

Lake County Connection

Application For Paratransit Services

Lake County provided two types of public transportation:

1. **Lake County Connection** is a “door-to-door” shared ride **paratransit service** provided only to those individuals who cannot use the regular fixed route and meet eligibility requirements. Eligible passengers call to request a pick up at home or other locations within the county.

2. **Lake Express** is the “fixed route” which is open to the general public. (No eligibility requirements) Passengers go to a bus stop or to a safe point along the bus route and wait for the bus. (Until sufficient bus stop signs are installed, passengers may “flag” down the fixed route bus at safe locations on the route) Note: fixed route is scheduled to start in February, 2007.

Instructions to Applicant or Proxy:

- Please read the enclosed Paratransit eligibility criteria carefully. If you feel that you meet these criteria, please fill out the applicable sections of this form.
- Please be sure to print and complete all information requested and sign where appropriate.
- Have the Professional Verification sections completed and signed by an approved health care professional. Information may be verified. You may attach supporting documentation.

Lake County Connection provides paratransit services in specially equipped vans and sedans to persons who cannot use the regular bus system (Lake Express). To be eligible for Lake County Connection, individuals must have disabilities that prevent the use or access of the regular bus system. Neither age, income, access, or distances to the nearest bus stop by themselves are eligible disabilities. Any false or misleading statements will be cause for revoking paratransit eligibility.

Determination of paratransit eligibility is not based solely on the information given to us in this application. The applicant may be required to participate in our Functional Assessment interview to determine the best mode of transportation. The applicant will be notified by mail to schedule an appointment.

Incomplete or illegible applications will be returned causing a delay of the Applicant’s eligibility determination. Federal guidelines mandate that determinations for paratransit eligibility be made within 21 days from receipt of a completed application. Applicants will be granted presumptive eligibility if determination has not been made within the 21 days of the submission of the completed application.

Alternative accessible formats available upon request.

When completed, please return this form to:

Lake County Connection
P.O. Box 491597
Leesburg, FL 34749
Attention: Eligibility
Phone: 352-326-2278 Option 3
Fax: 352-365-2982

New _____

Recertification _____

_____/_____/_____
Date of Birth

* _____ - _____ - _____
Social Security Number

Medicaid Number

Last Name First Name Middle Initial M/F

Home Address Apt Number City State Zip Code

If this is a "Gated Community," please provide gate code _____

Home Phone Work Phone Cell Phone Email Address

Complex/Subdivision Nearest Intersecting Street Nearest Bus Route

Mailing Address Apt Number City State Zip Code

Emergency Contact Name Relationship Daytime Phone

Address Apt Number City
State Zip Code

*Lake County/MV Transportation collects your social security number for the following purposes: Identification and Verification; Billing and Payments; Benefits processing, and social security numbers are also used as a unique numeric identifier and may be used for search purposes.

Applicant Release:

I understand that the purpose of this evaluation form is to determine my eligibility for Lake County Connection 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 hereby authorize my medical representative to release any and all information regarding my medical condition to Lake County Connection. I understand that providing false or misleading information could result in my eligibility status being revoked. I agree to notify Lake County Connection within 10 days, if there is a change in circumstances or I no longer need to use paratransit services.

Applicant's Signature

Date

If applicant is unable to sign this form, he/she may have someone sign on his/her behalf.

Signing for Applicant

Relationship

Date

Applicant's Name

Please check which condition(s), prevents you from accessing a regular Lake Express, fixed route bus.

_____ None, I rather use the door-to-door service. (Please complete section A only)

_____ The bus stop is too far or the bus does not run where I need to go.
(Please complete section B only)

_____ My disability prevents me from using the regular bus system.
(Please complete section C only)

Section A

1. How do you currently travel to your destination?
Lake County Connection _____ Taxi ____ Driver yourself _____ Other _____
2. Do you have friends or relatives who can take you? _____
3. What is your annual household income? _____
4. How many people (including yourself) are in your household? _____
5. Have you in the past 2 years, qualified for public assistance?
No _____ Yes _____
6. Do you have weekly scheduled medical appointments (such as dialysis, etc)? If
Yes, list: _____
7. How many medical appointments do you have a month? 1-2____ 3-4____ 5-6____
More than 7____
8. Do you or anyone in your household have a car? _____ (Information may be
verified by DMV)
9. Would you like to ride the bus with a provided bus pass? Y or N
10. Do you have any of the following? (Please check all that apply)

_____ I am on portable oxygen

_____ I have a sight impairment

_____ I am totally blind

_____ I need assist walking

_____ I use a cane

_____ I need an escort

_____ I must travel by wheelchair

_____ I use crutches

_____ I have a medical impairment

_____ I am legally blind

_____ I have a hearing impairment

_____ I use a walker

_____ I have a service animal

_____ I have a personal care
Attendant

_____ I must travel by stretcher

Applicant's Name

Section B

1. How far is the nearest bus stop? _____
2. Do you currently ride Lake County Connection busses? Yes ___ No ___
3. Have you used Lake County Connection service in the past 6 months?
_____ If no, why not?

4. What are your transportation needs? _____
5. How do you currently travel to your destination? Lake County Connection
bus ___ Taxi ___ Drive yourself ___ Other _____
6. Do you have weekly scheduled medical appointments (such as dialysis,
etc)? _____ If yes, list _____
7. How many medical appointments do you have a month? 1-2 ___ 3-4 ___
5-6 ___ More than 7 _____
8. Do you or anyone in household have a car? (Information may be verified)

9. Would you like to ride the bus with a provided bus pass? Y ___ N ___
10. Does the bus go to where you want to go? Y ___ N ___

Please check all that apply to you.

- | | |
|--|-----------------------------------|
| _____ I am on portable oxygen | _____ I have a mental impairment |
| _____ I have a sight impairment | _____ I am legally blind |
| _____ I am totally blind | _____ I have a hearing impairment |
| _____ I need assist walking | _____ I use a walker |
| _____ I use a cane | _____ I have a service animal |
| _____ I have a personal care attendant | _____ I need an escort |
| _____ I must travel by wheelchair | _____ I must travel by stretcher |
| _____ I use crutches | |

Section C

Functional Ability

Please answer yes or no

Without the help of someone else, can you:

- | | |
|--|--------|
| Board a lift-equipped bus? | Y or N |
| Handle coins and transfers? | Y or N |
| Read/hear/understand directions? | Y or N |
| Wait outside without support for 15 minutes or more? | Y or N |
| Travel one block on a sidewalk? | Y or N |
| Grip handles and railings? | Y or N |
| Travel to nearest bus stop? | Y or N |
| Balance while seated? | Y or N |
| Stand at a bus stop? | Y or N |
| Give your address and phone number | Y or N |
| Walk $\frac{3}{4}$ of a mile? | Y or N |
| Safely travel through crowded and/or complex facilities? | Y or N |
| Identify the correct bus? | Y or N |
| Recognize a destination or landmark? | Y or N |
| Climb a 12 inch step? | Y or N |
| Cross a street? | Y or N |

Section C Continued

If you answered no to any of the above, please explain.

What conditions or elements prevent you from getting to and from a regular bus stop?

There are no curb cuts _____ There are no sidewalks _____
Ground is not level _____ Slightly on an incline _____
High levels of pollution _____ Extreme weather _____
Busy intersection _____ Other _____

Do you use any of these mobility aids or equipment? (Please check all that apply)

Portable oxygen _____ Service Animal _____ Walker _____
Cane _____ Crutches _____ Stretcher _____
Powered Wheelchair _____ Manual Wheelchair _____
Scooter _____ Leg Brace _____ Other (specify) _____
I do not use any of these mobility aids or equipment _____

NOTE: Mobility devices that exceed the ADA definition of a common wheelchair cannot be accommodated. All wheelchairs or scooters must be no longer than 48 inches, no wider than 30 inches, and must not have a weight of more than 600 pounds when occupied.

Do you have any of the following? (Please check all that apply)

_____ I have a mental impairment _____ I have sight impairment
_____ I am legally blind _____ I am totally blind
_____ I have a hearing impairment _____ I need assist walking
_____ I have a personal care attendant _____ I need an escort

Applicant's Name

Section D
Professional Verification
Must be completed by a licensed professional

The applicant is requesting certification to use Lake County Connection paratransit service. Lake County Connection is a door-to-door, shared ride program for individuals with physical or cognitive disabilities who are unable to use or access the regular public transportation service.

Please complete the medical verification section of this application. The information you provide must be based solely upon the applicant having an actual physical or cognitive limitation, which prevents the use of our bus service. The diagnosis of a potentially limiting illness or condition is not sufficient determination for paratransit services.

What is the applicant's disability?

How does this condition functionally prevent the applicant from using the regular bus service?

What other normal life functions are prevented by the disability?

Is the applicant's disability: Permanent _____ Temporary _____
If temporary until when? _____

Signature

Date

License number and State Issued OR Title and Signature of Director/CEO of Agency

Print Name _____

Business Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Ext. # _____ Contact Person _____