



PARATRANSIT ELIGIBILITY APPLICATION

- New Permanent Application
- Temporary Application

The Enid Public Transportation Authority provides Paratransit, or Curb Service in specially equipped buses to people who cannot utilize the fixed-route bus system. Seniors and Disabled individuals are eligible for Paratransit service. Individuals served must be traveling within Enid City limits. Eligible people must be able to use curb-to-curb service or have a Personal Care Attendant. All applicants, whether permanent or temporary, must complete a new application, a professional verification of disability MUST be included.

GENERAL INFORMATION

Name:

Last	First	Middle
Birth Date: _____	Gender: Male _____	Female _____
Address: _____		
Apt. # _____		
City: _____	State: _____	Zip: _____
Phone Numbers: Home _____		Work _____

In case of emergency, contact:

Name: _____ **Relationship** _____

Day Phone: _____ **Evening Phone:** _____

APPLICANT'S CERTIFICATION

I understand that the purpose of this form is to determine and document my eligibility for Paratransit curb-to-curb services because I am unable to use fixed route services. I certify that the information provided in this application is accurate.

Signature: _____ **Date:** _____

Person completing form for Applicant: _____

Relationship: _____

Date: _____

INFORMATION ABOUT YOUR DISABILITY AND MOBILITY EQUIPMENT

What type of health condition or disability prevents you from using the fixed route buses?
Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Visual impairment/Blindness |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Other |

Is this condition or disability temporary?

- No Yes

If yes, what is the expected duration of this condition/disability?

Which of the following mobility aids do you use? Please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Walking Cane | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Powered scooter/cart | |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Communication Board | <input type="checkbox"/> None |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Leg braces | |
| <input type="checkbox"/> Other (Please describe) _____ | | |

If you use a wheelchair or scooter, is it:

600 Pounds or Less when Occupied? Yes No

Do you need to travel with someone who assists you?

- Always Sometimes No

If you travel with someone who assists you, does this person assist you in:

- Getting to or from bus stops
 Getting on or off the bus
 To help me when I get where I am going
 Other (describe) _____

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use buses or ET Curb Service.

FOR OFFICE USE ONLY

Eligible? _____ YES _____ NO

ID # _____

APPROVED/DECLINED BY _____

REASON FOR INELIGIBILITY

DATE _____

SIGNATURE _____