PLUS APPLICATION AND CERTIFICATION

PLUS eligibility is based on the paratransit criteria and guidelines set forth in the Americans with Disabilities Act of 1990 (ADA) and Federal Transit Administration rules and decisions related to paratransit. To be determined eligible for PLUS, a person must have a disability or medical condition that prevents him/her from independently using the regular fixed-route bus system most of the time. Part A of the application should be completed by the applicant (or someone assisting the applicant). Part B of the application must be completed and signed by a licensed physician or certified medical professional who is familiar with your functional abilities and current medical condition.

Part – A (To be completed by the applicant – Complete all Questions): PLEASE PRINT

Name (First, Middle, Last); ____

Date of Birth: ______________________________ Sex: ☐ Female ☐ Male

Home Address: ____ Apt. # _________

City, State, and Zip Code: ____

Nearest Major Intersection: _______________________ Home Phone: ____________

Facility/Apartment Name: ________________________ Cell Phone: ______________

Email Address: _______________________________ Work Phone: ______________

Emergency Contact (Required); __________________________ Phone: _____________

Relationship to Applicant: ____________________ Alternate Number: _______________

1. What disabilities prevent you from using the fixed-route bus system (check all that apply)?

☐ Physical disability ☐ Visual impairment/blindness
☐ Hearing impairment ☐ Developmental disability
☐ Mental Illness ☐ Other

Please describe the checked items above in greater detail: __________________________

____

____

Are any of the listed disabilities permanent? ☐ Yes ☐ No If yes, list which conditions?

____

If no, what is the expected duration of the disability? _____ # of weeks _____ # of months

2. Do you require a Personal Care Attendant when traveling outside the home? (Check One)

☐ Yes, for all trips ☐ Sometimes, for certain types of trips ☐ No

3. Please check all of the assistive devices below that you may use when traveling:

☐ Manual Wheelchair ☐ Power Wheelchair ☐ Electric Scooter

☐ Service Animal ☐ Support/White Cane ☐ Walker

☐ Communication Device ☐ Portable Oxygen ☐ Crutches/Brace

☐ Other (Please describe) ____

4. If you use a wheelchair or scooter, is it more than 30 inches wide, more than 48 inches long, or is the occupied weight of your device more than 800 pounds? ☐ Yes ☐ No ☐ N/A

5. Do you have a functional and secure wheelchair ramp at your residence? ☐ Yes ☐ No

The questions below will help us evaluate your application and understand your ability to use the regular, fixed-route bus system. Think about each question and determine whether you can perform the listed tasks consistently with a reasonable level of effort and risk. All *Sometimes* answers must have an explanation.

6. Do you have the ability to see, read, understand and use the bus schedules needed to complete a trip (This question does not refer to being unaccustomed to the English language)?

☐ Yes ☐ Sometimes ☐ No EXPLAIN: ____________________________

____

7. Are you able to walk or use a mobility device to access bus stops if there are curbs, grassy areas, or uneven ground?

☐ Yes ☐ Sometimes ☐ No EXPLAIN: ____________________________

____

8. Are you able to wait 15 to 30 minutes at a bus stop or the Transit Center?

☐ Yes ☐ Sometimes ☐ No EXPLAIN: ____________________________

____

9. Are you able to safely cross streets and intersections with or without traffic lights?

☐ Yes ☐ Sometimes ☐ No EXPLAIN: ____________________________

____

10. Can you communicate with the bus driver to get information needed to complete your trip?

☐ Yes ☐ Sometimes ☐ No EXPLAIN: ____________________________

____

11. Can you board and exit the bus using the wheelchair ramp?

☐ Yes ☐ Sometimes ☐ No EXPLAIN: ____________________________

____

12. Are you able to determine when the bus has reached your designated stop?

☐ Yes ☐ Sometimes ☐ No EXPLAIN: ________________________

____

13. Do you carry a cellular phone or are you otherwise able to communicate to reach help in case of an emergency at the bus stop or while traveling to/from the bus stop?

☐ Yes ☐ Sometimes ☐ No EXPLAIN: ________________________

____

14. Are you able to maintain balance and tolerate movement of the bus when seated?

☐ Yes ☐ Sometimes ☐ No EXPLAIN: ________________________

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Agreement and Authorization

I certify that the information provided in this application is accurate and correct. I authorize the release of diagnostic and functional ability information to EMBARK for the sole purpose of making a determination regarding my eligibility for EMBARK Plus Paratransit service. I understand that all personal and medical information will be kept confidential and that intentionally supplying false or misleading information may be grounds for denial of EMBARK services and benefits.

If approved for EMBARK Plus Paratransit service, I agree to follow the rules and service guidelines established by EMBARK and to inform EMBARK promptly of any changes to my residence, phone number, emergency contact information, and any significant changes in my condition that would affect my level of mobility or eligibility for EMBARK Plus Paratransit services. I understand that failure to follow EMBARK Plus User's Guide procedures, failure to abide by EMBARK's *Rules of Conduct and Transit Exclusion Policy and Procedures*, or if my condition at any time poses a direct threat to the health or safety of others may result in suspension and/or termination of services or benefits.

Applicant Signature: ____ Date: ____________

If this application was completed by someone other than the person requesting certification for EMBARK Plus eligibility, the following must be completed:

Name: ________________________________ Relationship to Applicant: ____________

Mailing Address: ____

Daytime Phone Number: ______________________ Email: ________________________

Signature: ____ Date: ________________

<u>How will I know if my application has been approved</u>? Once EMBARK receives a completed application and physician certification, we will send you an eligibility determination letter within 21 days. If you are eligible, you will receive a welcome packet and EMBARK Plus User's Guide with information on scheduling a ride. If you are found ineligible, you will receive information on your right to appeal the decision and instructions for filing an eligibility appeal. If you have not received your eligibility determination letter within 21 days, call us at 405-297-2372.

STOP HERE. TAKE THIS ENTIRE APPLICATION TO THE LICENSED PHYSICIAN OR CERTIFIED PROFESSIONAL MOST FAMILIAR WITH YOUR FUNCTIONAL ABILITIES AND CURRENT MEDICAL CONDITION FOR COMPLETION OF PART B. AFTER ALL PARTS OF THE APPLICATION ARE COMPLETE, RETURN THE ENTIRE FORM TO EMBARK SPECIAL SERVICES, 2000 S. May Ave., Okla. City, OK 73108

Part – B (All questions must be completed by a licensed physician or certified medical professional): PLEASE PRINT

1. Date of your most recent office visit with this applicant: ________________

2. Does the applicant regularly use a mobility aid (wheelchair, scooter, cane, walker, etc.)?

☐ Yes ☐ No Type of device: ____________________________________

3. Is the applicant legally blind (visual acuity of 20/200 or less with best correction in the better eye or a visual field of 20 degrees or less in the better eye)? ☐ Yes ☐ No

4. Please explain how the applicant's disability or physical condition prevents him/her from using the regular, fixed-route bus system on a consistent basis: ____

____

____

6. Is the disability/impairment permanent? ☐ Yes ☐ No Expected duration?________________

8. Use the table below to indicate the applicant's **ability to independently perform** each of the skills listed that are needed to use the regular, fixed-route bus system.

	Little or No Difficulty	**Discomfort and/or Inconvenience**	**Significant Pain, Difficult, Risk of Injury**	**Unable to Perform**
See, read, understand, and use bus schedules.				
Find the correct bus stop to board and understand bus stop announcements				
Travel up to ¾ mile to a bus stop over varied terrain				
Wait 15-30 minutes at a bus stop with no seating or shelter				
Safely cross streets to reach bus stop, with or without cross walks				
Communicate with the bus operator for information or help				
Effectively problem-solve or judge safety issues regarding boarding and alighting from a bus				

PROFESSIONAL CERTIFICATION

I hereby certify that the information I have provided hereto is a fair representation of this applicant's disabling condition(s) and I understand that the information will be used solely to determine the applicant's eligibility for paratransit services.

Print Provider's Full Name: ___________________________________ Phone #: ____________________

Specialty/Practice Area: _________________________ Agency/Facility Name: ______________________

Practice Address: ____

Licensing or Certifying Agency/Entity: __________________________ License #: ________________

Signature of Provider: ____ Date: ____________________