

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 that prevents me from getting to and from a fully accessible vehicle without assistance.

I have an endurance problem that 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 that prevents me from remembering and understanding information needed to get myself safely to and from a bus stop.

I have a severe medical condition limiting my functional ability to ride the Fixed Route.

2. My disability or limitation is: Permanent Temporary (I will only need IndyGo Access 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 can 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, IndyGo Access, 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
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 onboard
 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 size 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 size 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 their unique 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 can:

- | | | | |
|---|---------|--------|---------------|
| <input type="checkbox"/> Recognize printed information | ___ Yes | ___ No | ___ Sometimes |
| <input type="checkbox"/> Hear and process spoken words/information. | ___ Yes | ___ No | ___ Sometimes |
| <input type="checkbox"/> Ask for and follow directions. | ___ Yes | ___ No | ___ Sometimes |
| <input type="checkbox"/> Deal with unexpected situations/changes | ___ Yes | ___ No | ___ Sometimes |
| <input type="checkbox"/> Find my way to and from a destination | ___ Yes | ___ No | ___ Sometimes |
| <input type="checkbox"/> Recognize and board the correct bus | ___ Yes | ___ No | ___ Sometimes |
| <input type="checkbox"/> Ride a simple direct route with no transfers | ___ Yes | ___ No | ___ Sometimes |
| <input type="checkbox"/> 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 nearest your residence? Yes ___ No ___ If yes, what are the cross streets? _____

If yes, what routes serve that stop? _____

2. 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: _____

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 IndyGo Access 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 someone on behalf of the applicant completed this form, 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 IndyGo Access, I will:

- be able to meet the IndyGo Access vehicle at the curb.
- I need the driver to assist me from my door to the IndyGo Access vehicle.
- Require the driver to assist me from the IndyGo Access 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 IndyGo Access 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 documents must be received before an in-person interview is scheduled.

Mail: IndyGo Access Assessments
2425 West Michigan Street
Indianapolis, IN 46222

Fax: (317) 614-9316 **Email:** assessments@indygo.net