

LAGUNA WOODS VILLAGE JOURNEY APPLICATION GUIDE

Applying for paratransit certification

There is no cost to apply or complete the certification process.

Step 1

- < Please call Laguna Woods Village Transportation at 949-597-4659 to request an application and schedule an in-person assessment.
- < Receive a complimentary paratransit ride to the certification site.
- < Complete the application **BEFORE** you arrive to your assessment.
- < Please sign and date the application.
- < All information will be kept confidential and will not be released without the consent of the applicant.

Step 2

- < Participate in an in-person functional assessment. This assessment is not a physical. It measures the skills necessary to board, ride, disembark and understand the public bus.
- < You may bring one person with you to the assessment at no cost.
- < Eligibility determinations are categorized as follows:

Unrestricted eligibility: Individuals who are **functionally** unable to board, ride, disembark or understand the fixed-route bus system. Individuals who are granted **unrestricted eligibility** may take **any** eligible trip on LWTS for five years.

Temporary eligibility: Individuals whose disability **may improve** over time.

Ineligible determination: Individuals, who **indicate or demonstrate** they have the functional ability to board, ride, disembark and understand the fixed-route bus system under all circumstances.

Step 3

- < Upon completion of the in-person assessment you will receive an eligibility notification letter within 21 days.
- < This letter will inform you of the results of your eligibility determination.
- < If you do not agree with the eligibility determination, you may appeal the decision within 60 days of the eligibility notification postmark.

LAGUNA WOODS VILLAGE PARATRANSIT APPLICATION

SECTION 1: PERSONAL INFORMATION

Last:	First:	MI:
Address:	City:	State: Zip:
Mailing Address:	City:	State: Zip:
Day Phone:	Evening Phone:	
TDD (<i>Hearing impaired</i>) YES <input type="checkbox"/> NO <input type="checkbox"/>		TDD (<i>Hearing impaired</i>) YES <input type="checkbox"/> NO <input type="checkbox"/>
Date of Birth: _____		

SECTION 2: EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Address:	City: State: Zip:
Day Phone:	Evening Phone:

SECTION 3: HEALTHCARE INFORMATION

A. **What is your diagnosis?** (*Please describe your disability; if visually impaired, indicate acuity*)

B. **What is your prognosis?** (*Please check the box that most accurately describes your disability*)

Permanent Temporary Improving Terminal

C. **What is your treatment plan?** (*Please include time frames*)

SECTION 4: FUNCTIONAL ABILITY INFORMATION

Check the box that most appropriately applies to your ability to **independently** perform the following skills.

	ALWAYS	SOMETIMES	NEVER
1. Understand how to take a trip on a public bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Recognize bus route numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Recognize landmarks (church, fire station or street signs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hold on to a handrail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Breathe without difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Use a telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Transfer from a sitting to a standing position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Maintain balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Climb three 10-inch steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Walk or wheel independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Wait at a bus stop for 20 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cross streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Shop in a grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: TRAVEL INFORMATION

A. How does your disability affect your ability to travel?

B. When was the last time you independently used the public/Laguna Woods Village bus system?

- Within the past **week** Within the past **month**
 Within the past **year** Within the past **5 or more years**

C. How many blocks are there from your residence to the nearest Laguna Woods Village bus stop?

- 0 – 3 4 – 7 8 – 11 12 – 15 Greater than 1 mile Do not know

D. Can you independently travel from your residence to your nearest Laguna Woods Village bus stop?

YES

NO Please check the box(es) of the barrier(s) that prevent(s) you from accessing your nearest bus stop:

Curb(s) or uneven surface(s) Hill(s) Night blindness

Light sensitive Unable to cross intersection(s) Bus stop not accessible

Other: _____

E. Do you currently use a mobility device when traveling?

NO

YES Please circle:

Electric wheelchair Manual wheelchair Scooter Sport wheelchair Walker

Service animal Prosthesis Cane Crutches

Other: _____

F. How many blocks can you walk / wheel independently?

- 0 1 – 3 4 – 7 8 – 15 Greater than 1 mile Do not know

G. Is your wheelchair and/or scooter (if applicable)

Wider than 30 inches YES

NO

NOT APPLICABLE

Or longer than 48 inches

YES

NO

NOT APPLICABLE

H. Is the total combined weight of you and your mobility device more than 600 pounds? (if applicable)

YES

NO

NOT APPLICABLE

I. Do you require a personal care attendant (PCA) when traveling on the Laguna Woods system?

YES

Explain: _____

NO

SOMETIMES

Explain: _____

J. Please indicate which BEST describes the condition of your mobility (mark only one box):

Severely limited under all circumstances

I have good days and bad days

I can only go to specific locations

I am currently receiving treatment and I hope to improve

I am able to travel independently under all circumstances

Other, please describe: _____

SECTION 6: RELEASE OF INFORMATION *READ BEFORE SIGNING*

Thank you for your interest in Paratransit service. We appreciate your time in completing this application. This information will be used to determine an accurate understanding of your functional abilities as they relate to traditional public transportation systems.

I understand if the paratransit provider receives new information regarding a change in my functional ability, my eligibility status may be reviewed and changed. I understand the paratransit provider will notify me in writing of any change in my eligibility status and I may appeal such decision within 60 days of notification.

I hereby certify that the information on this form is true and correct to the best of my knowledge. I understand that misrepresentation on this form or presented during my assessment may result in denial of privileges to use paratransit services. I understand that specific medical information that I and / or my physician and/or healthcare provider releases are confidential and will be protected. However, in the event that I am found eligible, I grant permission to the transit agency providing paratransit service to share information with transit providers that relates directly to my travel needs.

Failure to sign the form will result in application being returned for completion. If applicant is unable to sign, please indicate below.

SECTION 7: SIGNATURE

Applicant or guardian signature: _____ **Date:** _____