



# GUAM REGIONAL TRANSIT AUTHORITY

## PART1. GENERAL INFORMATION

For Official Use Only: Type: <b>New</b> <b>Renewal</b> <b>Recertification</b> I.D. Number: _____
Date Issued: _____

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ Village: \_\_\_\_\_

Apt. /Bldg. No.: \_\_\_\_\_

Telephone No.: (Home) \_\_\_\_\_ (Cell/Work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

If someone assisted you in completing this form, please identify them below:

Name: \_\_\_\_\_ phone No: \_\_\_\_\_

Do you need to have information and material given to you in any of the following ways (check all that you need):

Large Print     Audio Tape     Braille     Other: \_\_\_\_\_

Please give us the name and telephone number of someone we can call in an emergency

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Relationship: \_\_\_\_\_

## PART 2. APPLICATION CERTIFICATION

Please indicate below the reason(s) why you are seeking ADA paratransit eligibility (check all that applies):

- 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 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 and must therefore use the 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 deemed necessary by the Guam Regional Transit Authority.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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
  - Developmental Disability
  - Other
  - Visual Impairment/Blindness
  - Mental Illness
  - None

Please describe your disability in more detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the disability described above temporary or permanent?
  - Temporary, I expect it to last for another \_\_\_\_\_ months.
  - Permanent
  - Controlled with medication.
  - I don't know.

3. Please indicate below if you use any of the following mobility aids or equipment.

- Cane             Long White Cane         Leg Braces
- Crutches         Walker                     Picture Board
- Alphabet Board     Manual Wheelchair     Powered Wheelchair
- Powered Scooter     Prosthesis

Other: \_\_\_\_\_

Service Animal (describe) \_\_\_\_\_

I don't use any of the above aids or equipment.

Note: **We may not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 30" or if your total weight with your wheelchair is more than 600 pounds.**

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

- Yes, I need assistance:             Always                     Sometimes

Name of Personal Care Attendant: \_\_\_\_\_

(PRINT)

- Mobility         Reading         Eating         Transfers

Medication     Other \_\_\_\_\_

No, I do not need assistance.

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

5. Have you ever used the Guam Public Transit System?

YES, I typically use the Guam Public Transit System \_\_\_\_\_ times a week.

YES, I used to but stopped because \_\_\_\_\_

NO, none

6. Is there something that might help you ride the buses (check all that apply)

YES, route and schedule information             YES, learning to use the buses

YES, being able to get buses with lifts             Yes, a communication aide

Yes, if bus stops were closer to where I live and where I need to go.

Yes, (describe): \_\_\_\_\_

No, none of these would help

7. Can you ask for and follow written or oral instructions to use the Guam Public Transit System?

- YES
- NO
- SOMETIMES
- I don't know because I have never tried to use the buses.

**If NO or SOMETIMES, please check all that applies:**

- I get too confused and might get lost.
- Other people cannot understand me.
- I probably could with instruction.
- Other:

8. Are you able to get to and from bus stops on your own?

- YES
- NO
- SOMETIMES
- I don't know because I have never tried.

**If NO or SOMETIMES, please check all that apply:**

- I can't get places if there are no curb-cuts.
- I can't if the street or sidewalk is too steep.
- I can't cross busy streets & intersections.
- I can't travel outside when it is too hot.
- I can't find my way at night because of a vision problem.
- I get confused and can't find my way.
- I probably could with instruction.
- I feel unsafe traveling alone.
- Other: \_\_\_\_\_

9. Under the best of conditions, How far can you walk outdoors (or travel using a mobility aid) 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
- YES, but only if the stop has a bench and shelter.
- YES, but I don't like to wait that long.
- NO (explain): \_\_\_\_\_

11. Can you get on and off a Guam Public Transit System bus?

- YES
- NO
- SOMETIMES — I don't know because
- I don't know because I have never tried

**IF NO or SOMETIMES, please check all that apply:**

- Only if the bus has a wheelchair lift
- I can't climb the stairs.
- I don't want to use the lift.
- I probably could with instruction.
- Other; \_\_\_\_\_

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

- YES
- NO
- SOMETIMES
- I don't know because I have never tried.

**If NO or SOMETIMES, please check all that apply:**

- I need someone to help me.
- I have a balance problem.
- I have trouble finding a seat.
- I need the seat nearest the door.
- Other: \_\_\_\_\_

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

- YES
- NO
- SOMETIMES
- I don't know because I have never tried.

Please check all that apply:

- I get confused and can't remember where I am going.
- I can if the driver calls out the stops.
- I probably could with training.
- Other \_\_\_\_\_

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

YES (Please describe them below):

\_\_\_\_\_

NO

## PART 5. CURRENT TRAVEL INFORMATION

15. Please give us information about where you go and how you get there now.

List the three (3) places you go most often

(1) Where do you go? \_\_\_\_\_

Address: \_\_\_\_\_

How often do you go there? \_\_\_\_\_

How do you get there? \_\_\_\_\_

(2) Where do you go? \_\_\_\_\_

Address: \_\_\_\_\_

How often do you go there? \_\_\_\_\_

How do you get there? \_\_\_\_\_

(3) Where do you go? \_\_\_\_\_

Address: \_\_\_\_\_

How often do you go there? \_\_\_\_\_

How 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:

\_\_\_\_\_

YES, I received personal instruction from a friend/relative.

Indicated below all of the skills you learned:

To travel to and from the bus stop.

To cross streets.

To ride on the following routes (please list them):

Route: \_\_\_\_\_ Route: \_\_\_\_\_ Route: \_\_\_\_\_

Other: \_\_\_\_\_

Did you complete the above described instruction?  YES  NO

17. Please draw a map below to your residence. A transit inspector will be by to assess 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:** \_\_\_\_\_

THIS ENDS THE PORTION OF THE FORM TO BE COMPLETED BY THE APPLICANT. THE LAST SECTION (ON THE FOLLOWING PAGES) MUST BE COMPLETED BY A GUAM LICENSED PHYSICIAN.



## PART 7. MEDICAL CERTIFICATION

(To be completed by a licensed physician)

The Americans with Disabilities Act of 1990 (ADA) requires that the Guam Regional Transit Authority (GRTA) provide “ADA Paratransit” service to anyone with a disability who cannot use **standard Guam Public Transit System (Fixed Route)** services and who is traveling within a ¾ mile area served by fixed route service. 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 Service.**

Please carefully review all the information provided by the applicant in PARTS 2-4 of this form and then complete all the appropriate “Attachments” 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 standard Guam Public Transit System (Fixed Route Services):

Attachment A: Applicant with Cognitive Disabilities

Attachment B: Applicant with Psychiatric Disabilities

Attachment C: Applicant with Vision Disabilities

Attachment D: Applicant with Seizure Disorders

Attachment E: Applicant with Physical Disabilities

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

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