GRTA PA	RT 1. GENERAL INFORMATION	FOR OFFICIAL USE ONLY Type:  New  Renewal  Recertification ID No: Date Issued: Date of Expiration:
Last Name:	First Name:	Middle Initial:
Mailing Address:		Zip Code:
Home Address:		Village:
Telephone No:	(Home): (Cell/V	Vork):
	Date of Birth:	
If someone assisted you	ı in completing this form, please identify them b	pelow:
Name:		Phone No:
Do you need to have inf	formation and material given to you in any of th	
	Large Print  Audio Tape  Braille	Uther
Please give us the name	e and telephone number of someone we can cal	l in an emergency.
Name:		Phone No:
Relatio	onship:	
Ethnic Origin:		
Native	<ul> <li>Hispanic or Latino</li> <li>White (Not Hispanic or Lati</li> <li>Asian (Not Hispanic)</li> <li>American Indian or Alask</li> <li>Hawaiian or Other Pacific Islander:</li> <li>Hawaii</li> <li>Gua</li> <li>izen:</li> <li>Chuuk</li> <li>Pohnpei</li> <li>Yap</li> <li>Kosrae</li> <li>Other</li> </ul>	m 🗖 CNMI 🗖 Palau

#### PART 2. APPLICATION CERTIFICATION

#### Please indicate below the reason(s) why you are seeking ADA Paratransit Eligibility (check all that apply):

- □ I can use the Guam Public Transit System (Fixed Route) to go some places, but in other places I cannot get to or from the bus stop.
- □ I can use the Guam Public Transit System (Fixed Route) sometimes, but only if buses are equipped with wheelchair lifts
- □ Because of my disability, I can never use the Guam Public Transit System.

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the Guam Public Transit System provided by the Guam Regional Transit Authority (GRTA) and must therefore use GRTA's Paratransit Service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility to use the GRTA's Paratransit Service. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-examined as well as other actions deem necessary by the Guam Regional Transit Authority (GRTA).

Applicant's Signature:	Date:
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### PART 3. INFORMATION ABOUT THE APPLICANT'S DISABILITY

1. What type or types of disabilities prevent you from using the Guam Public Transit System (Fixed Route) (check all that apply):

Physical Disability	Visual Impairments/Blindness
Developmental Disability	Mental Illness
Other	None
Please describe your disability in detail:	

#### 2. Is the disability described above temporary or permanent?

	Temporary, I expect it to last for another	her months	
	Permanent		
	Controlled with medication		
	🗅 I don't know		
3. Please	e indicate below if you use any of the follo	owing mobility aids or equipment	
	🗋 Cane	Long White Cane	Picture Board
	Crutches	Walker	Powered Wheelchair
	Alphabet Board	Manual Wheelchair	Prosthesis
	Powered Scooter	Leg Braces	
	Other	Service Animal	
	DO NOT USE any of the above aids o	r equipment	

# *NOTE: GRTA may not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 32" or if your total weight with your wheelchair is more than 600 pounds.*

4. Do you require assistance of a Personal Care Attendant (PCA) (someone who will assists you with daily life functions when you travel)?

Yes	Always	Sometimes
Name of Personal Care Atter	ndant:	
		(Print)
	DO NOT NEED ASSISTANCE	

## PART 4. QUESTIONS ABOUT USING THE GUAM PUBLIC TRANSIT SYSTEM

5. Have you ever used the Guam Public Transit System?	
<ul> <li>Yes, I typically use the Guam Public Transit System</li> <li>Yes, I used to but stopped because</li> <li>No</li> </ul>	
6. Is there something that might help you ride the buses (check al	ll that apply)?
	-
7. Can you ask for and follow written or oral instructions to use the Guam Public Transit System?	If No or Sometimes, please check all that apply:
<ul> <li>Yes</li> <li>No</li> <li>Sometimes</li> <li>I don't know, never tried to use the buses</li> </ul>	<ul> <li>I get too confused and might get lost</li> <li>Other people cannot understand me</li> <li>I probably could with instruction</li> <li>Other</li> </ul>
8. Are you able to GET TO and FROM bus stops on your own?	If No or Sometimes, please check all that apply:
<ul> <li>Yes</li> <li>No</li> <li>Sometimes</li> <li>I don't know, never tried to use the buses</li> </ul>	<ul> <li>I can't get places if there are no curb-cuts</li> <li>I can't of streets or sidewalk is too steep</li> <li>I can't cross busy streets &amp; intersections</li> <li>I can't travel outside when it is too hot</li> <li>I can't find my way at night because of a vision problem</li> <li>I get confused and can't find my way</li> <li>I probably could with instruction</li> <li>I feel unsafe traveling alone</li> <li>Other</li> </ul>

9. Under the best of conditions, how far can you walk outdoors (or travel using a mobility aide) without the help of another person?

- □ I can get to the curb in front of my house/apartment
- □ I can travel up to three (3) blocks (1/4 mile)
- □ I can travel up to six (6) blocks (1/2 mile)
- □ I can travel up to nine (9) blocks (3/4 mile)
- □ I am unable to travel outside my house/apartment

#### 10. Can you wait up to thirty (30) minutes for a Guam Public Transit System Bus?

- 🛛 Yes
- $\hfill\square$  Yes but only if the stop has a bench and shelter
- Yes but I do not like to wait long
- No (explain): \_\_\_\_\_

11. Can you Get On and Off a Guam Public Transit System Bus?

- 🗋 Yes
- 🛛 No
- Sometimes
- □ I don't know, never tried to use the buses

12. If you are able to get on and off the Guam Public Transit System Bus, can you get to a set or wheelchair position by yourself and ride the bus?

- 🗋 Yes
- 🛛 No
- $\hfill\square$  Sometimes
- $\hfill\square$  I don't know, never tried to use the buses

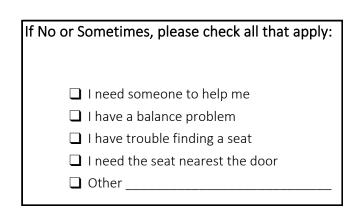
13. If you are able to get on and off the Guam Public Transit System Buses, do you know where to get off the bus or can you find out by yourself?

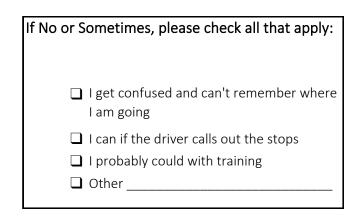
- 🗋 Yes
- 🛛 No
- Sometimes
- $\hfill\square$  I don't know, never tried to use the buses

#### If No or Sometimes, please check all that apply:

Only if the bus has a wheelchair lift

- I can't climb stairs
- I don't want to use the lift
- I probably could with instruction
- Other \_\_\_\_\_





14. Are there any other conditions which limit your ability to use the Guam Public Transit System Buses?

Yes, please describe: \_\_\_\_\_\_

🗋 No

#### PART 5. CURRENT TRAVEL INFORMATION

15. Please give us information about where you go and how you get there now. List three (3) places you go most often.

Where do you go?Address:	
How often do you go there?	
ow do you get there?	
Where do you go?	
Address:	
How often do you go there?	
ow do you get there?	
Where do you go?	
Address:	
How often do you go there?	
ow do you get there?	

## PART 6. INFORMATION ABOUT TRAVEL TRAINING (Survey-Data Collection Purpose Only)

## *NOTE: Travel training is personal (one-to-one) instruction that teaches an individual how to use the Guam Public Transit System Buses.*

16. Have you ever had any personal instruction on riding the Guam Public Transit System?

- □ No, I have not received any personal instruction
- Yes, I received personal instruction from \_\_\_\_\_
  - If so, indicate below all of the skills you learned.
    - $\hfill\square$  To travel to and from the bus stop
    - To cross streets
    - $\Box$  To ride on the following routes (list them)
      - Route: \_\_\_\_\_ Route:
    - □ Reading bus schedules and planning trips
    - Other \_\_\_\_\_

Did you complete the above described instructions?  $\Box$  Yes  $\Box$  No

17. Please draw a map to your residence. A Transit Inspector will be by to address your area for bus access. (Note: Buses are NOT allowed to enter non-paved roads and single narrow access roadways.)

Name:	Phone No:	
Home Address:		

## PART 7. MEDICAL CERTIFICATION (To be completed by a Licensed Physician)

The American with Disabilities Act (ADA) of 1990 requires the Guam Regional Transit Authority (GRTA) to provide "ADA Paratransit Services" to anyone with a disability **who cannot use the standard Guam Public Transit System Fixed Route Services** and who is traveling within a 3/4 mile area served by Fixed Route Services. The applicant who requests you to review and sign this form is applying at GRTA to be considered eligible for this service. GRTA's ADA Paratransit Service is intended only for those trips on the Guam Public Transit System that the person cannot access.

This application form is intended to determine when and under what circumstances the applicant can use GRTA's Guam Public Transit System - Paratransit Services.

Please carefully review all the information provided by the applicant in Parts 2-4 of this form and then complete the appropriate "Attachment" below:

(a) Please complete all the appropriate assessment forms that best describes the physical and/or cognitive conditions which functionally prevents the applicant from using the standard Guam Public Transit Fixed Route Services System.

Attachment A:Applicant with Cognitive DisabilitiesAttachment B:Applicant with Psychiatric DisabilitiesAttachment C:Applicant with Vision DisabilitiesAttachment D:Applicant with Seizure DisordersAttachment E:Applicant with Physical Disabilities

(b) To the best of you knowledge, the information provided by the applicant in Parts 2-4 of this application is true and correct?