



## Eau Claire City/County Paratransit Program

# APPLICATION FOR PARATRANSIT CERTIFICATION

The City of Eau Claire and Eau Claire County provide a joint specialized transportation program for people whose disabilities **prevent** them from using the city bus system, and for those with disabilities or who are age 60 or older in the rural parts of the County who do not have access to any transportation service. The Eau Claire City/County Paratransit Program is contracted through Abby Vans, Inc. The City of Eau Claire is required to provide this service under the auspices of the Americans with Disabilities Act (ADA).

The information obtained in this certification will be used only for the provision of the Eau Claire City/County Paratransit Program. It will not be shared with any other person or agency, other than the subcontractors, including Abby Vans, Inc. and Western Dairyland EOC, Inc., hired in the provision of the service. **It is very important that you complete the application thoroughly.** Incomplete applications may be returned, thereby delaying the certification process.

**Your application may be approved for full eligibility (unconditional) or on a limited basis for some trips only (conditional eligibility). If you are found to be capable of using Eau Claire Transit for all trips, without the help of another person, you will not be eligible for Paratransit.**

After studying your application, we may need to:

- Contact you by phone
- Schedule a personal interview or a functional evaluation
- Consult with your doctor, health professional, or other specialist about your condition and/or abilities.

The personal interview may include discussion of route travel training assistance and/or an assessment to determine your ability to take a public transit trip. Travel training could include walking to a bus stop, reading signs, mapping landmarks, route mapping and informational materials regarding the Eau Claire Transit system. Western Dairyland staff will be available to provide individualized travel assistance to you.

**Please note that you will be contacted via telephone if you need to be evaluated in person.** All applicants will receive a letter within twenty-one days of receipt of the application with a determination. If you are denied, the appeals process will be provided.

**ALL BUSES IN THE EAU CLAIRE TRANSIT FLEET ARE 100% ACCESSIBLE. BUSES “KNEEL” TO CURB LEVEL AND DEPLOY RAMPS FOR PERSONS IN MOBILITY DEVICES (WHEELCHAIRS OR SCOOTERS). THERE ARE NO STEPS TO NEGOTIATE.**

*Revised 11-29-23*

**PLEASE TYPE OR PRINT:**

<i>For office use only:</i>
Date Received _____
Category _____
Status _____
Effective Date _____
Expiration Date _____

1. Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_  
(Include facility name if applicable)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Municipality (Fill in one)

City of: \_\_\_\_\_

Village of: \_\_\_\_\_

Town of: \_\_\_\_\_

3. Telephone number (home) \_\_\_\_\_ (work) \_\_\_\_\_

4. Date of birth \_\_\_\_\_

5. Are you on Medical Assistance? (Not to be confused with Medicare)  Yes  No

**Please answer the following questions in detail. Specific answers regarding any disability will help us to determine your eligibility or to provide you with the proper service. If you have no disability or problematic health condition, you may proceed to question #12.**

6. If you have one, what is your disability or problematic health condition? (If none, go to #12)

\_\_\_\_\_  
\_\_\_\_\_

Is this condition temporary?  Yes  No If "Yes," the expected duration is until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. If you live in Eau Claire or Altoona, **how** does your disability/health condition prevent you from using the city bus? Please explain thoroughly. (*Attach additional information if necessary.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. When did you first experience the condition(s) you described above?

0-1 year ago  1 – 5 years ago  Longer than 5 years

9. Do the conditions you described change from day to day in a way that affects your ability to use public transit?

Yes, good on some days, bad on others  No, doesn't change  Don't know

10. Which, if any, of the following aids for mobility do you use? (*Check all that apply.*)

Manual wheelchair  Electric wheelchair  Electric scooter  Walker  
 Guide animal  White Cane  Cane  Crutches

If you use a wheelchair or electric scooter, please provide the following information:

Make/Model \_\_\_\_\_ Size of device: Length \_\_\_\_\_ Width \_\_\_\_\_

Your weight \_\_\_\_\_ Weight of chair \_\_\_\_\_

**All of our accessible vehicles meet or exceed the ADA minimum requirements for size and weight restrictions of mobility devices. It is important that your device meet those parameters in order for us to be able to guarantee transport.**

11. Please answer the following questions about your disability/health condition:

Do you travel with a Personal Care Attendant (PCA)?

Yes       No       Sometimes (PCAs ride free only if you indicate to us that you ride with one.)

Do you use a communication aide?

Yes       No      If "Yes," please specify the device \_\_\_\_\_

Does your disability allow you to give addresses and telephone numbers upon request?

Yes       No       Sometimes \_\_\_\_\_

Does your disability allow you to recognize a destination landmark?

Yes       No       Sometimes \_\_\_\_\_

Does your disability allow you to ask for, understand and follow directions?

Yes       No       Sometimes \_\_\_\_\_

**12. Please check which best describes your current living situation:**

- 24-hour care or Skilled Nursing Facility
- Assisted Living Facility
- I receive assistance from someone that comes to my home to help with daily living
- I live with family members who help me
- I live independently (without the assistance of another person)

13. List the names of two people who may be contacted in case of an emergency:

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ (H)

Relationship \_\_\_\_\_ (W)

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ (H)

Relationship \_\_\_\_\_ (W)

Address \_\_\_\_\_

14. Please answer all the following questions about your mobility:

Can you travel from your residence to the curb or roadside without assistance?

Yes       No       Sometimes \_\_\_\_\_

Can you travel one block without the assistance of another person?

Yes       No       Sometimes \_\_\_\_\_

Can you travel ¼ mile (2-4 city blocks) without the assistance of another person?

Yes       No       Sometimes \_\_\_\_\_

Can you travel ¾ mile (6-8 city blocks) without the assistance of another person?

Yes       No       Sometimes \_\_\_\_\_

Can you wait outside without support from another person for 10 minutes?

Yes       No       Sometimes \_\_\_\_\_

Using a mobility device or on your own, can you make your way to a bus stop?

Yes       No (Check all that apply to you.)

- I live in a rural area or too far from any public bus stop.
- I cannot find the stop because I get confused.
- I need assistance when I travel to the bus stop.
- I cannot cross the street.
- I do not want to ride the regular bus.
- Heavy rain/snow makes it impossible for me to get there.
- Other \_\_\_\_\_

How do you currently travel to your frequent destinations? (Check all that apply.)

Drive myself       City bus       Paratransit  
 Taxi       Someone drives me       Other, please explain \_\_\_\_\_

Have you ever ridden a city bus?

Yes    Why do you no longer ride the city bus? \_\_\_\_\_

No    Why not? Please explain \_\_\_\_\_

If you live nearby a bus stop and personalized assistance was provided to teach you how to ride the city bus, would you be willing to use it? Why or why not? \_\_\_\_\_

15. In order for your application to be evaluated, it **MAY** be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form:

The following professional is **most** familiar with my disability/health condition and is authorized to provide Eau Claire Transit and their designated Certification Services Provider (Western Dairyland) with the information required to complete this certification. (If more than one professional is involved with your care, please attach additional information.)

- Physician                       Registered Nurse                       Rehabilitation professional  
 Occupational therapist       Physical therapist                       Mental health professional

Professional(s) Name \_\_\_\_\_

Facility \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ FAX \_\_\_\_\_

*I hereby authorize the above professional to provide the required information to Eau Claire Transit and/or Western Dairyland. I certify that the information here and on the preceding pages is correct. I understand that falsification of information may result in denial of service and may lead to criminal prosecution according to appropriate federal and state law.*

*Furthermore, I understand that it may be necessary for me to participate in an in-person evaluation to determine my eligibility for paratransit services. This evaluation will be provided, under contract, at Western Dairyland.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

16. Would you like someone from Eau Claire County's Aging and Disability Resource Center (ADRC) to contact you to discuss further transportation options?                       YES                       NO

17. If this application has been completed by someone other than the person requesting certification, he/she must supply the following information about him/herself:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Would you like correspondence regarding this application and service sent to you?

Yes                       No                       Certain conditions \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or fax this COMPLETED application form to:**  
**Eau Claire Transit**  
**910 Forest Street**  
**Eau Claire, WI 54703**  
**715/839-5111    715/839-1693 (FAX)**

Please note all applicants will receive a letter within 21 days of receipt of the application. If you are denied, the appeals process will be provided.