communication aid
- Bus stops closer to where I live and need to go
- Travel training on how to utilize the bus service
- None of these would be helpful.

G. Are you able to ask for and follow written/ verbal instructions on how to use the GoLine fixed- route bus system?

- No
- Sometimes
- Yes

If you answered *No* or *Sometimes*, please review the statements below. Select all that apply.

- I get confused and am afraid I might get lost.
- Other people have difficulty understanding me.
- Most likely, I could ride the GoLine with proper instruction.
- Other: _____

**H. Are you able to do the following without assistance:
(Check all applicable).**

- Walk up and down three steps when there are handrails provided
- Use a telephone
- Ask for and follow instructions (written or oral)
- Cross the street if there are curb cuts present
- Get on/off a GoLine bus when there is a wheelchair lift present
- Easily hear the bus driver's voice, inside or outside the bus, when he/she announces the bus routes
- Step on and off a sidewalk that does not have a curb cut
- Cross streets and intersections
- Navigate yourself to a bus stop if someone shows you the way once

I. How far can you walk or travel with the assistance of a mobility aid?

- I cannot travel outside my residence
- I am able to get to the curb in front of my residence
- Up to 3 blocks, walking or with the assistance of a wheel chair
- Up to 6 blocks, walking or with the assistance of a wheel chair
- Up to 9 blocks, walking or with the assistance of a wheel chair

J. Can you wait up to 30 minutes for the GoLine bus at a bus stop?

- Yes
- Yes, only if there is a bench or a shelter at the stop
- Yes, but I don't like to wait that long
- If No, please explain: _____
