



Americans With Disabilities Act (ADA) Eligibility

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

Name: _____

Address: _____

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