

C-VAN

Paratransit Service Pre-application for Eligibility

Please complete requested information on all four pages of this document and mail to this address.

Please mail this form to:

C-VAN
PO Box 2529
Vancouver, WA 98668-2529

All C-VAN printed materials are available in large print format. Please call (360) 695-0123.

Please make sure you have answered all the questions and have completed the Applicant Information section BEFORE mailing this pre-application.

C-TRAN Contact Information

C-VAN Paratransit Services (360) 695-8918
Passenger Service Office (360) 695-0123
Web Site www.c-tran.com
C-TRAN Employment Info (360) 906-7491



www.c-tran.com / (360)-695-0123
TTY: (360)-695-2760



(360) 695-0123 / www.c-tran.org
TTY: (360) 695-2760

Applicant Information

Please print

Last Name First Name Initial

Residence Address Apt. #

City State Zip

Mailing Address (if different)

City State Zip

(____)_____(____)_____
Daytime Phone TTY Number

_____/_____/_____
Date of Birth

Date of Birth

Signature

Authorized Representative

Complete only if applicant is under age 18 or physically or cognitively unable to sign documents.

Last Name First Name Initial

(____)_____(____)_____
Daytime Phone TTY Number

Relationship to Applicant

Relationship to Applicant

Signature

Many people with disabilities can use C-TRAN's regular lift-equipped and kneeling buses.

For those with disabilities that prevent use of the regular bus system, C-TRAN offers C-VAN paratransit bus service, a comparable curb-to-curb, reservation based service. This program complies with the Americans with Disabilities Act of 1990 (ADA).

The term comparable means that C-TRAN's paratransit service (C-VAN) is available on the same days, during the same times, and in the same areas as noncommuter, regular bus service.

Your disability or your age does not automatically qualify you for C-VAN service. Eligibility for C-VAN is based on your functional ability to use a regular public transit bus. Therefore, as part of the C-VAN eligibility process, some applicants may be required to participate in an in-person Functional Evaluation of their current skills as they relate to riding a regular lift-equipped and kneeling bus.

ADA does not require a transit agency ". . . to meet all the transportation needs of individuals with disabilities." ADA ensures that people with disabilities receive the same public transportation service opportunities everyone else receives.

Completing this application is the first step in determining the right public transportation service for you.

Please answer the following questions about your use of the regular bus service.

1. Independent Travel

Do you have a cognitive or physical disability that, some or all of the time, **prevents** you from getting on, riding, or getting off the bus by yourself without the help of another person?

- Yes.
 No. This does not apply to me.

2. Accessible, Lift-Equipped, and Kneeling Bus Service

For people who cannot use steps, all C-TRAN buses are lift-equipped or are able to kneel to help you get on and off the bus easily. You can use the lift while standing or when using a mobility aid. The bus' kneeling feature allows easy access for people who have a difficult time climbing stairs. The lift and kneeling features may be used at most C-TRAN bus stops.

Do you have a disability that requires the bus to kneel or employ the use of a lift to get on or off a regular bus?

- Yes.
 No. This does not apply to me.

3. Getting To and From the Bus

Do you have a disability that prevents you from traveling to or from a bus stop?

- Yes.
 No. This does not apply to me.

If you checked Yes to one or more questions, you will be sent additional questions regarding your disability and use of public transit.

If you checked No to all three questions, you are not likely eligible for C-TRAN's C-VAN paratransit service. You need not complete the rest of this application.

A. Personal Care Attendant

A personal care attendant is someone assisting you on a regular basis with daily life functions, such as bathing, dressing, and eating. If you must have this person with you, please check this box:

- Yes. I must have a personal care attendant.

B. Door-to-Door Service

C-VAN paratransit service is from the curb of your origin to the curb of your destination. If your disability requires it, C-VAN may provide driver assistance to and from your door.* If you need this assistance, please check this box:

- Yes. Please send me the form that allows door-to-door service.

C. Hand-to-Hand Service

If due to a disability a rider can never be left alone and needs delivery into the care of another person, please check this box:

- Yes. Please send me the form that allows hand-to-hand service.

*C-VAN drivers will guide customers to and from the entryway of the origin and destination locations. They cannot support or carry mobility devices and are unable to enter a home or facility.



Applicant Questionnaire for Paratransit Service

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State _____ Zip _____

Phone Number: _____

Paratransit eligibility may be granted to an individual with disabilities for any trip s/he would be unable to make on the fixed route transit system.

C-TRAN requires the following information to determine your eligibility to start the application process. The application process ...

Independent Travel

1. Do you have a cognitive or physical disability that, some or all of the time, **prevents** you from getting on, riding or getting off the bus by yourself, **without the help of another person?**

Yes.

If yes, explain how and why:

No

2. **How** does your disability **prevent** you from using Fixed Route buses?

3. How many blocks are there from your residence to the nearest public bus stop?

1-2 3-4 5-7 7-10 Greater than 1 mile do not know.

4. Do you live on a hill, graveled road, or other hard to navigate road or surface?

Hill Gravel road other: _____

No

5. Do your primary destinations have:

- Sidewalks Sidewalks with curb cuts Wheelchair ramps
 Other assessable amenities More than 2 blocks from the road
 Controlled intersections such as pedestrian lights or crosswalks

6. How many blocks can you walk/wheel **independently**?
 0 1-2 3-4 5-7 7-10 Greater than 1 mile do not know.

7. Does your neighborhood have:
 Sidewalks Sidewalks with curb cuts?

8. Have you ever ridden a C-TRAN bus for any reason?
 Yes
 Which routes _____
 How often _____
 When was your last trip _____
 No

If you answered yes, what types of trips were you making?
 Grocery store Shopping center Doctor appointments Recreational
 Other _____

9. What are the primary locations you will need transportation to?

Please provide specific address.

1. _____
2. _____
3. _____

10. Do you know how to use a lift to board and deboard a bus?
 Yes
 No

11. Have you ever successfully completed a travel training course?
 Yes
 No

12. Do you use any mobility devices?
 Walker Cane Manual Wheelchair Power Wheelchair/Scooter
 Other: _____

13. Any other information regarding your disability you want to provide?

Applicants signature: _____ Date: _____