

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

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

3. 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:

4. How do you currently meet your transportation needs? (Family, taxis, buses, Open Door, etc.) _____

5. 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)

3. 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

I understand that the protected personal health information provided during the application and interview process will be kept confidential and shared only with IndyGo employees, contractors, or service providers as necessary to determine eligibility for Open Door paratransit services. This information may also be used to ensure IndyGo's adherence to FTA ADA regulations and IndyGo policies. Any other use or release of information is to be strictly prohibited.

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.

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
1501 West Washington Street
Indianapolis, IN 46222