



Yes \_\_\_\_\_ No \_\_\_\_\_ (if no explain) \_\_\_\_\_

4. Are you able to identify the correct bus stop at your destination?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain) \_\_\_\_\_

5. Are you able to identify the correct bus to travel to your destination?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain) \_\_\_\_\_

6. Are you able to get to your destination after disembarking from the bus?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain) \_\_\_\_\_

7. Are you able to get to the nearest bus stop when you are returning home?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain) \_\_\_\_\_

8. Are you able to wait at least 15 minutes at the bus stop for the bus?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain) \_\_\_\_\_

9. Are you able to independently board and disembark from the transit bus without assistance?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain) \_\_\_\_\_

10. Are you able to independently board and disembark from the transit bus if the bus has a wheelchair lift?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain) \_\_\_\_\_

11. Are you able to grasp handles and railings while boarding and disembarking from the bus?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain) \_\_\_\_\_

12. Are you able to maintain your balance and tolerate public transit bus movement while seated?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain) \_\_\_\_\_

13. Do you require any of the following mobility devices or specialized equipment when you travel?

\_\_\_\_\_ Manual Wheelchair \_\_\_\_\_ Power Wheelchair \_\_\_\_\_ Walker  
\_\_\_\_\_ Crutches \_\_\_\_\_ Leg Braces \_\_\_\_\_ Communication Aid  
\_\_\_\_\_ Service Animal \_\_\_\_\_ Other \_\_\_\_\_

14. Do you have any of the following conditions that may interfere with your travel?

\_\_\_\_\_ Communication or Speech Difficulty \_\_\_\_\_ Unexpected Bleeding  
\_\_\_\_\_ Difficulty Breathing \_\_\_\_\_ Seizures  
\_\_\_\_\_ Deafness or Hearing Difficulty \_\_\_\_\_ Blindness or Vision Difficulty  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Emphysema  
\_\_\_\_\_ Low Stamina \_\_\_\_\_ Heart or Cardiac Problems

15. Do you require a personal care attendant when you travel (for example, push your wheelchair, carry oxygen, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain) \_\_\_\_\_

16. Do you currently receive or expect to qualify for Medicaid (Medical Assistance) or disability benefits as related to your condition?

Yes \_\_\_\_\_ No \_\_\_\_\_ Pending Approval \_\_\_\_\_ (If you qualify, please provide your recipient number on page one of this form.)

17. If this application has been completed by someone other than the person requesting Certification, please submit the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Number and Name City State Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

18. I, the applicant, acknowledge that the information provided on this form is true and correct. I understand that the Beloit Transit System may independently verify the submitted information. I understand the Beloit Transit System may contact a professional familiar with my functional abilities for the purpose of assisting with the determination of my eligibility for paratransit services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BELOIT TRANSIT SYSTEM

## PROFESSIONAL CERTIFICATION AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize \_\_\_\_\_  
Name of licensed professional familiar with my disability or health condition

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Number and Name City State Zip

...to release to the Beloit Transit System information regarding my disability or health related condition. This information will be used to determine my eligibility for handicapped transportation services offered by the Beloit Transit System under the Americans with Disability Act. The release of this information will be used solely for my determination of paratransit services.

I understand that I have the right to receive a copy of the information requested by this authorization.

I understand that I may revoke this authorization at any time and for any reason.

\_\_\_\_\_  
Name of applicant (Please Print) Date Signed

\_\_\_\_\_  
Applicant's Signature

# Medical Professional Certification

To complete the application for eligibility for ADA Paratransit Services, the following section must be completed by a licensed Medical Professional.

Please check any applicable medical conditions that meet the eligibility criteria: *(Check all that apply)*. There is additional space at the end of this section to describe any conditions not listed that you believe should also qualify for eligibility. Please provide enough information to support this application.

## Medical Eligibility Criteria

### Section 1

#### Semi-Ambulatory Physical Disabilities

##### Restricted Mobility

Impairments which cause individuals to walk with difficulty including, but not limited to, individuals using a long leg brace, a walker or crutches to achieve mobility, or birth defects and other muscular/skeletal disabilities, including dwarfism, causing mobility restriction.

##### Arthritis

Persons who suffer from arthritis causing a functional motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic handicap; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic handicap.)

##### Loss of Extremities

Persons who suffer anatomical deformity of or amputation of both hands, one hand and one foot, or lower extremity at or above the tarsal region. Loss of major function may be due to degenerative changes associated with vascular or neurological deficiencies, traumatic loss of muscle mass or tendons, bony or fibrous ankylosis at unfavorable angle, or joint instability.

##### Cerebrovascular Accident

Persons displaying one of the following, four months post-CVA:

- a. Pseudobulbar palsy or
- b. Functional motor defect in any of two extremities, or
- c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.

##### Respiratory

Persons suffering respiratory impairment (dyspnea) of Class 3 or greater as defined by "Guides to the Evaluation of Permanent Impairment: The Respiratory System," Journal of the American Medical Association, 194:919 (1965).

## Cardiac

- Persons suffering functional classification III or IV and therapeutic classifications C, D, or E cardiac disease as defined by Diseases of the Heart and Blood Vessels – Nomenclature and Criteria for Diagnosis, New York Heart Assoc. (6th Edition).

## Dialysis

- Persons who must use a kidney dialysis machine in order to live.

## Disorders of Spine

Persons disabled by one or more of the following:

- a. Fracture of vertebra, residuals or, with cord involvement with appropriate motor and sensory loss; or
- b. Generalized osteoporosis with pain, limitation of back motion, paravertebral muscle spasms, and compression fracture of vertebra; or
- c. Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position and one of the following:
  - 1) Calcification of the anterior and lateral ligaments as shown by x-ray; or
  - 2) Dilateral ankylosis of sacroiliac joints and abnormal apophyseal articulation as shown by x-ray.

## Nerve Root Compression Syndrome

A person disabled due to any cause by:

- a. Pain and motion limitation in back of neck; and
- b. Cervical or lumbar nerve root compression as evidenced by appropriate radicular distribution of sensory, motor and reflex abnormalities.

## Motor

Persons disabled by one or more of the following:

- a. Faulty coordination or palsy from brain, spinal or peripheral nerve injury; or
- b. A functional motor deficit in any two limbs; or
- c. Manifestations significantly reducing mobility, coordination and perceptiveness not accounted for in prior categories.

## HIV Disease

- A person disabled by HIV disease who meets Social Security eligibility criteria.

## Section 2

### Visual Disabilities

1. Persons disabled because of:

- a. Visual acuity of 20/200 or less in the better eye with correcting lenses; or
- b. Contraction of visual field:
  - 1) So the widest diameter of visual field subtending an angular distance is no greater than 20 degrees; or
  - 2) To 10 degrees or less from the point of fixation; or
  - 3) To 20 percent or less visual field efficiency.
- 2. Persons who, by reason of a visual impairment, do not qualify for a Driver's License under regulations of the State of Wisconsin Department of Motor Vehicles.

## Section 3

### Hearing Disabilities

1. Persons disabled because of hearing impairments manifested by one or more of the following:

- a. Better ear pure tone average of 90 dB HL (unaided) for tones at 500, 1000, 2000 Hz; or
- b. Best speech discrimination score at or below 40% (unaided) as measured with standardized testing materials.
- 2. Eligibility may be certified by a physician licensed by the State of Wisconsin or by an audiologist certified by the American Speech, Language, Hearing Association.

## **Section 4**

### **Neurological Disabilities**

#### ***Epilepsy***

a. Persons disabled by reason of:

- 1) A clinical disorder involving impairment of consciousness, characterized by uncontrolled seizures (grand mal or psychomotor) substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
  - a) Diurnal episodes (loss of consciousness and convulsive seizure); or
  - b) Nocturnal episodes which show residuals interfering with activity during the day; or
  - c) A disorder involving petit mal or mild psychomotor seizures substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
    - i. Alteration of awareness or loss of consciousness; and
    - ii. Transient postictal manifestations of conventional or antisocial behavior.
- b. Persons exhibiting seizure-free control for a continuous period of more than six (6) months duration are not included in the statement of epilepsy defined in this section.

#### ***Neurological Handicap***

- A person disabled by cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

## **Section 5**

### **Mental Disabilities**

#### ***Developmental Disabilities: Permanent Permit***

- Persons disabled due to mental retardation, autism or other conditions found to be closely associated with mental retardation or to require treatment similar to that required by mentally retarded individuals and:
  - a. The disability originates before such individual attains age 18,
  - b. The condition has continued, or can be expected to continue, indefinitely,
  - c. The condition substantially limits one or more major life activities on an ongoing basis.

#### ***Adult Cognition Impairments: Permanent Permit***

- Persons whom by reason of traumatic brain injury, illness or other accident occurring after age 18 experience ongoing impairment(s) in cognition that substantially limit(s) one or more major life activities, including individuals who meet SSA, SSI or SSDI eligibility criteria.

