



# ACCESS application

I have read and understand the policies and ACCESS GUIDELINES for the use of ACCESS and agree to abide by them. I understand that the use of information provided herein is intended for the sole purpose of establishing eligibility for ACCESS. Information will be treated as private and will not be released to any person, agency, institution or organization without my express permission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

CityBus will review this application within 21 days of receipt from the applicant and will notify the applicant of our eligibility determination in writing. If the applicant is denied certification, the applicant may file a written appeal. Applicants who file for an appeal will undergo a functional assessment. If the appeal is denied after assessment, a final appeal may be made to the CityBus ADA Appeal Board. The Board will consist of three individuals selected by the CityBus Board Chairperson and the Mayors of Lafayette and West Lafayette, or their designee.

Once an applicant has been certified, CityBus will meet with the applicant to discuss how to use ACCESS and issue the required photo identification card. At this time the rider may begin scheduling trips and using ACCESS. The photo identification card must be shown to the driver of the ACCESS vehicle prior to boarding. In addition, this photo identification allows persons certified for use to ride fare free on CityBus fixed route buses, and provides temporary eligibility to use similar paratransit services operated by other transit agencies nationwide.

**FOR ACCESS OFFICE USE ONLY**

Date Application Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Other Action Taken \_\_\_\_\_

\_\_\_\_\_ Date Action Taken \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Certification Number \_\_\_\_\_ Date Issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Return the completed application directly to:  
CityBus ACCESS, P.O. Box 588, Lafayette, IN 47902-0588**



# ACCESS application

CityBus will use the information obtained in this certification process only for the provision of transportation services. Information may be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

4. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. In case of emergency, notify: Name \_\_\_\_\_

Phone \_\_\_\_\_

6. What is the disability that prevents you from using our fixed route service?

(Keep in mind that all fixed route buses are ADA accessible.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Is this condition temporary? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, expected duration until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

8. How does this disability prevent you from using fixed route services?

Please explain completely. Use an additional sheet if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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9. Are there any other effects of your disability of which we need to be aware?

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10. Are you a Purdue student or employee?  Yes  No

**THE FOLLOWING INFORMATION WILL BE USED TO ENSURE THAT AN APPROPRIATE VEHICLE IS UTILIZED TO PROVIDE YOUR TRANSPORTATION AND THAT AN ACCURATE ANALYSIS OF YOUR TRIP REQUESTS CAN BE MADE BY CITYBUS.**

11. Do you use any of the following aids to mobility? Check all that apply.

- Wheelchair                       Crutches/cane/walker                       Guide Dog
- Power Scooter                       Personal Care Attendant

12. Do you require an escort when your travel using transit (this person rides free)?

- Yes \_\_\_\_\_  No \_\_\_\_\_

13. Please answer the following questions:

a. Can you walk 200 feet without the assistance of another person or other aid?

- Yes       No       Sometimes

b. Can you travel ¼ mile without the assistance of another person?

- Yes       No       Sometimes

c. Can you travel ¾ mile without the assistance of another person?

- Yes       No       Sometimes

d. Can you wait outside without support for ten minutes?

- Yes       No       Sometimes

14. I hereby certify that the information given above is correct.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



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15. If this application has been completed by someone other than the person requesting certification, that person must complete the following:

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

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

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

In order to allow CityBus to evaluate your request, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form. The following person is familiar with my disability and is authorized to provide the information required for completion of this application for certification for CityBus' ACCESS service.

- Physician
- Health Care Professional
- Rehabilitation Professional

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

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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



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**TO BE COMPLETED BY PHYSICIAN:**

**If this applicant has a visual impairment:**

Visual Acuity with Best Correction:

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both Eyes \_\_\_\_\_

Visual Fields:

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both Eyes \_\_\_\_\_

**If this applicant has a cognitive disability, is the applicant able to:**

Give address and telephone numbers upon request?

Yes       No

Recognizes a destination or landmark?

Yes       No

Deal with unexpected situations or unexpected change in routine?

Yes       No

Ask for, understand, and follow directions?

Yes       No

Safely and effectively travel through crowded and/or complex facilities?

Yes       No

What is it about the applicant's condition that would prevent him/her from riding a regular route bus? Please describe in detail: \_\_\_\_\_

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

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

Office Address: \_\_\_\_\_

\_\_\_\_\_

Office Phone Number: \_\_\_\_\_

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

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



# ACCESS application

**Any Additional Comments:**

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Approved by: \_\_\_\_\_

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