LiftLine Service

PARATRANSIT RIDER APPLICATION

Our Mission:
Working to make a difference in our customers’ lives by providing safe, dependable, convenient and courteous service.

1115 Jack Wells Blvd.
Shreveport, Louisiana 71107
(318) 673-5316

August 2014
www.sportran.org
APPLICATION FOR LIFELINE ELIGIBILITY

PLEASE PRINT

Date: ______________________
Name: ________________________________________________________________________________

Last                                    First                                   Middle Initial
Street Address: ___________________________________________________________ Apt./Bldg.# __________
City: __________________________________________ State: ___________ Zip Code: ________________
Telephone: __________________________________ Date of Birth: __________________________
Do you live in a Nursing Home?  ☐ Yes  ☐ No   Do you receive Medicaid?  ☐ Yes  ☐ No

If someone assisted you in completing this form, please identify them below:
Name: __________________________________________ Telephone: ____________________________

Please give us the name and telephone number of someone we can call in an emergency:
Name: __________________________________________ Telephone: ____________________________

Relationship to you: __________________________________________________________________________

Please indicate below the reasons why you are seeking LiftLine eligibility
(check ONE reason below that best describes your case):

☐ Because of my disability, I can NEVER use SporTran bus service, even if I can get to the bus stop,
And the bus is accessible to those with disabilities

☐ I could use a lift-equipped SporTran Bus but, because of my disability, I cannot get to or from
The bus stop.

I understand the purpose of this evaluation form is to determine if there are times when I cannot use
SporTran bus service and must, therefore, use the LiftLine paratransit service. I understand that the
information about my disability contained in this application will be kept confidential and shared only
with Professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the
information in this evaluation form is true and correct. I understand that providing false or misleading
information could result in my LifeLine eligibility status being revoked as well as other actions by SporTran.

Applicant’s Signature: __________________________________________ Date: ______________________
1. What type of disabilities prevent you from using SporTran Bus Service?

☐ physical disability ☐ visual impairment/blindness ☐ developmental disability
☐ mental illness ☐ other ☐ none

Please describe your disability in more detail: ______________________________________________
______________________________________________

_______________________________________________________________________________________
_______________________________________________________________________________________

2. Is the disability described above temporary or permanent?

☐ Temporary, I expect it to last for another _____ months ☐ Permanent ☐ I don’t know

3. Please indicate if you use any of the following mobility aids or equipment (check all that apply)

☐ cane ☐ long white cane ☐ leg braces ☐ crutches ☐ walker
☐ picture board ☐ alphabet board ☐ manual wheelchair ☐ power wheelchair
☐ powered scooter/cart ☐ service animal (describe): _____________ ☐ other _____________
☐ portable oxygen ☐ I don’t use any of the above aids or equipment

Note: We may not be able to accommodate you on LiftLine or the bus if your wheelchair/scooter is longer than 48 inches or wider than 30 inches, or if the total weight of you and your wheelchair is more than 600 pounds. We will carry the wheelchair and occupant if the lift/ramp and vehicle can accommodate the wheelchair and occupant.

4. Will you travel with your own Personal Care Attendant (PCA)? ☐ yes ☐ no ☐ sometimes

(PCA can be a CNA, friend or family member)

5. Please list the three trips you now make or will make most frequent using LiftLine.

SAMPLE

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO (Place or Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) 35 Palm Drive 71103</td>
<td>Walmart, Airline Dr., Bossier City 71111</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>FROM</th>
<th>TO (Place or Address)</th>
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<td>1) __________________________</td>
<td>__________________________</td>
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<td>2) __________________________</td>
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<td>3) __________________________</td>
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</table>
6. Have you ever used SporTran Buses?
☐ YES, I typically use SporTran buses ____ times a week
☐ YES, I used to but I stopped because: ________________________________
☐ NO

7. Is there something that might help you ride the buses, or to ride more often? (check all that apply)
☐ YES, route or schedule information
☐ YES, bus stops closer to my house
☐ NO, none of these would help
☐ YES, learning to use the buses
☐ YES, (describe) ____________________

8. Can you ask for and follow written or oral instructions to use a SporTran Bus?
☐ YES
☐ NO
☐ SOMETIMES
☐ If NO or SOMETIMES, please check all that apply to you
☐ I get confused and might get lost
☐ Other people cannot understand me
☐ I probably could with instructions
☐ Other: ______________________________

9. Are you able to get to and from bus stops on your own?
☐ YES
☐ NO
☐ SOMETIMES
☐ If NO or SOMETIMES, please check all that apply to you
☐ I can’t get around without curb-cuts
☐ I can’t if the street or sidewalk is steep
☐ I can’t cross busy streets
☐ I can’t travel at dusk due to poor vision
☐ I get confused and can’t find my way
☐ I can’t travel outside when it is too hot
☐ Other: ______________________________

10. Using a mobility aid or on your own, how far can you travel?
☐ I cannot travel outside my house/apartment
☐ I can get to the curb in front of my house/apartment
☐ I can travel up to 3 blocks (1/4 mile)
☐ I can travel up to 6 blocks (1/2 mile)
☐ I can travel up to 9 blocks (3/4 mile)
11. Can you wait up to 30 minutes for a SporTran bus at a bus stop?

☐ YES
☒ YES, but only if the stop has a bench and a shelter
☐ NO, (explain):_____________________________________________________________________
__________________________________________________________________________________

12. Can you get on and off a SporTran bus? (Note that all of the buses have wheelchair lifts or ramps, and a “kneeler” which lowers the height of the steps. Passengers who find the steps to be too high may enter and exit the bus by standing on the lift or using the ramp).

☐ YES
☒ NO
☐ SOMETIMES
☐ I don’t know because I have never tried

If NO or SOMETIMES, please check all that apply to you

☐ Only if the bus has a wheelchair lift
☐ I cannot climb the steps
☐ I don’t want to use the lift
☐ Other:_____________________________

13. If you are able to get on and off a SporTran bus, can you get to a seat or wheelchair position?

☐ YES
☒ NO
☐ SOMETIMES
☐ I don’t know because I have never tried

If NO or SOMETIMES, please check all that apply to you

☐ I need someone to help me
☐ I have a balance problem
☐ I need the seat nearest the door
☐ Other: ___________________________

14. If you are able to get on and off SporTran buses, do you know where to get off the bus or can you find out by yourself?

☐ YES
☒ NO
☐ SOMETIMES

If NO or SOMETIMES, please check all that apply to you

☐ I get confused or lost easily
☐ I can’t if the driver calls out the stops
☐ I probably could with training
☐ Other: ___________________________

15. Are there any other conditions that limit your ability to use SporTran buses?

☐ YES (Please Describe): ______________________________________________________________
__________________________________________________________________________________

☐ NO
NOTE: Travel training is personal (one-on-one) instruction that teaches an individual how to use the SporTran buses.

16. Have you ever had any personal instruction on how to use a SporTran bus?

☐ NO, I have not received any personal instruction
☐ YES, I received personal instruction through an agency

Name of agency: __________________________________________________________

☐ YES, I received personal instruction from a friend/relative

Indicate below all the skills you learned

☐ to travel to and from bus stops ☐ to cross streets
☐ to ride on the following routes (please list them):

Route # _________ Route # _________ Route # _________ Route # _________

☐ reading bus schedules and planning trips
☐ Other: ______________________________________________________________

Did you complete the above described instruction? ☐ YES ☐ NO

17. SporTran will be offering free training to anyone interested in learning how to ride the regular buses. Would you be interested in getting information about this service?

☐ YES ☐ NO

THIS ENDS THE PORTION OF THE FORM TO BE COMPLETED BY THE APPLICANT

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THE NEXT SECTION MUST BE COMPLETED BY THE PROFESSIONAL DESCRIBED ON THE NEXT PAGE
The attached application has been submitted by: ____________________________________________
who has indicated that you are familiar with his/her disability. The purpose of this form is not to verify
the applicant’s medical condition, but to verify the effect of his/her medical condition on the ability to
get around independently. All questions must be answered for this form to be considered complete.
This information will allow SporTran to make a fair evaluation of the applicant’s request for Paratransit
Services. Thank you for your cooperation.

1. Capacity in which you know the applicant: ____________________________________________
____________________________________________________________________________________

How does the disability cause a functional limitation that affects this person’s ability to get around on
his/her own? If the person’s ability to get around on his/her own varies in degree at different times,
explain the worst case scenario. Please be specific.
____________________________________________________________________________________

2. Is this condition temporary?   ☐ Yes      ☐ No

If Yes, expected duration until: __________________________________________________________

3. If the applicant has a disability affecting mobility, answer the following:

a. Assuming the length of a city block is 500 feet, how many blocks can this person walk
   without assistance?
   ☐ 0 Blocks   ☐ 1 Block   ☐ 2 Blocks   ☐ 3 Blocks   ☐ 4 Blocks
   ☐ 5 Blocks   ☐ 6 Blocks   ☐ 7 Blocks   ☐ 8 blocks   ☐ 9 Blocks

b. Does this person use mobility aids?   ☐ Yes      ☐ No   If Yes, what type (s)?
   ☐ Manual Wheelchair   ☐ Electric Wheelchair   ☐ Power scooter   ☐ Crutches
   ☐ Cane   ☐ Walker   ☐ Prosthesis   ☐ Brace
   ☐ White Cane   ☐ Service animal   ☐ Attendant
   ☐ Other: __________________________________________________________

c. With the use of a mobility aid, how many blocks can the applicant travel independently?
   ☐ 0 Blocks   ☐ 1 Block   ☐ 2 Blocks   ☐ 3 Blocks   ☐ 4 Blocks
   ☐ 5 Blocks   ☐ 6 Blocks   ☐ 7 Blocks   ☐ 8 blocks   ☐ 9 Blocks
d. How many 7-inch steps (avg. step height) can this person climb without assistance? ________

e. How many 10-inch steps can this person climb without assistance? ________

f. How long can the person wait for a bus at a bus stop?

☐ 10 minutes  ☐ 15 minutes  ☐ 30 minutes  ☐ Other: _________________

g. Is the individual able to independently maneuver onto and off of a wheelchair lift with or without a mobility aid?  ☐ Yes  ☐ No

h. Does this individual require a Personal Attendant/PCA when traveling on public transit?

☐ Yes  ☐ No

i. Can this individual read informational signs?  ☐ Yes  ☐ No

If No, please explain: ____________________________________________________________
________________________________________________________________________________

j. Can this individual navigate independently?  ☐ Yes  ☐ No

If No, please explain: ____________________________________________________________
________________________________________________________________________________

IS THIS PERSON ABLE TO:

k. Give his/her address and telephone number on request?  ☐ Yes  ☐ No

l. Recognize landmarks while riding a moving vehicle?  ☐ Yes  ☐ No

m. Deal with unexpected situations or unexpected changes in routine?  ☐ Yes  ☐ No

n. Ask for, understand and follow directions?  ☐ Yes  ☐ No

o. Safely/effectively travel through complex and/or crowded facilities?  ☐ Yes  ☐ No

4. If any, what specific weather conditions prevent the individual from getting around on his or her own?

Please explain completely: __________________________________________________________
________________________________________________________________________________

5. Please describe any other functional limitation(s) affecting mobility not described above. Be Specific:

________________________________________________________________________________
________________________________________________________________________________

6. Your Name and Title: __________________________________________________________

Office Address: ___________________________________________ Off. Phone: ________________

Signature: ___________________________________________ Date: ____________________