

Section I
Personal Information

Please Print In Black Ink Only

1 Last Name: _____ First: _____ Middle Initial: _____

2 Address: _____ Apt. #: _____

3 City: _____ State: _____ Zip Code: _____

4 Date of Birth: _____ Male Female
(**Month/Day/Year**)

5 Daytime Phone: _____

6 Emergency Contact Name: _____ Work Phone: _____

7 Relationship: _____ Home Phone: _____

8 Please Describe Your Disability And Explain How It Prevents You From Using
BAT's Regular Bus Service:

**Section I
Personal Information (Continued)**

9 Is This Condition Temporary? _____ Yes _____ No

If Yes, Expected Duration? _____

10 Are There Any Other Health Conditions Or Disabilities Which Affect Your Ability To Use The Bus? _____ Yes _____ No

If Yes, Please Explain: _____

**Section II
Mobility Information**

11 Which Of These Mobility Aids Or Equipment Do You Use To Help You Get Where You Need To Go?

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Picture Board |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Powered Scooter/Cart | <input type="checkbox"/> Alphabet Board |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> None of the Above | <input type="checkbox"/> Other _____ |

Does wheelchair/mobility device exceed 30 x 48 inches or 600 pounds? _____

12 Using A Mobility Aid, Or On Your Own, How Many Blocks Can You Walk On Level Ground (1 block = 500 feet)?

Number of Blocks: _____

13 Do You Require An Escort Or Attendant When You Travel?

Yes No

Section II
Mobility Information (Continued)

14 Does Your Disability Prevent You From Getting To Or From A Bus Stop?

Yes No

Please Explain: _____

15 Can You Climb Three Steps Without Assistance?

Yes No

Please Explain: _____

16 Is Your Ability To Travel Or Wait Out Doors Affected By Extremes Of Hot Or Cold Weather?

Yes No

If Yes, Please Describe Conditions You Cannot Tolerate? _____

Section II
Mobility Information (Continued)

17 Are You Able To Board Or Disembark From A Standard Transit Bus With A Wheelchair Lift?

Yes No

Explanation If Needed: _____

18 Are You Able To Get Around Independently Without Assistance?

Yes No

19 Are You Able To Ask For, Understand And Follow Directions?

Yes No

20 If This Application Has Been Completed By Someone Other Than The Applicant, That Person Must Complete The Following:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Signature: _____ Date: _____

You Have Now Completed The Applicants Section Of The Eligibility Application. Please Give This Entire Application To The Health Care Professional Most Familiar With Your Functional Limitations.

In Order To Allow MV Transportation To Evaluate Your Request, It May Be Necessary To Contact Your Health Care Professional Who Completed Section III Of This Application. Your Signature Below Will Provide That Authorization.

I Hereby Certify That Ther Information Provided In This Application Is Accurate. I Also Authorize MV Transportation To Contact The Health Care Professional Who Completed Section III Of This Application.

Signature: _____ Date: _____

**Section III
Health Care Professional Verification**

This Portion Of The Application Form Is To Be Completed By The Health Care Or Rehabilitation Professional, Most Familiar With the Applicants Abilities And Disabilities, As They Relate To Their Using A Regular Fixed Route BAT Bus.

Section III Is Intended Not As Verification Of Applicant's Medical Condition, But To Determine The Effect Of The Medical Condition On The Applicant's Ability To Independently Use A Regular BAT Bus On His / Her Own.

All Questions Must Be Answered For This Application To Be Considered Complete.

Note: Each Regular Fixed Route BAT Bus Is Equipped With A Wheelchair Lift. Also, If The Applicant Can Use A Regular Bus, They Are Probably Eligible For A Reduced Rate On The Fixed Route and County Buses.

21 Applicants Name: _____

22 Capacity In Which You Know This Applicant: _____

23 Medical Condition Causing Disability That Prevents Applicant From Getting To, Boarding And/Or Riding On A BAT Bus On His/Her Own.

24 Is Condition Temparary? ___ Yes ___ No

25 Can The Applicant Ever Ride On A Regular BAT Bus? _____
When Under What Conditions? _____

(Questions 27 & 28)
 If Any Answer Is "Unable", Please Explain Function Limitation On Page 8.

26 Is The Applicant Able Or Unable To Perform The Following Activities ?

(a). Able To Climb 3 12 Inch Steps On A BAT Bus Without Assistance?

Able Unable

(b). Able To Get To/From A Regular Bus Stop Without Assistance?

Able Unable

(c). Able To Board Or Disembark Independently From A Standard BAT Bus With A Wheelchair Lift?

Able Unable

(d). Does The Applicant Require An Attendant/Escort When Traveling?

Yes No

27 If The Applicant Has A Cognitive Disability, Is The Person:

(a). Able To Read Informational Signs, Ask Or Follow Directions?

Able Unable

(b). Able To Get Around Independently?

Able Unable

If No, Please Explain: _____

28	Health Care Professional Name: _____
	Health Care Professional Title: _____
	Office Address: _____
	City: _____ State: _____ Zip Code: _____
	Office Phone #: _____ Office Fax #: _____
	Signature: _____ Date: _____

ADDITIONAL COMMENTS :

MV Public Transportation
Attention: ADA Coordinator
1612 State Street
Barstow, CA 92311