UNIVERSITY OF WYOMING | Transportation Services

PARATRANSIT SERVICE APPLICATION

Phone: (307) 766-7433 / Fax: (307) 766-9804

Please review the "*Eligibility*" section in the *UW Paratransit Service Rider's Guide*. Disability alone does not determine paratransit eligibility; the decision is based on the applicant's **functional ability** to use the fixed route transit system and is not a **medical decision.** Age, inability to drive, convenience, or unavailability of a fixed route are not taken into consideration when determining eligibility.

To apply for paratransit service, please complete the entire application **using as much detail as possible.** Additional information may be required.

Application Date:_____ ☐ Renewal ☐ New Application

Personal Information:

First Name: _____ Middle Initial: ____ Last Name:_____

Home Address:_____

Mailing Address (if different): _____

Primary Phone: _____ Secondary Phone: _____

Birth Date: _____/_____/_____ Gender: ☐ MALE ☐ FEMALE
(Month) (Day) (Year)

Do you have a personal care attendant (PCA) who assists you iwth daily life functions? ☐ YES ☐ NO

If so, will the PCA need to ride with you on a regular basis? ☐ YES ☐ NO

All information regarding the paratransit service is provided in writing unless requested otherwise.

Do you need information in a different format? ☐ YES ☐ NO

If YES, what format: _____

Emergency Contact Information:

Primary	Secondary
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____

Official Use Only

Date Received: _____ Grace Period Expiration Date: _____ Clinical Professional Contacted: _____

Determination: ☐ Unconditional ☐ Conditional ☐ Denied ☐ NOVUS ☐ Letter Sent ☐ Mailing List

Notes:

Eligibility Assessment:

Are you able to ride the fixed route transit system? ☐YES ☐NO ☐SOMETIMES

The fixed route has stop locations throughout Laramie with varying schedules. Please visit www.uwyo.edu/roundup for more information.

If NO or SOMETIMES: In your own words, please describe why you are unable to ride the fixed route transit system:

_____

_____

If applicable, what type of disability prevents you from using the fixed route transit system?

Check all that apply:

☐Physical disability ☐Visual Impairment/blindness

☐Developmental/cognitive disability ☐Mental disorder

☐Health related condition ☐Other, please explain: _____

My disability is: ☐Permanent ☐Temporary, and expected to last until:_____

Are you able to get on and off a fixed route bus? ☐YES ☐NO ☐SOMETIMES ☐I DON'T KNOW

IF NO or SOMETIMES, please explain:

_____

_____

Can you get to a seat or wheelchair position by yourself? ☐YES ☐NO ☐SOMETIMES ☐I DON'T KNOW

IF NO or SOMETIMES, please explain:

_____

_____

Please check all of the mobility aids or equipment that you may use while riding the bus:

☐Cane ☐Crutches ☐Walker

☐Service animal ☐Leg braces ☐Knee walker

☐Long white cane ☐Oxygen tank

☐Common manual wheelchair: Combined weight of person and wheelchair: _____lbs.

☐Common electric wheelchair: Combined weight of person and wheelchair: _____lbs.

☐Oversized electric wheelchair: Combined weight of person and wheelchair: _____lbs.

☐Common scooter: Combined weight of person and scooter: _____lbs.

☐Oversized scooter: Combined weight of person and scooter: _____lbs.

☐Other device(s), please specify: _____

Please see the *Wheelchair/Scooter* section in the *UW Paratransit Service Rider's Guide* for additional definitions.

How far can you travel by foot or by using a mobility aid? Check all that apply:

To the ground outside my home	☐ Can	☐ Cannot
To the curb in front of my home	☐ Can	☐ Cannot
Up to 3 blocks (1/4 mile)	☐ Can	☐ Cannot
Up to 6 blocks (1/2 mile)	☐ Can	☐ Cannot
Up to 9 blocks (3/4 mile)	☐ Can	☐ Cannot

If applicable, please detail why you are unable to travel certain distances:

_____

_____

In order for us to serve you better and ensure your safety we ask that you inform us about conditions which might affect you while on a paratransit vehicle. Or, in the event of an emergency or accident, if there is anything the driver should NOT do to lend assistance. If you choose to answer this, please use the space below.

_____

_____

Trip Notifications:

Standard carrier rates may apply. See the *Paratransit Service Rider's Guide* for additional information.

Would you like to receive automated text messages when your bus is about to arrive? ☐ YES ☐ NO

If YES, please use this cell phone number: _____

Would you like to receive email notifications regarding your rides and service updates? ☐ YES ☐ NO

If YES, please use this email address: _____

Account Access:

Please list any individuals you wish to have access to your paratransit account (including, but not limited to, personal information and rides):

_____ _____

_____ _____

Did you need help completing this application? ☐ YES ☐ NO

IF YES, please complete:

Name: _____ Phone Number:_____

Address: _____

Relationship to you: _____ Agency (if applicable):_____

Applicant Signature: I certify that the information on this document is correct. **Date**

Guardian/POA Signature (if applicable): I certify that the information on this document is correct. **Date**

Please be sure to complete the attached waiver; step 2 of the application process.

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PARATRANSIT SERVICE RELEASE FORM

Phone: (307) 766-7433 / Fax: (307) 766-9804

This release form is valid for ninety (90) days. An additional release form may be requested if additional verification is needed.

Application Date:_____

Applicant's Personal Information:

First Name:_____ Middle Initial: ____ Last Name:_____

Home Address:_____

Mailing Address (if different):_____

Primary Phone:_____

Secondary Phone:_____

Birth Date: _____/_____/_____
(Month) (Day) (Year)

Gender: ☐MALE ☐FEMALE

Clinical Professional's Information:

A clinical professional is a licensed individual that has the ability to diagnose and treat medical and mental conditions.

Name: _____ Title: _____

Business Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

I authorize the listed clinical professional to release information to UW Transportation Services representatives as it pertains to my application for paratransit service. I agree that UW Transportation Services may request written and/ or verbal verification for my application for paratransit service.

Applicant Signature: **Date**

Guardian/POA Signature (if applicable): **Date**