



D: _____

Initials: _____

Concord Area Transit Application for Vision Disabilities

Please fill out this form as thoroughly as possible and to the best of your ability. If there are questions you cannot answer, please call CAT (225-1989) for assistance before returning. In order to be considered complete, every question on the application must be answered. Please send your completed application to:

Concord Area Transit P.O. Box 611 Concord, NH 03302

Attention: ADA Services

The purpose of this form is to provide an opportunity for you to describe barriers in the environment or other personal barriers that prevent you from using Concord Area Transit's public bus service. Tell us which places you are having trouble getting to, where you would like to go but cannot, and what prevents you from using the bus for these destinations. The more information you provide, the better CAT will understand your transportation needs and travel challenges.

Please Print Legibly

Applicant Name: (First, Last, Initial) _____

Home Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

New Application Renewal Application Temporary Application Visitor Application

Daytime Phone #: _____ Evening Phone #: _____

Male Female Date of Birth: ____/____/____ SSN ____-____-____
Required for Verification Purposes

I certify that the information provided in this application is true and correct.

Applicant Signature

Date

To be completed if the applicant was helped by another person in the completion of the application.

Name: _____

Daytime Phone: _____

Relationship: _____

Date: _____

Will you need future materials in an accessible format? If yes, circle one:

Braille

Large Print

Audio Cassette

Computer Disc

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY DEVICES

1. List any other disabilities or conditions which affect your ability to use the bus _____

2. Are you legally blind? ___ Yes ___ No

If Yes, Please attach a visual acuity statement from:

Department of Education

Bureau of Adult Learning

And Rehab Services for Blind and Visual Impaired

Phone 603-271-3537

3. My vision is worse during these conditions:

- Bright sunlight
- Dimly lit or shaded places
- Nighttime
- About the same in all lighting conditions
- Not applicable

4. My eye condition is considered to be:

- Stable
- Degenerative
- Not applicable
- Other (please explain): _____

5. I am able to use my vision consistently to identify the following signs and environmental features, as they relate to traveling to the transit stop and using fixed route service. Please check all that apply:

- The color of traffic lights
- Pedestrian Walk / Don't Walk signals
- Crosswalk markings
- Curbs or curb ramps
- Level changes along the walking path
- Bus/transit stop signs that indicate location of stop
- Not applicable

6. Anything else you wish to tell us about your vision in regards to mobility within the community?

7. Most often, I use the following mobility aids when I walk outdoors:

- Sighted (person) guide
- Dog guide
- Long white cane
- Optical devices (telescope, light, special glasses, etc.)
- None of the above
- Other (please list) _____

8. When I'm not sure of which way to go or when to cross a street, I am able to request and understand instructions or utilize assistance.

- Yes No Sometimes

9. My hearing is normal: Yes No If **NO** please describe your functional hearing problems.

10. When necessary, I can rely upon traffic sounds to help me cross the street.

- Yes No Sometimes

INFORMATION ABOUT YOUR CURRENT USE OF LOCAL BUS SERVICE

11. Do you currently use CAT bus service by yourself at all?

Yes No **If YES continue. If NO go to question #16.**

12. If yes, how often?

Daily Several times per week At least once per month Rarely

13. When was the last time you independently used CAT bus service? _____

14. Are you able to travel on the bus without the assistance of another person?

Always Sometimes Never

15. If you need the assistance of another person, what assistance does this person provide?

16. You indicated that you do not use the bus. Why not? (Check all that apply)

- The closest bus stop is too far from my house.
- I am not familiar with the bus system.
- I can't walk by myself between the bus stop and my destination
- I'm afraid to use the bus
- I don't want to use the bus
- Other (explain) _____

MOBILITY TRAINING

17. Have you ever received mobility training? Yes No

If **NO**, do you think you would like to participate in mobility training? Yes No

If **YES**, which agency provided your training? _____

Location of Agency: _____

Do you feel your instructor has information relevant to your ability to use fixed route service?

18. Did you receive training in bus travel in this community? Yes No

Did you successfully complete training to use the bus? Yes No

If **YES**, which route(s) did you learn? _____

Which destinations did you learn? _____

If you had difficulties using fixed routes, why? _____

TELL US ABOUT YOUR ABILITY TO TRAVEL

19. My widest area of independent travel is:

- My own property
- Places within the same block of my residence
- Restricted to specific routes I know (such as home to work, home to shopping, home to church, etc.)
- Practically anywhere in the community
- Anywhere I want to go, I can get there

20. The reason(s) I do not travel independently within the community include (check all that apply)

- I have never been taught
- My neighborhood is too dangerous (crime, vulnerability)
- I don't want to travel beyond my immediate neighborhood alone
- Environment barriers prevent me. (Ex: no sidewalks, very busy intersection, etc)
- Other (please explain):

21. My independent travel using fixed route bus service is restricted because I have difficulty with:

(Check all that apply, and add more information as needed)

- Negotiating large parking lots to get to business entrances
- Walking in areas without sidewalks
- Traveling to new areas
- Crossing streets between my home & the bus stop
- Traveling in inclement weather
- Other (please explain): _____

22. I can cross streets independently under the following conditions:

At quiet streets with very little traffic Usually Sometimes Never
(Stop signs or no traffic control)

At most traffic lights Usually Sometimes Never

Anywhere Yes No

Never Yes No

YOUR CURRENT TRAVEL

Please list the destinations for which you think you need paratransit, and the reasons why you are unable to use fixed route service for those trips.

23. Destination: _____

Reasons why fixed route service cannot be used: _____

24. Destination: _____

Reasons why fixed route service cannot be used: _____

25. Destination: _____

Reasons why fixed route service cannot be used: _____

Please read the following statements and check those that best describe what you believe is your ability to use CAT service by yourself. You may check as many as apply to you:

- I use CAT for some trips, but sometimes there are barriers that prevent me from using the bus.
- I use the bus frequently, on familiar routes to familiar destinations
- I use the bus to go to new places.
- I believe I could learn to ride the bus if someone taught me.
- I am not able to use the bus by myself.
- The severity of my disability can change from day to day. I ride the bus when I am feeling well.
- Some weather conditions prevent me from getting to and from the bus stop.
- I can get to and from the bus stop if the distance is not too great.
- I can use the bus except when I have no orientation to new transfer points or between the bus stop and my final destination.
- The bus does not always go to where I want to go.

YOUR FUNCTIONAL ABILITY

Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, check one answer. Answers to these questions should be based on your physical or cognitive ability to perform this activity independently with or without mobility equipment.

Without the help of someone else, can you:

26. Use the telephone to get information?

- Always Sometimes Never Not Sure

27. Travel one block that is fairly level on the sidewalk if the weather is good?

- Always Sometimes Never Not Sure

28. If you are able to travel one block that is fairly level, how long does it take you?

- Less than five minutes Five to ten minutes Not Sure

29. Travel three blocks (that are fairly level on the sidewalk, when the weather is good)?

- Always Sometimes Never Not Sure

30. If you are able to travel three blocks that are fairly level, how long does it take you?

Less than ten minutes Ten to fifteen minutes Not Sure

31. Wait ten minutes in good weather at a bus stop that does not have a seat and a shelter.

Always Sometimes Never Not Sure

32. Step on and off the curb from a sidewalk?

Always Sometimes Never Not Sure

33. Find your own way to the bus stop, after being shown?

Always Sometimes Never Not Sure

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use the CAT bus or Special Transit Service.

EMERGENCY CONTACT

May we have the name of someone you would like us to contact in case of an emergency? Please select someone who would not be riding in the vehicle with you.

Name: _____ Relationship: _____

Phone (home): _____ (Work): _____

Please review each of your answers to make sure that you have completed all of the questions to the best of your ability. Also, please complete the "Release of Information" form included in this package.

Thank You!

FOR CAT USE ONLY - DO NOT WRITE IN THIS BOX

Application Received: _____ Certification Date: _____ Status: Eligible Denied

Entered Para Plan: _____ Letter Sent: _____ Appeal Date: _____

Eligibility Period: 3 years 1 year Visitor Temporary to: _____

PCA Confirmed by: _____ Date: _____

Comments: _____