



Citylink Edmond
 407 W. 15TH Street Suite #1
 Edmond, OK 73013
 Customer Service: (405) 509-6370
 Fax (405) 509-6371
citylinkedmond@gmail.com

OFFICE USE ONLY	
Determination of ADA Eligibility	
Date:	_____
Reviewed By:	_____
Approved:	Yes No

**Application for
 Citylink Access Paratransit Service**

PART I – General Information to be completed by applicant
(Please Print or Type)

First Name	Middle	Last Name	Date of Birth
Street Address		Bldg & Apt. #	Name of Apt. or Living Center
City	State	Zip Code	
Home Phone	Work Phone	Cell Phone	

In Case of Emergency, please notify:

Name	Relationship	Phone Number(s)
Name	Relationship	Phone Number(s)

PART II – Information on disability and mobility equipment

Please briefly describe the disability that prevents you from using regular bus service:

Is your disability permanent? Yes No
 Of not, expected duration of your disability? # weeks: _____ # months: _____

Have you ever had a seizure? Yes No
If yes, what type? _____ How often? _____
Are seizures controlled with medication? Yes No

Do you use any of the following mobility aids? (Check all that apply)

- | | | |
|---------------------------------------------|--------------------------------------|------------------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Braces | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Other _____ | |

PART III – Questions on using Citylink fixed route bus service

1. Have you ever used Citylink’s fixed-route bus service? Yes No
If no, are you prevented from traveling to or from a bus stop boarding location for one or more of the following reasons? Please mark all that apply.

- Inability to negotiate hilly or rough 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 into bus
- Bus stop too far away
- Lack of sidewalk or handicap ramp
- Other _____

2. Are you able to travel to the nearest bus stop? Yes No
If no, please explain: _____

3. Are you able to use railings and handles? Yes No
If no, please explain: _____

4. Are you able to keep balance while seated on a moving bus? Yes No
If no, please explain: _____

5. Are you able to understand bus schedules? Yes No
Understand and follow directions? Yes No
Process information to ride Citylink? Yes No

6. 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

7. Are you able to perform the following functions without the assistance of another?
 Travel 200 feet (the length of a city block)
 Travel ¼ mile (the length of three city blocks)
8. Are you able to wait outside for 10 minutes?
 Yes No Sometimes
9. Do you have trouble standing for more than 15 minutes?
 Yes No Sometimes
10. Are you able to cross the street of a busy intersection by yourself?
 Yes No
11. If bus travel training were available, would you be interested in participating?
 Yes No
12. Please read the following statements and check those which best describe what you believe is your ability to use a Citylink bus without assistance. You may select more than one.
- I can use the Citylink bus for some trips, but not at other times because there are barriers that prevent me from using the system.
 - I use the Citylink bus service frequently.
 - I have difficulty understanding and remembering all of the things that I would have to do to find my way to and from the bus.
 - I believe I could learn to ride the bus, if someone taught me.
 - I have a visual disability can change from day to day. I can ride the bus only when my vision is well.
 - The severity of my disability can change from day to day. I can ride the bus only when I am feeling well.
 - I can never use the bus by myself.
 - I can get to and from the bus if the distance is not too great and the route is barrier-free.

13. List three of your most frequent destinations, and how you get there?

Destination	Frequency of travel	How do you get there now?

PART IV – Please initial all of the following statements indicating you have read and understand each statement.

By initialing, I indicate understanding of my rights and responsibilities for Citylink Access Paratransit Service and they are:

1. _____ CAPS is public transportation and I will be sharing rides with other passengers.
2. _____ CAPS does NOT provide emergency service.
3. _____ Four “No shows” in 30 days could result in suspension of service.
4. _____ CAPS operators may arrive 15 minutes before of 15 minutes after the scheduled pick-up time.
5. _____ CAPS operators will only wait 5 minutes from the time they arrive.
6. _____ Wheelchair lifts can accommodate up to 600 lbs, and 32 inches in width. I understand the combined weight of me, my wheelchair, and accessories must weigh less then 600 lbs. I also understand the width of my wheelchair cannot exceed 32 inches.
7. _____ CAPS reserves the right to require a Personal Care Attendant (PCA) at the time of pick-up. If I am required to have a PCA at the time of pickup, and I do not have one, I will be unable to ride.

I certify the information provided in this application is accurate. I understand that false information may result in the denial or annulment of 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

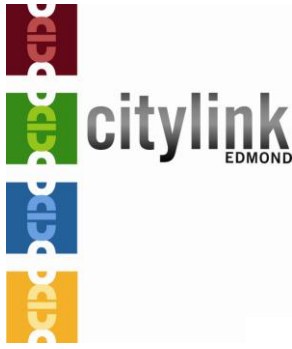
Date

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

Name Relationship Phone Number

Signature

Date



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**Physician Verification of Disability Form for
Citylink Access Paratransit (CAPS)**
Please Note: Incomplete forms will be returned to applicant.

Patient Name _____ Patient DOB _____

Patient's Address: _____

The person named above is **currently being treated** or **was formerly treated** by me. The person has informed me of his/her intent to apply for Citylink Access Paratransit Service (CAPS). The information provided in this form is intended to verify any medical or health conditions that **prevent** the applicant from using Edmond's Citylink fixed route bus service.

Please Check One: _____ Physician
 _____ Licensed health Care Provider
 _____ Licensed Rehab/Social Worker

Medical diagnosis and explanation of condition causing disability:

Disability Status (Select One):
 Patient will be temporarily disabled for: _____ weeks _____ months.
 Patient is considered permanently disabled.

Does the disability prevent the applicant from utilizing the Citylink fixed route services? If yes, please describe in detail:

Can the applicant walk or wheel ¼ mile (3 blocks) without the assistance of another person?
 Yes No

Can the applicant climb three 10-inch steps with assistance? Yes No

Can the applicant wait outside without support for 15 minutes? Yes No

