

# LONGVIEW TRANSIT CERTIFICATION OF ADA ELIGIBILITY

Return completed application to:

**LONGVIEW TRANSIT**  
**Attention: Tequita Mumphrey**  
**908 E. Pacific Ave., Suite #200**  
**Longview, Texas 75602**  
**Fax#: (903) 753-2291**  
[tmumphrey@longviewtransit.com](mailto:tmumphrey@longviewtransit.com)

**OFFICE USE ONLY**

Date Received:  
\_\_\_\_\_

In-Person Interview Date:  
\_\_\_\_\_

Determination Date:  
\_\_\_\_\_

Expiration Date:  
\_\_\_\_\_

LONGVIEW TRANSIT will only use the information obtained in this certification process for the provision of transportation services.

**PART I – To Be Completed By Applicant (*Please Print or Type*)**

_____	_____	_____
Last Name	First Name	Middle Initial
_____		_____
Street Address		Apartment Name/No.
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Home Phone	Work Phone	Date of Birth

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**PART II – Please answer all of the following questions.**

- Are you able to board and disembark without assistance from Longview Transit staff or a wheelchair lift?  
 Yes\_\_\_\_ No\_\_\_\_ If no, please explain:\_\_\_\_\_
- Are you able to board and disembark without assistance from Longview Transit *with* a wheelchair lift?  
 Yes\_\_\_\_ No\_\_\_\_ If no, please explain:\_\_\_\_\_
- Are you able to travel to the nearest bus stop?  
 Yes\_\_\_\_ No\_\_\_\_ If no, please explain:\_\_\_\_\_
 

Location:\_\_\_\_\_ How Far:\_\_\_\_\_
- Do you currently use Longview Transit services?  
 Yes\_\_\_\_ No\_\_\_\_
 

What routes?\_\_\_\_\_

5. Are you able to handle money and transfers?  
 Yes\_\_\_ No\_\_\_ If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_
6. And are you able to use railings and handles?  
 Yes\_\_\_ No\_\_\_ If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_
7. Are you able to keep balance while seated on a moving bus?  
 Yes\_\_\_ No\_\_\_
8. Are you able to understand bus schedules? Yes\_\_\_ No\_\_\_  
 Understand and follow directions? Yes\_\_\_ No\_\_\_  
 Process information to ride Longview Transit? Yes\_\_\_ No\_\_\_
9. If you can use a lift-equipped bus, are you presently unable to ride because:  
 \_\_\_ One of more routes you want to ride do not have lift-equipped buses?  
 \_\_\_ The lift cannot be operated at bus stops where you need to board?  
 \_\_\_ Your wheelchair cannot be accommodated on a transit vehicle?  
 \_\_\_ Other reasons. Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Are you prevented from traveling to or from a bus stop boarding location for one or more of the following reasons?  
 \_\_\_ Inability to negotiate hilly terrain  
 \_\_\_ Extreme sensitivity to climatic conditions  
 \_\_\_ Allergic/environmental sensitivities  
 \_\_\_ Hyper-fatigue, frailty  
 \_\_\_ Night blindness  
 \_\_\_ Inability to cross busy intersections  
 \_\_\_ Inability to climb three 10-inch steps  
 \_\_\_ Bus stop too far away  
 \_\_\_ Other reasons. Please explain: \_\_\_\_\_  
 \_\_\_\_\_
11. Are you able to perform the following functions without supervision?
- a) Find your way between familiar locations?  
 Yes\_\_\_ No\_\_\_ Yes, with training \_\_\_
- b) Signal the bus driver to get off at a familiar stop and get off the bus there?  
 Yes\_\_\_ No\_\_\_ Yes, with training \_\_\_
- c) At a bus stop served by more than one bus route, can you distinguish the correct bus to board and indicate your intention to board?  
 Yes\_\_\_ No\_\_\_ Yes, with training \_\_\_

12. Are you able to perform the following functions without the assistance of another person?  
 \_\_\_ Travel 200 feet (the length of a city block)  
 \_\_\_ Travel ¼ mile (the length of 3 city blocks)  
 What is the maximum distance you can travel to get to a bus stop? \_\_\_\_\_
13. Is your ability to get from place to place affected by:  
 \_\_\_ Terrain, such as steep hills, no sidewalks/crosswalks, or other conditions  
 \_\_\_ Rain, snow, ice  
 \_\_\_ Extreme temperatures of heat or very cold, windy weather
14. Are you able to wait outdoors for 10 minutes?  
 Yes\_\_\_ No\_\_\_ Sometimes\_\_\_  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_
15. Do you have trouble standing for more than 15 minutes?  
 Yes\_\_\_ No\_\_\_ Sometimes\_\_\_  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_
16. Does your disability allow you to use the bus when you are feeling well?  
 Yes\_\_\_ No\_\_\_
17. Does your disability allow you to use the bus when you are *not* feeling well?  
 Yes\_\_\_ No\_\_\_
18. Are there sidewalks at your residence?  
 Yes\_\_\_ No\_\_\_
19. How would you describe the terrain where you live? (very steep hill, long gradual hill, flat, etc.) \_\_\_\_\_  
 \_\_\_\_\_
20. Are you able to cross the street or a busy intersection by yourself?  
 Yes\_\_\_ No\_\_\_ If yes, under what conditions \_\_\_\_\_  
 \_\_\_\_\_
21. Longview Transit provides free travel training on fixed route. Would you be interested in learning to ride independently by participating in travel training? Yes\_\_\_ No\_\_\_
22. List three of your most frequent destinations, and how you get there?

Destination or Street Address	Frequency of Travel	How do you get there now?
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Are there places you would like to go that you *cannot* get to now?

Destination or Street Address	Frequency of Travel	Barriers?
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. How did you find out about the LONGVIEW TRANSIT service?

\_\_\_\_\_

\_\_\_\_\_

PART III – Please answer all of the following questions.

The following information will be used to ensure that an appropriate vehicle is sent to provide transportation and that LONGVIEW TRANSIT can make an accurate analysis of the applicant's trip requests.

Does the applicant use any of the following mobility aids? (Check all that apply)

<input type="checkbox"/> Cane	<input type="checkbox"/> Power Chair	<input type="checkbox"/> Communication Board
<input type="checkbox"/> White Cane	<input type="checkbox"/> Large Power Chair	<input type="checkbox"/> Service Animal
<input type="checkbox"/> Walker	<input type="checkbox"/> Power Scooter *	<input type="checkbox"/> Portable Oxygen Supply
<input type="checkbox"/> Crutches	<input type="checkbox"/> Manual Chair	<input type="checkbox"/> Personal Care Attendant
<input type="checkbox"/> Leg Braces	<input type="checkbox"/> Picture/Alphabet Board	<input type="checkbox"/> Other: _____

\* If a power scooter is used, please provide model, weight, and dimensions specific to the client's scooter. Mobility devices that exceed the recommended lift weight limit will not be allowed on the lift. To reduce the weight customers may board separately from their mobility device.

Scooter  
Model \_\_\_\_\_ Make \_\_\_\_\_ Weight/Dimensions \_\_\_\_\_

PART IV – Please select someone who would NOT be riding with you.

**In Case Of Emergency Notify:**

Name		Relationship	
Home Phone		Work Phone	
Address	City	State	Zip Code

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PART V – Please initial each box.

I understand the following rights and responsibilities:

1. LONGVIEW TRANSIT is public transportation and I will be sharing rides with other passengers.....
2. LONGVIEW TRANSIT does not provide same day or emergency 911 services. ....
3. I must show my LONGVIEW TRANSIT ID card, and have the correct fare ready each time I ride (LTMI drivers does not provide change) .....
4. Patterns of “No Shows” will result in ridership suspensions.....
5. LONGVIEW TRANSIT has (15) minutes before and (15) minutes after the scheduled pick up time to arrive.....
6. LONGVIEW TRANSIT will wait only (5) minutes from the time it arrives.....
7. LONGVIEW TRANSIT will provide reasonable accommodation to customers. If you need reasonable accommodation, notify the dispatch when scheduling your trip. ....

I certify that the information provided in this application is accurate. I understand that false information may result in the denial or annulment of LONGVIEW TRANSIT service. I further understand that all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform those services.

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Interviewer’s Signature \_\_\_\_\_

Date \_\_\_\_\_

**If applicant has been assisted by someone else in completing this application, that person must complete the following:**

Last Name	First Name	Middle Initial
Street Address		Apt. No.
City	State	Zip Code
Home Phone	Work Phone	Relation to Applicant

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**Office Use Only**

Screening Committee Review:

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Decision: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Decision: \_\_\_\_\_

Demographics:

Age \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_ Nationality \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dear Health Care Provider:**

The Americans with Disabilities Act and its implementing federal regulations established categories of persons who are eligible to receive paratransit services complementary to fixed-route bus services. The three categories of persons with rights to complementary paratransit are:

1. Persons who, because of their disability, cannot independently board, ride and/or disembark from an accessible vehicle.
2. Applicants who can use or learn to use an accessible public transit system, but the system is not fully accessible.
3. Persons who, because of their disability, cannot get to or from a boarding or disembarking location.

Any individual is to be certified as ADA paratransit eligible if there is any part of the transit system that cannot be used or navigated by that individual because of a disability. Persons are not to be qualified or disqualified on the basis of a specific diagnosis or disability.

The information requested from you on the following pages will allow LONGVIEW TRANSIT to obtain the information necessary to establish eligibility of the applicant.

Thank you for your assistance.



Applicant height: \_\_\_\_\_

Applicant weight: \_\_\_\_\_

Can the applicant walk or wheel ¼ mile (2 blocks) without the assistance of another person?

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

1. Can the applicant climb three 10-inch steps with assistance?

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

2. Can the applicant wait outside without support for 15 minutes?

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

3. Is applicant on dialysis?

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

4. Does the applicant have a hearing impairment?

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

5. Is the applicant able to give addresses and phone numbers upon request?

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

6. Is the applicant able to recognize a destination or landmark?

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

7. Is the applicant able to deal with unexpected situations or unexpected changes in routine?

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

8. Is the applicant able to ask for, understand, and follow directions?

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

9. Is the applicant able to safely and effectively travel alone through crowded and/or complex facilities?

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

