



# PARATRANSIT ELIGIBILITY APPLICATION (for IndyGo's Open Door Service)

**Instructions:** The Indianapolis Public Transportation Corporation (IndyGo) provides paratransit services to **individuals who have disabilities that prevent use of IndyGo's regular fixed-route bus service**. Open Door service is provided in special, equipped vans to persons who cannot utilize the regular bus system. Eligible individuals are not required to reside in the IndyGo service area, but must be traveling within the Open Door service area, and able to use curb-to-curb service. All applicants, new or those being re-certified, must submit a new application and professional verification form as well as complete an in-person assessment before applications can be processed. The American Disabilities Act (ADA) certification process may include a functional assessment to determine if, and under what conditions, applicants can use regular bus services. The assessment will be performed at no cost to you. After completing the application and the professional verification form (completed by a physician or qualified certifying agent), **call (317) 614-9260 to schedule a functional assessment** and bring the necessary forms to the assessment. The Medical/Professional Verification form may be faxed directly to the Open Door Assessment Office at (317) 614-9316. **For further questions about the assessment process, call (317) 614-9260 or e-mail assessments@indygo.net.**

### GENERAL INFORMATION (PLEASE PRINT OR TYPE)

Check one:  New Application     Renewal

Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Ethnic Group (optional): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

FOR OFFICE USE ONLY	ELIGIBLE?	Y	N	PCA?	Y	N
ID # _____	START DATE _____			EXP. DATE _____		
APPROVED/DECLINED BY _____						
COMMENTS _____						
_____						
_____						

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In case of emergency, contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Do you need future written information given to you in a different way? No \_\_\_\_  
Yes \_\_\_\_ (please specify): Large Print \_\_\_\_ Braille \_\_\_\_ Audio tape \_\_\_\_  
Diskette \_\_\_\_ E-mail \_\_\_\_  
E-mail address: \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I understand the purpose of this form is to determine if there are times that I cannot use regular city bus services and therefore need the shared ride services of Open Door. I certify that the information provided in this application is accurate, and I am required to complete a functional assessment of my abilities. My signature below gives the Open Door Assessment Center permission to use data gained from this assessment in research studies that will maintain my anonymity.

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

Person completing form for  
Applicant: \_\_\_\_\_

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

**INFORMATION ABOUT YOUR CONDITION OR DISABILITY & MOBILITY AIDS**

Which of the following mobility aids do you use? Please check all that apply.

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Walking Cane | <input type="checkbox"/> Manual wheelchair             | <input type="checkbox"/> Portable oxygen     |
| <input type="checkbox"/> White cane   | <input type="checkbox"/> Powered wheelchair            | <input type="checkbox"/> Service animal      |
| <input type="checkbox"/> Walker       | <input type="checkbox"/> Powered scooter/cart          | <input type="checkbox"/> Crutches            |
| <input type="checkbox"/> Prosthesis   | <input type="checkbox"/> Leg braces                    | <input type="checkbox"/> Communication board |
| <input type="checkbox"/> None         | <input type="checkbox"/> Other (please describe) _____ |  |

How long have you used your current aids? \_\_\_\_\_

If you use a wheelchair or scooter, is it:

- 30 Inches Wide or Less Yes \_\_\_\_ No \_\_\_\_  
 48 Inches Long or Less Yes \_\_\_\_ No \_\_\_\_  
 600 Pounds or Less when Occupied? Yes \_\_\_\_ No \_\_\_\_

1501 W. Washington Street • Indianapolis, IN 46222 • phone (317) 614-9260 • fax (317) 614-9316

Please describe your health condition or disability and **how this prevents you from using the regular city buses:**

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Is this condition or disability temporary? Yes \_\_\_\_ No \_\_\_\_  
If yes, what is the expected duration of this condition or disability? \_\_\_\_\_

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Does your condition/disability change from day-to-day in ways that affect your ability to use the regular bus service? Yes \_\_\_\_ No \_\_\_\_ (Please explain:)

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Please read the following statements and check all of those that best describe what you believe is your ability to use regular fixed route bus services by yourself.

- \_\_\_\_\_ I use fixed route buses frequently.
- \_\_\_\_\_ I can use the bus sometimes, in the right conditions
- \_\_\_\_\_ I have difficulty understanding and remembering all of the things that I would have to do to use regular city buses.
- \_\_\_\_\_ I believe that I could learn to ride the bus if someone taught me.
- \_\_\_\_\_ I can get to and from the bus stop if the distance is not too great and the route is free of barriers.
- \_\_\_\_\_ I can never use the bus by myself.

Do you need to travel with someone who assists you?

Always\_\_\_\_ Sometimes\_\_\_\_ Never\_\_\_\_

If you travel with someone who assists you, please describe how this person helps you: \_\_\_\_\_

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## YOUR FUNCTIONAL ABILITIES

Your answers to questions in this section will help us better understand your functional abilities in specific areas. Your answers should be based on how you feel most of the time, under normal circumstances, using your mobility aids, and whether you perform these activities independently or need assistance.

Please describe any problems you have **getting to and from bus stops**:

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Please describe any problems you have **getting on, riding, and getting off** the regular city buses:

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Please describe any problems you have **understanding and remembering** how to use the regular city buses:

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## YOUR CURRENT TRAVEL

Please list your five most frequent destinations.

Place or Address	How do you get there now?	How often you go there in a month?
1.		
2.		
3.		
4.		
5.		

Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use regular city buses or Open Door.

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***Thank you for your time and input.***