OFFICE USE ONLY

Received at Transit: _____ Accepted ☐ Not Accepted ☐

(not) Accepted By: _____ Date (not) Accepted: _____

Date Professional Verification Received: _____

Date of Final Approval: _____

Date Client Notified of Acceptance into ADA Service: _____

Request for Certification of Eligibility for the City of Gastonia's ADA Paratransit Service

The information obtained in this certification process will only be used by the City of Gastonia for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

Name: _____

Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Telephone Number: *(Home)* _( )_____

(Work) _( )_____

Date of Birth: ____/____/____

What is the disability?

_____

_____

_____

_____

_____

Is this condition temporary? ☐ *Yes* ☐ *No*

If yes, expected duration until ____/____/____

How does this disability prevent you from using other services? Please explain completely. Use an additional sheet if needed.

_____

_____

_____

_____

Are there any other effects of your disability of which we need to be aware?

_____

_____

_____

_____

The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation and that an accurate analysis of your trip requests can be made by the City of Gastonia.

Do you use any of the following aids to mobility? (Check all that apply)

Manual Wheelchair ☐ *Electric Wheelchair* ☐

Powered Scooter ☐ *Cane* ☐ *Crutches* ☐

Personal Care Attendant ☐ *Service Animal* ☐
Type of Animal (please print)

Other (please print)

Do you require a Personal Care Attendant when you travel using transit?
☐ *Yes* ☐ *No*

Please Answer the following questions:

Can you walk 200 feet without the assistance of another person?
☐ *Yes* ☐ *No* ☐ *Sometimes*

Can you walk ¼ mile without the assistance of another person?
☐ *Yes* ☐ *No* ☐ *Sometimes*

Can you climb three 12" steps without assistance?
☐ *Yes* ☐ *No* ☐ *Sometimes*

Can you wait outside without support for ten minutes?
☐ *Yes* ☐ *No* ☐ *Sometimes*

I hereby certify that the information given above is correct.

Name (Typed or Printed): _____

Signature: _____

Date: _____

When completed, please return to:

Gastonia Transit
Bradley Station
PO Box 1748
Gastonia, NC 28053

If someone other than the person requesting certification has completed this application, that person must complete the following:

Name: _____

Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Daytime Telephone Number: *( )* _____

Signature: _____

In order to allow the city of Gastonia to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form. The following (please check one):

☐ Physician ☐ Health Care Professional ☐ Rehabilitation Professional

is familiar with my disability and is authorized to provide information to the City of Gastonia required to complete this certification.

Name: _____

Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Daytime Telephone Number: *( )* _____

Signature: _____