

VOTRAN			
PARATRANSIT SHARED-RIDE APPLICATION FORM			
	ADA	UTD	RURAL

Paratransit Shared-Ride Service is only available for individuals with a disability who cannot use **VOTRAN** regular bus service or are unable to obtain or make arrangements for transportation through their own efforts or those of their friends, family or volunteers. The information requested on this application is intended help us determine when and under what circumstances the applicant can use the **VOTRAN** regular bus service and when the customer will need to use **Paratransit Shared-Ride Service**.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The applicant (or someone assisting the applicant) must complete the application in full. **A LICENSED PROFESSIONAL MUST COMPLETE SECTION 8.**

The Certification process may involve a telephone interview or a personal functional assessment to determine if the applicants needs. **VOTRAN** will pay for the functional assessment as well as provide transportation to and from the evaluation, if necessary. **All questions must be answered. INCOMPLETE APPLICATIONS WILL BE RETURNED.** If you have any questions or need assistance completing this application, please call our Customer Service Department at (386) 756-7496 ext. 4104 or 4130.

PLEASE BE ADVISED, PROCESSING OF THIS APPLICATION CAN TAKE UP TO 21 DAYS.

**WHEN COMPLETED, PLEASE RETURN THIS APPLICATION TO:
VOTRAN
950 Big Tree Road
South Daytona, Florida 32119**

DO NOT WRITE IN THIS SPACE			
New Application: _____	Re-certification: _____		
Date Received: _____	Approved: _____	Date: _____	
Reviewed By: _____	Denied: _____	Date: _____	
Bill Code: _____	Third Part Review: _____	Date: _____	
PCA Needed: Yes: _____ No: _____	Fixed Route Referral Y/N	Date: _____	

PLEASE DO NOT REMOVE THIS PAGE

SECTION 1. GENERAL INFORMATION

PLEASE PRINT

Male

Last Name: _____ First Name: _____ Female

Street Address: _____ Apt.#: _____

Building Complex or Name: _____

City: _____ State: _____ Zip Code: _____

Mailing Address if different from above: _____

Telephone Number: _____ Date of Birth: _____

Do you live in a nursing home, ACLF or boarding house? ___ Yes ___ No

If **YES**, does this facility have a vehicle to transport residents? ___ Yes ___ No

Have you ever been transported by this facility? ___ Yes ___ No

Social Security Number: _____

If someone helped you complete this application, please identify them:

Name: _____ Phone Number: _____

Relationship: _____

Can they assist with your travel arrangements in the future? ___ Yes ___ No

Please provide information for someone we can contact in an emergency:

Name: _____ Phone Number: _____

Relationship: _____

Do you require materials or correspondence in an alternative format? If so, please list acceptable formats: _____

SECTION 2. ABILITY TO USE VOTRAN REGULAR BUSES

Please indicate below the reasons why you are seeking Paratransit eligibility: **(check all that apply)**

_____ I can use VOTRAN regular bus service to go some places, but for other trips I cannot get to and from the bus stops.

_____ I do not know how to use VOTRAN regular bus service, but could use it if I received training.

_____ Because of my disability, I can never use VOTRAN regular bus service. State reason: _____

_____ Other reasons _____

SECTION 3. CURRENT TRAVEL INFORMATION

1. How do you currently travel to appointments or to other activities such as grocery shopping?

2. How many personal vehicles are owned or used by members in your household?

_____0_____1_____2 or more

3. Are these vehicles available for use? If not, please state why not.

SECTION 4. INFORMATION ABOUT APPLICANT'S CIRCUMSTANCE

4. What prevents you from using VOTRAN regular bus service?
(check all that apply)

_____ Physical Disability

_____ Visual Disability

_____ Hearing Impairment

_____ Mental disability

_____ Other, please explain in detail: _____

5. Is the circumstance described above temporary or permanent?

_____ Temporary, I expect it to last for another _____ months

_____ Permanent _____ I don't know

6. Please circle the appropriate mobility aid(s) or equipment listed below that you use to assist you when you travel.

Powered scooter

Walker

Oxygen

Powered wheelchair

Cane

Service animal

Manual wheelchair

Other (describe) _____

NOTE: We cannot accommodate you if your wheelchair or scooter exceeds 48 inches in length, 30 inches in width or the weight is more than 600 pounds when occupied.

7. Do you require the assistance of a Personal Care Attendant or escort? (someone who must assist you with daily functions)?

_____ Yes _____ No

SECTION 5. HISTORY OF USING REGULAR VOTRAN BUSES

- 7. Have you ever used the VOTRAN regular bus service?
 _____ Yes, I typically use the regular bus service _____ times a week.
 _____ Yes, I used to but stopped, because _____
 _____ No

NOTE: All Votran buses are wheelchair accessible. Therefore, use of a wheelchair does not automatically justify use of paratransit service.

SECTION 6. COMMON DESTINATIONS

- 8. List the doctors, medical facilities or other locations you visit on a regular basis and how you currently travel to those appointments.
 - a. Doctors Name _____
 Phone Number _____
 Address _____
 - b. Doctors Name _____
 Phone Number _____
 Address _____
 - c. Other non-medical destination _____
 - d. Other non-medical destination _____

SECTION 7: APPLICANT CERTIFICATION

I understand the information contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility for **Paratransit Shared-Ride Service**. I certify the information provided in this application is true and correct. I understand that providing false or misleading information, or making false statements on behalf of others constitutes fraud and is considered a felony under the laws of the State of Florida. I authorize the professional(s) listed to release information to VOTRAN about my disability and its effects on my ability to travel on the regular VOTRAN bus service. I understand that I may revoke this authorization at any time by written notice to VOTRAN.

THIS APPLICATION MUST BE SIGNED

Signature of applicant: _____ **Date:** _____

January 31, 2008

Votran Gold Paratransit Application