GUADALUPE TRANSIT

APPLICATION

240 East Roemer Way
Santa Maria, CA 93454
(805) 922-8476 (fax) 928-3846

ADA TRANSPORTATION SERVICE

Name: **Address:**

Telephone: **City/Zip:**

Language Spoken: ☐ English ☐ Spa☐ **Other:**

Date of Birth (Optional): **Age (Optional):** ☐ Male ☐ Female

Emergency Contact Name: **Relationship:**

Daytime Phone: **Evening Phone:**

1) **What is the nature of your disability or condition that you feel makes you eligible for ADA transportation service? Please check ALL that apply.**

- ☐ Cardiovascular Impairment
- ☐ Developmental Disability
- ☐ Difficulty Walking
- ☐ Hearing Disability
- ☐ Wheelchair User
- ☐ Mental / Cognitive Disability
- ☐ Muscular-Skeletal Disability
- ☐ Neurological Disability
- ☐ Respiratory Impairment
- ☐ Seizure Disorder
- ☐ Visual Disability
- ☐ Other: Please Specify Below

2) **Has your disability been documented by a medical professional or doctor?**

☐ **Yes, if Yes, please state the doctor's diagnosis if known.** ☐ **No**

3) **Since when have you had this disability or condition?**

4) **Is this disability or condition temporary?** ☐ **Yes** ☐ **No**

5) **Please describe how your disability/condition limits your ability to use the regular fixed route (Guadalupe Flyer or Shuttle) system. IF available, please attach a letter or documentation from a medical professional or doctor.**

6) Are you able to independently get to and from a regular fixed route bus stop?

☐ Yes ☐ No, Please explain:

7) Once ON a fixed route bus, are you able to complete your trip on the fixed route?

☐ Yes ☐ No, Please explain:

8) Are you physically able to get ON and OFF a fixed route bus?

☐ Yes ☐ No, Please explain:

9) Which of the mobility aids/equipment do you use to help you while being transported?

☐ None ☐ Manual Wheelchair ☐ Service Animal

☐ Cane ☐ Power Wheelchair ☐ Picture Board

☐ White Cane ☐ Power Scooter/Cart ☐ Alphabet Board

☐ Walker ☐ Portable Oxygen ☐ Crutches

☐ Other, Please Describe:

10) What is the approximate combined weight of you and your wheelchair?

11). How far can you continuously walk or move your wheelchair?

(Example: "½ mile", "2 blocks", "15 minutes")

12). Do you require an aide or attendant in order to ride the fixed route bus?

☐

Yes, and if so, has the aide/attendant been prescribed by your medical professional? ☐ **Yes** ☐ **No**

☐ **No**