***STEP 1***

# Personal Information Form

Are you a new applicant or a current Open Door rider?

New Application \_\_\_ Renewal \_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_

***SECTION 1*** Please print or type your responses.

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

 First Middle Last

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, contact:

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

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voluntary Question. This data is used for analysis only and will not impact your eligibility.

Do you receive Medicaid? Yes No

***FOR INDYGO’S OFFICE USE ONLY***

Eligible: Yes \_\_\_ No \_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

PCA: Yes \_\_\_ No\_\_\_ Self Recertification: Yes \_\_\_ No \_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SECTION 2

1. Please check which statement(s) best describes the nature of your disability or limitation that prevents you from riding IndyGo’s Fixed Routes (i.e. regular city buses):

\_\_\_\_ I have a mobility impairment which prevents me from getting to and from a fully accessible vehicle without assistance.

\_\_\_\_ I have an endurance problem which prevents me from moving the distance needed to get to the bus stop.

\_\_\_\_ I have a visual impairment that prevents me from finding my way to and from a Fixed Route bus stop without assistance.

\_\_\_\_ I have a cognitive/mental disability which prevents me from remembering and understanding information needed to get myself safely to and from a bus stop.

\_\_\_\_ I have a severe medical condition which limits my functional ability to ride the Fixed Route

1. My disability or limitation is: \_\_\_\_ Permanent \_\_\_\_ Temporary (I will only need Open Door until I recover.) If temporary, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. My disability or limitation can vary day to day: Yes\_\_\_ No\_\_\_

If yes, describe a “good day” when you are able to ride the Fixed Route:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, describe a “bad day” when you are not able to ride the Fixed Route:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you currently meet your transportation needs? (Family, taxis, buses, Open Door, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I cannot stand and bear weight without the use of a mobility aid: Yes\_\_\_ No\_\_\_

6. Which of the following equipment or mobility aids do you currently use? Check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_Walking Cane  |  \_\_\_\_Walker | \_\_\_\_Manual Wheelchair  | \_\_\_\_Crutches |
| \_\_\_\_White Cane  |  \_\_\_\_Portable Oxygen  | \_\_\_\_Power Wheelchair  | \_\_\_\_Prosthesis |
| \_\_\_\_Power Scooter  |  \_\_\_\_Service Animal  | \_\_\_\_Communication Board  | \_\_\_\_Leg Braces |

\_\_\_\_Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you used your current aid(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you use an extra wide wheelchair or scooter?Yes\_\_\_ No\_\_\_

# SECTION 3

*Please check your response to the following statements.*

1. I can stand for up to: \_\_\_ 5 minutes \_\_\_ 10 minutes \_\_\_ 15 minutes

\_\_\_ 20 minutes \_\_\_ 30 minutes \_\_\_ I cannot stand for any period of time

2. If I am waiting at a bus stop, I must have: \_\_\_ a bench \_\_\_ a shelter

3. When riding Fixed Route buses, I: \_\_\_ must have a seat \_\_\_ do not need a seat

\_\_\_ need the lift deployed \_\_\_ need the bus lowered to step on board

\_\_\_ need assistance from the driver to help me board with my mobility aid

4. When crossing a street, I need: \_\_\_ curb cuts \_\_\_ audible signals \_\_\_ accessible median \_\_\_ tactile curb warnings \_\_\_ I cannot cross a street without help

\_\_\_ I can cross a street with: \_\_\_\_ 2-3 lanes \_\_\_ 4-6 lanes

5. I cannot make my way across ground that is: \_\_\_ grassy \_\_\_ hilly/inclined

\_\_\_ uneven or has broken sidewalks \_\_\_ gravel or stone \_\_\_ ground type does not affect my mobility

6. My ability to access transportation is affected by the following weather conditions:

\_\_\_ heat (above 80 degrees) \_\_\_ cold (below 35 degrees) \_\_\_ wind \_\_\_ snow/ice

\_\_\_ rain \_\_\_ smog \_\_\_ weather does not affect my ability to access transportation

7. My ability to access transportation depends on the time of day because I have difficulty seeing: \_\_\_ in full daylight/sunny days \_\_\_ in partial light/cloudy days

\_\_\_ in darkness/semi-darkness \_\_\_ I can see at all hours of the day

8. The farthest I can walk on level ground and under the best conditions within a reasonable amount of time **on my own without a mobility aid** is:

 \_\_\_ half the distance of a football field (150 feet)

 \_\_\_ the length of a football field (300 feet)

 \_\_\_ the length of a football field and back (600 feet)

 \_\_\_ one lap around a track (1,320 feet)

9. The farthest I can travel on level ground and under the best conditions within a reasonable amount of time **with a mobility aid** is:

 \_\_\_ half the distance of a football field (150 feet)

 \_\_\_ the length of a football field (300 feet)

 \_\_\_ the length of a football field and back (600 feet)

 \_\_\_ one lap around a track (1,320 feet)

10. I can safely and independently walk up and down (3) 12 inch steps: Yes \_\_\_ No \_\_\_

11. When traveling in the community, I travel:

 \_\_\_ alone

 \_\_\_ always with a companion or a personal care attendant

 \_\_\_ sometimes alone or with a personal care attendant

*A personal care attendant (PCA) is someone designated or employed specifically to help the eligible individual meet his or her personal needs and is different from a companion or guest. A PCA typically assists with one or more daily life activities such as providing personal care, performing manual tasks, or providing assistance with mobility or communication.*

If you answered with a companion or personal care attendant to assist you in your travels, please describe how this person helps you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. I am able to:

* Recognize printed information \_\_\_ Yes \_\_\_ No \_\_\_\_ Sometimes
* Hear and process spoken words/information \_\_\_ Yes \_\_\_ No \_\_\_\_ Sometimes
* Ask for and follow directions \_\_\_ Yes \_\_\_ No \_\_\_\_ Sometimes
* Deal with unexpected situations/changes \_\_\_ Yes \_\_\_ No \_\_\_\_ Sometimes
* Find my way to and from a destination \_\_\_ Yes \_\_\_ No \_\_\_\_ Sometimes
* Recognize and board the correct bus \_\_\_ Yes \_\_\_ No \_\_\_\_ Sometimes
* Ride a simple direct route with no transfers \_\_\_ Yes \_\_\_ No \_\_\_\_ Sometimes
* Deposit fare or show a bus pass \_\_\_ Yes \_\_\_ No \_\_\_\_ Sometimes

# SECTION 4

*Please check your response to the following statements.*

1. Do you know where the closest bus stop is located nearest to your residence?Yes\_\_\_ No\_\_\_

If yes, what are the cross streets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what routes serve that stop? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you currently ride IndyGo’s Fixed Routes by yourself? Yes\_\_\_ Sometimes\_\_\_ No\_\_\_ (if no, skip to section 5)

How many times do you ride in a week? \_\_\_\_\_\_ In a month? \_\_\_\_\_\_

Briefly explain two trips that you take on a Fixed Route (please use the route numbers):

Trip 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check which of the following best describes how you currently use the Fixed Route.

 \_\_ I can only travel to and from one destination

 \_\_ I can travel to and from many different destinations

 \_\_ I can get to and from a bus stop if the distance is not too far and free of barriers

 \_\_ Someone drives me to and from a bus stop

 \_\_ I can only use the bus if someone rides with me

 \_\_ I can only access and ride Fixed Routes after receiving formal training

***SECTION 5: AUTHORIZATION***

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

If this form was completed by someone on behalf of the applicant, please sign below.

Assistant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Do you need future written information given to you via:

\_\_\_ Braille \_\_\_ Large Print \_\_\_ Email \_\_\_ Letter format \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please list other format)

Please check which statement best describes your needs:

If I am found eligible for Open Door, I will:

\_\_\_\_\_ be able to meet the Open Door vehicle at the curb.

\_\_\_\_\_ need the driver to assist me from my door to the Open Door vehicle.

\_\_\_\_\_ need the driver to assist me from the Open Door vehicle to the door of my destination.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Next: STEP 2 Have a licensed health care professional complete the Medical/Professional Verification Form on your behalf.

**Mail, fax, or email the forms to the Assessment Office. All forms must be received before an in-person interview is scheduled.**

**Mail:** IndyGo Open Door Assessments **Fax:** (317) 614-9316 **Email:** assessments@indygo.net

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