



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

GUADALUPE TRANSIT APPLICATION FOR ADA TRANSPORTATION SERVICE

Name: _____ Address: _____

Telephone: _____ City/Zip: _____

Language Spoken: English Spanish 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.

- | | |
|---|--|
| <input type="checkbox"/> Cardiovascular Impairment | <input type="checkbox"/> Developmental Disability |
| <input type="checkbox"/> Difficulty Walking | <input type="checkbox"/> Hearing Disability |
| <input type="checkbox"/> Wheelchair User | <input type="checkbox"/> Mental / Cognitive Disability |
| <input type="checkbox"/> Muscular-Skeletal Disability | <input type="checkbox"/> Neurological Disability |
| <input type="checkbox"/> Respiratory Impairment | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Visual Disability | <input type="checkbox"/> Other: Please Specify Below |
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2) Has your disability been documented by a medical professional or doctor?

Yes No If Yes, please state the doctor's diagnosis below:

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