County of Kauai
TRANSPORTATION AGENCY

Application
For
ADA Paratransit Service

Instruction:

1. Fill out Transportation Paratransit Service Application.

2. **Please have a Medical Professional (which may include physicians familiar with your disability) complete and sign the Verification of Paratransit Eligibility which is on the last page.**

3. Take or mail the completed application to:

   County of Kauai
   Transportation Agency
   3220 Hoolako Street
   Lihue, HI 96766

4. Please make sure your application is complete and all questions are answered. Incomplete applications will be returned and not processed until completed.

5. The Transportation Agency will review your application and follow up as necessary to determine your eligibility for ADA service.

6. You will be notified in writing as to your eligibility status.

7. If you have not heard about your eligibility status within 21 days of submitting your application, call (808) 246-8110. If a determination has not been made yet, you will be temporarily eligible.

8. If you are denied eligibility, you have a right to appeal the eligibility decision. Please contact the Transportation Agency for details on the appeals process.

County of Kauai
TRANSPORTATION AGENCY
Paratransit (Door-to-Door) Service Application

Check all that apply:

____Senior ____Male
____Agency ____Female
____ADA ____Senior Center Member **DATE**: _____

Name: _____ _____ _____
Last First Middle Initial
Birth Date: _____ **Phone:** _____ **Email Address**: _____

Mailing Address: _____ _____ _____ _____
P.O. Box or Street Town State Zip-Code
Residence Address: _____ _____
Street Town
Directions to Home _____
_____

Emergency Contact: _____Relationship: _____Phone: _____

Mobility Status: (Please check all that apply)

__Walk-on __ Uses Cane __ Uses Walker __ Uses Crutches __ Need to use lift instead of steps
__Manual Wheelchair **Length: _____Width**: _____ __ Requires Portable Oxygen
__Motorized Wheelchair **Length: _____Width**: _____ __ Requires Personal Care Attendant
__3-Wheel Scooter **Length: _____Width: _____** __ Other: _____
Common wheelchair/scooter size limits: 53" in length and 33" in width and 800 pounds when occupied.

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR STATISTICAL PURPOSES:

Ethnic Group (Check One)

___African American ____ American Indian/Alaskan Native ____Japanese, ____Filipino ___ Korean
___Hawaiian/Part Hawaiian ____ Hispanic/Latino ___ Chinese ___ Vietnamese ___ Other Asian/Pacific Islander
___ Samoan ____ White ___ Choose Not To Declare

Household Size (Check One)

___Live Alone __ With Spouse __ With Relatives __ With Non-relatives __ Care Home
___Other _____ __ Choose Not To Declare

Personal Income: $_____ Per Month _____ Choose Not To Declare

I hereby authorize the release of information and photos relating to transportation services for statistical purposes.

_____ _____
Signature Name of Person Other Than Applicant Completing Form

_____ _____ _____
Date Relationship Phone

Return completed form to: County of Kauai, Transportation Agency, 3220 Hoolako Street, Lihue, HI 96766

Eligibility

ADA services are provided for persons with disabilities unable to use fixed route services if they meet one or more of the criteria listed below.

Please check all that apply:

_____Category 1

I have a physical, mental or visual disability or impairment which prevents me from using the Kauai Bus without an attendant for:

a. ___Boarding/Disembarking

b. ___ Identifying the correct bus

c. ___ Riding (If you check here, check one of the following also)

____ I am unable to handle/grasp coins (pay fare), railings, handles

____ I am unable to keep balance while seated on a moving vehicle

____ I am unable to read, hear, understand and/or process information which are needed to make necessary decisions during a trip

d. Other (Describe) _____

_____Category 2

I can use the Kauai Bus with wheelchair lift but:

a. ____ The wheelchair lift cannot be deployed at my stops(s).

List location(s): _____

b. ____My wheelchair cannot be accommodated on the Kauai Bus.

Explain (type, size, securement devices, dimensions, weight of wheelchair, etc.): _____

_____

_____Category 3

I can use accessible buses but have an impairment-related condition, which prevents me from traveling to and/or from a bus stop.

a. ___ I am unable to travel to the nearest bus stop.
If you checked "a", you need to complete "b" also.

b. ___ I am able to travel _____blocks on my own or using my mobility aid (1 block equals 500 feet).

c. ___ I am unable to wait at the bus stop.

d. ____I am prevented from traveling to or from a boarding location for the following reasons:

___ Inability to negotiate hilly terrain

___ Extreme sensitivity to climatic conditions

___ Allergic/environmental sensitivities

___ Hyper-fatigue, frailty

___ Night-blindness

___ Inability to cross busy intersections

___ Other (Describe)

_____

APPLICANT INFORMATION

1. **Describe your disability and explain in detail how it prevents you from using The Kauai Bus service some of the time or all of the time.** Be specific. Attach additional sheets, if necessary.

_____

_____

_____

2. **My condition is:**

_____ Permanent _____ Temporary _____
(Expected Duration)

3. Do you require a Personal Care Attendant (PCA) to accompany you when you travel on the Kauai Bus?

If you check **Yes**, you will be transported with your PCA.

If you check **Sometimes**, please explain which situations require your PCA

____ No ____ Yes ____ Sometimes
Explain: _____

_____

If you checked **Yes** or **Sometimes**, please list the name(s) of your PCA:

Name: _____

Address: _____

Telephone: _____

4. **Have you had any training to learn how to use the Kauai Bus?**

____ No Specify training needs:_____

____ Yes Training was done at: _____

I hereby certify that the information given in this application is correct.

Signature: _____ Date:_____
Applicant

_____
Print Name of Person Other Than Applicant Completing This Form

_____ Date:_____
Signature of Person Other Than Applicant
Completing This Form

AUTHORIZATION
FOR
RELEASE OF INFORMATION

In order for the County of Kauai Transportation Agency to evaluate your application, it is necessary to contact a Health Care Worker or other Professional to verify the information that you have provided.

Please list the name of a Professional (which may include Physicians, Agencies or others familiar with your disability) who may be contacted by the Transportation Agency.

Complete name, mailing address and telephone number is required below:

I hereby authorize:

Name: _____

Mailing Address: _____

Telephone: _____

to release to the County Transportation Agency the information about my disability which will verify my eligibility for ADA services. The information released will be used solely to determine my eligibility for ADA services.

I understand that I have the right to receive a copy of this authorization.

I understand that I may revoke this authorization at any time. Unless revoked, this form will permit the Health Professional who is certifying my disability to release the information described until 60 days after the date appearing below.

_____ _____

Print Name of Applicant Date Signed

_____

Signature of Applicant

PLEASE NOTE THAT THIS PROFESSIONAL VERIFICATION IS ONE STEP IN DETERMINING AN APPLICANT'S ELIGIBILITY FOR PARATRANSIT SERVICE. FINAL APPROVAL OF ELIGIBILITY IS MADE BY THE COUNTY TRANSPORTATION AGENCY.

TRANSPORTATION AGENCY
CELIA M. MAHIKOA, EXECUTIVE
LEONARD T. PETERS, ASSISTANT EXECUTIVE

DEREK S.K. KAWAKAMI, MAYOR
MICHAEL A. DAHILIG, MANAGING DIRECTOR

MEDICAL PROFESSIONAL VERIFICATION OF PARATRANSIT ELIGIBILITY

Applicant's Name: _____

I have reviewed the enclosed application and agree with the information:

_____ Yes

_____ No

Please explain: _____

_____

_____

I hereby certify the information given on this Verification of Pararansit Eligibility is correct.

_____

Signature

_____

_____

_____

( ) _____

Please note that this verification is one step in determining an applicant's eligibility for Paratransit service. Final approval of eligibility is made by the County Transportation Agency.